

PROTECTION FOR PERSONS IN CARE OFFICE

STATISTICAL REPORT 2008/09

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	
Objectives	4
Role	4
Appendix A – PPCO Definitions	6
Inquiry & Investigation	
Abuse	
Outcomes of Inquiry and Investigation	
Appendix B – Five Year Statistical Summary (April 1, 2004 – March 31, 2009)	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 may affect and involve 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 hospitals, personal care homes and Selkirk Mental Health Centre.

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 for them. Under the act, patients are defined as:
 - adult in-patients in hospitals and Selkirk Mental Health Centre;
 - residents of 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 vulnerable individuals. Children and vulnerable persons are not included in the definition of "patients" in *The Protection for Persons in Care Act*.
- *The Protection for Persons in Care Act* requires any person - including a caregiver - who has a reasonable basis to believe that a patient in a health facility is, or is likely to be abused, to report the suspected abuse to the Minister of Health or his/her designate. The Protection for Persons in Care Office (PPCO) was established to act as this designate.
- 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 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 then required to investigate the matter.
- In response to an investigation, a health 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 administers *The Protection for Persons in Care Act*. The objectives of the PPCO are to:

- respond to allegations of abuse through effective inquiry and investigation processes; and
- assist internal and external stakeholders in the prevention of the abuse of patients in health facilities by providing educational sessions and distributing resource materials.

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 of professionals to professional regulatory bodies for investigation;
- issuing directives to health facilities to improve policies and/or processes that address the identification, reporting, prevention and management of patient abuse;
- conducting follow-up audits of selected facilities that have received directives;

- acting as a resource to Manitoba Health and Healthy Living and regional health authorities on abuse related issues;
- providing education for the public, health care staff and organizations about the *The Protection for Persons in Care Act*, and on the identification, reporting, prevention and management of abuse; and
- developing and distributing public information related to *The Protection for Persons in Care Act*.

APPENDIX A

PPCO DEFINITIONS

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, a decision is made whether or not there is evidence to support a case of abuse. If the PPCO determines that there are reasonable grounds to believe that a patient has been abused or is likely to be abused in the future, the matter is referred to an investigator to carry out a more extensive investigation. The investigation process includes:

- gathering evidence (ex: personal interviews with appropriate parties and review of pertinent documentation) to determine the validity of the allegation;
- ongoing communication with stakeholders;
- determining, from the evidence, whether the allegation is “founded” or “unfounded”;
- identifying areas to improve patient/resident safety and/or the facility’s practices related to abuse; and
- providing a final written report on the investigation.

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.”

OUTCOMES OF INQUIRY AND INVESTIGATION

Inquiry

Below Threshold: Based on the information gathered, 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: Information gathered supports the decision that the abuse allegation was unsubstantiated or there was insufficient information 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 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 the finding that the alleged abuse did not meet the threshold of abuse or that the abuse allegation was unsubstantiated.

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

Five Year Statistics

**Statistical Tables for Fiscal Years
2004-05 to 2008-2009**

Five Year Statistical Tables for Fiscal Years 2004-05 to 2008-2009

Alleged Abuse Intake Reports

1. Alleged abuse intake reports received
2. Breakdown of alleged abuse intake reports (numerical)
3. Breakdown 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

Inquiries

8. Outcome of inquiries

Investigations

9. Outcome of investigations

Founded Investigations

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

Combined Inquiries & Investigations 2008-09

12. Breakdown of alleged abuse intake reports by type of abuse and outcome (Inquiries and Investigations) 2008-09

Alleged Abuse Intake Reports 2004-09

Table 1: Number of alleged abuse intake reports received

Fiscal Year	2004-05	2005-06	2006-07	2007-08	2008-09	Total
# of intake reports	850	1,172	1,447	1,460	1,375	6,304

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

Disposition	2004-05	2005-06	2006-07	2007-08	2008-09	Total
Inquiries only	740	932	1,291	1,405	1,333	5,701
Investigations	110	240	156	55	42	603
Total	850	1,172	1,447	1,460	1,375	6,304

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

Disposition	2004-05	2005-06	2006-07	2007-08	2008-09	Ave. %
Inquiries only	87%	79%	89%	96%	97%	90%
Investigations	13%	21%	11%	4%	3%	10%

Table 4: Alleged abuse intake reports by type of abuse

Type of Abuse	2004-05	2005-06	2006-07	2007-08	2008-09	Total	Total %
Physical	481	714	989	1,009	986	4,179	66%
Neglect (Physical)	11	14	66	74	62	227	4%
Emotional	102	106	88	93	84	473	7.5%
Financial	79	105	120	83	57	444	7%
Sexual	72	124	128	114	111	549	9%
Combination	98	99	55	86	75	413	6%
None/Unknown	7	10	1	1	0	19	0.5%
Total	850	1,172	1,447	1,460	1,375	6,304	100%

Table 5: Alleged abuse intake reports by reporting source

Reporting Source	2004-05	2005-06	2006-07	2007-08	2008-09	Total	Total %
Facility / staff	717	1,018	1,345	1,370	1,280	5,730	91%
Family / friends	80	79	53	57	57	326	5%
Patient	20	30	20	13	21	104	2%
Other	33	45	29	20	17	144	2%
Total	850	1,172	1,447	1,460	1,375	6,304	100%

Table 6: Alleged abuse intake reports by identified alleged abuser

Alleged Abuser	2004-05	2005-06	2006-07	2007-08	2008-09	Total	Total %
Patient	432	657	974	1,064	1,027	4,154	66%
Staff*	163	215	196	156	174	904	14%
Family / Friends	120	125	138	132	82	597	10%
Facility**	77	73	64	58	50	322	5%
Other / Unknown	58	102	75	50	42	327	5%
Total	850	1,172	1,447	1,460	1,375	6,304	100%

*An employee identified as the alleged abuser

**Facility identified as alleged abuser (ex: reporter claimed facility protocols caused abuse)

Table 7: Alleged abuse intake reports by type of facility

Type of Facility	2004-05		2005-06		2006-07		2007-08		2008-09		Total	
	#	%	#	%	#	%	#	%	#	%	#	Ave. %
PCH	620	73%	925	79%	1,302	90%	1,220	84%	1,221	89%	5,288	83.5%
Acute & SMHC*	225	26%	234	20%	144	10%	240	16%	154	11%	997	16%
Other / Non-Facility**	5	1%	13	1%	1	<0.1%	0	--	--	--	19	0.5%
Total	850	100%	1,172	100%	1,447	100%	1,460	100%	1,375	100%	6,304	100%

*SMHC = Selkirk Mental Health Centre

** Example – Abuse in an individual's home

Inquiries 2004-09

Table 8: Outcome of Inquiries

Disposition	2004-05	2005-06	2006-07	2007-08	2008-09	Total	Total %
Below Threshold	600	683	1,016	1,107	1,108	4,514	79%
Direct Referral	20	18	11	4	2	55	1%
Outside of the Act	44	98	44	36	29	251	4%
Patient Competent	4	7	7	5	25	48	1%
Unfounded	72	126	213	246	160	817	14.5%
Open	0	0	0	7	9	16	0.5%
Total	740	932	1,291	1,405	1,333	5,701	100%

Investigations 2004-09

Table 9: Outcome of investigations

Outcome of Investigations	2004-05	2005-06	2006-07	2007-08	2008-09	Total	Total %
Founded	76	197	141	37	27	478	79%
Unfounded	34	43	15	17	13	122	20%
Open	0	0	0	1	2	3	1%
Total	110	240	156	55	42	603	100%

Founded Investigations 2004-09

Table 10: Founded investigations by type of abuse

Type of Abuse	2004-05	2005-06	2006-07	2007-08	2008-09	Total	Total %
Physical	35	97	67	14	15	228	48%
Neglect (Physical)	2	2	11	7	6	28	6%
Emotional	13	24	11	3	0	51	11%
Financial	11	32	19	8	4	74	15%
Sexual	5	16	16	4	1	42	9%
Combination	10	26	17	1	1	55	11%
Total	76	197	141	37	27	478	100%

Table 11: Founded investigations by identified alleged abuser

Alleged Abuser	2004-05	2005-06	2006-07	2007-08	2008-09	Total	Total %
Patient	25	85	55	14	13	192	40%
Staff*	26	63	52	9	7	157	33%
Family / Friends	12	36	21	9	3	81	17%
Facility**	9	4	9	3	3	28	6%
Other	4	9	4	2	1	20	4%
Total	76	197	141	37	27	478	100%

*An employee identified as the alleged abuser

**Facility identified as alleged abuser (ex: reporter claimed facility protocols caused abuse)

Combined Inquiries & Investigations 2008-09

Table 12: Breakdown of alleged abuse intake reports by type of abuse and outcome (Inquiries and Investigations) 2008-09

Outcome → Type of Abuse ↓	Investigations			Inquiries						Total
	Founded	Unfounded	Open	Below Threshold	Direct Referral	Outside of the Act	Patient Competent	Unfounded	Open	
Physical	15	7	1	874	1	11	2	72	3	986
Neglect (Physical)	6	5	0	20	0	9	0	22	0	62
Emotional	0	0	0	58	0	2	3	21	0	84
Financial	4	0	0	16	0	3	12	19	3	57
Sexual	1	1	0	93	0	0	2	11	3	111
Combination	1	0	1	47	1	4	6	15	0	75
None/Unknown	0	0	0	0	0	0	0	0	0	0
Total	27	13	2	1,108	2	29	25	160	9	1,375