Emergency Mental Health Procedures Stakeholder Meeting – 5/10/21

Patient Rights Discussion

- ED Crisis facility – safety procedure regarding patients clothing
  - Must document reason for not allowing them to keep own clothing
  - If there are exceptions, must be explained to the individual
  - At St Mary's, moving towards allowing patients to keep their own clothing as long as a safety check. A gown may actually be more dangerous than their own clothes in some circumstances
- With children, clothing is taken away and gown is given to help identify child if they were to run- is this a safety consideration?
  - Also done with adults
- Removal of clothing and personal belongings is general standard procedure, leads to negative interaction or escalation
- We should have the rules written in a way that items and clothing can be taken away only if there is a safety concern
  - Two sets of standards for ED
    - Physical health vs. Mental Health standards
  - We should be responding/ accepting individuals in a positive way as opposed to taking their belongings which can trigger previous trauma
  - Shouldn't be an assumption that persons with mental health issues are a danger
  - Idea that gown 'marks' the induvial is stigmatizing
  - Court case Sampson vs Beth Israel Deaconess Medical Center – discusses this issue
- Important to connect with state regulators about proposed changes to language
- Include language to require the patient demonstrate a particularized safety threat prior to deprivation.
  - Not based on an assumption
  - Should be documented
- Does OBH see complaints regarding removal of clothing and belongings?
  - Not an abundance surrounding this specifically, this does seem to be standard practice and may not know to file a grievance for this
  - Generally people don't understand their right to file a grievance or how to go about it, especially while experiencing a crisis
  - Grievance data likely not reflective of what individuals are actually experiencing
- Would peer services/ patient advocate availability be beneficial?
  - Largely there isn't a person to connect with to explain what rights mean/ how to utilize your rights
- In Chicago and also in Indianapolis, hospital protocol was when security was called for a psych patient the patient advocate was always to be present. There is a huge safety concern, yet many in a hospital tend to be less sensitive and compassionate to patients identified as having a psych need

- External grievance information should be provided to individuals and families. This is something checked on during every site review of a designated facility, and I would like to see this information provided in EDs as well.
- 24/7 patient rights expert available for consultation
  - State level rather than facility based
  - a state number for patients to call (or for staff to call when they know of a violation of a patients right but no real "go to " person to report to
  - Advocates should be independent of the facility providing care. Most patient advocates have a conflict of interest as they are employed by the facility.
- This conversation should involve the office of the ombudsman
- Holding someone more than 72 hrs for weekend or holiday
  - 72 hour weekend exception only applied if you had applied for a waiver?
  - Cannot waive anything in statute
  - Incorporate telehealth in these scenarios
  - Not seeing issues with telehealth evals – important to have collateral information from ER staff
    - Individuals should be able to request in person eval
    - In rural settings sometimes only telehealth can be administered
    - As a patient, the option is a valuable right
  - Is it reasonable to have weekend exception?
  - The staff shortage issue is significant, when the 72 hour clock begins often depends on when the evaluation occurs. I have witnessed an evaluation that didn't occur for 48 hours while the patient awaited a doctor.
- With M1 hold and removal of communication devices, there should be someone in the facility that will check on things existing at held person's home ie. Pets, family members, etc.
- Specify cell phone in communication access – cell phones hold contacts for individual and should be available, as well as means to charge their device
- ED/ Hospital policies being changed regarding reasonable access to cell phones – unless it becomes disruptive
- Importance of right to privacy (showering)
- For grievance representative – there should be someone on staff as well as outside the facility to contact
- Rights to water and food – timeframe inclusion on language

What did we miss?

- Regulations surrounding seclusion and restraint – does this need to be in patient rights for 27-65
  - Outlined in OBH rules for designated facilities
- Inclusion and considerations for sexual orientation, gender identity