

FACILITY - - MUST BE HUMANE

THE LAW

Each patient shall... "Have a right to a **humane... physical environment** within the hospital facilities. These facilities shall be designed to afford patients with **comfort and safety**, to **promote dignity** and **ensure privacy**. Facilities shall also be designed to make a **positive contribution** to the effective attainment of the treatment goals of the hospital."

§ 51.61(1)(m), Wis. Stats. [Emphasis added.]

"Treatment facilities shall provide patients with a **clean**, safe and **humane** environment..."
DHS 94.24(1), Wis. Admin. Code [Emphasis added.]

DECISIONS

1. An inpatient complained about **lack of interactions with staff** during her six-day stay. Each patient's needs and perceptions are unique, and staff cannot use a "one size fits all" approach. There is a thin line between respect for a patient's privacy and choices (e.g. to not have many interactions with others and to be given personal space), and going too far in the other direction (e.g., in trying to probe for interaction with many questions). In the latter instance, the patient could have complained that she was not respected and not given reasonable space or privacy. Here, the record reflects a **reasonable degree of staff attentiveness** and vigilance and, in the latter part of the stay, more discussion with her about issues. It was concluded that the patient's right to a humane psychological and physical environment was **not violated** in this circumstance. (Level III decision in Case No. 99-SGE-08 on 3/23/01.)
2. The individual's **right to treatment** includes specific **protocols** as necessary to **ensure health and sanitary living conditions**. The treatment needs of the client need to be considered and clearly documented in the contract between the county and any contract agencies, with a plan for monitoring and updating those treatment goals. Any barriers to achieving these needs must be documented, the guardian must be informed, and a plan to resolve such issues needs to be implemented. These **treatment protocols** are an **essential feature** for the treatment and management of the client, and they are an **integral part of the client's right to prompt and adequate treatment**. (Level III Decision in Case No. 03-SGE-04 on 6/15/04.)
3. The sister/guardian of a woman filed a grievance about the **care** the woman had received while she was **living in her own apartment**. She had been receiving supportive home care services from an independent service provider under a general contract with the county. The guardian alleged "abuse of a vulnerable adult" because the woman's apartment was not kept clean by the contractor and was "unlivable due to filth". The contract contained no specific requirements, but there was a list of duties for

the staff who visited her apartment. One duty was to clean the apartment weekly. During one particular period, the contractor's employees did not complete many of the required items and the apartment became very dirty. Instead, they spent the time **providing companionship** to the woman. Regardless of her desire for companionship, the **employees were responsible** for keeping the **apartment clean**. Whenever possible the caregivers should be making sure the task list is completed while working with the client to model those skills, and to create a social situation where tasks can be completed together and in a way that is therapeutic for her by reinforcing daily living skills. The **contractor violated** her right to a **humane environment**. (Level III Decision in Case No. 03-SGE-04 on 6/15/04.)

4. The **county** is **ultimately responsible** for the **health and safety** of a client to whom they provide services. Even though they have a **contract** for an **independent service provider** to do the hands-on services, the **contracted agency's failure** to perform its duties **is also the county's failure**. The county must monitor the providers it contracts with in order to ensure that vital services are provided for their clients. (Level III Decision in Case No. 03-SGE-04 on 6/15/04.)

5. A patient complained about the manner in which facility staff treated her **during an Emergency Detention**. She focused her complaint on staff shining laser-pointers and lights in her eyes, especially at night. **Patients on ED require frequent monitoring** as they are usually in a crisis situation. That means **staff must continuously check on their welfare, even at night**. In the dark, it requires shining a light on them to make sure they are OK. Lights are also used by clinical staff to check the patient's eyes for dilation. While **this can be very irritating** to the patient, it is **often necessary** for their welfare. There is insufficient evidence to conclude that a laser pointer was used on her. It could also have been a small, focused light. The blurred vision she experienced could have been caused by many different factors, including the stress or her ED and medications she may have taken. No rights violations were established. (Level IV decision in Case No. 08-SGE-01 on 7/23/08)