



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTHWEST REGION

REPORT 18-080-9009
SWEDISHAMERICAN HOSPITAL

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation into potential rights violations at SwedishAmerican Hospital in Rockford. The complaint is that a behavioral health patient was not provided with an adequate admission as a protected process under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

A division of the University of Wisconsin Health system, SwedishAmerican's Emergency Department (ED) sees about fourteen thousand patients each year who are evaluated for mental health purposes. Ten staff make up an Assessment and Referral team that is available for screening mental health needs on a twenty-four-hour basis. The HRA met with representatives from administration and the behavioral health department, called the Center for Mental Health. Relevant policies were reviewed as was the patient's record with authorization.

COMPLAINT SUMMARY

The patient, who was initially admitted involuntarily, allegedly signed a voluntary application but had simply been given papers and told to sign without explanation, which included his voluntary rights that were listed among them. It was also reported that he never got a copy of the application nor the petition completed when he first arrived.

FINDINGS

According to the chart, the patient arrived in the ED on October 29 at 11:11 p.m. with complaints of overdosing. He was noted to be in some distress, showed symptoms including chest and abdominal pain and shortness of breath, and he admitted to taking drugs to harm himself. Various tests and treatments were pursued from there until he was medically cleared and considered appropriate for a psychiatric evaluation. An Assessment and Referral, or A/R,

counselor met with the patient the following morning, found him to be depressed and hopeless, and given his history determined he needed an involuntary admission.

A petition was presented soon after his evaluation. It was completed on October 30 at 12:05 p.m. by a volunteer police officer who asserted that the patient had taken drugs to permanently knock himself out. The A/R counselor followed up at 1:45 p.m. by adding her signature to the petition, declaring that she covered the rights information and provided the patient with a copy of the entire document, which was within twelve hours of admission. An ED physician's certificate was done at 4:30 p.m., and the documents were promptly filed in court.

An application for voluntary admission was entered in the record on the next day. It was signed by the patient and a behavioral therapist who verified that she found him clinically suitable for the admission, that she covered his voluntary rights and gave him a copy of the form. A change of status notice was sent to the courts.

There were no documented references to any incidents with staff over his admission documents, whether he was reluctant or refused to sign them, take copies, or have copies given to others of his choice.

The A/R counselor was not available during our interviews, but the behavioral therapist and program administrators were able to explain their admission procedures. It was offered that in every case they cover applications and related rights info with the patients and ask if they have any questions. Included in the discussion is the right to request discharge, which is not automatic but may take up to five business days or initiate a petition and certificate. Patients are assessed for the capacity to understand that and to consent to the voluntary admission, typically by higher level staff such as the therapist or on consultation with physicians. Patients are given folders to keep their various documents and papers to themselves, and the staff are available at any time to answer questions about them. The therapist said that although she could not recall this specific patient, she would not have signed the voluntary application had she not gone over them and given copies. The same was suggested for the petition the counselor signed. It was not known if the patient was asked or if he requested copies of his petition to be forwarded to anyone of his choice.

The HRA inquired about a "rights of individuals" form in the record that had blank signature lines. The staff said the A/R counselor should have completed that along with the other documents and had no explanation for it being left undone.

CONCLUSION

The program's voluntary and involuntary admission policies are Code-compliant and include requirements to thoroughly explain admission and discharge rights and to provide timely copies respectively. Documentation is to be made whenever a patient refuses the forms.

Under the Mental Health Code, "Upon [voluntary] admission the right to be discharged shall be communicated orally to the recipient and a copy of the application form shall be given to

the recipient and to any parent, guardian, relative, attorney or friend who accompanied the recipient to the facility.” (405 ILCS 5/3-401). “Within 12 hours after his [involuntary] admission, the respondent shall be given a copy of the petition and a statement as provided in Section 3-206 [contacting the Guardianship and Advocacy Commission].” (405 ILCS 5/3-609).

Since the staff were unable to speak for this specific case, the patient’s claims are not discredited. But their explanations of routine admissions processes and the supportive documentation of the required admission records within gave no reason to say that his rights were violated as a matter of fact. The complaint is unsubstantiated.

SUGGESTION

Rights of Individuals Receiving Mental Health...Services forms must be provided, orally and in writing, to all patients regardless of their admission routes. (405 ILCS 5/2-200). The Center for Mental Health should be sure to add this requirement to its next staff in-service as a reminder. Also, remind staff to complete signature lines on rights forms.