From: Mayer, Doug <DougMayer@gov.sc.gov>
To: Mark Binkley <MWB86@SCDMH.ORG>
CC: Soura, Christian <ChristianSoura@gov.sc.gov>
Magill, John <jhm03@scdmh.org>
Date: 4/17/2014 10:07:01 AM
Subject: RE: Patient Escape

Thanks for the update.

From: Mark Binkley [mailto:MWB86@SCDMH.ORG]
Sent: Wednesday, April 16, 2014 5:23 PM
To: Mayer, Doug
Cc: Soura, Christian; Magill, John
Subject: Patient Escape

Doug—

John Magill asked that I make you aware that the joint DMH/SLED investigation into the circumstances of the escape of a DMH Forensic patient on January 2nd has been completed. As you may recall, the patient was re-captured by law enforcement the next day in Tennessee, and eventually extradited back to South Carolina in February. He has been back in the agency's secure forensic hospital since February 20th.

SLED will be furnishing the report to the media in response to outstanding Freedom of Information Act requests, so we wanted to make you aware of some of the findings, as well actions the agency has already taken to address them.

As was previously reported, the patient escaped while participating in a patient work program. His particular assignment was to work with hospital supply staff, outside the confines of the hospital, filling orders for supplies for the DMH inpatient facilities in the Columbia area. On the days he worked, he was picked up from the hospital in which he is housed by DMH supply staff and was supposed to be in the company of DMH supply staff at all times he was outside the hospital.

It is clear from the investigation that the patient had gained the trust of the DMH supply staff, as he was frequently in situations in which he was not closely supervised.

- At the supply building he was allowed significant freedom of movement, unobserved, and that is how he was able to obtain keys to a DMH van, which he took in making his escape.
- It also appears that he gradually moved some of his clothing and personal belongings from the hospital to the supply building where he was able to pack them into duffle bags hidden in the supply building, which he had with him when he was re-captured.
- Not only was the patient not always closely supervised while in the supply building, he was not always closely supervised when accompanying supply staff to stores in the Columbia area to purchase additional supplies. It appears from the investigation that the patient was allowed by staff to make personal purchases while in stores such as Wal-Mart and Walgreen's. This is how the patient was able to purchase the cell-phone he used during his 24 hours on the run.

Supply staff stated that although they knew the patient was involuntarily committed, they were never told of his history – having been found Not Guilty by Reason of Insanity for the 2006 murders of his mother and stepfather in Oconee County.

It is also clear from the investigation that the patient was able to evade certain hospital rules.

- Although patients hospitalized in the forensic hospital are allowed to maintain outside bank accounts, they are not allowed to keep more than a small sum of cash with them in the hospital, nor are they allowed to have credit cards or even a driver's license on their person while in the hospital. Such items are to be secured in a storage area maintained by the hospital Admissions and Discharge office. The patient, when recaptured, had in his possession his old driver's license and an ATM card enabling him to make cash withdrawals from his

bank account.

- Although patients' mail is supposed to be opened in the presence of hospital staff to ensure that no prohibited items come into the hospital via the mail, this patient reported that he obtained the ATM card from his bank through the mail while in the hospital.

Finally, there was a significant delay between the time DMH supply staff realized the patient was missing and when they notified DMH Public Safety. This led to a significant delay in notifying outside law enforcement agencies, and possibly contributed to the patient's ability to leave the Columbia area.

The corrective actions taken by the agency following the escape have addressed all of these issues:

1. The patient work program in which the patient was participating when he left without authorization was immediately suspended by Mr. Magill after he learned of the escape on January 2nd.
2. A revised Patient Paid Work Program Policy has now been implemented (details below) which, among other changes, no longer includes any patient being allowed to work outside the hospital.
3. Following the escape, the Deputy Director for the Division of Inpatient Services issued a memorandum requiring that DMH Public Safety be notified immediately should any staff person determine that a patient is missing.
4. A revised Elopement Policy has now been implemented (details below) which specifies that DMH Public Safety is to be notified immediately by any staff person who becomes aware that a patient is not where they are supposed to be.
5. Hospital staff have been re-trained on the importance of screening patient mail for the presence of unauthorized items, and it remains a focus of hospital management to ensure staff comply with the policy.

Summary of Changes to Patient Paid Work Program Policy:

- Forensics - moved supervision of Program from Activity Therapy to clinical services.
- Limited maximum hours patients may work to 2 hours/day or 10 hours/week.
- Limited job sites – patients may work only inside facility on assigned/"home" unit.
- Requires treatment team approval of job, position description, work hours, and work supervisor.
- Establishes a second level of approval by a Privilege Review Team (PRT) consisting of the Program Director, Program Director of Nursing, and Program Medical Director. The decision of the PRT is final.
- Limited patient worker supervisors to DIS staff with clinical experience or experience working with and supervising the activities of patients.
- Patient worker supervisors must undergo an orientation provided by the Work Program Coordinator. The content of the orientation will be written and approved by the DIS Executive Staff.

Summary of Changes to Elopement Policy:

- Specifies that DMH Public Safety is the first to be notified when a patient cannot be located.
- Shifts responsibility for notification to law enforcement from administrative staff in the Admissions Office to DMH Public Safety.
- DMH Public Safety policies specify the time and manner of notifying local law enforcement agencies, and those in the County of residence of the patient.

One DMH employee was disciplined in connection with this incident, but remains an employee of the agency.

Please let me know if you have any questions.

--Mark