

PROTECTION FOR PERSONS IN CARE OFFICE

STATISTICAL REPORT 2007/08

Table of Contents

1. Legislation – <i>The Protection for Persons in Care Act</i>	
Background	3
Key Points	3
2. Protection for Persons in Care Office (PPCO)	
Objectives	4
Role	4
Appendix A – Definitions	6
Definition of Abuse	
PPCO Processes of Inquiry & Investigation	
Alleged Abuse Intake Reports Outcome Definitions	
Appendix B – Five Year Statistical Summary (April 1, 2003 – March 31, 2008)	9

1. Legislation – *The Protection for Persons in Care Act*

Background

The sick, frail, very young and elderly are among the most vulnerable members of our society, and are more likely to be victims of abuse. Abuse is a very challenging issue that affects and involves family, friends and/or caregivers.

To promote patient safety in Manitoba's health care system, the Government of Manitoba proclaimed *The Protection for Persons in Care Act* on May 1, 2001. This legislation created a formal process for reporting, investigating and resolving allegations of abuse in many health care settings. *The Protection for Persons in Care Act* is an extra safeguard built into Manitoba's high quality health care system.

The act protects individuals, including employees, from retribution for bringing reports of abuse to the attention of the appropriate authorities. It also provides protection from malicious reporting.

The act was put into effect seven years ago and has helped Manitoba Health and Healthy Living stay on the leading edge of improving patient safety.

Key Points of *The Protection for Persons in Care Act*

The act is designed to protect individuals in hospitals, personal care homes and Selkirk Mental Health Centre from abuse.

Under the act, the operator of a health facility has a duty to protect patients from abuse and maintain a reasonable level of safety. Under the act, patients are defined as:

- adult in-patients at hospitals;
- residents in personal care homes; and
- persons receiving respite care in a health facility.

Reporting and investigation of abuse of children under 18 years of age is covered by *the Child and Family Services Act*. *The Vulnerable Persons Living with a Disability Act* relates to the reporting and investigation of abuse of these individuals. Children and vulnerable persons are not included in the definition of "patients" in *The Protection for Persons in Care Act*.

The act requires any person - including a caregiver - who has a reasonable basis to believe that a patient in a health care facility is, or is likely to be abused, to report the suspected abuse to the Minister of Health or his/her designate. The PPCO has been established to act as this designate.

The act requires that an inquiry be conducted when a report of abuse is received. If there are reasonable grounds to believe that a patient has been, or is likely to be abused, an investigator must be appointed to investigate the matter and prepare a report.

If a professional is alleged to have committed abuse or fails to report abuse, he/she may be referred to his/her regulatory body, which is required to investigate the matter.

In response to an investigation, a health care facility operator may be directed to take specific actions to protect a patient(s) from abuse. Operators are required to comply with any directives given under the act and to provide a report on the action taken.

The act states that the patient (or his/her committee i.e. legally designated decision maker) must be consulted throughout the investigation process. The patient must be informed of the investigation outcome and any directives issued to the facility involved. The act also states that the investigator should try to accommodate the wishes of the patient to the fullest practical extent.

The act prohibits any adverse employment action, legal action or interruption/alteration of services to the patient in response to a report of abuse made in good faith.

Individuals who contravene the act can be fined up to \$2,000 and corporations found to be in violation of the legislation can face fines of up to \$30,000.

2. Protection for Persons in Care Office

Objectives

The Protection for Persons in Care Office (PPCO) administers *the Protection for Persons in Care Act*. The objectives of the PPCO are:

- To respond to reported allegations of abuse of patients in health care facilities;
- To promote the prevention of abuse through the use of effective assessment, intervention, prevention, and education strategies; and
- To work in collaboration with internal and external stakeholders to address abuse issues in health care facilities.

Role of the PPCO

The role of the PPCO includes:

- receiving reports of alleged abuse on a dedicated reporting line;
- conducting inquiries by reviewing and analyzing all alleged abuse reports for validity and nature of complaint;
- conducting investigations on incidents of alleged abuse that appear to meet the threshold of abuse;
- making referrals to professional regulatory bodies of a professional whom the PPCO believes on reasonable grounds has abused a patient or has failed to comply with the duty to report;
- issuing directives to health care facilities to prevent abuse and conduct follow-up audits of selected facilities that have received directives;
- acting as a resource to management and staff of Manitoba Health and Healthy Living and the regional health authorities on abuse reporting and prevention;
- providing education and training for the public, health care staff and organizations about the act and on the identification and prevention of abuse;
- developing, distributing, and maintaining public information related to the act; and
- collaborating with regional health authorities to find improved methods to prevent abuse.

APPENDIX A

PPCO DEFINITIONS

DEFINITION OF ABUSE

The Protection for Persons in Care Act defines “**abuse**” as:

“mistreatment, whether physical, sexual, mental, emotional, financial or a combination of any of them that is reasonably likely to cause death or that causes or is reasonably likely to cause serious physical or psychological harm to a person, or significant loss to the person’s property.”

PPCO PROCESSES OF INQUIRY & INVESTIGATION

Inquiry: After receiving an alleged abuse report, the PPCO will gather all of the information needed to determine the next course of action. This process includes reviewing and analyzing the report for validity and nature of complaint, and assessing the severity of the alleged abuse against the definition of abuse in the Act.

Investigation: Based on the results of the inquiry, the PPCO will determine if an investigation is warranted.

OUTCOME DEFINITIONS

When a case of alleged abuse is reported, the process will end with a report. This report will include an outcome, which are defined below.

Inquiry

Below Threshold: Based on the information received, the alleged abuse was determined not to have met the level of harm or financial loss to an alleged victim that would require an investigation to be initiated.

Unfounded: Objective evidence supports the finding that the abuse allegation was unsubstantiated or there was insufficient evidence to support the allegation that abuse occurred.

Direct Referral or Contact: Contacts are made with external agencies like law enforcement or the Public Trustee to request their involvement in a case. Referrals are made to professional regulatory bodies for investigation.

Outside the Act: The incident is determined to be outside the mandate of the PPCO. This may mean that the alleged abuse did not occur in a designated health care facility or the incident was determined not to be abuse.

Patient Competent: A competent patient has declined further PPCO involvement.

Open: The file is open because the inquiry process has not yet been completed.

Investigation

Founded: Objective evidence supports that the alleged abuse met the threshold of abuse.

Unfounded: Objective evidence supports that abuse did not meet or was not reasonably likely to have met the threshold of abuse. This may be because the abuse allegation was unsubstantiated or that there was insufficient or inconclusive evidence to determine whether the alleged abuse met the criteria of abuse in the Act.

Open: The file is open because the investigation has not yet been completed.

APPENDIX B

Five Year Statistics

**Statistical Tables for Fiscal Years 2003-04 to
2007-2008**

Five Year Statistical Tables for Fiscal Years 2003-04 to 2007-2008

Tables

Alleged Abuse Intake Reports

1. Alleged abuse intake reports received
2. Disposition of alleged abuse intake reports (numerical)
3. Disposition of alleged abuse intake reports (percent)
4. Alleged abuse intake reports by type of abuse
5. Alleged abuse intake reports by reporting source
6. Alleged abuse intake reports by identified alleged abuser
7. Alleged abuse intake reports by type of facility

Investigations

8. Outcome of investigations

Founded Investigations

9. Founded investigations by type of abuse
10. Founded investigations by identified alleged abuser

Alleged Abuse Intake Reports 2003-08

Table 1: Number of alleged abuse intake reports received

Fiscal Year	2003-04	2004-05	2005-06	2006-07	2007-08	Total
# of intake reports	690	850	1,172	1,447	1,460	5,619

Table 2: Disposition of alleged abuse intake reports (numerical)

Disposition	2003-04	2004-05	2005-06	2006-07	2007-08	Total
Inquiries only	605	740	932	1,291	1,405	4,973
Investigations	85	110	240	156	55	646

Table 3: Disposition of alleged abuse intake reports (percent)

Disposition	2003-04	2004-05	2005-06	2006-07	2007-08	Average
Inquiries only	88%	87%	79%	89%	96%	89%
Investigations	12%	13%	21%	11%	4%	11%

Table 4: Alleged abuse intake reports by type of abuse

Type of Abuse	2003-04	2004-05	2005-06	2006-07	2007-08	Total	Average
Physical	346	481	714	989	1,009	3,539	63%
Neglect (Physical)	22	11	14	66	74	187	3%
Emotional	83	102	106	88	93	472	8.5%
Financial	73	79	105	120	83	460	8%
Sexual	72	72	124	128	114	510	9%
Combination	87	98	99	55	86	425	8%
None/Unknown	7	7	10	1	1	26	0.5%

Table 5: Alleged abuse intake reports by reporting source

Reporting Source	2003-04	2004-05	2005-06	2006-07	2007-08	Total	Average
Facility / staff	570	717	1,018	1,345	1,370	5,020	89%
Family / friends	74	80	79	53	57	343	6%
Patient	15	20	30	20	13	98	2%
Other	31	33	45	29	20	158	3%

Table 6: Alleged abuse intake reports by identified alleged abuser

Alleged Abuser	2003-04	2004-05	2005-06	2006-07	2007-08	Total	Average
Patient	321	432	657	974	1,064	3,448	61%
Staff*	152	163	215	196	156	882	16%
Family / Friends	117	120	125	138	132	632	11%
Facility**	62	77	73	64	58	334	6%
Other / Unknown	38	58	102	75	50	323	6%

*Specific individual staff person identified as the alleged abuser

**Facility itself identified as alleged abuser (e.g. reporter claimed facility protocols caused abuse)

Table 7: Alleged abuse intake reports by type of facility

Type of Facility	2003-04		2004-05		2005-06		2006-07		2007-08		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
PCH	405	59%	620	73%	925	79%	1,302	90%	1,220	84%	4,472	79.5%
Acute & SMHC*	278	40%	225	26%	234	20%	144	10%	240	16%	1,121	20%
Other / Non-Facility**	7	1%	5	1%	13	1%	1	<0.1%	0	--	26	0.5%

*SMHC = Selkirk Mental Health Centre

** Example – Abuse in an individual's home

Investigations 2003-08

Table 8: Outcome of investigations

Outcome of Investigations	2003-04	2004-05	2005-06	2006-07	2007-08	Total	%
Founded	61	76	197	141	37	512	79%
Unfounded	24	34	43	15	17	133	21%
Open	0	0	0	0	1	1	<0.1%
Total	85	110	240	156	55	646	100%

Founded Investigations 2003-08

Table 9: Founded investigations by type of abuse

Type of Abuse	2003-04	2004-05	2005-06	2006-07	2007-08	Total	%
Physical	24	35	97	67	14	237	46%
Neglect (Physical)	7	2	2	11	7	29	6%
Emotional	1	13	24	11	3	52	10%
Financial	10	11	32	19	8	80	16%
Sexual	5	5	16	16	4	46	9%
Combination	14	10	26	17	1	68	13%

Table 10: Founded investigations by identified alleged abuser

Alleged Abuser	2003-04	2004-05	2005-06	2006-07	2007-08	Total	%
Patient	21	25	85	55	14	200	39%
Staff*	15	26	63	52	9	165	32%
Family / Friends	18	12	36	21	9	96	19%
Facility**	6	9	4	9	3	31	6%
Other	1	4	9	4	2	20	4%

*Specific individual staff person identified as the alleged abuser

**Facility itself identified as alleged abuser (e.g. reporter claimed facility protocols caused abuse)