



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #18-100-9010
Captain James A. Lovell Federal Health Care Center

Introduction

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at the Captain James A. Lovell Federal Health Care Center (FHCC). It was alleged that a patient was unjustly discharged in retaliation for filing a complaint with the Center's Privacy Officer. If substantiated this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102).

According to its web-site, the Captain James A. Lovell Federal Health Care Center (FHCC) is a first-of-its-kind partnership between the U. S. Department of Veterans Affairs and the Department of Defense (DoD), integrating all medical care into a fully-integrated federal health care facility with a single combined VA and Navy mission. Located in North Chicago, Illinois, the Lovell FHCC was established on Oct. 1, 2010. The arrangement incorporates facilities, services and resources from the North Chicago VA Medical Center (VAMC) and the Naval Health Clinic Great Lakes (NHCGL). A combined mission of the health care center means active duty military, their family members, military retirees and veterans are all cared for at the facility. The health care center ensures that nearly 40,000 Navy recruits who transition through Naval Station Great Lakes each year are medically ready. Lovell cares for nearly 67,000 eligible military and retiree beneficiaries each year, and brings Veterans throughout Northern Illinois and Southern Wisconsin.

The investigation focused on the Stress Disorder Treatment Unit (SDTU), which is a therapeutic community for veterans and active duty service members experiencing symptoms of combat-related post-traumatic stress disorder (PTSD). Although the SDTU is a part of the Mental Health Department, it functions differently from traditional psychiatric treatment units. Unless other medical, psychiatric, or substance abuse problems require prior attention, veterans and active duty service members with symptoms of PTSD are admitted directly to the SDTU. Housed together, the Residents function as a distinct community within the Federal Health Care Center. The interaction between the Residents is an important factor in the therapeutic experience, and prepares them for adaptive interpersonal and social functioning upon returning to the community. The SDTU is a residential treatment program that offers evidence-based and state-of-the-art approaches designed to support recovery from PTSD and integration into meaningful self-determined roles. Residents of the SDTU include male and female combat-Veterans from all eras and current Active Duty Service Members from all branches of the Armed Forces. Although the primary focus is the Veteran or Service Member him/herself, family members are encouraged to participate as appropriate.

Investigative Methodology

The HRA met with the Veteran and reviewed the Veteran's clinical record with written consent. After repeated attempts to thwart a site visit by facility legal representation, the HRA eventually secured a meeting with FHCC staff to discuss the allegation raised in the complaint.

Despite these attempts to hinder the investigation, the HRA acknowledges the cooperation shown by FHCC personnel that were present during this visit.

Findings

The complaint reported that nursing personnel would announce all upcoming patient appointments in a group setting by saying for example, John Doe, you have an appointment with Infection Control today. The Veteran felt this was a confidentiality breach, so he reported the procedure to the Patient Advocate on or around July 13, 2017. It was stated that the Patient Advocate subsequently reported the procedure to the Privacy Officer, who reviewed the procedure and immediately stopped staff members from announcing appointments in this manner. It was alleged that the Veteran was discharged because of making the complaint.

The clinical record revealed data on a Veteran referred from another federal facility for PTSD treatment. He was admitted on June 28, 2017, and was discharged on July 18, 2017. The Physician's discharge summary documented that the Veteran had been noted to be verbally aggressive and disrespectful to others, so he was being discharged from the program earlier than scheduled. The Veteran reported to the Physician that he was being discharged because he pointed out that staff members were violating HIPAA (Health Insurance Portability and Accountability Act) rules. It was noted that the Veteran denied any depression, hopeless/helpless feelings, or having thoughts of harming self or others. The Physician recommended that the Veteran continue outpatient treatment and he was advised that he was eligible for readmission to the SDTU pending outpatient treatment. At this time, the Veteran was given an Advice Line telephone number, a Nurse Advice telephone number and a Military Crisis Line telephone number.

A Treatment Team Staffing held on July 18, 2017, documented that the Veteran met with the treatment team to inform the Veteran of his discharge from the program. Members of the treatment team provided the Veteran with reasons for his discharge, including "aggressive behavior toward another Veteran on 7/13/17 (telling another Veteran, in an increased volume and aggressive tone, to 'Shut the fuck up', while beginning to rise out of his chair), missing much of Trauma Group on 7/13/17 (unexcused absence), missing almost all of Trauma Group on 7/17/17 when he was scheduled to present his trauma and receive individual EMDR (Eye Movement Desensitization and Reprocessing therapy) (unexcused absence), disruption to the therapeutic milieu (as evidenced by reports from other residents), the inability to accept and understand feedback from staff and peers, and the inability to focus on trauma-related treatment at this time (as evidenced by Veteran's ambivalence with trusting staff and confidence in the program, and focusing the majority of his time and effort on a privacy issue that was resolved by staff, rather than on his treatment)." Staff members informed the Veteran that he is welcome to continue following up with the Patient Advocate or other resources as he sees fit. Staff informed the Veteran that he can choose to complete a regular discharge, in which he would be evaluated by a physician and schedule outpatient aftercare appointments, or he can choose to complete an irregular discharge, in which he is not evaluated and does not schedule appointments. It was documented that the Veteran verbalized that he would like to complete a regular discharge. Staff recommended that the Veteran engage in outpatient care to build foundational therapy and coping skills, and informed him that he is welcome back to SDTU in the future when he would be able to better utilize the program.

At the site visit, the Veteran's Physician shared that each Veteran entering this program must, or is expected to make a full commitment to the approximate 6 week program. Many attendees plan ahead, ensuring that personal issues are taken care of (leave from employment, bills paid, etc.) before starting the program. Each Veteran is assessed prior to admission and when determined acceptable for the program, the Veteran is provided with program information. It was stated that this information is also provided prior to admission by the referring outpatient services

provider, whether that is another VA facility, Therapist, Psychiatrist, etc. The program is well-known to all providers treating Military personnel. It was explained that a major component of the program is that the Veteran is to present his or her trauma in the Trauma Group. Should the Veteran choose not to do this for whatever reason, it would be typically taken as a sign that the Veteran is not yet ready for the program, as this is an intense program. The Physician offered that because this Veteran had missed two scheduled presentations and he seemed focused on other issues, it was determined that he was not invested in the program. The Privacy Officer stated that the Veteran did in fact file a complaint about how doctors' appointments were being announced during the group meeting. She stated that this matter was looked into and although the procedure was not a violation of HIPAA rules and regulations, changes were made. The Chief of Patient Experience shared that the Veteran had been to his office on more than one occasion and every effort was made to address his concerns. It was stated that the Veteran perseverated on the complaints and his focus seemed to be no longer on the program.

The HRA reviewed the SDTU Orientation Guide and Resident Handbook that is available online. The Handbook stated that to join the SDTU, one can self-refer, but it is highly recommended that the Veteran is referred by the current outpatient mental health provider. The referral will assist with treatment planning and identification of goals that will support the treatment plan. The admission criteria are as follows:

- is a combat Veteran or has served in a combat support activity which involved some or many of the same stressors experiences in combat
- presents clinical information that documents and supports the diagnosis of PTSD and/or the diagnosis of PTSD is made at the time of screening
- is not diagnosed as having other major psychiatric disorders which account for his/her symptoms or makes treatment in this type of program unadvisable
- is psychologically capable of benefiting from the program
- is well-motivated for treatment and self-change
- has received ongoing outpatient treatment for PTSD at a VA medical center, Vet Center, Military Treatment Facility, or from a private therapist, if possible
- is willing to agree to unit regulations contained herein including policies governing alcohol and drug use
- is willing to undergo psychological assessment (through interviews, tests, etc.) thereby contributing to information necessary to treat PTSD

The Transition/Discharge Policy states that it is the policy of SDTU to facilitate timely and orderly transition from the program. Residents who no longer require or benefit from the services of the program will be referred to other VA or DoD (Department of Defense) clinics or community agencies as needed. Discharge/Transition of care is mutually determined by the Resident and the SDTU team. Transition may also occur when a Resident advances to another state of recovery, is placed on inactive status while engaged in another mental health/substance abuse program, has a medical or psychiatric hospital admission, or engages in violation of Unit rules and regulations. Individuals who successfully complete the program (achieve recovery goals) may continue program involvement as an alumni. Circumstances under which participants may be discharged include:

- achievement of goals: the Resident has gained mastery over psychiatric challenges and has acquired/mastered skills that enable him/her to function in meaningful community roles without significant impairment caused by symptoms of PTSD
- the resident's mental health needs are being met in another program

- the resident believes that SDTU does not help or hurt their mental health recovery
- the resident requests discharge
- the Resident engages in violations of SDTU rules and regulations

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-102 (a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan.

The circumstances surrounding the discharge did not support the assertion that it was done out of retaliation. It is concluded that rights were not violated.