
HUMAN RIGHTS AUTHORITY-CHICAGO REGION

REPORT 18-030-9033
Madden Mental Health Center

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation due to complaints of rights violations in the treatment of a patient at Madden Mental Health Center, a state-operated hospital in Hines, IL. The complaint is that a patient was given forced medications without proper cause.

Madden Mental Health Center is a 140-bed, Illinois Department of Human Services (IDHS) run facility. The Facility has capacity set at 100 patients and provides care to 2,300 patients annually.

Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS. 5).

The HRA met with hospital staff and administration to discuss the patient's care. Relevant policies were reviewed as was the patient's record with proper authorization.

FINDINGS

"Madden Mental Health Center" Record Review

The patient arrived at the end of April and was discharged nine (9) days after arrival. According to the record, he had his rights restricted on May 2, 2018 at 11:15 A.M. There are nursing notes and an accompanying "Notice Regarding Restricted Rights of Individuals" form. The notes detail that the patient was "intimidating and annoying peers," they further stipulate that he was given "constant redirection." The notes also explain that the patient was given emergency medication due to being "loud, pushing chairs, [and] swinging arms."

The patient did not receive another emergency medication while receiving treatment at the facility, according to the record. After receiving the emergency medication, he was monitored closely for behavior and safety. Per the restriction notice, the patient's preference for emergency intervention was not followed due to his behavior. However, per the patient's personal safety plan, his preferred emergency intervention was to be secluded. The patient's personal safety plan is attached to the treatment plan; the plan also stated that no one should be notified.

Site Visit and Interviews

In response to the complaint, the HRA conducted a site visit at Madden Mental Health Center on October 29, 2018. The HRA interviewed the nursing director, assistant nursing director, quality control coordinator, two nurses that provided care to the patient and the hospital administrator.

The HRA questioned various aspects of the patient's care. During the interview the HRA asked the staff to explain how to decipher the medication administration record. One nurse, informed the HRA that if a medication was administered it would have the staff member's initials in the allotted slot. The nurse also indicated that there would be an "r" on the medication chart if the medication was refused.

The HRA asked the nurses to explain the environment that led to the administration of emergency medication. The nurses responded largely verbatim to what is written in the record. They stated, "the patient presented agitated and would not respond to redirection attempts." They furthered, "in group he was pushing and kicking chairs." The nurses mentioned that after administration of emergency medication he was agreeable and no longer had any behavioral problems.

Then the HRA questioned why the patient's emergency treatment preference was not considered or followed. The nurses indicated that the patient had no preference for emergency treatment. The HRA then asked if the restriction of rights notice was filled out incorrectly, the nurses responded "yes." Finally, the HRA asked if patient had a guardian to notify and the staff responded no.

Policy Review

The HRA completed a review of the "Restriction of Rights (290)" policy. This policy requires that the patient be asked if he wants to designate an individual or agency to notify if it is necessary to restrict a right. The policy allows patients to change the designation at any time. The policy requires the facility to inform the patient that their rights will be restricted and the reason why. Finally, the policy informs facility personnel that a notice regarding the restriction of recipient rights must be completed, explained and given to the patient.

The HRA reviewed Madden's "Refusal of Services / Psychotropic Medication" policy. The policy details how and when emergency psychotropic medication should be administered. The policy states that emergency medication can only be given "to prevent the patient from causing serious and imminent physical harm to self and/or others." The policy outlines that the patient must be notified in writing via a notice of restricted rights of individuals as soon as possible, but no later than eight (8) hours following administration of medication.

Finally, the HRA reviewed the "Admission Screening Requirements (1515)" policy. The policy stipulates that emergency intervention preferences are written in coordination with the patient

upon intake. Madden's policy involves a completion of a personal safety plan. The plan is a form that the patient fills out with staff coordination addressing emergency intervention preferences.

These policies comply with the mandates set forth in the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102a). As the Code (5/2-102a) mandates that, "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." It continues to state the plan should be formulated and reviewed "with the participation of the recipient ... the recipient's preferences regarding emergency interventions ... shall be noted in the recipient's treatment plan." Madden's plan is formulated upon intake and with the patient, therefore it is in line with the Code.

They also comply with the mandates in the Mental Health and Developmental Disabilities Code (5/2-107) with regard to treatment refusals. The Code stipulates that a recipient or the recipient's guardian may refuse all services and they shall not be given unless "such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available."

Finally, the policies are in line with the rights restriction mandates set forth in 405 ILCS 5/2-201 of the Mental Health and Developmental Disabilities Code. This section mandates that "whenever any rights of a recipient of services ... are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction ... and the reason therefor to."

CONCLUSION

Patient was given forced medications without proper cause.

Under the Mental Health and Developmental Disabilities Code, "an adult recipient of services ... must be informed of the recipient's right to refuse medication ... If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. "(405 ILCS 5/2-107a). The patient's medical record and staff interviews demonstrate a need for emergency intervention as his behaviors of pushing and kicking chairs could have caused imminent physical harm. The restriction of rights information was given to the patient per the record. Therefore, a rights violation of this section of the code is unsubstantiated based on the information reviewed.

SUGGESTIONS

Although the facility meets the criteria for providing the patient with emergency medication, the Code also stipulates that "upon commencement of services, or as soon thereafter ... the facility shall advise the recipient as to the circumstances under which the law permits the use of

emergency forced medication or electroconvulsive therapy ... the facility shall inquire of the recipient which form of intervention the recipient would prefer if any of these circumstances should arise. The recipient's preference shall be noted in the recipient's record ... if any such circumstances subsequently do arise, the facility shall give due consideration to the preferences of the recipient regarding which form of intervention to use as communicated to the facility by the recipient." (405 ILCS 5/2-200).

Furthermore, "in determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan." (405 ILCS 5/2-102a). Thus, a patient's emergency treatment preference must be noted on the treatment plan.

The patient's medical record clearly states the patient's emergency intervention preference. The restriction of rights notice indicates that the patient's emergency treatment preference was not followed due to his behavior. The HRA interviewed staff and they could not recall the patient having an emergency treatment preference. The staff furthered that the patient did not have a preference. The HRA would suggest that all emergency intervention preferences be clearly labeled on a patient's chart and treatment plan for all staff to easily view and consider before providing emergency treatment.

The HRA would also suggest to the facility to update the "Refusal of Services / Psychotropic Medication" policy. The section labeled Emergency Psychotropic Medication Administration requires that:

2. As soon as possible, but no later than 8 hours following the decision to administer psychotropic medication a Notice of Restricted Rights of Individual form (IL462-2004) shall be completed and given to the patient. The circumstances leading up to the need for emergency treatment in the patient's record along with the rationale shall be documented by the physician who ordered the restriction of rights.

The HRA believes that anytime a patient's rights are restricted the recipient or the recipient's guardian, if any, should also receive notification, which is supported by the Mental Health and Developmental Disabilities Code as well (405 ILCS 5/2-201). Although this patient did not have a guardian, it would be beneficial to patients who may have a guardian in the future, and the HRA suggests that guardian notification, when appropriate, be added to this policy.