MU Hospital security provoked and pepper-sprayed patients, federal probe shows

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Behind the story: A few months before this story came to be, I received a message from a person I didn't know who worked at a local hospital. They noticed that security guards there had become increasingly aggressive toward patients, and while they didn't want to go on the record, they were concerned. The employee told me about a federal investigation into the incidents that had just concluded. I obtained the records from the investigation through an open records request, which included narrative details about two use-of-force incidents that made this story more impactful. As I was reporting it, the hospital changed its policy on use of force by security guards.

Full story: Federally authorized investigators discovered "an unsafe patient care environment" severe enough to place "all patients at the facility at risk" during an unannounced visit to MU Health Care's University Hospital in September 2020.

That situation, called an Immediate Jeopardy, required swift correction from the hospital: Investigators had found violations of patients' rights, according to documents from a U.S. health care agency reviewed by the Missourian.

Of particular interest to the Centers for Medicare and Medicaid Services, which provide federal oversight of health care facilities, were a string of incidents involving the hospital's security officers.

Nurses interviewed by investigators said that security staff would provoke patients, then pepper-spray and restrain them. An independent expert in hospital security reviewed the federal agency's findings at the Missourian's request and found "a pattern of problematic behavior."

And, following the investigation, MU Health Care implemented changes to its de-escalation and restraint practices, placing more responsibility on nurses and modifying security officers' training.

Previously unreported documents from the federal agency, obtained through an open records request, detail incidents of security oversteps, revealing of the facility's practices.

The agency produced narrative accounts of some violations, based on interviews with employees, reviews of case reports and hospital policies:

'Cornered in his room'
The nurse didn't want the security officers in the room. They were counterproductive.

The patient was calm and responded to verbal orders when security wasn't present. Police had brought a 29-year-old man to University Hospital a couple of hours earlier in February 2020, after finding him stumbling outside, extremely intoxicated.

He became agitated in the emergency room, but nurses soothed him. Security officers arrived — at the direction of their supervisor, not a clinician.

When the man saw the officers, he grew angry. Nurses asked security to leave, repeatedly, to no avail.

The officers cornered the man, surrounding him. It was 8 to 1.

Then a security officer "physically pulled" a nurse from the room. Out of view of the hospital's surveillance cameras, officers pepper-sprayed the man directly in his face.

Security didn't stop. They pushed the patient onto his bed. One officer sat on the patient's chest while others restrained him.

There was no sign that the man ever resisted or presented a serious threat of violence.

Later, during interviews with federally authorized investigators, University Hospital nurses and emergency department personnel labeled the security officers' actions as inappropriate provocation and escalation.

"If security had cooperated, the whole event could have been avoided," a health department investigator wrote following the February 2020 incident.

Bill Marcisz, a nationally recognized expert in hospital security practices, called the 8-to-1 pepper-spraying "ridiculous."

"You're a security officer in the hospital," he said. "You're here to take care of the patient, not Mace the patient."

It wasn't the only incident of its kind.

'Adding to the chaos'

A 24-year-old man came to the hospital in August 2020 with homicidal ideation: He had threatened to kill his parents.

Staff from University Hospital's psychiatric division needed to transport him back to his parents' residence. In order to make the trip, they placed him in W2 restraints — wrist-to-waist shackles that restrict a patient's mobility.

Those restraints, according to the psychiatric center's policies reviewed by the federal agency, should only be used when patients were unpredictably or frequently aggressive. It didn't add up for investigators.

“The staff believed that the patient was safe to transport yet believed that he was aggressive enough to place in W2 restraints,” they wrote.

When that patient returned to the hospital, he pulled the screws from a smoke detector. Four security officers were summoned to his room, and told to “handle it” by psychiatric staff.

The patient wouldn’t drop the screws and maintained a “defensive stance.” One officer told the man, who was autistic, that if he didn’t drop the screws, he would be pepper-sprayed.

After the patient took a step forward, the officer followed through on the threat. After spraying the patient, security applied a “modified shoulder pin neck restraint,” a hold unfamiliar to security experts.

(Missouri banned police officers from using chokeholds in 2021, while other states prohibit the use of neck restraints, too.)

These flashes of aggression from security staff are something Marcisz has seen before, but still actions that are “not appropriate.”

“You’re a security officer. You’re supposed to be the adult in the room, so to speak,” he said. “And when somebody’s out of control, you being out of control is just adding to the chaos.”

For restraints, Marcisz also said security should consult medical personnel, too.

“The patient is ultimately the responsibility of the clinician, not security,” he said. “It’s entirely appropriate to have a nurse in the room while the restraint is taking place to give direction in that situation.”

That underscores what Marcisz sees as the general dynamic between the medical and security sides of patient management:

“Security is just there to provide whatever support they need,” he said.

MU Health Care’s changes

While pointing toward increased violence toward health care workers over the course of the COVID-19 pandemic, Eric Maze, an MU Health Care spokesperson, also acknowledged that the hospital changed its policies around patient de-escalation following the federal agency’s visit.

Security officers now receive Crisis Prevention Institute training, learning de-escalation tactics from the company.

“Our security officers continue to be a resource for our nursing staff,” Maze wrote in a statement. “However, their role and direct level of intervention for disruptive and potentially violent patients has changed since 2020. Security is now trained in CPI techniques and assists nursing

using these techniques with patients except in emergency circumstances where a patient presents a risk of imminent death or severe injury to another patient, staff or visitor."

Marcisz sees benefits in officers undergoing crisis training.

"It puts the nursing staff and the security staff on the same page on how to deal with a patient," he said, "so I think it's better to have clinical and security doing the same thing."

Nurses now dictate patient and management under current policy, which is based on Crisis Prevention Institute recommendations, Maze said.

That means they're the first to respond and directed to use "progressive measures," starting with the "least restrictive," Maze wrote. Crisis Prevention Institute certification also means learning "disengagement skills," too.

Deviation from "approved clinical techniques" may still come into play "as a last resort" in emergencies, he wrote.

"The safety of our staff, patients and visitors is our top priority," Maze wrote, "and we continually strive to improve the healing environment for our patients to ensure they receive the highest quality care possible."