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HUMAN RIGHTS AUTHORITY-CHICAGO REGION

REPORT 18-030-9002
PRESENCE ST. MARY OF NAZARETH HOSPITAL

INTRODUCTION

The Human Rights Authority (HRA) conducted a review into services at St. Mary of Nazareth Hospital in Chicago after receiving complaints that a behavioral health patient was forced to sign a voluntary admission application, was not advised of her right to request discharge and was told that only her social worker can give her a discharge request form, which, if substantiated, would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

A Presence Health affiliate, St. Mary's has a one hundred-twenty-bed capacity behavioral health unit that serves adult patients. The HRA met with representatives from that program to discuss the matter. Relevant policies were reviewed as was the patient's medical record with authorization.

COMPLAINT SUMMARY

The patient reportedly went to St. Mary's emergency room for medical care after a fall. She was there for less than an hour when staff told her she could sign a voluntary admission application to the behavioral unit and be out in three to five days or not and be taken there in restraints. She signed the application feeling she had no choice. The complaint states that the patient asked to be discharged the next day and was told that only her social worker could give her the request form. She spoke to her attorney who was said to be the first person to explain her discharge rights to her, and then she asked staff for a request form again while the attorney waited on the line at which time she was given one.

FINDINGS

Interviews

We asked to speak with the emergency room staff who signed this patient's voluntary admission application but he was not available at our meeting. Speaking in his place, the behavioral health director explained that mental health patients in the Emergency Department are assessed by an ED physician who then consults with an on-call psychiatrist and dispositions for admissions and transfers are made from there. The ED physician determines patient capacity to seek voluntary admissions and the crisis staff complete applications accordingly, including going over admittee rights on which they are regularly in-serviced. No one is to state a guess or proposed discharge date or make any kind of alternative restraint threat in the admission process as alleged. The full gamut of patient rights including those of voluntary status are covered again on arrival to the unit, or as soon as the patient's condition permits.

Two behavioral health social workers were interviewed and one recalled this patient being very demanding about being discharged. Both denied having any policy or practice of needing to see them and only them for a discharge request form. They along with the program's director agreed that any treatment staff person can provide a form at a patient's request and that nurses would typically handle it during off hours. None of them remembered any problems or confusion in getting one to this particular patient.

The social workers also explained that they never give patients an estimated discharge date and expect that no one would as it is always a physician's discretion. One said she offers a form whenever a patient requests and then explains that actual discharge would be based on a physician's assessment, the other said she would do the same but also explore with a patient the reasons he or she wanted to be discharged. Attending physicians complete unit rounds six or seven days each week so they would likely have a patient's form in hand by the next day. In collaboration with the attending, discharge assessments are on-going and determined on a case by case basis within a treatment team approach.

Records

According to ED records, the patient arrived by ambulance on a Monday just before 3 a.m. following a domestic disturbance, where she was noted to be agitated, screaming and yelling at the nurses, techs and paramedics. Entries over the next couple of hours described her confusion and combativeness until the attending physician called for a psychiatric evaluation and a petition and certificate for involuntary inpatient admission were completed by 5:30 a.m.

The patient signed an application for voluntary admission just after 7 a.m. and she was immediately transferred to the behavioral health unit. The application was also signed by an ED crisis worker whose signature verified of having explained the rights listed on the form, including the right to be discharged within five business days of a written request or be involved in court proceedings. There were no chart entries from this crisis worker at all relating to his time or conversation with the patient. Notes from the crisis worker who completed the petition stated around the same time however that the patient understood she was being admitted and that she cooperated with turning over money and some personal items for safe keeping.

The patient signed a request for discharge form at 1:45 p.m. the next day, having told a staff member about thirty minutes prior that she was lied to about her admission. There was no further documented explanation of what she was referring to specifically and no other documented indication of whether she had requested discharge sooner. The form was received and signed by a nurse. A psychiatrist met with her a few hours later. He noted some improvement and discussed what would be expected before discharge would be possible. She was seen by another psychiatrist on the next day, less than twenty-four hours later, who evaluated the patient and promptly discharged her.

CONCLUSION

St. Mary's admissions policy states in summary that voluntary applications may be executed by the person seeking admission, if seventeen years or older. All rights on the form are to be read to the patient and a copy is given to him. Voluntary patients have the right to request discharge at any time in writing. The policy makes no stipulation on the specific staff who may provide a discharge request form.

The Mental Health Code provides that any person sixteen or older may be admitted voluntarily upon completion of an application and having the capacity to consent. A voluntary recipient shall be allowed to be discharged at the earliest appropriate time, not to exceed five business days, after giving his written request to any treatment staff person unless his request is withdrawn or court documents are filed within that time. The application must contain this information in detail and no examiner may state to a recipient that involuntary admission will result if he does not voluntarily admit himself, unless the examiner is prepared to execute a certificate. (405 ILCS 5/3-400; 401; 402 and 403).

The question is whether this patient was misled or threatened about the choice for voluntary admission and whether she was advised of her right to be discharged and allowed to appropriately exercise that right. Although something about a quick discharge or a restraint threat could have been said in the privacy of an exam room, we have no factual evidence of it, and, a petition and certificate were already completed before she agreed to the voluntary, contrary to the suggested order of events in the complaint. Ultimately, the patient signed the voluntary application which included her discharge rights in detail, a crisis worker signed it in declaration of having gone over those rights and the patient was discharged within about twenty-four hours of handing her request to a nurse, not a social worker. Nothing on paper falls out of line with the Code's due process, and the complaint is unsubstantiated.

SUGGESTIONS

St. Mary's Voluntary Admission of Adults policy states that any person *seventeen* years or older may be admitted as a voluntary patient, which is in error of the Code that allows any person *sixteen* or older, including those adjudicated with disabilities, and should be corrected (405 ILCS 5/3-400; 3-502).

It is also suggested that the policy include the Code's allowance for any interested person eighteen and older to sign an application at the request of the person seeking admission and for copies to be given to any person who accompanied the patient to the facility (405 ILCS 5/3-401).