East Central Regional Human Rights Authority
OSF Heart of Mary
Report of Findings
Case #19-060-9008

The East Central Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission voted to pursue an investigation of OSF Heart of Mary in Urbana after receiving the following complaint of possible rights violations:

Complaints:

1. **Inadequate Discharge**

If the allegation is substantiated, it would violate protections under the Mental Health Code (405 ILCS 5/3-400 to 401, 600-604 and 405 ILCS 5/2-108 and 201).

Complaint Summary: Consumer presented to the hospital with frostbite and the provider detained the consumer for over 60 days because she was homeless. The provider was denied a petition for involuntary admission by the court and the hospital still detained the consumer.

Investigation

The HRA proceeded with the investigation after having received proper consent. To pursue the matter, the HRA visited the facility and the program representatives were interviewed. Relevant practices, policies and sections of the consumer's record were reviewed.

Interviews:

On May 29, 2019 at 10:00 am, the HRA met with OSF Heart of Mary staff members, including: The Director of Eastern Region Case Management, the Director of Quality/Patient Safety, the Care Management Supervisor, and the Case manager. The meeting occurred at 1400 W Park St in Urbana. The meeting began with introductions, a review of HRA procedures, and a review of the allegations being addressed in this investigation.

The staff provided some general information about the hospital. OSF Heart of Mary Hospital is an acute care hospital comprised of 206 total beds with 4,623 inpatient admissions and 19,149 Emergency Department visits last year. They have an Adult Behavioral Health Unit with 24 beds which treats individuals that require stabilization in an inpatient setting before continuing care with an outpatient provider. The Inpatient Behavioral Health Unit saw 803 patients in 2018. (This patient was never admitted to the Behavioral Health Unit. All treatment occurred on a medical floor.)

Staff report that all patients are made aware of their rights upon admission, however, there is no signature required verifying that the patient received the rights statement. Staff were unsure of how many involuntary petitions and/or guardianship petitions are completed on a regular basis and stated that acquiring that number would be challenging because they are not all completed

by one department. All Emergency Department staff and Behavioral Health Staff receive training on involuntary petitions at their initial, department training. The hospital reports that staff are trained to complete an affidavit and then the patient is then screened by a physician or "crisis" team member. The "crisis" team comes into the hospital and completes an independent mental health screen and then provides the hospital with the results. After the physician signs off on the documents from the "crisis" team, the legal team and hospital attorney are assigned to manage the court hearing.

The patient was brought to the hospital on 12/15/18 by the local police. The patient had been at the local jail and the police wanted the patient to have a psychological assessment before releasing the patient to the community. The police officer completed the petition for involuntary /judicial admission and left the patient for evaluation. An evaluation was completed and it was decided that the patient was stable enough for discharge.

The staff stated that the patient then returned to the hospital with the police on 1/13/19 because she was refusing to get out of the cold and the police wanted the patient to have another psychiatric evaluation. The police officer completed the petition for involuntary /judicial admission and left the patient for evaluation. Staff stated that an evaluation was completed and inpatient admission was recommended, however, the patient was admitted to a medical floor to treat frostbite. Staff report that the patient was at the hospital voluntarily for treatment of frostbite until January 25th. On the 25th the patient requested to be released. Staff believed that the patient was "better but not healed" and, therefore, a psychiatric assessment was completed. The psychiatrist did not think that the patient was decisional and another petition for involuntary/judicial admission was completed. Staff stated that, per certificate procedure, the patient had to be evaluated by a second psychiatrist. The second psychiatrist did not think that the patient needed to be admitted to the behavioral health unit. Case management decided to stop the petition for involuntary admission and pursue state guardianship instead. Staff reported that the patient stated she wanted to leave but she was free to roam around the floor and never made any attempts to leave.

OSF staff stated that the patient remained at the hospital while staff applied for guardianship because it was in the patient's "best interest" and the staff believed that the patient did not have the capacity to make good decisions. Temporary guardianship was granted in February. The appointed guardian then informed the hospital that the guardian could not force the patient to stay in the hospital or transfer to another behavioral health facility if the patient had the capacity to make that decision.

OSF staff then decided to again attempt involuntary admission in March and the psychiatric physicians agreed but the commitment was denied by the court. After the court denial, the hospital provided the patient with information on community resources, a bus ticket and agreed to release the patient to the community. The guardian was informed that the patient was being released on Friday 3/15/19, however, later that day the patient "was not asking to leave" so the staff contacted the hospital Ethics Committee and decided not to discharge the patient over the weekend because access to the community resources would be limited. Staff believed that the guardian was notified of the change via voicemail and the patient would be discharged on Monday, however, the guardian was not a part of the decision for the patient to remain in the

hospital for the additional weekend. The HRA asked the staff why the documentation states that the patient was not released due to the cold weather and staff stated that all things were considered. The staff then reiterated that the patient did not have a sitter and was not placed in any restraints, so the patient was free to leave. The staff believed that the patient was aware that she could leave if she wanted to. Staff stated that the psychiatrist believed that the patient "had the ability to make her own choices, even if they were bad ones". The patient was discharged to the community on 3/18/19.

OSF Heart of Mary reported that they believed that the patient had another guardianship hearing in April. They have not had any further contact with the patient or the guardian since discharge.

Records Reviews:

OSF Heart of Mary provided the HRA with the following records regarding an Emergency Department (ED) visit on 12/15/18:

12/15/18 hospital records from the hospital ED indicated that the patient was brought to the hospital by ambulance from a jail on petition due to delusional behavior. The patient was screened by the crisis worker. Records indicated that the patient had tangential thinking but the crisis worker "agrees that the patient is stable enough to be discharged". Discharge information noted that the patient had cellulitis and antibiotics were prescribed.

The HRA reviewed a 12/15/18 Illinois Department of Human Services Petition for Involuntary/Judicial Admission for Reason of Emergency Inpatient Admission by Certificate completed by the Mental Health Practitioner. This document is missing pages 2 and 4, however, the hospital records indicated that the patient was stable enough for discharge, so the petition was not pursued.

OSF Heart of Mary provided the HRA with the following records regarding an Emergency Department visit on 1/13/19 that let to admission to an OSF Heart of Mary Medical Floor:

1/13/19 ED records stated the patient arrived at the ED via the Champaign Police Department for an involuntary psychiatric evaluation. The police reported that the patient is currently homeless and stayed outside in the cold last night, refusing help from the officers. The patient could not recall the last time that she ate and was complaining of foot pain. The patient denied any suicidal or homicidal ideation.

A 1/13/19 Crisis Report completed by a contracted community service provider stated that the patient is diagnosed with schizophrenia with a history of mental health problems. The patient denied mental health problems, leading the evaluator to state that the patient is not inclined to receive any service for mental health. The report closed stating that the writer "considered recommending a possible admission to the Community Resource Center; however, the patient was admitted to OSF due to injuries to her feet." It should be noted that this report does not state who the evaluator is, and it is not signed by the ED Physician. The ED noted that, based on the police officer's report, the patient refused help and a Restriction of Rights was completed to place the patient in restraint and/or seclusion, and search the patient's property or remove

belongings. There is no documentation of the rationale for the rights restriction placed on the consumer. The ED reported that the patient's feet were cold, erythematous, swollen, and had no palpable pulse in either foot. Toes appeared black and the skin was peeling. An ultrasound showed that the blood flow was diminished but adequate and did not require surgery. The patient was then admitted. Admission documentation stated that the patient was admitted under telemetry monitoring for cellulitis of the bilateral lower extremities. Admission documentation reiterated that the patient was not suicidal or homicidal and did not need a bedside sitter.

A 1/13/19 Illinois Department of Human Services Petition for Involuntary/Judicial Admission for reason of Emergency Inpatient Admission by Certificate completed by the Urbana Police officer stated that the patient is schizophrenic and off medication. The patient was found outside in the cold and in pain and refused assistance to get warm. The patient was unaware of space and time and unable to care for herself.

A 1/13/19 Illinois Department of Human Services Notice of Restriction of Rights of Individuals stated that the patient's rights were being restricted by removing personal property while the patient is admitted to the medical floor.

A 1/13/19 psychiatric assessment completed by a hospital psychiatrist stated that the patient did not need inpatient psychiatric care.

OSF Heart of Mary provided the HRA with the following records regarding the inpatient stay dated 1/13/19 to 3/19/19:

A psychiatric consultation note dated 1/14/19 stated that the patient's behavior was consistent with schizoaffective disorder, bipolar type. She was started on medication. The patient had no suicidal or homicidal ideation and denies auditory or visual hallucinations. The document stated "Based on her current behavior, no inpatient psychiatric care is needed."

A 1/25/19 physician consult note stated the patient's feet were examined and the frostbite was resolving nicely. The physician recommended "No local wound care will be needed because the frostbite has resolved." Follow up in clinic as needed was recommended after discharge.

A case management note dated 1/25/19 stated that the case manager discussed a nursing home placement with the patient. The patient became upset and stated that she wanted to go to a friend's house or a church. She then started to dress. The case manager called for a psychiatric assessment for decisional capacity and security was called to be with the patient since the patient wanted to leave. A psychiatric consult was called in and the patient's doctor completed an involuntary petition.

A 1/25/19 Progress note from a psychiatrist stated that "the patient has not signed 5-day notice for discharge." The physician evaluated the patient per request by the primary provider due to increased agitation. The note continued that the patient "… exhibit[s] poor judgement, and remains a danger to herself and others, necessitating continued inpatient treatment. She is not capable of making medical decisions for herself. Guardianship application has been started." There was also a statement on the note that psychiatric hospital services continued to be

necessary however there was no indication of when "psychiatric hospitalization" began since the patient was on a medical floor. Prior to this documentation it was stated that the patient did not require psychiatric inpatient treatment. No documentation regarding voluntary admission for psychiatric treatment was provided to the HRA.

A 1/25/19 physician progress note stated that the psychiatrist was called because the patient was trying to leave AMA (against medical advice). The doctor reported that upon seeing the patient she appeared "incoherent" and it seemed she was hallucinating because she was talking about an apartment even though she was homeless. The patient was getting agitated and belligerent. The patient was put in temporary involuntary restraint until medication calmed her down. She was then put on strict sitter watch because she was "mentally incompetent to make decisions to go home on her own". There is no notice of restriction of rights for this incident.

A 1/25/19 Illinois Department of Human Services Petition for Involuntary/Judicial Admission for Reason of Emergency Inpatient Admission by certificate was completed by a physician. The petition stated that the patient was hallucinating and delusional. The inpatient certificate completed by a physician on 1/25/19 for the involuntary petition stated that the patient's "judgement/insight is poor, lack of decisional capacity leading to harmful behavior to self". There was no documentation that this was filed.

On 1/28/19 a Psychiatry progress note stated that the patient was examined, and a mental status examination was completed. The plan stated that the patient had "poor insight about her living situation. She has a fixed delusion. Based on her current mental status she does not have cognitive capacity to make reasonable decisions." It was recommended to pursue guardianship and nursing home placement.

A 2/12/19 court order appointed temporary guardianship to the Office of State Guardian. As part of the petition prepared by the Case Manager and Registered Nurse, a Registered Nurse from OSF Heart of Mary, on oath, stated that "Respondent is a disabled person because respondent does not have the capacity to make decisions regarding her personal welfare, living arrangements, and medical needs, and she requires a long-term care facility for assistance with her medical conditions and medications." In addition, the physician's report stated "per psychiatry patient has poor insight, judgement is impaired, she is alert, but she is disoriented, she has impaired long and short-term memory, attention span and concentration. She has fixed delusion about her living situation. Patient has significant cognitive impairment and does not have cognitive capacity to make reasonable decisions."

A 2/25/19 Psychiatric Progress note stated that the patient now has a guardian but since the patient no longer needs medical attention for her feet, the hospital is unable to force her to a facility that will focus on her chronic mental health needs. A mental status exam was completed and reported that the patient was "chronically psychotic". The patient had been taking medications while in the hospital but did not seem to understand the gravity of not having a place to live and family support. The writer stated that the patient would be "best served in a supervised living situation that offered psychiatric care".

There were Inpatient Progress Notes on the following dates stating that the patient wanted to go home: 3/2/19, 3/3/19 (states that the patient feels she is being imprisoned), 3/10/19, 3/16/19, 3/17/19, and 3/18/19.

A psychiatric Inpatient Progress note dated 3/4/19 stated that a Mental Status Exam was completed and the "patient continues to need, on a daily basis, active treatment furnished by or requiring the supervision of inpatient psychiatric facility personnel".

A 3/4/19 Illinois Department of Human Services Petition for Involuntary/Judicial Admission for Reason of Emergency Inpatient Admission by Certificate was completed by a physician. The petition stated that psychiatry described the patient as having poor judgment and limited insight; she was confused and disorganized; and that she is unable to meet her basic needs and keep herself safe. The patient's chronic psychotic state, delusions and schizoaffective disorder caused her to fixate on a residence that she does not have thus putting her in jeopardy by returning to the residence and remaining outside in inclement weather, resulting in hospitalization for frostbitten feet. The petition included the two required certificates but neither of them are legible.

A 3/13/19 psychiatric consult note stated that the physician was asked to see the patient and provide recommendations for management of schizoaffective disorder-bipolar type. The physician completed a mental health status exam and stated that the patient is "reportedly back to her baseline" and was not suicidal or homicidal. The document stated "she is decisional, we could not hold her against her will. She might make bad decisions, but she still has a capacity to make decisions." The physician proceeded to recommend that the patient continue to take her medications but saw "no reason to keep her from a psychiatric standpoint".

A 3/15/19 case management note stated that the case manager spoke with the "Ethics and Legal staff" and it was decided that the patient should stay through the weekend. The plan was to talk to the patient again on Monday about engaging in community resources and see if the patient was willing to listen and agree to another placement. An additional note added by case management staff stated that the case manager talked with his case manager and "due to the weather conditions today, the discharge could be tomorrow".

The HRA requested the Physician's Determination for Capacity to Consent to Voluntary Treatment (405 ILCS 5/3-400) and staff reported that this form was not completed. The HRA also did not receive a Notice of Restriction of Rights for 1/25/19 when the case management staff stopped the patient from leaving the facility to have an additional evaluation for capacity.

<u>OSF Heart of Mary provided the HRA with the following policies:</u>

The Admission, Discharge and Transfer Criteria states that the purpose of the policy is to recommend guidelines, although not all inclusive, for admission and discharge of adults. Behavioral Health Inpatient Admission Guidelines in this policy specifically state that the psychiatric necessity of admission is when a patient demonstrates a clear and reasonable inference of imminent serious harm to self as evidenced by "…an imminently dangerous inability to care adequately for his/her own physical needs through psychotic, disordered,

disorganized or bizarre behavior or other similarly clear and reasonable evidence of imminent serious harm to self".

The Restraint and Seclusion Management Policy lists seclusion as a form of restraint. Section c states that seclusion is "Involuntary confinement of a patient alone in a room or area where the patient is physically prevented from leaving. Seclusion is only used for Violent and/or Self-destructive behavior." Section 3 discusses restraining patients with a behavioral health condition and states that Illinois requires a Notice of Restricted Rights of Individuals Form be completed. The policy notes that orders must be obtained for restraint or seclusion and includes a form that must be completed by the physician for restraint or seclusion.

Conclusions

1. **Inadequate Discharge**

The Mental Health Code (405 ILCS 5/3-400) states "(a) Any person 16 or older, including a person adjudicated a person with a disability, may be admitted to a mental health facility as a voluntary recipient for treatment of a mental illness upon the filing of an application with the facility director of the facility if the facility director determines and documents in the recipient's medical record that the person (1) is clinically suitable for admission as a voluntary recipient and (2) has the capacity to consent to voluntary admission. (b) For purposes of consenting to voluntary admission, a person has the capacity to consent to voluntary admission if, in the professional judgment of the facility director or his or her designee, the person is able to understand that: (1) He or she is being admitted to a mental health facility. (2) He or she may request discharge at any time. The request must be in writing, and discharge is not automatic. (3) Within 5 business days after receipt of the written request for discharge, the facility must either discharge the person or initiate commitment proceedings. (c) No mental health facility shall require the completion of a petition or certificate as a condition of accepting the admission of a recipient who is being transported to that facility from any other inpatient or outpatient healthcare facility if the recipient has completed an application for voluntary admission to the receiving facility pursuant to this Section."

While the patient was treated for a mental health diagnosis, there is no documentation that the hospital completed a voluntary admission for treatment of mental illness for the patient or a Physician's Determination for Capacity to Consent to Voluntary Treatment. On 1/25/19, when medical treatment was completed, and the patient was eligible for discharge, the patient did not need to provide the hospital with 5 days written notice as indicated in the physician's progress note because the patient was not voluntarily admitted to the facility under the Mental Health Code. At that time, OSF only had two options; either discharge the patient or complete the process for involuntary admission. They chose to do neither.

A person subject to involuntary admission and in need of immediate hospitalization may only be detained under the Mental Health Code (405 ILCS 5/3-600). "When a person is asserted to be subject to involuntary admission on an inpatient basis and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition to the facility director of a mental health

facility in the county where the respondent resides or is present" (5/3-601). "No person detained for examination under this Article on the basis of a petition alone may be held for more than 24 hours unless within that period a certificate is furnished to or by the mental health facility" (5/3-604). To be sure, the Code defines a mental health facility as "…any licensed private hospital…or section thereof…for the treatment of persons with a mental illness and includes all hospitals…which provide treatment for such persons" (5/1-114). "Treatment includes…examination, diagnosis, evaluation…" (5/1-128). "The petition shall be accompanied by a certificate executed by a physician, qualified examiner, psychiatrist, or clinical psychologist which states that the respondent is subject to involuntary admission on an inpatient basis and requires immediate hospitalization. The certificate shall indicate that the physician, qualified examiner, psychiatrist, or clinical psychologist personally examined the respondent not more than 72 hours prior to admission. It shall also contain the physician's, qualified examiner's, psychiatrist's, or clinical psychologist's clinical observations, other factual information relied upon in reaching a diagnosis, and a statement as to whether the respondent was advised of his rights under Section 3-208." (5/3-602) "As soon as possible but not later than 24 hours, excluding Saturdays, Sundays and holidays, after admission of a respondent pursuant to this Article, the respondent shall be examined by a psychiatrist. The psychiatrist may be a member of the staff of the facility but shall not be the person who executed the first certificate. If a certificate has already been completed by a psychiatrist following the respondent's admission, the respondent shall be examined by another psychiatrist or by a physician, clinical psychologist, or qualified examiner. If, as a result of this second examination, a certificate is executed, the certificate shall be promptly filed with the court. If the certificate states that the respondent is subject to involuntary admission but not in need of immediate hospitalization, the respondent may remain in his or her place of residence pending a hearing on the petition unless he or she voluntarily agrees to inpatient treatment. If the respondent is not examined or if the psychiatrist, physician, clinical psychologist, or qualified examiner does not execute a certificate pursuant to Section 3-602, the respondent shall be released forthwith." (5/3-610) "Within 24 hours, excluding Saturdays, Sundays and holidays, after the respondent's admission under this Article, the facility director of the facility shall file 2 copies of the petition, the first certificate, and proof of service of the petition and statement of rights upon the respondent with the court in the county in which the facility is located. Upon completion of the second certificate, the facility director shall promptly file it with the court and provide a copy to the respondent. The facility director shall make copies of the certificates available to the attorneys for the parties upon request. Upon the filing of the petition and first certificate, the court shall set a hearing to be held within 5 days, excluding Saturdays, Sundays and holidays, after receipt of the petition. The court shall direct that notice of the time and place of the hearing be served upon the respondent, his responsible relatives, and the persons entitled to receive a copy of the petition pursuant to Section 3-609." (5/3-611)

The hospital completed a Petition for Involuntary Admission on three occasions, the first petition was completed on 1/13/19 and was abandoned without filing with the court because the patient was admitted for medical treatment. The second petition was completed on 1/25/19 when the patient was cleared medically for discharge, but the hospital believed that the patient did not have the capacity to make decisions. This petition was also abandoned without filing with the court because the second psychiatrist stated that the patient did not meet the criteria for inpatient psychiatric care. Per 5/3-604 the patient should have been released within 24 hours because a certificate was not completed. The lack of evidence for involuntary admission prompted the

hospital to petition for the patient to be assigned a temporary guardian. Once a guardian was appointed, the hospital learned that the guardian could not force the patient to reside in a mental health facility or nursing home against her will and again the hospital completed a petition for involuntary admission on 3/4/19. This petition was completed and filed, however, the petition was denied by the Champaign County Court. Even then, OSF Heart of Mary detained the patient for an additional 14 days before discharging her to the community in hopes that they could convince her to accept placement at a facility. Ultimately, the hospital had no legal authority to detain the patient against her will from 1/25/19 to 3/18/19, without following the Mental Health and Developmental Disability Code regarding commitment (405 ILCS 5/3-600).

Throughout the course of this investigation the HRA also noted concern with the use of restraint. The Mental Health Code 405 Ill. Comp. Stat. Ann. 5/2-108 states "Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself or physical abuse to others. Restraint may only be applied by a person who has been trained in the application of the particular type of restraint to be utilized. Except as provided in this Section, restraint shall be employed only upon the written order of a physician, clinical psychologist, clinical social worker, clinical professional counselor, or registered nurse with supervisory responsibilities. No restraint shall be ordered unless the physician, clinical psychologist, clinical social worker, clinical professional counselor, or registered nurse with supervisory responsibilities, after personally observing and examining the recipient, is clinically satisfied that the use of restraint is justified to prevent the recipient from causing physical harm to himself or others. 405 Ill. Comp. Stat. Ann. 5/2-201states (a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to: (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian; (2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice; (3) the facility director; (4) the Guardianship and Advocacy Commission, or the agency designated under 'An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named". During the interviews, staff reported that the patient did not try to leave the facility and was not forced to stay, however, documentation from 1/25/19 states that the patient tried to leave AMA and security was called to keep the patient in the room and that the patient was "involuntarily restrained until medication calmed her down". Both the above-mentioned law and the hospital policy require that Notice of Restraint be completed, however, there is no documentation of the incident and therefore there is no validation that the seclusion and restraint were conducted properly by trained professionals and at the direction of the physician. There is also no documentation stating proper notice of the restraint was provided to the appropriate individuals per the Code (405 Ill. Comp. Stat. Ann. 5/2-201). Staff's statement that the patient never tried to leave and was free to go at any time is false. The HRA believes that it is reasonable to assume that because the patient attempted to leave the facility after being medically cleared and was involuntarily restrained that the patient believed that she was not free to leave.

Based on the findings above the East Central Human Rights Authority concludes that the consumer's rights were violated and, therefore, the complaint is substantiated. The HRA makes the following recommendations:

1. OSF Heart of Mary follow the Mental Health and Disabilities Code 405 ILCS 5/3-400 procedure for voluntary admission for mental health treatment. The use of a Physician's Determination for Capacity to Consent to Voluntary Treatment would have greatly benefitted everyone involved in this case. The documentation regarding whether the patient was voluntarily receiving mental health treatment and whether she had the capacity to make that decision was not completed and this caused confusion for both the patient and the staff providing treatment. The HRA requests evidence that the facility is in compliance with the Code and evidence of staff training on the procedures.

2. OSF Heart of Mary immediately cease the current practice of detaining patients without following the Code's mandates for commitment (405 ILCS 5/3-600, 601, 602, 603, and 604). While the hospital appears to be aware of the correct procedure for involuntary admission, they did not follow the mandates properly and detained the patient unlawfully. The HRA requests evidence that the facility is in compliance with the Code and evidence of staff training on the procedures.

Suggestions

1. OSF Heart of Mary immediately cease the current practice of restraining patients without following the Code's mandates for restraint (405 Ill. Comp. Stat. Ann. 5/2-108 and 201). In addition, staff should follow the hospital's own Restraint and Seclusion Management Policy, including that orders must be obtained for restraint or seclusion.

2. It appeared that there was a restriction notice given to the patient while in the ED on 01-13-19 although the rationale was unclear. Ensure that rights for individuals receiving mental health treatment are protected consistent with the Code and clear rationale be documented for any rights restriction (405 Ill. Comp. Stat. Ann. 5/2-201).

RESPONSE

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

OSF HEALTHCARE

November 1, 2019

Kelli Martin, Chair
East Central Human Rights Authority
2125 South First Street
Champaign, IL 61820

RE: Human Rights Authority Case #19-060-9008

Dear Ms. Martin,

This is in response to your letter dated, September 25, 2019. Thank you for the opportunity to respond to the above listed complaint filed with the Guardianship and Advocacy Commission. We have conducted a thorough review of the report and detailed information provided in the report. We do have a procedure to determine if a patient has decisional capacity for treatment and the required forms/documentation to use. This procedure and documentation will be used going forward.

In response to the recommendations, the following actions will be taken:

- Development of education regarding Mental Health and Disabilities Code 405 ILCS 5/3-400 procedure for voluntary and involuntary admission and subsequent discharge of patients for mental health treatment by Ministry Director of Behavioral Health and will be given to all case managers with a completion date of November 30, 2019.
- Subsequent audits of medical records of patients with a mental health diagnosis will be conducted by Case Management staff to ensure compliance with the Mental Health and Disabilities Code.

Please note that we take all complaints and concerns seriously and that we strive to improve the services we provide to our patients as it is our goal to "serve with the greatest care and love." We ask that our response be included as part of the public record.

Thank you again for this opportunity to respond to the recommendations and allowing us to make improvements to the care we provide. Please feel free to contact me at 217-443-5261 for any additional questions or need for additional information.

Sincerely,

Celeste Widolff

Celeste Widolff
Director Quality/Patient Safety

cc: Laura Hart

OSF HEALTHCARE

January 6, 2020

Kelli Martin, Chair
East Central Human Rights Authority
2125 South First Street
Champaign, IL 61820

RE: Human Rights Authority Case #19-060-9008

Dear Ms. Martin,

This is in response to your letter dated, November 20, 2019. Thank you for the opportunity to respond to the above listed complaint filed with the Guardianship and Advocacy Commission.

In response to the recommendations, education regarding Illinois Mental Health Code was developed by the Ministry Director Behavioral Health. This education was provided to the case managers. The power point education (Attachment A) and sign off sheet (Attachment B) is enclosed. The education was provided verbally and a copy provided to each case manager.

Please note that we take all complaints and concerns seriously and that we strive to improve the services we provide to our patients as it is our goal to "serve with the greatest care and love." We ask that our response be included as part of the public record.

Thank you again for this opportunity to respond to the recommendations and allowing us to make improvements to the care we provide. Please feel free to contact me at 217-443-5261 for any additional questions or need for additional information.

Sincerely,

Celeste Widolff

Celeste Widolff
Director Quality/Patient Safety

cc: Laura Hart