



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTH SUBURBAN REGION

REPORT 20-100-9019
ELMURST HOSPITAL

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of potential rights violations in the treatment provided to an adult mental health patient in the Emergency Department (ED) at Elmhurst Hospital. Allegations were that the patient was detained and transferred for a psychiatric admission without cause and authority. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Part of the Edward-Elmhurst Health group, Elmhurst Hospital has no psychiatry unit on campus but has master's level counselors and psychiatric staff available who see up to twelve mental health patients each day for evaluation and disposition. The HRA discussed the matter with representatives from administration and the ED. Relevant policies were reviewed as was the patient's medical record with authorization.

COMPLAINT SUMMARY

The complaint states that the patient was found unresponsive due to diabetes and was taken to Elmhurst where he awoke to find he was not allowed to leave and was being transferred to a psychiatric hospital. He did not recall being evaluated or seeing a petition or certificate that would allow the hospital to hold and then transfer him.

FINDINGS

According to the record, the patient arrived at the ED by ambulance on July 20, 2018 at 7:18 p.m. presenting with an altered mental status and hypoglycemia. He was unable to provide history because of his condition and his glucose level was extremely low at 27. He was accompanied by his brother who reported the patient had likely been drinking all day and missed

his insulin dose, overdosed on or missed a dose of Suboxone (used to treat addiction) and had been smoking marijuana. A nurse's entry stated that the patient was alert but not answering questions, only saying "hi" in response to everything.

By midnight the patient's glucose levels improved following an oral supplement. Various labs and other tests including a brain scan were performed to rule out additional medical issues, and the ED physician noted at that time the patient was medically cleared, yet his mental status remained unchanged. She wrote that he continued to only say "hi" when asked questions and given his poor hygiene and his brother's concerns for his emotional state, a psychiatric referral would be necessary.

A counselor's assessment report completed at 1:00 a.m. on the 21st, stated that the patient was unable to answer her questions, saying only "hello, yes and goodbye". His brother was still present and provided most of the information: their mother passed away six months ago, and the patient had not coped well with the loss. He displayed decreased functioning and had not been working or taking care of himself or his medical needs. He also offered that the patient was abusing alcohol and pain killers more often, had not cut his hair in six months and was not eating regularly, much of which was detrimental to his diabetes. The report concluded that inpatient hospitalization was recommended, and Unspecified Depressive Disorder was diagnosed.

The counselor completed a petition for involuntary admission at 1:05 a.m. on the 21st, basing the need for admission on the same points in her assessment. The attending ED physician completed an inpatient certificate five minutes later and verified by signature that the patient was advised of his rights and examined face-to-face. The physician listed her personal, clinical observations in the certification. An open bed was found at a nearby psychiatric hospital, and the patient was transferred soon after.

The HRA interviewed the ED physician who treated and certified this patient and she did not remember him specifically but had reviewed the record. She said her priority was to assess the patient to make sure there was nothing medically to pursue and that his mental status seemed to be the glaring problem. He was not following commands and kept saying hi to every question. She referenced her notes and the problems with his hygiene and failure to care for himself. Asked whether his mental status, or his "hi" answer to everything could have been an effect of the low glucose, the physician said that it could, however the glucose improved while his mental status did not; he kept responding in the same manner once medically cleared. She also described what goes into a mental health assessment once the medical is ruled out and suggested that safety, the potential for suicide, a decrease in function, drug use and family input are all components, and those were identified in this case. We interviewed the counselor as well, and although she did not remember the patient either, she referenced her completed assessment, the patient's inability to respond appropriately, his appearance and the history provided by his brother. She said she and other counselors typically fill out the petitions and they talk with the patients about what is happening and go over their rights with them. Both were confident that this patient needed psychiatric care based on the record.

CONCLUSION

Elmhurst policies state that for crisis intervention, patients in need of voluntary or involuntary admissions or outpatient counseling may be referred to the behavioral health assessment department. ED providers will assess and treat the patient's medical and behavioral health needs. The policies are very general in how to care for behavioral health patients, but nothing references process rights like those for being detained for evaluation, certification and transfer, at least within the policies provided.

Under the Mental Health Code, "When a person is asserted to be subject to involuntary admission on an inpatient basis and in such condition that immediate hospitalization is necessary for the protection of such persons or other from physical harm, any person 18 years of age or older may present a petition to the facility director of a mental health facility...." The petition must contain a detailed assertion that the person is subject to involuntary admission (405 ILCS 5/3-601). A certificate by a physician or qualified examiner that includes his or her clinical observations and other facts in reaching a diagnosis and a statement of whether the person was advised rights must be completed within twenty-four hours or the person is to be released (405 ILCS 5/3-602;604).

The complaint proposes that diabetes was the reason for the patient's mental status and that Elmhurst Hospital had no cause or authority to detain and transfer him for a psychiatric admission. The documentation proved otherwise. The patient's continued inability to talk with anyone after his medical condition improved, his physical appearance at the time and his brother's reports were cause enough to initiate an involuntary admission and the completed, timely petition and certificate provided the authority to hold the patient until he could be transferred. A rights violation is not substantiated.

SUGGESTION

The physician in this case said she advised the patient of his rights before she examined him for certification but was not sure if she included all points as provided on the certificate. Elmhurst should ensure that all qualified examiners, including contracted ED physicians, fully recite the rights advisement in all instances as required under 405 ILCS 5/3-208.

Consider developing a policy more specific to the petitioning/certification process, so that all ED staff have a go-to directive on hand.