



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Draft Report of Findings
HRA #20-100-9003
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) N after receiving a complaint of alleged rights violations. The complaint accepted for investigation alleged that a patient is receiving inadequate medical care for a trigger finger and back pain.

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 several 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 all Physician's orders and medical consultations specific to the allegation during the months of January 2019 through June 2019 for the patient identified in this complaint with written consent. A site visit was conducted at which time the allegation was discussed with the patient's Physician.

Findings

As stated above, it was reported that a patient was receiving inadequate medical attention. The clinical record revealed data on a 55-year-old male remanded to DHS in 2008. According to the materials reviewed, in January 2019, the patient was referred to the Spine Clinic. The consultation documented that the patient has a severe degenerative disc disease and steroid injections were given on 10/15/18 and 12/14/18. The consultation noted that a follow-up evaluation for his chronic lower back is recommended. It was documented that the patient has been receiving physical therapy for a long time and is currently seen in physical therapy two times per week. It was further documented that the patient did not take the medication Gabapentin (used as an anti-epileptic, neuropathic pain and restless legs syndrome) as recommended, but instead took a short-acting muscle relaxer. The chart contained the follow up referral for the lower back pain dated in February 2019; physical therapy was recommended twice a week for four weeks.

The chart contained numerous physician's orders addressing the back pain; for example, a gel mattress was ordered and received, a lumbar back brace was ordered and received, and pain medications and physical therapy were ordered. The HRA notes that on the first of January 2019, the patient fell out of bed. He was sent to a nearby medical hospital. Results of the examination showed the following: no evidence of cervical spine trauma, no prevertebral soft tissue swelling, moderate disc degenerative narrowing, unremarkable scan of the brain, no evidence of right rib fracture, and no acute findings seen in his chest.

In meeting with the patient's Physician, he stated that he has done everything possible for this patient. He stated that each time the patient presents with a symptom, he addresses it to the best of his ability. He also stated that one obstacle in treating the patient is that the patient refuses to sign consents to be treated from an outside medical entity, thus limited the resource options. The Physician offered that the constant medical complaints might be a mental health symptom, but the patient also refuses to take any psychotropic medication.

Regarding the allegation about the trigger finger, there was nothing in the materials received that showed that this had been a medical concern. The Physician told the HRA that this had been an issue in the past, but the Physician had not received any recent complaints. The Physician provided the HRA with numerous medical consultations regarding this, dating back to 2016. That referral was for an evaluation of the right hand middle finger and was noted to be unremarkable. In December 2017, an orthopedic evaluation was completed; the patient reported right middle finger pain with locking for the past five years. It was documented that the finger had been recently x-rayed, and with the patient's consent, an injection of medication was administered. The patient returned to the clinic a few weeks later for a follow-up visit and reported he is still having a lot of pain and the injection did not help much; at this time the patient elected to proceed with surgery. The surgery was completed in later January 2018. Follow-up appointments were made monthly after the surgery; the patient reported minimal pain and medication and therapy were recommended. During the July 2018 follow-up appointment, the patient stated the finger is painful but improving, he denied any numbness and tingling and felt as if something is rubbing together inside. The recommendation was a follow-up appointment as needed.

The Physician stated that when he received notification of this investigation, he contacted unit staff to see if the patient had recently complained about his trigger finger. Unit staff reported that the patient had not voiced any concerns. The Physician stated he then made a referral (again based on this investigation). The consultation documented that the patient was evaluated, and he reported no concerns regarding the finger; he reported wearing the glove; he was observed making a full fist and showed no indication of pain. It was documented that due to the finger not impeding daily activities and being within normal limits, no Occupational Therapy services were recommended.

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."

Based on the information obtained, the complaint that a patient is receiving inadequate medical care for a trigger finger and back pain is unsubstantiated.

RESPONSE

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



JB Pritzker, Governor

Illinois Department of Human Services

Grace B. Hou, Secretary

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

December 6, 2019

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

HRA# ~~10~~-100-9003

Dear Ms. Larson:

Thank you for your thorough review. We are pleased to hear the allegation was unsubstantiated. EMHC remains diligent in ensuring excellent medical care is provided for all of our patients.

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

Sincerely,



Michelle Evans, DSW, LCSW
Hospital Administrator

ME/tms