FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-CHICAGO REGION

REPORT 21-030-9002
Hartgrove Hospital

INTRODUCTION

The Human Rights Authority (HRA) reviewed the care and treatment provided to a patient in the inpatient program at Hartgrove Hospital (Hartgrove). The complaints under investigation were allegations that a patient was subjected to inhuman treatment, improperly admitted and detained in the facility.

The rights of Hartgrove patients are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102, 2-200, 3-600). Substantiated findings of these complaints would constitute Code violations.

Hartgrove is a Behavioral Health Hospital in the Universal Health Services, INC. medical system. Hartgrove has been serving the Austin Neighborhood for over 50 years. The hospital provides a range of services including inpatient psychiatric therapy, outpatient psychiatric therapy and partial hospitalization to children, adolescents and adults.

The HRA discussed these complaints with risk management staff, social work staff, physician and intake personnel via WebEx call due to COVID -19. Relevant policies were reviewed as was the medical record with authorization.

FINDINGS

"Hartgrove" Record Review

The facility provided a patient record that included psychiatry notes, nurses' notes, social work notes, an initial psychiatric assessment, an initial nursing assessment, a comprehensive assessment, a treatment plan, two voluntary applications for admission, and a discharge plan with notes. The record also contains guardianship paperwork indicating that the patient is a ward of the state.

Per the record, the patient was admitted to the nearest hospital after "threatening to shoot group home staff and his peers." The patient then arrived in mid-February at Hartgrove and his guardian consented for voluntary admission into the facility. Once in the facility the patient signed the voluntary application, consent for treatment, acknowledgement of rights and receipt of privacy practices.

After completing the consents, the patient participated in the initial nursing assessment. During this assessment the patient was assigned a 1:1. The notes explain that the patient was a significant danger to others so the 1:1 was necessary to ensure safety. The patient acknowledged that he understood the plan and accepted it as drafted with his signature.

Next, the patient met with a social worker and participated in the comprehensive assessment. During the assessment the patient informed staff that he was "going to try and sneak out of here." The patient also informed staff that he received forced medication at the previous hospital's emergency room due to attempting suicide. After this assessment it was determined that the patient was oriented to person, place and time but need acute inpatient care. Therefore, he was transferred to the adolescent unit.

The next day on the unit, the patient completed a psychiatric assessment with the physician. The physician indicated that the patient had an intellectual disability, lacked good judgement, and had poor insight into the severity of his illnesses. The patient did participate marginally in the treatment plan after his assessment with the physician; and stayed on this unit until he was transferred into the adult unit in May of 2020.

In early May, the patient signed in voluntary into the adult unit due to aging out of adolescent treatment. Throughout the patient's stay the notes illustrate that he did not participate in any active habilitative plan. The record details that the patient was continually combative. Per the record, the patient assaulted other participants, broke a shatter proof window, and broke a staff member's hand.

The provided record has notes that state the patient requested discharge on several occasions. The notes also indicated that the patient wanted to be discharge to the home of his stepdad. However, there are no request or withdrawals in the documents received. The record is also missing a reaffirmation of voluntary status as the patient's stay was over four months before discharge. Furthermore, the record indicates that an involuntary treatment petition was submitted to court, but the documents received are missing the petition. Finally, the record indicates that the patient was transferred via court order to another facility, but there is no provided order in the record.

Site Interviews

In response to the complaint, the HRA conducted a WebEx conference on September 29, 2021. The HRA opened the interview asking the staff about the admission status of the patient. The

staff reported that the patient was a ward of the State of Illinois. They furthered that the patient was being cared for by the Illinois Department of Children and Family Services (DCFS). The staff then informed the HRA that the voluntary application was completed by the caseworker assigned to him. The staff further indicated that the patient signed all consents for treatment upon admission.

The HRA then asked staff if the patient's guardian received a copy of all admission paperwork and consents. The risk manager stated that the patient received a copy and all information was forwarded to the guardian after completion. The risk manager informed the HRA that this was the case for both voluntary admission for the patient.

The HRA asked the risk manager what is the typically treatment time for voluntary patients. The risk manager responded, "treatment is between five to seven days, years ago it was fourteen days for each voluntary patient." The HRA asked why this patient stayed in the facility so long, and the risk manager stated, "DCFS patients are usually long due to pending outside investigations." The risk manager added that the longest DCFS patient was over three hundred days in the facility.

The HRA noted that there were two voluntary applications in the record. The HRA asked the staff what the process from transitioning from adolescent programming to adult programming was. The risk manager informed the HRA that once a patient turns eighteen the staff offers the patient a voluntary application to continue treatment in the adult unit. The risk manager also indicated if the patient was not suitable for voluntary admission the facility would seek admission through the courts via a treatment petition.

The HRA asked the staff present if this patient had capacity to sign into the facility voluntary. The doctor stated verbatim that "capacity is situational determination" and went on to explain that the patient understood why he was in the hospital but did not understand why treatment was needed. The doctor then expressed frustration explaining that the facility attempted to exhaust all avenues to best assist the patient. The doctor informed the HRA that the patient was very difficult. He furthered that the patient broke a staff member's arm as well as broke shatter proof glass.

The HRA asked if the patient reaffirmed his voluntary status. There was no answer to this question from the staff. The attending physician rhetorically asked the HRA if the record was reviewed. The HRA explained to the doctor that the record was reviewed. The HRA furthered that we were seeking a better understand of the case and need the input of the staff.

The HRA then asked the doctor why this patient was discharged so far from his home city. The doctor became even more frustrated and uncooperative. However, he did add that the patient was "DD (developmentally disabled)" so the new facility was the best available placement. The risk manager added that the facility received guidance from a guardian at litem and DCFS that this would be the best transition plan for the patient. The staff further indicated that they were in contact with DCFS the entire time but could not find an alternative placement that would

either accept the patient or was suitable for him. The risk manager also stated that DCFS would not allow discharge to the home of patient's stepdad.

Finally, the HRA asked the facility to explain the process for securing a request for release. The risk manager and social worker informed the HRA that any staff can provide patients with the documents. They furthered that the discharge request forms are readily available and then noted in the chart. The HRA then asked the facility to provide copies of the patient's request for discharge as they were not in the provided record. The HRA also asked the facility for a copy of the petition for involuntary treatment that was filed per the record. The risk manager indicated he would provide them via email.

Follow up Email

The HRA emailed the risk manager to follow up on the requested documentation. The risk manager provided all copies of the patients request for discharge. Per the documentation, the patient requested discharge on four occasions. The patient printed his name and signed each request. The patient also withdrew the first three request. For the final request for discharge the patient was transferred to another facility per court order, according to the documents.

Thus, the HRA emailed the risk manager to secure all involuntary treatment petitions filed. The risk manager provided one involuntary petition. Per the documents, the patient was served with notice on May 26, 2020. However, the proof of service is unsigned. The documents also have two certificates dated June 10, 2020 attached to the petition. Lastly, there petition is lacking certification that the respondent received a copy.

Policy Review

The HRA reviewed Hartgrove's "Involuntary Admission of an Adult" (RI-1.2.1.3) policy. The policy was last revised in February of 2016. The policy details the procedure for staff to follow when admitting a patient involuntary. It opens directing emergency services staff to contact an approved individual to complete a petition if the "patient does not arrive with one and the patient meets criteria for involuntary admission." The policy then instructs social work staff to explain the rights to the patient within 12 hours of admission and provide the patient with "a copy of the petition, rights of admittee, and rights of recipients."

From there the policy states it is the social workers responsibility to obtain a certificate from another qualified examiner and then examine the patient and complete a certificate. After this is completed the social worker must inform the circuit court within 24 hours of involuntary status, excluding weekends and holidays. The social worker must then place a copy of this in the patient's record and inform the patient with a notice of hearing. Finally, the hospital must arrange transportation for the patient to attend the hearing. Therefore, this policy is in accordance with the code requirements of 405 ILCS 5/3-600 - 611.

The HRA then reviewed Hartgrove's "Interdisciplinary Treatment Planning Process" (PC 410) policy. This policy was last reviewed and revised in July of 2019. The policy indicates that "each patient admitted to [Hartgrove] shall have a written, individualized comprehensive treatment plan." The policy explains that the interdisciplinary treatment team will "collaborate, communicate and develop an individualized comprehensive plan of care with each patient." Thus, this policy guarantees that a recipient of services is "… provided with adequate and humane care and services … pursuant to an individual services plan. …with participation of the recipient to the extent feasible." (405 ILCS 5/2-102)

Finally, the HRA reviewed Hartgrove's "5 Day/ 15 Day Request for Release" (RI 1.2.1.2) policy. This policy was last reviewed in April of 2021. The policy details that when an objection to an admission is made verbally or otherwise to a staff member a voluntary adult patient must "be discharged within 5 working days, excluding weekends (Saturdays and Sundays) and holidays. It furthers that a physician is entitled to initiate the involuntary process. Thus, this policy meets the requirements of allowing a "voluntary recipient … to be discharged from the facility at the earliest appropriate time … after he gives any treatment staff person written notice of his desire to be discharged unless he either withdraws the notice in writing or unless within the 5 day period a petition and 2 certificates … are filed with the court." (405 ILCS 3-403)

CONCLUSION

A patient was subject to inhumane treatment.

The record indicates that the patient came into the facility voluntarily at the age of 17, per the Code the patient must be treated as an adult voluntary patient. The patient signed all consents and per the physician had capacity to understand why he was in the hospital. Thus, the facility "shall consider the views of the recipient," for all treatment and discharge planning.

Throughout the site visit process, it is mentioned that the guardian agreed with the placement in a facility hundreds of miles away from the patients support system. To create a discharge plan without including the patient is not in the best interest of the patient, nor is it a humane practice. The HRA is aware that the patient was largely combative the entire time on the unit, however there are no records demonstrating the facilities attempts at finding closer placement to the patient's home. Therefore, a rights violation of this section of the Act is substantiated.

A patient was improperly admitted and detained in the facility as the facility did not follow the requirement of the Mental Health and Developmental Disabilities Code.

The record contains two voluntary applications for admission. The patient is considered an adult recipient, thus there was no need for another voluntary application. Per the Code, "thirty days after the voluntary admission of a recipient, the facility shall review the recipient's record and assess the need for continuing hospitalization." The patient was initially admitted properly

however there is no reaffirmation of voluntary status, thus the patient was illegally detained. Therefore, a rights violation of this section of the Act is substantiated.

RECOMMENDATIONS

1. The HRA would recommend that the facility retrain all staff on Code requirements for voluntary and involuntary applicants. The HRA would also recommend to the facility to create a 25-day follow-up with patients to track patients who want to reaffirm their voluntary status.

2. The HRA would also recommend that the facility include patient in the discharge planning process. The HRA would stress to the facility to notate when efforts are made to involve the patient. Furthermore, the HRA would recommend in the event of transferring a patient, the facility should document attempts at placement in the record.

COMMENT

The HRA would like to note that this complaint occurred during the global COVID-19 pandemic. Thus, the HRA is acutely aware of the challenges this placed on providing mental health services and placement. However, it is imperative to document efforts made to transfer and service mental health patients and clients.

RESPONSE

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

Jose Rebolledo
Hartgrove Hospital
Facility Risk Manager
5730 W. Roosevelt Rd.
Chicago, Il 60644

February 17, 2022

HRA CASE NO. 21-030-9002

Mr. Polk,

Please accept this letter in response to the recommendations put in place by the Chicago Human Rights Authority.

1. In response to retraining all Intake/Emergency Services staff, and the Department of Social Services, the hospital Facility Risk Manager was able to personally address, and educate both departments on terms of policies and protocols. In effort to ensure understanding thorought the hospital, Hartgrove Behavioral Health Service's Legal Department, put in place a Webinar to go over and explain policies and protocals on Voluntary Admission upon Application of Minors (405 ILCS 5/3-502), Application of Parent, Guardian, Person in Loco Parentis (405 ILCS 5/3-503), 15-Day Request, In-Patient Services – Emergency Admission (405ILCS 5/3-504). Attached you will find copies of other documents discussed during the webinar.

2. The facility re-trained all departments invove to include and have all patients participate in discharges and all aftercare procedures. Attached is a document that is utilized prior to discharges where patients and guardians are able to take part of.

I am confident that the hospital will put in place all policies and procedures in efforts to be in compliance with the Chicago Department of Human Rights Authority. I am certain that this additional information and response will result in the reconsideration of the concern regarding HRA CASE NO. 21-030-9002.

Please contact me if you have further questions or concerns.

Sincerely,

Jose Rebolledo, MACC
Facility Risk Manager