
**FOR IMMEDIATE RELEASE**

HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 19-050-9009
MEMORIAL MEDICAL CENTER

The Human Rights Authority (HRA) reviewed the care provided to a mental health patient within Memorial's Emergency and Behavioral Health Departments after receiving complaints that the patient was restrained and treated without need or authority and that she was given required admission documents on discharge. Substantiated findings would violate protected recipient rights under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Memorial's Emergency Department (ED) in Springfield sees twelve to fifteen mental health patients each day for evaluation and disposition; about three get admitted. ED physicians are contracted from a specialty provider while the nursing staff are hospital-employed. The Behavioral Health Department offers inpatient and partial hospitalization treatment. An HRA team met with representatives from each entity, reviewed relevant policies as well as the patient's record with authorization.

The complaint specifically states that the adult patient was detained in the ED where she was restrained, injected with unknown medications and catheterized for a urine sample, all without appropriate need or authority. She was admitted to the hospital's psychiatric unit where she was kept for nine more days and allegedly not given her informative admission documents until her discharge.

## FINDINGS

### ED restraints and treatment

Records showed the patient's arrival under police and ambulance escort following a welfare check where she was found to be disoriented from a possible overdose. Immediate physician and nursing entries described her as harmful, restless and uncooperative; she was yelling, hitting, had rambling speech and did not make sense. The physician's exam was limited given the patient's aggressive behavior and ED seclusion, restraints, Ativan and Haldol along

with an EKG, blood work, a straight catheter and urinalysis, 1:1 suicide precaution and a psychiatric consult were subsequently ordered according to his report. The restraints and injections were applied at about the same time. The patient's vitals revealed a rapid heart rate and blood pressure of 180/118 and the blood and urine samples were drawn shortly thereafter, none of which resulted in evidence of an overdose. The report stated that the patient eventually calmed down from the medications, and the restraints were removed as she waited for the consult.

There were no references to the patient's objections to the tests or treatment although the consent for treatment form noted that she was unable to sign due to her condition. There was no restriction of rights form to accompany the restraints and Ativan/Haldol injections. The ED seclusion and the restraint orders were written to prevent "serious and imminent risk of harm to self" for up to four hours with fifteen-minute observations, which were carried out per the flowcharts. Less restrictive or diversional tactics to calm the patient before included verbal de-escalation, informing of relaxation techniques, adjusting lighting in the room and reviewing her choices. The restraints were removed after three hours and continuous observation was provided until the patient's departure the next day pursuant to the suicide precaution orders. The medication orders gave no reasons for them and there was no indication whether information about them was shared with the patient before or after they were given.

The HRA interviewed the physician and nurse who treated this patient. They remembered her well and said she was extremely agitated, disoriented, and they had to transfer her into their own restraints when she got there since she continued to be physically aggressive. The nurse recalled her trying to hit them. The physician explained his concern for her medically in that she was hypertensive and had tachycardia, or a rapid heartbeat, and given that and the report of possible overdose it was necessary to do the EKG and labs. He said he needed to carry out the tests for her safety and that he can respect someone's consent and their right to refuse if they can comprehend the discussion, which was not the case here. Regarding the injections after the patient was restrained, the physician said the patient continued to be physically harmful, and the medications were necessary to calm her down and complete the tests. He said that combined restraints and chemical sedations are last resort. He agreed that orders should include a reason for the treatment.

The nurse said that they always talk to patients about the drugs given but do not provide written information or complete restriction notices when they restrain or force treatment on mental health patients. Asked to explain ED seclusion, we were told it is a safety measure when a patient is not allowed to leave. Someone remains outside their room, but they are not locked alone inside; there is always 1:1 or continuous observation.

Admission documents on discharge

A crisis consult was completed later in the first evening and the patient was recommended for admission. The escorting police officer had filled out a petition for involuntary admission on arrival that morning, at 9:21 a.m., December 10. He asserted that the patient was manic and made multiple statements about killing herself. An ED physician

completed the first certificate at 11:00 a.m., December 11, and a psychiatrist completed a second at 10:00 a.m., December 12. The patient was discharged on December 18.

A behavioral unit nurse verified by signature that he reviewed involuntary rights on the petition and recipient rights and provided copies to the patient within twelve hours of admission to the unit, which would be the only documents required to provide. He repeated in his notes about educating the patient on her rights, sharing copies, and he described how she was irritable on intake, that she had no questions, only objections to being there. Two discharge narratives stated that the patient was given her belongings, a cab voucher and discharge instruction regarding new medications and follow up appointments when she left.

The nurse who signed these documents explained the admission process and assured us that they are provided to patients at that time, and although he did not remember this patient specifically, he said that sometimes patients ask them to hold papers for them. He said a lot is covered on admission, they make introductions, do vitals, safety checks, change clothes and do various assessments in addition to talking about patient rights. The recipient rights forms and the petitions or voluntary applications are completed in the ED and come with the patient to the unit where he covers the information within. He said if his signature is on the forms then he gave the copies as required.

## CONCLUSION

Although Memorial has policies for various restraint uses, it has none for Mental Health Code-related involuntary treatment in the ED. The Code allows restraints and seclusion to prevent physical harm and the patient must be observed every fifteen minutes for the duration (405 ILCS 5/2-108 and 109). An adult patient has the right to refuse medication unless necessary to prevent serious and imminent physical harm and no less restrictive alternative is available (405 ILCS 5/2-107). "A medical…emergency exists when delay for the purpose of obtaining consent would endanger the life or adversely and substantially affect the health of a recipient of services. …if a physician…who examines a recipient determines that the recipient is not capable of giving informed consent, essential medical…procedures may be performed without consent." (405 ILCS 5/2-111). A restriction notice must follow all restraint and seclusion use and any restriction of the right to refuse medication, detail the reasons why and be forwarded to any person or agency the patient so chooses (405 ILCS 5/2-201).

According to the record, the ED was alerted to a possible drug overdose and received a patient who was disoriented and physically harmful toward herself and the staff. The restraints seemed appropriate and the seclusion an extra-precautionary step to a patient already detained under petition. Although the documentation of the need to forgo the patient's consent for the tests could be more detailed, we defer to the possible overdose and the physician's statement that he needed to proceed given the urgency and her lack of capacity. What is not clear at all in the record is why the injections were necessary when the patient was already restrained. There is no documented need once the restraints were applied, the medication orders provided no reasons for them and there was no accompanying restriction notice to further explain. A rights violation is substantiated.

Memorial's involuntary admissions policy states that a patient is to receive a copy of the petition and the rights of recipients form upon presentation to the unit. A nurse must sign to verify having covered the information and providing copies within twelve hours. The Code requires both documents to be provided, the rights of recipients on commencement of services (405 ILCS 5/2-200) and the petition within twelve hours of admission (405 ILCS 5/3-609).

There is no evidence in the record or by the nurse's recollections that admission documents were only provided on discharge. The complaint is not substantiated.

RECOMMENDATIONS

-Instruct ED staff to document supportive reasons to restrict the right to refuse medication (405 ILCS 5/2-107).
-Instruct ED staff to complete restriction notices whenever restraint, seclusion and involuntary psychotropic medications are used in the ED (405 ILCS 5/2-201).

SUGGESTIONS

-Restraints exceeding two hours must be authorized by a written statement that they pose no undue risk to the patient's health in light of his/her medical condition (405 ILCS 5/2-108).
-Provide written drug information to patients who have been force-treated when their conditions permit (405 ILCS 5/2-102a-5).
-Provide Mental Health Code training to ED nurses.
-The first certificate in this record exceeds the twenty-four-hour detention limit and this patient should have been released on December 11. Memorial should be careful to follow the law in all involuntary instances (405 ILCS 5/3-604).

## RESPONSE

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

Memorial HEALTH SYSTEM
701 North First Street • Springfield, Illinois 62781-0001
ChooseMemorial.org • **Phone (217) 788-3000**

October 31, 2019

**Via Certified Mail (70170660000035970700)**
**Return Receipt Requested to:**

Tara Dunning, Chair
Human Rights Authority
Illinois Guardianship and
Advocacy Commission
401 S. Spring St.
521 Stratton
Springfield, IL 62706

**RE: HRA #19-050-9009**

Ms. Dunning,

On October 1, 2019, Memorial Medical Center ("MMC") received the report of findings in the aforementioned matter. In reply, MMC wishes to submit the following response.

In regards to the recommendations applicable to the complaint:

1. MMC has instructed its emergency department ("ED") staff to document supportive reasons for providing medication to patients despite the patients' objection.

2. Memorial Health System's (the parent corporation of MMC) Senior Associate General Counsel will provide Illinois Mental Health Code training to MMC ED staff, which shall include education discussing the applicability of restriction notices when restraints, seclusion, and involuntary psychotropic medications are used during a patient's ED visit. This education is still being planned, but a date for completion of the training can be provided upon future request.

3. It is MMC's intention to provide restraints, seclusion, and medications in accordance with Illinois law and the proper practice of medicine.

MMC hereby requests these responses be made a part of the public record.

Respectfully submitted on this day, October 31, 2019.

Memorial
HEALTH SYSTEM

701 North First Street • Springfield, Illinois 62781-0001
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Sincerely,

Meghan L. Gripp

Meghan L. Gripp
Senior Associate General Counsel
Memorial Health System