

Conditional Release: Outpatient Facility Failed To Monitor, Report Patient's Condition.

The patient had been involuntarily committed to a state psychiatric hospital after being found not guilty by reason of insanity on criminal charges of assault.

When the five-year anniversary of his commitment was near, a designated mental health professional at the state hospital had to consider whether to institute a seventy-two hour hold for an evaluation to determine if he needed to be involuntarily committed again.

Legally he could be held only five years after being found not guilty by reason of insanity. Any further involuntary hospitalization would have to be started from scratch as a new legal proceeding.

The mental health professional decided not to hold him but instead to refer him to a less restrictive placement with a community agency. He was required to adhere to the terms of his less restrictive placement or face detention on a seventy-two hour mental health hold and a possible new extended involuntary commitment.

At the community agency a number of nurse practitioners were involved in his ongoing assessments, therapy and medication management.

The Court of Appeals of Washington saw evidence of gross negligence by the nurses and the physicians at the agency.

The patient murdered his own grandmother after repeatedly violating the terms of his less restrictive community placement and showing his caregivers signs of psychiatric decompensation.

The doctors and nurses at the agency overseeing the patient's community placement were grossly negligent in failing to recognize the signs and communicate with the authorities who could detain and re-institutionalize the patient for the protection of other persons like the grandmother whom he murdered.

Other family members sued the agency charged with overseeing his community placement and the agency which could have ordered a new mental health hold on their recommendation.

COURT OF APPEALS OF WASHINGTON
July 12, 2016

The Court started with a state law which requires an outpatient mental health facility to monitor a conditionally released person for signs of deterioration of functioning or decompensation which pose a likelihood of harm to self or others and to notify the authorities so that the person can be apprehended for a temporary mental health hold and further evaluation.

The Court also looked at the testimony of the head of a local mental health agency the family hired as an expert witness.

The family's expert pointed specifically to errors and omissions by a nurse practitioner in the community agency who abruptly discontinued the patient's antipsychotic medication because he was being noncompliant.

The patient had managed well on this medication while an inpatient. In any case it should not have been discontinued abruptly but tapered if it was going to be stopped. Abrupt discontinuance plus street drugs pointed to rapid decompensation.

The nurse practitioners and other staff at the community agency misunderstood the terms of the patient's participation as being purely voluntary. In fact, strict compliance with therapy, medication and drug screening were mandatory conditions for not being taken into custody on a new seventy-two hour mental health hold.

If the patient was not compliant, that fact had to be reported to the local crisis response unit so that the patient could be taken into custody before he hurt someone. ***Lennox v. Lourdes***, 2016 WL 3854589 (Wash. App., July 12, 2016).

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E. Kenneth Snyder, BSN, RN, JD
Editor/Publisher
PO Box 4592
Seattle, WA 98194-0592
Phone (206) 718-0861

kensnyder@nursinglaw.com
www.nursinglaw.com

LEGAL EAGLE EYE NEWSLETTER PO BOX 4592 SEATTLE WA 98194-0592

(206) 718-0861 www.nursinglaw.com subscriptions@nursinglaw.com

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