



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY – CHICAGO REGION

REPORT 19-030-9011
Madden Mental Health Center

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation due to a complaint of a rights violation in the treatment of a patient at Madden Mental Health Center, a state-operated hospital in Hines, IL. The complaint is that a patient's treatment preferences were not followed pursuant to an individual service plan.

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.

COMPLAINANT SUMMARY

It was reported that a patient was sexually assaulted and physically restrained while on the unit. The HRA forward those complaints to the appropriate agencies. The complaint then stated that a patient was not allowed to provide input on the medication administered and the overall treatment plan.

FINDINGS

"Madden Mental Health Center" Record Review

The patient was transported to the hospital voluntarily due to "grandiose delusions." The patient arrived at the facility in the beginning of August and was discharged twenty-seven (27)

days later. Upon arrival the patient was searched, given an initial psychiatric nursing assessment and placed on fifteen (15) minute checks due to unpredictable behavior. Per the notes the patient completed the initial psychiatric nursing assessment and was “cooperative with admission process.”

After being transferred to the unit, the patient completed a master treatment plan and personal safety plan. In the plans the patient informed the facility that the emergency treatment preferences were emergency medication. The patient also informed the facility that Depakote and Lamictal should not be administered. The record reflects that the medications that the patient did not want to receive were never ordered or administered.

The patient’s record reflects that the patient had the capacity to make treatment decisions. The comprehensive psychiatric evaluation states that the patient was oriented to person, place and time. The evaluation also states the patient was “pleasant,” was able to comprehend and had fair insight, evidenced by agreeing with the treatment plan. The record also includes a signed consent for services and several consents for medication which the assigned physician states, “the client was examined and has the current capacity to make informed decisions regarding treatment.” The medications include Lithium, Risperdal, Cogentin and Haldol.

The record demonstrates the patient’s ability to choose, as the patient refused ordered medications on August 22, 2018. The patient further demonstrated her choices by attending many groups and removing herself from others as they were taking place. Lastly the patient chose whether to tend to hygiene, eat and move around the unit, whenever she deemed it necessary.

Per the record the patient never received any emergency medication. The record contains no restriction of rights forms, however there are several instances in which medication was given intramuscularly. The nursing notes around these instances are for PRN (as needed) medication due to the patient not being redirectable and verbally aggressive. Per the notes the PRN(s) were given “per patient request.”

Site Visit and Interviews

In response to the complaint, the HRA conducted a site visit at Madden Mental Health Center on August 29, 2019. The HRA interviewed the hospital administrator, a social worker, the social work director, and a nurse that provided care to the patient. It was reported that the social worker assigned to the patient during her stay at the hospital retired.

During the interview the HRA asked the staff to explain how they determine capacity. The hospital administrator informed the HRA that capacity is determined during the initial intake process. She furthered that the patient meets with the social work staff and the psychiatrist to create a treatment plan. It is during this meeting, or series of meetings, that capacity is

determined. The social worker and the psychiatrist discuss the patient's strengths and weaknesses and formulate a care plan with the patient, if the patient can do so.

The hospital administrator continued to inform the HRA that a patient's capacity is continuously monitored throughout the patient's stay. The administrator went on to state that staff meet with patients during groups, medication administration and social work/psychiatry sessions. She stated that nurses and technicians are always available on the unit to talk with and assist patients. She finally stated that if the staff feel a patient has had a capacity decline, then a petition for treatment would be filed.

The social work director pointed to the fact that the patient completed the intake assessment and signed all the consents for medication administration as proof of capacity. The facility then provided proof of all consents for medication during the interview. The social work director also stated that the patient informed staff which medications to not administer as further proof that this patient had decisional capacity. The nurse also agreed with the social worker.

The HRA asked staff if the patient consented for her family to be notified about her care. The staff produced a signed release from the patient allowing the facility to share information with the patient's boyfriend and family. The release was signed on August 8, 2018. The staff stated that it is hospital protocol to have the patient sign a release before discussing care with any individual that is not the guardian of the patient.

The HRA asked the staff if they were aware of the patient's emergency medication preference, the staff responded that the patient requested intravenous medication in the event of an emergency. The staff furthered that they always followed the patient's request. The staff mentioned they only provided medications to the patient when she requested them.

The HRA then asked the administrator if the facility notified patients about their rights to create a mental health treatment preference declaration. The administrator indicated that the patient and family handbook informed patient about establishing declarations of mental health treatment. The administrator also stated that the facility verbally informs patients about the declaration of mental health treatment during the intake process.

Policy Review

The HRA reviewed the "Refusal of Services / Psychotropic Medication (230)" policy. The policy details how and when emergency psychotropic medication should be administered. The policy explains that refusal of psychotropic medication "has occurred if verbal and/or non-verbal communication of the patient indicates unwillingness to receive the medication." The policy illustrates 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 if a "patient does not overtly consent to IM psychotropic medications, he or she shall be deemed to be refusing such medication."

Next, 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 personal triggers and emergency intervention preferences. The form is then attached to the treatment plan.

Furthering Madden’s “Admission Screening Requirements (1515)” policy is the “Medication Counseling & Informed Consent (1701).” This policy details that “prior to prescribing psychotropic medications in non-emergency situations, the treating physician shall ascertain and document whether the individual is capable of giving informed consent.” This policy requires the physician examine the patient and complete a form that states the patient has capacity to make informed decisions regarding treatment. A copy of the form is then given to the patient as it contains medication information and notifies the patient in writing of the medication information. If the patient has a guardian or substitute decision maker, then this information is provided to the guardian or substitute decision maker.

The “Medication Counseling & Informed Consent (1701)” complies with the Code (5/2-102a-5). This section of the Code mandates that “the physician or the physician’s designee shall advise the recipient, in writing, of the side effects, risk, and benefits of the treatment ... to the extent such advice is consistent with the recipient’s ability to understand the information communicated.” The Code furthers that a physician shall state “in writing whether the recipient has the capacity to make reasoned decisions about the treatment.”

All the reviewed policies comply with the mandates set forth in the Mental Health and Developmental Disabilities Code. 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 at intake and with the patient, therefore it is in line with the Code.

They all also comply with the mandates in the Mental Health and Developmental Disabilities Code (5/2-107) regarding 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.”

Lastly, the HRA reviewed Madden’s Patient and Family Handbook. The handbook provides patients with an overview of the treatment they may receive while at the facility. The handbook also provides the patient with their rights and agencies to contact to set up advance directives for treatment. The handbook is given to the patient and provides vital information to the patient. The handbook provides contact information for patients to file grievances.

CONCLUSION

Patient's treatment preferences were not followed pursuant to an individual service plan.

Under the Mental Health and Developmental Disabilities Code, "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 plan shall be formulated...with the participation of the recipient to the extent feasible... (405 ILCS 5/2-102)." Per the documentation reviewed, the patient had significant input in the care provided. The service plan was formulated with the patient. This service plan, which is in the patient's record, included the emergency treatment preference of intramuscular (IM) medications (405 ILCS 5/2-200). The patient participated in various groups and the patient refused medications, certain groups and hygiene care during the stay on the unit.

The record did not show any instances of emergency medication administered. There are no notes detailing any emergency situations and no restriction of rights forms in the record. The nurses during the interview indicated they only followed the patient's request for IM medication. Therefore, a rights violation of this section of the code is unsubstantiated based on the information reviewed.