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HUMAN RIGHTS AUTHORITY-CHICAGO REGION

REPORT 18-030-9026
JOHN J. MADDEN MENTAL HEALTH CENTER

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of rights violations in the treatment provided to a patient at Madden Mental Health Center, a state-operated hospital in Hines. The allegation is that the patient was given emergency medications without proper cause, specifically, for not eating for two days while her chart showed she had consumed meals during that time.

Substantiated findings would violate right-to-refuse protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The HRA met with administration and those involved in the patient's care to discuss the complaint. Relevant policies were reviewed as was the patient's medical record with authorization.

FINDINGS

Record review

The charting in question includes an emergency medication progress note from December 14, 2017 that stated the patient was refusing to eat for two days and said she would not eat until she was discharged and was fasting because she pooped too much according to the nurse's entry. The prescribing physician added that the patient had not eaten the past four meals in a row and had significant weight loss and had extreme psychosis that prevented her from rational thinking. She was given a one-time injection of Olanzapine per the note and corresponding medication administration record. It checked off that a restriction notice was given although one was not included in the record provided, and there were no subsequent emergency medication episodes having to do with eating.

Only two related documentations in the surrounding days were found in the record. In one psychiatry note on the 13th the patient reported to “eat enough” and to eating when she gets “very hungry” and a social work note on the same day stated that she continued to refuse meds and was now fasting. The authors referenced nothing about their concern for nutrition or weight. A daily care flowsheet between the 11th and the 14th, which covered much more than the asserted problem four meals, indicated in the meantime that she consumed 75 to 100% for seven out of twelve of them; the remaining five showed she had eaten “none or minimum 50%”, but not in a row. The form requires a progress note for the lower intake, and none were entered in this record.

Interviews

The prescribing psychiatrist was no longer at Madden when we visited, and we asked the attending nurse, administrators and the psychiatrist who continued with the patient for their accounts of the emergency dose. They said that the care flowsheet as presented in the record did not accurately reflect the patient’s food intake; it broadly indicated zero to 50% without an idea of what exactly was consumed. The form has since been revised to be more specific, a copy of which showed that “none” is now a separate selection. They said that staff have also been retrained on the matter.

It was explained that the need for emergency medication was based on physician observation and not the flowsheet. This patient was underweight and her intake was consistently poor, which had to do with delusions. She never trusted the food and would cheek it, like cheeking drugs, or would give it away for example. Nurses would report to the psychiatrists every morning that the patient was not eating. The nurse we interviewed said that they tried various ways to help her eat before giving the shot but she was so delusional and she thought the food was poisoned. The staff also said that a dietician saw the patient regularly. We asked for documentation of all this and were told we have everything.

CONCLUSION

Under the Code, recipients shall be given opportunities to refuse medication and if refused, they shall not be given unless necessary to prevent serious and imminent physical harm and no less restrictive alternative is available (405 ILCS 5/2-107). Notice of any such restriction and the reasons for shall be promptly given to the recipient, any person or agency he or she designates and be documented in the record (405 ILCS 5/2-201). Related Madden policies that were reviewed appear to say the same (#s 230 and 290).

The HRA appreciates the staffs’ observations and concerns as described but the lack of supportive documentation by everyone involved at the time of the alleged emergency is baffling. The most compelling documentation in the record provided is that she consumed 75 – 100% of seven meals before the injection. A violation of the patient’s right to refuse medication unless necessary to prevent serious and imminent physical harm is substantiated. The facility already

addressed what they believe was an inaccurate flow sheet and completed retraining, and so the HRA has no further recommendations.

SUGGESTIONS

Remind nurses to enter progress notes when “none or less than 50%” of meals or fluids are consumed as required on the old and new daily care flowsheet.

Madden’s Refusing Services/Psychotropic Medications policy (#230) states inaccurately under Part III, D, that courts are to hold petition hearings within fourteen days of filing and that patients are to be served notice at least ten days prior. The Code meanwhile states that hearings are held within seven days with notice served three days prior. Continuances may be granted from there, of course (405 ILCS 5/2-107.1). The policy should be reviewed and updated.