



# Ascension Providence Rochester Hospital

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Office of Recipient Rights  
Recipient Rights Training

# Crittenton's Office of Recipient Rights Members

Office of Recipient Rights  
Recipient Rights Advisor

1101 W. University Drive  
Rochester, MI. 48307  
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# Who is a Recipient?

- Any person receiving mental health services/treatment from any mental health facility, agency or program.



# Definition of a Right

That which a person is entitled to have, to do , or to receive from others, within the limits prescribed by law.

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Rights are GUARANTEED, but may be LIMITED.

- Rights limitations can only be decided by the treatment team with the recipients consent, unless under court order. (Ch. 7)

# Legal Basis for Rights

## ● Why?

- Inhumane Treatment...ECT, Lobotomy's, Abuse/Neglect, Unsanitary Environment, Psychotropic Medication overuse, Unsafe Restraints and Seclusion use.
  - Straight Jackets, Solitary Confinement, LSD.
- Cost Effective- Closed SLPH
  - Why? Long Term and expensive
- 1960- half million recipients per day, released over 90%.
  - Now=homeless, shelters, group homes...
  - No longer "Second Class Citizens".

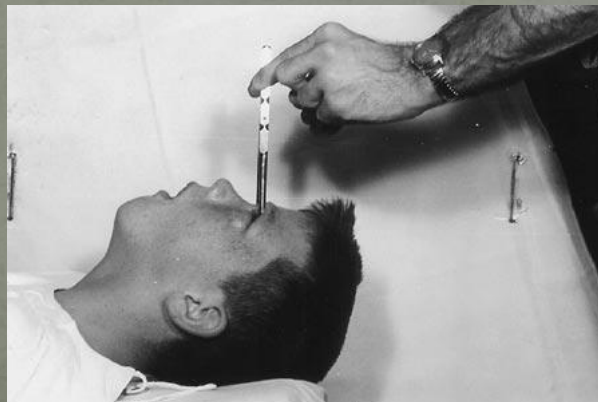
## ● Rehabilitation Act of 1973

- Opened Workshops. (Tuscola Behavior Health Systems)
- Evolved into job coaching and training relationships.
- Trained workers can integrate into the community and utilize learned job skills. (New Horizons)



# De-Institutionalization

Did it work???



# De-Institutionalization, Cont.





# Legal Basis For Rights

- U.S Constitution
- Federal/State Statutes
- Michigan Mental Health Code
- Contractual Requirements (Oak Co.)
- Attorney General Opinions
- Administrative Rules



# Legal Basis for Rights Cont...

- Community Mental Health Act of 1963
  - Treatment and Services in the community for persons receiving public mental health services.
  - Developed Community Based Services.
- Civil Rights Act of 1964
  - Recipients can vote, get married, and sign contracts.

# Legal Basis for Rights Cont...

- Michigan Mental Health Code (1974)
  - A compilation of laws and rights set forth to protect those people receiving PUBLIC mental health services.
  - Standardized Community Mental Health Operations.
  - Established the Office of Recipient Rights.
    - Recipients receive a Rights Booklet which summarizes their rights outlined by chapter 7 of the MMHC.
    - Available in Spanish, Arabic, audio, Braille and translations services.



# General Rights

- Not to be fingerprinted
- Not to be photographed
- Audio/Videotaped without permission
- Access to records.
- Environmental Rights
- Civil Rights

# Treatment Rights

- To know why you are being treated, and to have answers to your questions.
- To have a Plan of Service, and to have answers to your questions about medications.
- Rights related to admission and discharge.
- Formal and Informal Court Hearings.



# Limitable Rights

- Communications by Mail, Phone, Visits.
- Personal Property.
- Money (See Unit rules).
- Freedom of Movement.
- Confidentiality/Privilege.
- Consent to Treatment.

# Unlimitable Rights

- Freedom from abuse and neglect
- Treatment suited to condition
- Dignity and respect (family, friends)
- Safe, sanitary, humane environment
- Individual plan of service developed using Person Centered Planning



# Unlimitable Rights Cont...

- Person Centered Planning. (PCP)
  - Recipients have the right to:
    - A written Individualized Plan of Service (IPOS), specific to individual needs.
    - Developed in a PCP process
    - Including selection of other to help implement the plan
    - The recipient drives the plan, including the selection of the site, date, time, and persons involved.

# Unlimitable Rights Cont...

- Dignity and Respect
  - Recipients and Family members have the right to be treated with dignity and respect.
  - Respect
    - Being treated with esteem, concern, and appreciation
    - Being considerate of cultural differences
  - Dignity
    - Treated with politeness
    - Addressed in a non patronizing matter
    - Treated as an equal



# Unlimitable Rights Cont...

- Abuse- “A non-accidental act; or provocation of another to act; by an employee, volunteer, or agent of a provider that causes or contributes to a violation of the code.”
  - Abuse 1
    - Serious physical harm
    - Death
    - Sexual abuse
  - Abuse 2
    - Non-serious physical harm
    - Unreasonable force, with or without harm
    - Action that causes emotional harm
  - Abuse 3
    - Language or other means of communication to: degrade, threaten, or sexually harass.

# Unlimitable Rights Cont...

- Neglect- “Failure to do something that was supposed to be done, or doing something that was not supposed to be done.”
  - Neglect 1
    - Serious Harm or death
    - Failure to report
  - Neglect 2
    - Non-Serious Physical Harm
    - Emotional Harm
    - Failure to report
  - Neglect 3
    - Placed, or could have placed, a recipient at risk of harm.
    - Failure to report.



# Unlimitable Rights Cont...

## ● Confidentiality

- Information in the record of recipients, and other information acquired in the course of providing mental health services to recipients, shall be kept confidential and shall not be open to public record.
- HIPPA
  - Federal Law (2005), ensures confidentiality of protected health care information for recipients.
  - Guard: Personal information, Computer information, E-Mails, No USB drives, Use Security Suite, Shred everything.
- Exceptions
  - Signed Release
  - Reporting abuse or neglect
  - Medical Emergency
  - Duty to Warn
  - As required by court of law

# Unlimitable Rights Cont...

Think to yourself about the following questions!

- What is your address and Phone Number?
- What is your yearly income?
- Have you ever had a sexually transmitted disease?
- When was your last sexual experience? Describe.
- Do you have a history of abuse? Alcoholism? Chemical dependency?
- Are you currently taking any medications? List them.

Would you like this personal information being available to anyone?

(MDCH)



# Other Rights

- Freedom of Choice
- Religion
- Entertainment
- Safe Environment

# When are these Rights Enforceable?

- Recipient Rights come into play and are enforceable upon admission to an inpatient facility and have been place on the ACTUAL unit. If a recipient has been admitted to a facility but has not been physically place on the unit, these rights are not enforceable. The recipient has to be admitted and on the actual unit before these rights are enforceable.

*(Cross the threshold onto 6 West)*



# Ways of Admission

## ● Involuntary:

This is the process used in a probate court to help a person who may be mentally ill and harmful to self or others and refuses to seek treatment to have treatment.

Complete a **Petition/Application for Hospitalization** (anyone 18 years of age or older can complete a Petition. Good for 10 days)

The hospital will perform a psychiatric evaluation within 24 hours and will decide whether the person needs treatment.

If the person does not require hospitalization, or is diagnosed as having a substance abuse problem, the hospital will release the person. Sometimes the hospital will recommend outpatient treatment.

**If the person is diagnosed as requiring treatment** then the person will be sent to a designated hospital for necessary care.

The hospital director and the Court are authorized to recommend hospitalization or release.

The Court may order up to 60 days of treatment on the initial admission order, but the hospital makes the final decision.

# Ways of Admission cont.

## ● Voluntary:

Voluntary admission to a psychiatric hospital or unit occurs in much the same way as admission to a general hospital. Referral may be made by your GP or consultant. Unlike patients in general hospitals, you are not always completely free to leave psychiatric care when you wish.

If you are a voluntary patient who wants to leave a psychiatric center and the consultant psychiatrist or a doctor or nurse on the staff considers that you are suffering from a mental disorder, the professional may detain you for a maximum of 72 hours, not including Sundays or holidays.

During the 72 hours, the consultant psychiatrist must either discharge you or arrange for an examination by another consultant psychiatrist. The second consultant must issue a certificate stating that you should be detained because of a mental disorder or must discharge you. If you are detained, then you are an involuntary patient and all the procedures relating to information, review and appeal apply in the usual way.



# Ways of Admission Cont.

- Court ordered

Judge orders you for treatment for whatever reason...part of probation, parole, work release..

Combination of all

# Role of Rights Office

- Prevention
  - Policy development and review.
  - Notify Director of problem areas, poor practices, etc.
  - Consultation on rights related matters.
    - Assist in referring complaints.
- Education
  - Train staff, Rights Committee, and Appeals Committee.
  - Consumer self-advocacy.
  - Trained and updated annually in rights protection.



# Role of Rights Office Cont...

## ● Monitoring

- Site Visits: State, Oakland County, JACO, etc..
- Data reporting and tracking
- Review occurrence reports/Death reports
- Review contracts for “Rights Language”
  - Review reports from monitoring bodies, reports form Quality/Risk Management.

## ● Complaint Resolution

- Receive, review, and investigate complaints.
- Determine if violations have occurred
- Assure adequate remedial action
- Advise recipients of the right to mediation, of other advocacy organizations, and with preparing appeal request.

# Role of Rights Office Cont....

- Advocate for persons with disabilities.
- Enforce the Mental Health Code.

*When the recipient feels or other staff members feel that a right has been violated, a complaint is filed with the Rights Office.*



# Why would you file a complaint???

1. Violation or suspected rights violation.
2. All staff are required to report ALL apparent or suspected rights violations per LAW!

## Public Act 32

A mental health professional, a person employed by or under contract to the Community Mental Health Board, who has reasonable cause to suspect the abuse of a recipient shall IMMEDIATELY, make or cause to be made by telephone or otherwise, an oral report of the suspected Abuse to law enforcement, within 72 hours after making the oral report a written report shall be filed.

## Public Act 519/238

A person employed to provide mental health services, who suspects or has reasonable cause to believe that a recipient has been abused or neglected, shall make IMMEDIATELY, by telephone or otherwise, an oral report to the county department of Human Services Protective Services, may file a written report.

# What happens when there is a complaint?

- A complaint's purpose is to report an alleged rights violation under the code.
- Anyone can assist a recipient to file a complaint.
- Anyone can file a complaint!
- Complaints are different than Occurrence reports.



# What happens when there is a complaint cont...

- The Office of Rights must have the following three things to open a recipient rights investigation.
  1. Recipient- A person with an open case or a person applying for service.
  2. Accused- An employee, volunteer, or agent of the provider
  3. AN ALLEGED VIOLATION OF THE CODE.

# Recipient Rights Complaint Form



Complaint Number	Category
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Michigan Department of Community Health  
**RECIPIENT RIGHTS COMPLAINT**

**Instructions:**

If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A rights advisor will review the complaint and may conduct an investigation. Keep a copy for your records and send the original to the rights office at the CMH agency or the hospital where you are receiving (or received) services, or to: MDCH – Office of Recipient Rights, Lewis Cass Building, Lansing Michigan 48913.

Complainant's Name:	Recipient's Name:
Complainant's Address:	Where did the alleged violation occur?
Complainant's Phone Number:	When did the alleged violation happen?

What right was violated?

Describe what happened:

What would you like to have happen in order to correct the violation?

Complainant's Signature	Date:	Name of person assisting complainant
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DCH 0030 Replaces DCH-2500

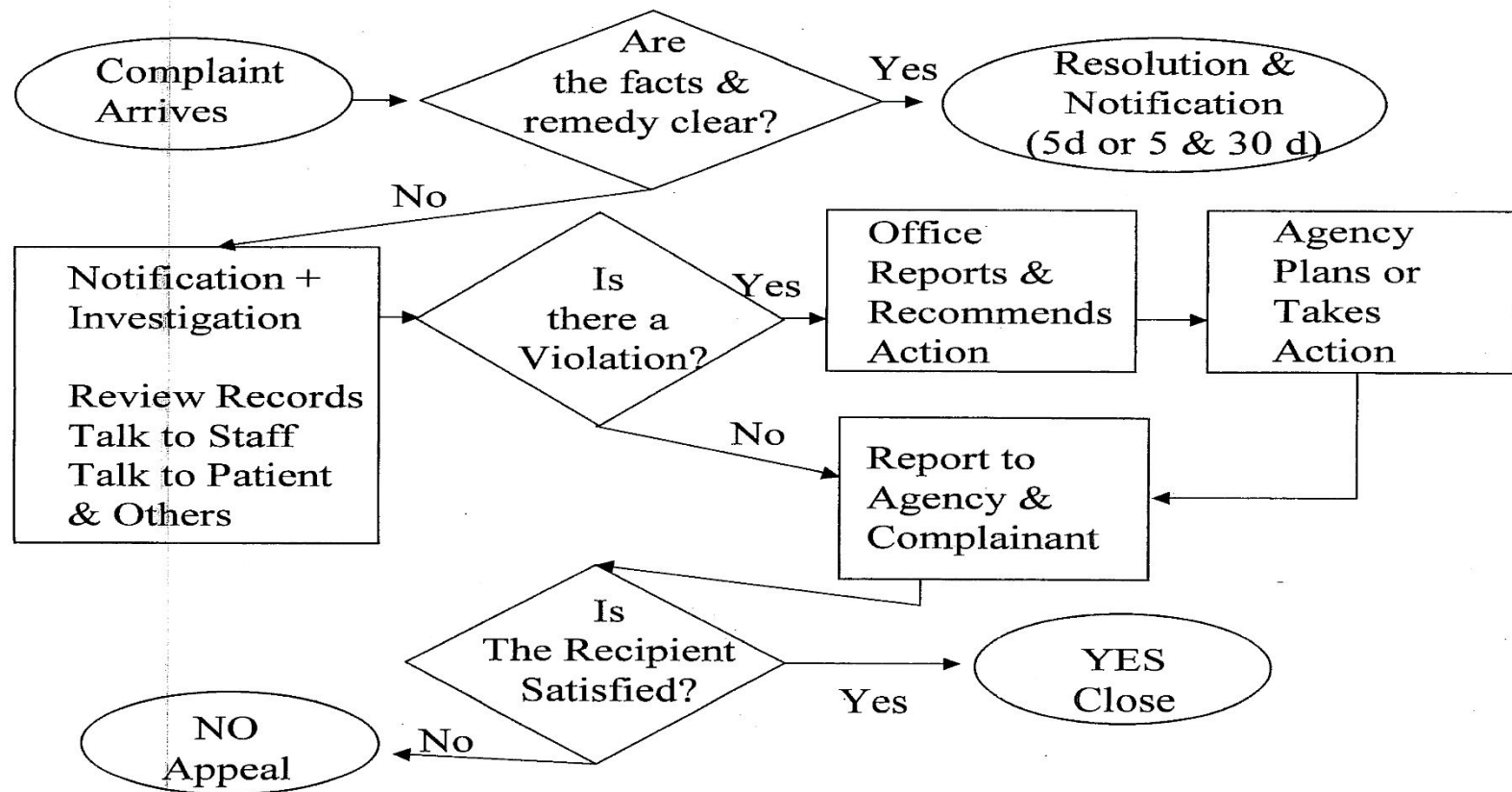
Distribution: ORIGINAL TO ORR  
COPY to Complainant (with acknowledgement letter)

Authority: P.A. 258 of 1974 as amended



# What happens when there is a complaint cont...

## WHAT HAPPENS WHEN THERE IS A COMPLAINT?



# Occurrence Reports

- All occurrence reports will be entered/completed in the Event Reporting System.
- Occurrence Reports are for reporting any occurrence which is not consistent with the regular routine care of a particular recipient. (slip and fall)
- Occurrence Reports should be CLEAR, CONCISE, COMPLETED IN A TIMELY MANNER...  
Immediately! No later than the end of your shift!



# Occurrence Reports Cont.

- A complaint is not the same as an Occurrence Report, Occurrence Reports are completed by staff;
- Complaints are filed by ANYONE!

*Complaints/Investigations can be opened and filed through a Occurrence Report by the Rights Office.*

# Occurrence Cont.

- An Occurrence Report is *NOT* placed in a patients chart.
- When documenting, document what happened that an Occurrence had to be written but don't state an Occurrence Report was written.

*A patient fell while in the shower, cutting the top of patients head. Had to seek Medical Attention. Placed on Fall Precautions (This would go in the chart).*

*Write an Occurrence Report indicating what happened and what Corrective Action we are going to do to prevent this from happening again.. Patient will be placed on Fall Precautions..*



# Occurrence Report

- Things that you would write and Occurrence Report on:
- Medication Error
- Falls-Witnessed and Unwitnessed Falls...found patient on the floor..
- Sentinel Events: Deaths, serious physical or psychological injury

# Elopement Precautions

- Any staff who sees that a recipient is presenting with or verbalizing threats or serious desire/intent to leave, elope, etc., must immediately notify unit manager or House Director and Security.
- The recipient will be assessed by nursing staff and placed on Elopement Precautions.
- A written order must be obtained by attending physician.
- Recipients on Elopement Precautions will be checked/documentated at a minimum every 15 minutes.
- Re-Evaluation of the recipient will take place and if no longer necessary, Elopement Precautions will be discontinued.



# Code “M”

- If a patient successfully elopes from the unit, Code “M” will be paged overhead.
- Designated team will meet on the unit in which the patient eloped from unless a specific unit is identified.
- Team will conduct a sweep of unit and floors of the hospital after receiving description of patient that eloped.
- Conduct search unit patient is found.

# Code “M” Cont.

- If patient is located in the building, the patient is escorted back to the unit using the least restrictive method.
- If patient is located outside the building, staff can not escort the recipient back into the hospital and back onto the unit.
- The staff is to follow the patient at a safe distant and wait until the local police locates you. You direct police in the direction in which you last seen patient. They take over and continue the follow of recipient.

*When Code “M” is called/Paged... Unit Manager, CEO, CNO, Director of Quality, The Recipient Rights Officer is notified. If spotted leaving the building, Local Police is notified.*



# Seclusion and Restraints

- Can only be used as the least restricted intervention.
- There must be an order from the physician (Can be by phone or written).
- Can place in S/R's up to 30 minutes without physicians order. Emergency situations.
- Dr. has to have a face to face examination with the recipient within one hour of the initial S/R.

# Seclusion and Restraints Cont.

- Renewal after 4 hours must be done...Must be written
- Must be documented and rounded on every 15 minutes.
- Restraints shall be removed every 2 hours for not less than 15 minutes.
- Shall still have opportunity to be toileted, receive food and beverages and showering.
- Begin to show signs of safe and appropriate behavior, S/R will be discontinued and a Debriefing will take place with the recipient.



# Debriefing

- If possible, debriefing should take place after S/R is discontinued but have a max. of 24 hours to complete.
- Discuss what happened
- Why it happened
- What we can do so this doesn't happened again
- Reassure the recipient that it's in the past and lets start over...clean slate. Not to dwell on situation and go forward.

# Code Grey

- Code Grey is needed assistance with an intervention of a potentially out of control or an out of control person who is immediately dangerous to self, others, or to the therapeutic milieu of the unit.
- When in need of Assistance...Code “Grey” is paged overhead.



# Code Grey Cont.

- Minimize disruption
- Certified personnel will respond to page
- Report to unit...6 West
- Wait for instructions from Charge Nurse/Team Leader
- Assist in Interventions...Physical, remove barriers, furniture, unlock doors, answer phones, direct traffic, calm other recipients, etc.

Certified means personnel certified in Non-Violent Crisis Intervention (CPI) per Crittenton's certification program.