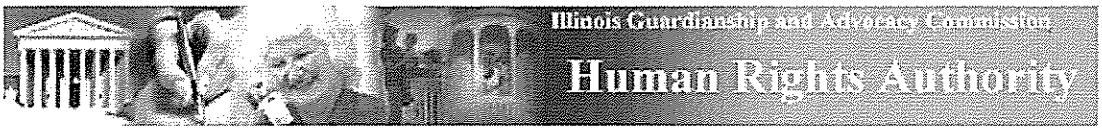

FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case #19-090-9013
UnityPoint Health- Methodist|Proctor

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of possible rights violations involving services at UnityPoint Methodist/Proctor. The allegations are as follows:

1. **Violation of right to refuse treatment.**
2. **Inadequate treatment.**

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100) and the Medical Patient Rights Act (410 ILCS 50/1). The facility receives patients statewide, excluding Cook County. There are 23 to 25 staff members, including nurses, mental health technicians, certified nursing assistants (CNA), a recreational therapist, and a psychiatrist. They provide medical and psychiatric services at the facility. Staff estimated between 1500 - 2000 patients present to the emergency department (ED) with mental health needs yearly, with 1700 to 1900 over the past three years. The emergency department has 30,000 overall patients that present yearly. The behavioral health unit is a sixty-seven bed inpatient unit. The HRA visited the facility and conducted a site visit with representatives involved with this patient's care. The HRA also reviewed, with authorized written consent, the patient's record.

Complaint Statement

A patient receiving mental health services at UnityPoint Methodist/Proctor was told that they needed to have blood drawn. The patient said that he did not want blood drawn and staff in the Emergency Department told him that if he did not they would hold him down and take it, so the individual complied. Also, physicians prescribed the individual psychotropic medications but later stated that they were not sure if the symptoms were because of synthetic marijuana or mental illness.

Interview with staff (03-13-2019)

A meeting was held at UnityPoint Health-Methodist/Proctor Hospital in Peoria with staff involved with the day to day activities of the emergency department (ED) and Adult Behavioral Health unit. This patient had two separate admissions during the month of January 2018. His initial admission to the hospital was on 1/15/18 and he was there until 1/23/18. He was transported to the emergency department by Emergency Response Services (ERS) which identified him in need of detoxification due to marijuana and K2 drug use. The patient had written a note about shooting someone and informed the ED staff that he had been hearing voices for the past eight months. He showed symptoms of delusion and said things such as the "FBI was watching." Staff also explained he had been hearing voices through the television, and he stated he needed a gun. The patient admitted to the use of K2 in the last eight months. While he was in the ED he touched the clinician in the vaginal area. The client was cooperative, and the Health and Physical Admission note reviewed diagnosed him with Unspecified Psychosis. The psychiatrist on duty looked at the risk for this individual and determined he was violent, agitated, but did not require restraint. The patient did not want an assessment. The HRA asked about what bloodwork was ordered during the emergency department visit and the results, and the staff in the meeting stated they must test for K2 drug use. There was another comment that the patient made about "wanting to get some" K2. He did not receive any medication in the emergency department on 1/15/18. During the interview staff stated that it did not appear that the patient received any medications during his first involuntary admission to the behavioral health unit. On 1/23/18 this patient was discharged from the behavioral health unit, against medical advice (AMA) due to the court ordering his release. The day before release, nursing notes indicate that he was suing the United States and the FBI. He was baseline with his behaviors, but delusional, during that time and had not taken any medications during this first admission.

He was then discharged on 1/23/18 to a local agency that supports individuals without housing, but ERS was called later that same day, and he returned to the emergency department. Upon arrival to the hospital for the second admission, he was in a police car and was punching the window of the car. He returned to the hospital through the emergency department and the notes indicated that the patient was agitated and uncooperative with assessment and a urinalysis was performed. He did have bloodwork completed on the 23rd, and agreed to the bloodwork after receiving a hot dinner tray from staff. Staff explained this is not typical practice for the emergency department to give hot food to a patient. His bloodwork was drawn and he was involuntarily admitted to the behavioral health unit the second time with the diagnosis of psychosis.

While involuntarily admitted he continued to make comments about the FBI and agreed to an evening dose of Zyprexa, but that was the only medication he agreed to take for most of the stay. His involuntary admission case went to court on 1/30/19 and his mother was in attendance to testify that he was a danger to himself and others. He was committed for ninety days with court ordered medications and received an IM (inter-muscular) dose of Haldol that was good for thirty days. He was also taking oral medication of 20mg of Haldol and Cogentin 1mg at night. The HRA asked staff what the ED process was for patients who refuse to have blood drawn. Staff stated that if a patient is refusing they would not draw the the blood unless "their rights were taken away" via a

court order. Staff would also educate the person as to why the bloodwork would be needed and ordered by the physician. If a patient refused and the hospital did not have a court order to enforce the physician's order, then nothing more could be done by hospital staff. If someone is suspected to be under the influence of illegal drugs or alcohol and they refuse lab work, then the bloodwork is not completed. Often police bring individuals to the hospital when there are concerns of a substance abuse issue.

FINDINGS

Complaint #1 – Violation of right to refuse treatment.

This complaint is specific to the patient stating that he did not want to have blood drawn and was verbally threatened by hospital staff. A review of documentation provided by the hospital for the patient's initial admission from January 15, 2018 through January 23, 2018 have no references to this patient refusing the bloodwork that was collected in the ED on 1/15/18. A Behavioral Health Encounter Note dated 1/15/18 at 12:26pm states, "In the emergency room client has been cooperative and has not required emergency medication, restraint or seclusion." This individual completed a urinalysis on 1/15/18 at 12:20pm and had bloodwork drawn at 1:06pm. The patient was then voluntarily admitted to the Behavioral Health Unit. A Plan of Care Note was reviewed dated 1/16/18 at 3:09pm which provides documentation of a Behavioral Health Counselor attempting to engage with the patient. This note summarily states "...When asked what events led to Pt's hospitalization, Pt states, 'I didn't know I was gonna be here. I thought I was just here for blood work and they would let me go home. I don't want to talk about it anymore.'"

On 1/15/18, the patient signed the Consent for Treatment in the Emergency Department-and the first line of this form reads, "I agree to all nursing care, x-rays, tests and treatments done by hospital staff or doctors in the hospital." This consent was signed at 1:10 pm which is four minutes after the patient had routine bloodwork completed.

Efforts were made to complete the facility substance abuse screening tool titled, "Assist Screening for Substance Abuse 15 Years and Older". The staff documented three attempts to complete the screening on the first admission that began on 1/15/18. There are notations on the form as follows, "1/15/18 pt. unable, 1/16/18 pt. refuse and 1/17/18 pt. refuse." There are three separate notations on a separate substance abuse screening form from his return to the ED on 1/23/18 that state, "pt. unable 1/23/18, 1/24/18 and 1/25/18".

The HRA also reviewed the UnityPoint Healthcare's "Lab-Clinical Orders" form, which documents the patient refusing a blood draw for a lipid panel on 1/19/18 while voluntarily admitted to the Behavioral Health Unit. A review of the UnityPoint Methodist Lab-Clinical Orders form make note that the patient refused laboratory work to be completed. There is not a corresponding Plan of Care Note to indicate why the patient refused. It does not appear that the patient had the laboratory work completed against his wishes. There are no corresponding lab results in the record.

During the first admission, the patient agreed to take an oral dose of the psychotropic medication Zyprexa on 1/21/18 after verbal aggression. He declined medications on 1/16/18-1/20/18, 1/22/18, and on the discharge date of 1/23/18. A

"Clinician Note" dated 1/23/18 completed by a Behavioral Health Therapist documents, "He was not taking medications while hospitalized and does not plan to take them outpatient. He also does not have an interest in substance abuse treatment and reported he will do K2 again when he has the money to purchase it." On 1/23/18, the patient was discharged from the hospital to a local shelter and later that day ERS was contacted and patient returned to the hospital and was involuntarily admitted.

The HRA reviewed admission records for the second admission beginning late afternoon of 1/23/18 - 2/9/18, specific to the complaint allegation of forced bloodwork. An interaction with the patient in the ED is documented by hospital staff on a Progress Note-Encounter note dated 1/23/18. The note states "Pt. initially uncooperative with blood draw. Pt states 'you just got blood from me three days ago why do you need it again' ... explained the need for blood draw to patient and he agreed to cooperate with giving blood if we could get him a dinner tray. Nurse was able to draw labs without incident. Ordered hot tray from dietary."

The patient was also notified on this day 1/23/18 (6:11pm), that psychiatry had made the decision to admit patient.

It is also documented that the patient intermittently agreed to take his evening dose of Zyprexa medication. He agreed to take the medication on 1/26/18. The commitment hearing took place on 1/30/18 and the court ordered his involuntary admission to the hospital and court ordered medication (Zyprexa, Haldol, Cogentin and Trazadone). On 2/2/18, labs were ordered by the physician to monitor the side effects of Zyprexa. There is no documentation in the record that indicate the patient was forced to have laboratory bloodwork done.

The HRA reviewed UnityPoint Health policy #A-09 "Refusal of Care" that was provided which states the following: "When a patient wishes to leave the hospital, including the Emergency Department; refuses a medical screening examination; treatment, including testing and medications; transfer; admission; and/or ongoing care at the hospital, the physician shall assess the patient's decision-making capacity and, if deemed has capacity, explain the risks of leaving against medical advice. If the patient persists on leaving, the provider, with staff's assistance, shall present the Refusal of Care form and obtain their signature."

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-107) Refusal of services; informing of risks states "(a) An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. 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."

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) Care and services; psychotropic medication; religion states "(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."

COMPLAINT #1 CONCLUSION:

The HRA concludes that the allegation that the facility violated the patient's right to refuse treatment is **unsubstantiated**. The first admission for this patient began on 1/15/18 when he arrived at UnityPoint. The patient agreed to having bloodwork drawn in the emergency department. This is evidenced by a plan of care note dated 1/16/18 that documents the individual acknowledging what he felt was the reason for his visit to the emergency department was "... to have blood work completed". The patient had bloodwork completed again 1/23/18 when he returned to the Emergency Department. Documentation provided does not indicate that the patient refused bloodwork on the second admission but bartered with staff for a hot meal tray in exchange for blood to be drawn.

The HRA makes the following **suggestions:**

- When an individual arrives in the Emergency Department from a detoxification program, the substance abuse screen should be completed upon arrival to the hospital before admission or transfer to the behavioral health unit.
- If the "Assist Screening for Substance Abuse 15 Years and Older" is unable to be completed during the inpatient stay then efforts should be made during the discharge meeting to have the screening completed at that time, before discharge.
- All consents for bloodwork should be signed before the bloodwork is drawn to ensure the patient clearly understands what is happening.
- When a patient is discharged against medical advice, as ordered by mental health court and substance abuse is the determining factor for the discharge, a patient should still be referred to substance abuse treatment program on their discharge plan. The HRA did not review a formal referral for services in the discharge documentation on 1/23/18 or 2/9/18.

Complaint #2- Inadequate Treatment

Specific to the complaint allegation of inadequate treatment, the HRA reviewed the admitting diagnosis listed on the first page of the Emergency Department Notes under the section "Final Diagnoses (ICD-10-CM)" for the first voluntary admission for the patient on 1/15/18-1/23/18. This admitting diagnosis was: "Unspecified psychosis not due to a substance or known physiological condition, other disorders of electrolyte and fluid balance, not elsewhere classified, suicidal ideation, cannabis dependence, uncomplicated, major depressive disorder, single episode, unspecified".

On 1/15/18 the attending Emergency Department physician documents in "ED Notes" that "the patient was at the emergency department and reported he has been hearing voices speak to him for the past 8 months. He feels like the voices are coming from the trees and wind, and the TV occasionally speaks to him. He states he also had radiofrequency device implanted into him recently and feels like the sky is watching him. Today, the patient told his mother this, who then called ERS workers to bring the patient to the ED for further evaluation. The patient denies experiencing any recent fevers,

chills, cough, congestion, nausea, vomiting, or diarrhea. He denies feeling suicidal or homicidal currently. According to the ERS worker, the patient wrote a note today stating, 'I need a gun to blow my head off so I can die for real' but he also denied feeling suicidal with her. The patient states he smokes marijuana, and K2 and the last time he used was yesterday." This same physician ordered routine bloodwork for the patient and a urinalysis. Lastly, ED Medications that were ordered to be given were: "Tylenol, Zyprexa IM and Zyprexa oral, and Trazodone." The "ED Note" from this date indicated none of the medications were administered.

On 1/23/18 the day of his first discharge another attending physician wrote in the "Discharge Summaries-Encounter Notes" dated this same day under the section "History of Present Illness: Per H&P" written at 7:43pm: "In terms of substance use: Patient reports regular cannabis use (UDS positive for THC). He denies synthetic cannabis use, however, in ED reported regular use for about 8 months. Denies other illicit substances. Denies alcohol. Reports smoke cigarettes, 1 ppd." Another paragraph of this same "Discharge-Summaries-Encounter Notes" dated 1/23/18 cites "... he (patient) is expressing significant delusional thought content, homicidal ideation and his thought process is disorganized. Patient with reported abuse of synthetic cannabis, which can also contribute to presentation, though at this time have suspicion for primary psychotic disorder." This patient discharged against medical advice due to a court order discussed below on this day with a "poor prognosis" and under the section Recommendations for Outpatient Clinician lists "Substance abuse therapy." This same area also notes under the title Special Instructions Communicated to Patient: "keep all outpatient appointments, avoid/abstain/limit alcohol or illegal drug use and attend AA/NA".

For the second admission on 1/23/18-2/9/18 the first page of the Emergency Department notes under section, "Final Diagnoses (ICD-10-CM)" documents the admitting diagnoses as: "Unspecified psychosis not due to a substance or known physiological condition and suicidal ideation." A Psychiatric Evaluation completed on 1/23/18 at 4:34pm in the Emergency Department by a separate physician from the 1/15/18 admission and early in the day of the 1/23/18 admission states, "Patient is a 30 year old male with a history significant for a recent admission and discharge for psychosis who presents to the ED with ERS on a petition for continuing psychosis. Patient apparently was released today on order from Mental health court. There was ongoing concern the patient was still actively psychotic. ERS was called to check on the patient at the local mission. While there ERS states that the patient had complex delusions involving lawsuits with the government and even admitted to commanding hallucinations that instructed him to rape a nurse on the psychiatric floor. ERS believes the patient is an active danger to others and is unsafe. Patient will not speak to the Emergency Department Physician (EDP). He only keeps stating he needs to speak to the FBI. He will not tell me why. History, ROS [Review of Symptoms], and exam are limited due to the patient being uncooperative and acute psychosis"

On 1/23/18 at 1837 patient took 10mg of Haldol by mouth, and a 2mg dose of oral Ativan; 5mg oral dose of Zyprexa were taken on both 1/27, 1/26 voluntarily. On 1/23/18 10mg oral Haldol, 2mg Ativan and 2mg Cogentin were taken by mouth by patient. A 10mg evening dose of Zyprexa was offered to the patient but he was sleeping and not waking up to take the medication.

The patient was then readmitted to UnityPoint Methodist from the Emergency

Department on 1/23/18 after returning to the hospital with local ERS staff who had a signed petition. The patient's plan of care at that time was for involuntary commitment to treat mental health symptoms, court ordered for medications and other necessary testing. On 1/30/18 the Involuntary Commitment hearing was held in Peoria courts and the patient was present in court. The HRA reviewed court records provided by Legal Advocacy Services that include "Exhibit A" documentation as to what medications could be provided and what tests and procedures could be given. This order has "CBC, EKG, blood tests" with an arrow pointing to the words, "See Exhibit A". A review of "Exhibit A" lists the brand name medications that could be provided during this stay and how they could be administered, with the dosage range and frequency for which they are to be given. During this hearing a UnityPoint Health Behavioral Health Physician testified to the mental health court that they were unsure about whether the patient's behaviors were due to mental health or because of synthetic marijuana use. He had blood work completed for synthetic drug use on 1/23/18 and the results were negative.

The HRA reviewed UnityPoint Health policy #S-01 with the subject line: "Administration of Medications" which states, "All medications shall be administered by, or under the supervision of, appropriately licensed or credentialed personnel in accordance with laws and government rules and regulations governing such acts in accordance with the approved medical staff rules and regulations." Under a section of that policy titled "Monitoring" it reads "The effects of medications on patients are monitored. 1. Each patient's response to his/her medication is monitored according to the clinical needs of the patient and addresses the patient's response to the prescribed medication and any problems that arise. 2. Monitoring a medication's effect could include: a. Gathering the patient's own perceptions about side effects and perceived efficacy...."

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) Care and services; psychotropic medication; religion states: "(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 Mental Health and Developmental Disabilities Code (405 ILCS 5/2-129) Mental illness states "Mental illness means a mental, or emotional disorder that substantially impairs a person's thought, perception of reality, emotional process, judgment, behavior, or ability to cope with the ordinary demands of life, but does not include a developmental disability, dementia or Alzheimer's disease absent psychosis, a substance use disorder, or an abnormality manifested only by repeated criminal or otherwise antisocial conduct."

COMPLAINT #2 CONCLUSION:

The HRA concludes that the allegation of Inadequate Treatment is **unsubstantiated**. This patient voluntarily signed himself into the Behavioral Health Unit on his first admission that began on 1/15/18. When the patient was wanting to leave the hospital, he signed the 5-day request for discharge form. On 1/23/18 a hearing took place in Mental Health Court. The hospital staff attempted to have him involuntarily committed from the first admission after he signed a request to leave form. The hospital filed the involuntary commitment paperwork due to his mental health symptoms not

improving, While his case was presented in mental health court the judge ordered the individual to be released from the hospital due to a physician's testimony stating that if the patient had used synthetic marijuana, the side effects one could possibly experience could manifest the behavioral health symptoms he was displaying at the first initial admission. Although the court documents show a physician testified that they were unsure if the patient's symptoms were due to mental health issues or substance abuse issues, the documentation throughout the initial stay showed staff treating the patient for "psychosis not due to a substance" but the substance abuse was documented as part of the treatment plan. Subsequently the patient returned to the hospital on the same day and was involuntarily admitted for unspecified psychosis and the substance abuse diagnosis was not noted on the admitting paperwork. The HRA saw evidence that the substance abuse was mentioned but only saw evidence that the patient was treated for mental health issues. The HRA as an entity lacks the expertise to override a physician's diagnosis, but due to the circumstance that the physician stated in court of his uncertainty surrounding the diagnosis causing the symptoms, the HRA would like to **strongly suggest** the hospital review practices in diagnosing patients to assure they are receiving the comprehensive treatment needed.

The HRA also makes the following **suggestions:**

- If a patient arrives to the Emergency Department and there is concern of substance abuse vs. a behavioral health diagnosis the substance abuse assessment form should be completed in a timely manner during the patient's stay if the patient agrees.
- If a patient's primary diagnosis is for a behavioral health need but has an underlying concern of substance misuse, a referral for a substance abuse treatment evaluation should automatically be made at discharge.
- The Mental Health Treatment Declaration is a type of advanced directive for individuals with mental health needs. The Declaration allows individuals to pre-define their choices and preferences in mental health treatment. The HRA suggests educating unit staff on this option and providing patients with related resource information, including the Commission's link to the topic:
  https://www2.illinois.gov/sites/gac/Forms/Documents/DMHTForm.pdf

RESPONSE

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

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 19-090-9013

SERVICE PROVIDER: – UnityPoint Healthcare Methodist Proctor

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

X We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

AM X We do not wish to include our response in the public record.

_____ No response is included.

DEAN STEINER
NAME

DIRECTOR, BEHAVIORAL HEALTH
TITLE

10/23/19
DATE

UnityPoint Health
Methodist | Proctor

221 Northeast Glen Oak Avenue
Peoria, Illinois 61636-0002
(309) 672-5522

October 23, 2019

Peoria Regional Human Rights Authority
Illinois Guardianship & Advocacy Commission
401 Main Street, Suite 620
Peoria, IL 61602

Re: Case #19-090-9013

To Whom It May Concern:

We have received your findings on the above case and appreciate your suggestions. Our response to the two complaints follows.

Complaint #1

- The substance abuse screen is part of the triage process in the Emergency Department and the ED physician is to assess and document findings.
- Staff attempt three times during the individual's admission to have the individual complete the ASSIST Screening and this patient's refusal is documented. It is our stance that there were adequate attempts made to have the patient complete the screening during both admissions.
- Consents for bloodwork are covered under the "Consent to Treat" form that patients sign at the time of registration. The ED provider documents the consent as well. Your findings indicate that he agreed to having bloodwork drawn the first admission and on the second admission, the documentation does not indicate that the patient refused bloodwork, but bartered with staff for a hot meal in exchange for the blood to be drawn.
- We will review our process for referring an individual to substance abuse treatment when the court orders the patient to be discharged.

Complaint #2

- When there is concern or uncertainty over the diagnosis being substance abuse vs behavioral health, additional assessment appears to be indicated. We will review our process, documentation and treatment planning. Treatment plans should reflect means to address the reason for admission.
- When there is a concern of substance misuse, a referral for substance abuse evaluation/treatment should be made at the time of discharge. We will work with our employees who work on discharge planning, so that this information is documented for the patient at discharge.
- We support the need to offer the Mental Health Treatment Declaration to individuals who are treated for Behavioral Health issues. We have asked our Informaticist to see if we can add this option to our electronic health record. We have previously provided education to our staff about this, but since that was some time ago, we will provide that education again.

Thank you for your review of the above case and for the opportunity to review our processes. It is our goal to offer the best services to those we serve in order to obtain the best outcome for every patient, every time.

Sincerely,

Dean Steiner

Dean Steiner, LCPC
Director, Behavioral Health Services