FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Alexian Brothers Behavioral Health Hospital
HRA #18-100-9007

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Alexian Brothers Behavioral Health Hospital (ABBHH). The complaint accepted for investigation was that a minor patient was admitted to an inappropriate partial hospitalization program as the patient had anxiety and Obsessive Compulsive Disorder (OCD) but was programmed with persons with suicidal ideation, self-harming behaviors and animal cruelty behaviors. The patient was eventually separated from the other patients but was just given books to read; there was no school involvement. The patient was not weaned of her old antidepressant medication before new medications were introduced. Lastly, it took six months before the parent received a copy of the patient's clinical record.

The rights of mental health patients receiving services at ABBHH are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5) and the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110).

To pursue this investigation, the HRA requested and reviewed the patient's chart with written consent. Also requested and reviewed were hospital policies specific to the allegation. A site visit was conducted at which time the allegation was discussed with hospital personnel.

Background

Alexian Brothers Behavioral Health Hospital is a 110-bed psychiatric hospital located in Hoffman Estates. It offers mental health and addictions treatment, including inpatient, partial hospitalization, and intensive outpatient and outpatient services for children, adolescents and adults.

The focus of this investigation is the Child Partial Hospitalization Program (PHP). The program literature states that the program offers a safe, structural environment for children ages 8-12 that experience emotional and behavioral difficulties that interfere with their ability to function daily at home and/or school. Symptoms may include depression, anxiety, mood disorders and impulse control. The hospital provides a continuum of care for children who are experiencing specific issues in other areas while enrolled in the program. Specialized treatment is available alongside experts from the Anxiety & OCD, School Refusal, Eating Disorder and Self-Injury service lines, as well as the Autism Spectrum & Developmental Disorders Resource Center.

Findings

According to the clinical record, the patient is an eleven-year-old who had been having a great deal of difficulty with OCD symptomatology. It was noted that the symptoms had been overwhelming and that the patient was having difficulty perseverating on thoughts which caused difficulty and interpersonal struggles. The Child Partial Hospitalization Program was recommended.

The admission progress notes documented that the patient was admitted to the Program on December 13, 2016, at which time staff members met with the parent and the child. It was documented that the Child PHP Handbook, the Schedule and Treatment Contract, the Master and Individual Treatment Plans were reviewed and given to the parent and child. They were oriented to the program. At this time Authorizations for Release of Information were also completed, which included one for the child's home school. It was noted that the Treatment Plan was developed and signed by the parent and child participation. The Master Treatment Plan contained the problem area as increased OCD symptoms with the long term goal to decrease those symptoms by identifying triggers to intrusive thoughts and to identify and demonstrate copying skills to manage intrusive thoughts. The patient was discharged from the program on December 22, 2016, because the parent felt that the patient had made marginal improvement.

According to the documentation, a few days after being in the program a family session was held and the parent shared a concern that the patient was developing additional intrusive thoughts based on conversations in the program. The treatment plan was discussed regarding anxiety hierarchy and exposure response prevention. Also discussed were completing exposures in program and at home. A book was recommended so that the patient could process its contents with staff members. It was noted that the patient agreed to the plan. A few days later, it was again noted that the patient continues to come home with new thoughts and fears that she hears in group.

At the site visit, hospital staff explained the program admission process, saying that the patient is typically referred to the program by the treating psychiatrist, by the home school or the patient might enter the program from inpatient services. The patient is assessed and should the program be recommended, it is then up to the parent/guardian to agree to the recommendation, stressing that all admissions are voluntary.

Regarding the allegation that there was no school involvement, the chart contained Weekday Point Sheets which showed the daily program schedule which included two hours of school. The charting showed that the patient earned points during the schooling periods which included attendance, participation, being respectful and following directions. Documentation did not address what the patient did during school, i.e. – worked on home school assignments. At the site visit, it was explained that at the time of admission, the parent/guardian are asked to sign a consent so that the hospital can contact the home school for assignments to complete during the two hours of school that is provided by the certified teachers. It was noted that the parent signed the consent for the home school to be contacted. The program provides school liaisons to assist with the transition back to school. It was stated that the educators keep records of the school involvement that is separate from the clinical record. We asked for a copy of these records; we were subsequently advised that in 2016 these were electronic records and were purged at the beginning of the year by the Information Technology Department. The teacher that worked with the patient is no longer employed at ABBHH. Currently, all patients in the program fill out a weekly progress note that breaks down what they are working on by day. The respective teacher signs off on this each day. On Fridays, the notes are collected which include both behavioral and academic data. A copy of this goes to the school liaison, a copy goes to educator, and the original goes in the chart.

Regarding the allegation that the patient was not weaned off her old antidepressant medications (Wellbutrin and Lexapro) before a new medication was introduced (Anafranil), the initial psychiatric evaluation documented the following: *"the patient is currently on Wellbutrin xl300 mg po qday in concert with Lexapro 10 mg po qam and 20 mg po qhs. I called the patient's mother and give her a tapering schedule to wean the patient off of her current doses of Wellbutrin. We'll continue Lexapro and start on Anafranil 25 mg po qhs. This will be in concert with the psychotherapeutic milieu of the program."* The HRA did not request that the Physician be present at the site visit to discuss this allegation due to the above noted

documentation that clearly indicated the parent was given a tapering schedule. When asked, it was stated that the program does not administer medication to patients in this program.

To address the allegation it took six months before the parent received a copy of the patient's clinical record, the HRA was given documentation from the patient advocate that showed a timeline for the chart request. The initial request was made in May 2017. The documentation showed a lot of back and forth between the parent and advocate regarding illegible consents, parent wanting pre-filled forms, wanting the advocate to add in dates to the consent (of note, the advocate explained a few times that she could not alter a form), new forms mailed, faxed, etc. The chart was obtained in June 2017. The patient advocate was unable to attend the site visit; therefore this allegation was not discussed.

The hospital's Release of Information and Confidentiality policy states (in part) that "the medical record (in any medium) is the property of the AMITA facility. However, the information contained within the record is the property of the health care recipient and shall be released in accordance with applicable federal and state laws and regulations. When the facility obtains or receives a valid authorization for its use or disclosure of PHI [protected healthcare information], such use or disclosure must be consistent with such authorization. The health care recipient may authorize the release of protected health information by completing an 'Authorization for Release of Patient Health Information' form (Attachment A), or by writing a letter stating the same information, which shall include the elements of a valid authorization. A photocopy or fax transmission of an authorization will be accepted when it is not possible to provide the original authorization. When the facility seeks an authorization from a health care recipient for a use or disclosure of PHI, the facility must provide the health care recipient with a copy of the signed authorization. 8. Behavioral Health records have special requirements under the Mental Health Code and require a
witness signature to release records. Anyone from the ages of 12-17 must also sign with the parent/guardian. Additionally, Behavioral Health records require after a patient has expired, documentation that the authorized personal representative has been appointed Executor of the Estate or Executor of the Deceased in order to release records. Records may also be released under a Court Order signed by a court appointed judge for legal matters."

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 and parent/guardian are aware of all aspects of the program. The patient's treatment plan addressed the patient's OCD symptomology. During a family session when the concern was presented that the patient was developing additional intrusive thoughts, measures were taken to address those concerns. The allegation that a minor was admitted to an inappropriate partial hospitalization program is unsubstantiated.

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). Documentation showed that the patient was involved in academic studies; in addition, measures are currently in place that document academic data. Documentation showed that the parent was provided with a schedule to taper the medication; the allegations are unsubstantiated.

Pursuant to the Illinois Confidentiality Act Section 4, "(a) The following persons shall be entitled, upon request, to inspect and copy a recipient's record or any part thereof: (1) the parent or guardian of a recipient who is under 12 years of age…". Based on the information obtained, it is

concluded that it did not take six months for the parent to obtain a copy of the clinical record; the allegation is unsubstantiated.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

AMITA HEALTH

February 16, 2018

North Suburban Regional Human Rights Authority
North Suburban Regional Office
9511 Harrison Street, Room W-335
Des Plaines, IL 60016-1565

RE: HRA #18-100-9007

Dear Mr. Savage,

Thank you for your letter, dated February 7, 2018 regarding the unsubstantiated findings of the investigation into the above referenced case.

We appreciate having the opportunity to work with the Human Rights Authority to ensure patient rights are not violated. If additional information is needed, please do not hesitate to contact me at the number below.

Sincerely,

Patricia Getchell

Patricia Getchell
Senior Director Risk Management
[redacted]

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