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HUMAN RIGHTS HUMAN RIGHTS AUTHORITY-CHICAGO REGION

REPORT 18-030-9013
METHODIST HOSPITAL OF CHICAGO

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission reviewed the care and treatment provided to a mental health patient on the psychiatric unit at Methodist Hospital of Chicago. Allegations were that a staff member behaved inappropriately toward the patient, the hospital failed to respond to her grievances adequately and she was not discharged within the mandated timeframe.

Substantiated findings would constitute violations under the Mental Health and Developmental Disabilities Code (405 ILCS 5) and the Centers for Medicare/Medicaid Conditions of Participation for Hospitals (CMS Rules) (42 CFR 482).

Methodist's behavioral health unit has fifty-eight beds for adults, some designated for geriatric and psychiatric/medical needs. The HRA visited the hospital and discussed the complaints with administrators and those directly involved in the patient's care. Program policies were reviewed as was the medical record with authorization.

COMPLAINT SUMMARY

The complaint states that one night, around October 5, 2017, the patient asked a nurse not to disturb her roommate. The nurse reportedly called her "nasty" and when the patient followed her to complain the nurse flipped her off. She then complained to a hospital representative who said it would be investigated but never was. It was also alleged that the voluntary patient signed a request for discharge on the day she was admitted but was not released for ten or more days later, without a previously filed commitment petition.

FINDINGS

A staff member's behavior and the patient's grievance:

The patient's record contained no reference to the nurse's actions as alleged, according to the progress notes, assessments and other areas reviewed. There were four complaint/grievance forms filled out by her during her stay, all having to do with other matters however. The first on October 3rd was about the staff violating confidentiality by freely talking about patients in the hallways and by entering rooms before knocking. In another on October 4th the patient complained that a specific nurse entered her room that night to take her vitals and an exchange carried on from there. To summarize the incident as reported by the patient, the nurse was frustrated at her request for taking blood pressure on another arm since the arm of choice was painful. The nurse was too large to move to the other side, became angry, removed the cuff and left saying the patient had refused. She approached the nurse outside her room and found her talking to other staff about the situation. The nurse repeatedly told her to return to her room, but there was no mention of being called "nasty" or being flipped off. The remaining two forms claimed that ants invaded the patient's room and that a shower stall was left uncleaned after use by someone else.

Methodist provided email chains between a clinical coordinator and the program's director showing follow up on all the complaints. The coordinator met with the patient who repeated her concerns as reported, and she met with staff afterwards to address the ant and shower problems and remind them about confidentiality. Regarding the nurse and the blood pressure incident, the coordinator found no factual evidence of misbehavior but chose to move the staff to another unit anyway given the allegations. She stated that the patient seemed satisfied. Methodist also provided a letter from the hospital's assistant administrator to the patient, which was written immediately after the coordinator's involvement. The letter cited each complaint and the steps taken to review and remedy the problems.

Verifying the documentation, the coordinator told us that she remembered the patient and her complaints well, having had a lengthy conversation with her about them. She said the patient never said anything about being called nasty or being flipped off by the staff in question, only that the staff was rough with her. She discussed the matter personally with the identified staff and although there was no indication of wrongdoing, decided to move her to another unit. The coordinator recalled spending a lot of time with the patient, making sure she was content. Five other staff members from the unit who took part in our interviews denied witnessing or hearing from the patient about these allegations.

CONCLUSION

Hospital patient grievance policies states that any patient, family member or visitor may file a grievance that cannot be immediately resolved by a department manager. A written response must include all that comports with CMS Rules and is not to exceed seven days from receipt. The right to file a grievance and the person to reach in doing so is outlined in a patient's rights and responsibilities pamphlet.

The Mental Health Code calls for recipients to receive adequate and humane care and services and to be free from abuse, which includes mental injury. (405 ILCS 5/2-102a; 2-112; 1-101.1). Under CMS Rules, hospitals must have an established system of addressing grievances to include a timely written response that outlines steps taken to investigate and resolve the issues. (42 C.F.R. 482.13).

The grievance form closest to matching this complaint referenced a similar incident but nothing that suggested potential abuse by the staff person. Documentation showed a thorough review and resolution of all complaints and a written response from hospital administration that complied with CMS requirements. A rights violation is unsubstantiated.

SUGGESTION

Methodist should be certain to include alleged patient abuse specifically within grievance-related policies and that investigative procedures comply with Hospital Licensing Act requirements (210 ILCS 85/9.6).

Discharge within the mandated timeframe:

According to the record, the patient signed a voluntary admission application on Monday, October 2, 2017 at 7:40 p.m., and the application was accepted. She signed a request for discharge form that was received and signed by a nurse at 9:15 p.m. the same night. Summaries showed that she was discharged on Wednesday, October 11th. There were no recisions, no completed petitions or certificates for involuntary admission following the discharge request and no references by any treatment personnel to the patient's request throughout her stay.

Staff explained that the form was never forwarded to social services and no one else knew the patient had made a discharge request until this complaint was brought to their attention. Social services worked closely with her on discharge planning during the whole time, and the patient never mentioned having submitted her request to anyone else. The patient rejected most of their placement offerings, and finding an appropriate, secure setting was a primary discharge issue. She was considered stable enough to return to her mother's home on the 11th, and she agreed to go there.

Program leaders said that typically a discharge request is immediately routed to the right people and that physicians will evaluate for discharge potentials daily. Physicians will either grant discharge within the five-business-day requirement or file involuntary petitions and certificates. They also said that on discovery, the director went over the error with her team, came up with a fact sheet on admission and discharge requirements and formally retrained department staff on the subject, highlighting the five-day item. Methodist provided those materials for the HRA's review, including the fact sheets and thirty-three staff signatures on sign-in sheets.

CONCLUSION

Pursuant to the Code,

A voluntary recipient shall be allowed to be discharged from the facility at the earliest appropriate time, not to exceed 5 days, excluding Saturdays, Sundays and holidays, after he gives any treatment staff person written notice of his desire to be discharged unless he either withdraws the notice in writing or unless within the 5 day period a petition and 2 certificates...are filed with the court. (405 ILCS 5/3-403).

In this case the patient should have been discharged no later than Monday, October 9th. The HRA recognizes that she never seemed to complain about remaining in the hospital and was not agreeable to the placements options offered her until the 11th, but her statutory right to be released sooner was not honored. The complaint is substantiated. Methodist immediately held training on the matter with department staff, and the HRA has no other recommendations.