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North Suburban Human Rights Authority
Report of Findings
Chicago Behavioral Hospital
HRA #18-100-9006

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Chicago Behavioral Hospital. In October 2017, the HRA notified Chicago Behavioral Hospital of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The allegations accepted for investigation is as follows:

1. Due to the effects of a sedative, a patient alleged that she did not recall the intake process or what she signed.
2. A patient needed to use a computer to stop her home mail as the post office requires that this be done via in person or by computer; the patient was told she would be able to use a hospital computer however the computer was not provided.
3. An undergarment was taken from a patient due to the wire contained in this garment; another garment was not given for days.
4. Therapies were limited due to a lack of staff members.
5. The unit was very loud, chaotic, and both patients and staff members used vulgar language.
6. All interactions done with a patient's Psychiatrist were done via telehealth.
7. The patient advocate did not respond to calls from a patient.

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5).

To pursue this investigation, a site visit was conducted at which time the allegations were discussed with hospital personnel. Because the HRA was unsuccessful in obtaining authorization to review a patient's clinical record, the HRA focused its investigation on provider policy and practice.

The HRA acknowledges the full cooperation of facility personnel.

Background

According to its web-site, Chicago Behavioral Hospital, located in Des Plaines, provides specialized mental health and substance abuse treatment. The 125-bed hospital serves children, adolescents, adults and senior adults in both inpatient and outpatient programs.

Allegation: Due to the effects of a sedative, a patient alleged that she did not recall the intake process or what she signed.

Findings

At the site visit, the Intake Worker stated that patients are typically sent from area hospital emergency departments. It was explained that the initial assessment can take anywhere from 1 to 1 ½ hours. Once the patient is determined to need inpatient services, all rights and responsibilities are given and explained to patient. When the patient enters the unit, unit staff members are given a packet of admission forms and it is understood by unit staff that all rights information has been disseminated. However, should a patient be too ill to understand the information that is being given, the Intake Worker will defer this procedure and endorse to the unit staff that this must be completed.

The hospital's policy for Admission of Patient To The Unit states (in part) that "patient rights shall be given to the Patient by the Intake Coordinator and any assistance needed to understand these rights shall be made available. All individuals shall be treated with dignity and respect within an individualized service program. Patient's communication needs shall be identified and addressed."

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-200, "(a) Upon commencement of services, or as soon thereafter as the condition of the recipient permits, every adult recipient, as well as the recipient's guardian or substitute decision maker, and every recipient who is 12 years of age or older and the parent or guardian of a minor or person under guardianship shall be informed orally and in writing of the rights guaranteed by this Chapter which are relevant to the nature of the recipient's services program."

The hospital has measures in place to ensure that the patient is aware of all aspects of the admission process. It is concluded that rights were not violated; the allegation is unsubstantiated.

Allegation: A patient needed to use a computer to stop her home mail as the post office requires that this be done via in person or by computer; the patient was told she would be able to use a hospital computer however the computer was not provided.

Findings

At the site visit, it was stated that computers located at the nursing station are available for patient use. However, this would be determined on a case-by-case basis depending on the patient's acuity, presentation and behavior. It was also stated that many patients have smart phones and staff members allow patients to take care of personal business on their own phone with supervision. It was stated that they realize that the world does not stop when a person needs inpatient services and that every day responsibilities such as rent, bills, etc., must be taken care of. It was offered that they try to make everything as smooth as possible so that when the patient returns to his/her home it is a seamless (as possible) transition.

Conclusion

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). To protect patient rights, the hospital has measures in place to ensure that patients can take care of personal matter while receiving inpatient services; the allegation is not substantiated.

Allegation: An undergarment was taken from her due to the wire contained in this garment; another garment was not given for days.

Findings

Hospital personnel seemed surprised by this allegation because the staff member will, with the patient's permission, remove the wire from the undergarment and that this is a very common practice. The

patient then is able to use her own undergarment. It was stated that the hospital buys undergarments for patient use, typically sports bras for females. They also purchase and have on hand about 10 sets of clothing for males/females. The hospital also accepts donations. It was explained that if a patient was an extremely large size, the patient might have to go without a garment while the appropriate size is purchased, but other cover-ups would be offered. It was stated that it would be highly unusual to go for more than 12 hours without undergarments, as this could create anxiety on the patient and detract from treatment. It was also stated that the patient may not have liked what was initially offered and thus refused to wear anything. The HRA was shown clothing available for patient use.

Conclusion

The Mental Health Code calls for adequate and humane care. (405 ILCS 5/2-102). We found nothing to support this claim; the allegation is not substantiated.

Allegation: Therapies were limited due to a lack of staff members.

Findings

Hospital personnel expressed that they pride themselves in assuring that groups are run as scheduled and on-time. Staff ratios are maintained at 1-5 or 1-7 depending on acuity level of patients. They stated they have a regimented program with LCSW's (Licensed Clinical Social Worker) or LCPC's (Licensed Clinical Professional Counselor), Activity Therapy as well as Music Therapy. Needs are different for each patient and they attempt to meet each need. When asked, it was stated that Management conduct unit walk-throughs to make sure that groups are being run as scheduled. The HRA toured a unit and observed the posted group being conducted as scheduled.

The HRA requested and received copies of the program schedule for the adult, intensive treatment and adolescent programs. Each program had daily scheduling from morning until late evening.

Conclusion

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). To protect patient rights, the hospital has measures in place to ensure that patients are provided with structured programming. The allegation is not substantiated.

Allegation: The unit was very loud, chaotic, and both patients and staff members used vulgar language.

Findings

When discussing the allegation that staff members use vulgar language, it was stated that there is initial orientation and specialized training along with competency training that addresses the proper way to communicate with patients and vulgar language would never be tolerated by staff. It was stated that under no circumstances are staff to use inappropriate language. The staff member would be reprimanded and/or fired for this infraction. When asked, it was stated that staff members would be comfortable reporting the inappropriate behavior of a fellow staff member to his/her supervisor.

It was offered that some units can be loud and at times even chaotic. The goal, however, is to maintain a safe environment. When discussing the assertion that some patient use vulgar language, it was explained that they cannot prevent patients from using vulgar language. They do, however, tell the patients that there are certain expectations on the unit, and appropriate language is a unit expectation.

The hospital's Employee Conduct policy states that it is the policy of CBH to "provide efficient and professional service to all patients, visitors, and co-workers. Employees are to be courteous to everyone."

Conclusion

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). The Mental Health Code also calls for freedom from abuse and neglect (405 ILCS 5/2-112). The hospital has measures in place to ensure that both staff members and patients conduct themselves appropriately; the allegation is unfounded.

Allegation: All interactions done with her Psychiatrist were done via telehealth.

Findings

The U.S. Department of Health and Human Services defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communication.

In discussing this allegation, it was stated that they have used telehealth on three separate occasions. A secured telehealth site was located that ensured HIPAA (Health Insurance Portability and Accountability Act) compliance. In each of the interactions, both the Physician and the patient were in agreement (the Physician was out of the country due to a death in the family). If telehealth was presented as an option and the patient expressed not wanting to participate, the patient would be assigned to another Physician. When asked, it was offered that the sessions were not recorded.

Conclusion

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. The Plan is to be formulated and periodically reviewed with the participation of the recipient to the extent feasible (405 ILCS 5/2-102a). The hospital has measures in place to ensure that should the patient not want to participate in telehealth, other options are available; the allegation is unsubstantiated.

Allegation: The patient advocate did not respond to calls from a patient.

Findings

There is one patient advocate at the hospital and he has two assistants; there is a centralized phone number which allows for immediate response from hospital personnel. It was stated that they try to respond to all calls within 24 hours. Hospital advocates also review on-line complaints and follow-up on those. Patients also have the option of filing a grievance by written form and it is responded to with 24 hours.

The Hospital's three page, multi-step Grievances and the Patient Advocate policy states in part that the hospital will "provide an effective mechanism for handling patient, family, guardian,

patient's representative and/or patient's surrogate grievances as an important part of providing quality care and services to our patients". The policy goes on to state (in part) that the "patient advocate will investigate all complaints received from patient and others, as appropriate and responds to patient/family grievances promptly, investigates grievances within 24 hours and assists in providing resolution of the issue utilizing facility resources.."

Conclusion

According to the CMS Conditions of Participation for Hospitals, Patient's Rights (42 C.F.R. 482.13), the hospital must establish a process for a prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital must also establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.

The hospital has measures in place to address patient and/or family grievances; the allegation is unsubstantiated.

Patient Interviews

The HRA asked staff members to randomly select a few patients to participate in an interview. The first patient interviewed stated that the intake process was smooth and he was well advised regarding the process and of his rights. He felt safe, cared for and comfortable on the unit. He did say that there was one nurse who was consistently rude and impatient, but she no longer works on the unit; he did not recall her name. When asked if he needed to take care of any personal business during the hospitalization, he stated he had to contact both his employer and his landlord and did so without any difficulties. This patient stated that he had only the clothes he came in with, and he was given additional clothing after the first day. He stated that the groups run as scheduled and have been very helpful. He has not had the need to contact the patient advocate.

The second patient stated that she had no problems during the admission/intake process. She expressed that the atmosphere is calming and that staff members seem adequate. She offered that she had previously received services at this hospital and because the first experience was helpful, she requested that she return when services were again needed. She stated that she would like the gym open (it had been closed for repairs) but otherwise there are good activity options and the groups are helpful.