



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #18-100-9023
Elgin Mental Health Center

Introduction

The North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center (EMHC), Forensic Treatment Program (FTP) Hartman after receiving a complaint of alleged rights violations. The complaint accepted for investigation alleged that a patient did not receive adequate medication attention. A patient had complained of pain subsequent a recent medical diagnosis and the complaints were reportedly dismissed by medical personnel.

The rights of patients receiving services at EMHC are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5).

Patients receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has approximately 315 beds.

Methodology

To pursue this investigation, the HRA requested and reviewed facility policy relevant to the allegation and a portion of the patient's clinical record, with consent. A site visit was conducted, at which time the allegation was discussed with the Medical Director on Duty (MOD).

Findings

The complaint reported that a patient had been diagnosed with Extended Spectrum Beta Lactamase (ESBL-a communicable urinary tract infection) in March 2018. She was advised by the diagnosing Physician (from an outside source) that should she experience any symptoms, to tell her treating Physician, and if need be, get treatment at an emergency department. It was reported that the patient started to feel pain while urinating and defecating and told a nurse, who suggested an over the counter pain medication. The MOD was eventually contacted, who, according to the complaint, dismissed her complaints of pain.

According to the clinical record, on April 6, 2018, the patient complained of lower abdominal pain and she requested and received an over the counter pain relief medication. She denied nausea or vomiting and had reported she had moved her bowels. The MOD was contacted

and the patient was instructed to lie down until the MOD arrived. The MOD arrived about an hour after the initial complaints of pain. An assessment was completed which noted that the patient complained of abdominal pain, then complained of vaginal pain that, according to the patient, started about two hours ago. The Physician noted that the patient has a history of ESBL. It was further noted that there were no signs of nausea or vomiting, no fever or chills. It was noted that the patient complained of dysuria, demanded an I/V and antibiotics and to be sent to hospital. The assessment noted there was no tenderness, no guarding or rigidity in her abdomen. The Physician reviewed the patient's urine analysis and urine culture & sensitivity lab reports from the previous month and noted that the patient had been treated for the sensitive proteins via antibiotics. The Physician documented that the patient was to be reevaluated if she developed a fever, chills, nausea/vomiting, hypertension or tachycardia or a decrease in her appetite. The Physician documented that he discussed with the patient and staff members that the patient was stable and there was no need for hospitalization.

At the site visit, the Physician explained that a MOD acts for the Medical Director in her absence and is the highest ranking clinician onsite. He provides services to the patients on an as needed basis. It was stated that he has the sole decision on whether to transport a patient for outside medical services, and no prior approval is needed. The physician offered that he conducted an assessment on the patient, reviewed her chart and determined that no intervention was needed. He stated that her symptoms simply did not warrant being sent to a nearby hospital for emergency treatment. He explained this to her and staff members, saying that should she show any signs of a fever, chills, etc., she would be reevaluated.

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 Physician conducted an assessment and determined that the patient did not need outside medical services. It was recommended that should further symptoms occur, she would be reevaluated. Based on this information, it is concluded that rights were not violated. 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.



Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

Elgin Mental Health Center
750 South State Street • Elgin, IL 60123

October 31, 2018

Ms. Patricia Getchell- Chairperson
North Suburban Regional Human Rights Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

RE: HRA#18-100-9023

Dear Ms. Getchell:

Thank you for your thorough review. We are happy to hear these allegations were unsubstantiated. The staff at Elgin Mental Health Center strives to provide the best possible care and treatment for our patients.

Please feel free to include our response with any public release of your Report of Findings.

Sincerely,

Brian Dawson, B.S.
Hospital Administrator

BD/TZ/am