

## PHYSICAL HEALTH TREATMENT

### LAW

Each patient shall... "Have a right to receive **prompt and adequate treatment... appropriate** for his or her condition..."

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

"Each patient shall be **treated with respect** and with recognition of the patient's **dignity** by **all employees** of the service provider and by all licensed, certified, registered or permitted **providers of health care** with whom the patient comes in contact."

DHS 94.24(2)(b), Wis. Admin. Code [Emphasis added.]

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### DECISIONS

1. An RN **assessed** a patient and **denied** his **request for a PRN for Xanax**, which he requested to help him sleep. The records indicate he was asleep within an hour, which supported the RN's decision. The patient, on appeal to Level IV, **stated he was faking being asleep**. However, the decision to deny him the medications was appropriately **based on the facts available** to them at the time. **No violation** of his rights was found. (Level IV decision in Case No. 99-SGE-05 on 3/29/02, upholding the Level III.)
2. An inpatient at a county hospital had a pre-existing **blood clotting condition** for which she was taking a **blood thinning medication**, coumadin. She felt staff delayed a medical assessment by not promptly arranging for a prothrombin time test (PT) reported as International Normalized Ratio (INR) that shows the blood level of the blood thinning medication. It is necessary that **blood tests** be done at **regular intervals** to **monitor** the level of this medication within one's system. It must remain within a certain therapeutic range in order to ease the risk of blood clotting (if the medication level is too low) or the risk of undue bleeding (if it is too high). She was given the PT/INR test **four days after her admission**. It was noted that her coumadin level was much higher than the recommended therapeutic level. Once levels are stabilized, the PT/INR tests should be done up to a month apart. Here, staff had no reason to believe a PT/INR had not been done for as long as a month, so they could justifiably have believed that waiting several days was not a major medical concern. Given these facts, **failure to conduct the blood tests** sooner than four days after admission does **not constitute a violation** of "prompt and adequate" treatment. The fact that the results were very high in this situation does not automatically make it a rights violation. (Level III decision in Case No. 99-SGE-08 on 3/23/01.)

3. 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.)
4. 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 lack of care causing deterioration in health to the point of needing immediate medical attention. Staff's tasks included providing "acu-checks," monitoring her bathing three times a week and providing medical treatment for her hands and legs with sores. It was found that the **woman's rights were violated** when the **contract agency did not complete the assigned tasks** during a period of time and the woman's **health deteriorated** as a result. (Level III Decision in Case No. 03-SGE-04 on 6/15/04)
5. **Following an incident of restraint and seclusion, a prompt medical assessment** of the patient should always occur. (Level III Decision in Case No. 08-SGE-11 on 2/23/10)
6. A patient raised several complaints regarding the health care that she received while receiving mental health services. The complains included: staff did not respond to her headaches and dizziness; the clinic's weight scale and examination bed were inadequate; the doctor's response to those issues was inappropriate; her physical exam was inadequate; a metal detector should have been in place to protect staff and patients; she was billed incorrectly; and she was wrongly denied bariatric surgery. **The State Grievance Examiner determined that these issues were outside of the purview of client rights and could not be addressed via the client rights grievance process because they were relevant to her medical treatment, not her mental health treatment.** (Level III decision in 13-SGE-0006 decided on 12/18/2013)
7. A patient alleged that his right to adequate treatment was violated when his therapist failed to provide medication that he requested. The facts presented in the grievance did not show that an emergency situation existed, which would have accelerated the time frame for the determination of the case. An emergency situation is defined in Sec. 94.02(14) as "a situation in which ... there is reasonable cause to believe that a client or group of clients is at significant risk of physical or emotional harm due to circumstances identified in a grievance." **There was no ongoing harm to the client from the provider because the client was no longer receiving services from the**

**provider when the grievance was filed.** Further, although the client claimed that living without adequate pain medication could rise to the level of significant physical and emotional harm, in this case it was just as likely that the patient would suffer harm if he received the pain medication. The patient admitted that he did not pursue pain referrals for pain medication from clinic referrals because the providers suspected that he was drug seeking. (Level III decision in 14-SGE-0003 decided on 6/26/2015)

[See: "Introduction to Digest-Date Last Updated" page]