

Protection

**FOR PERSONS
IN CARE**

**ANNUAL REPORT
2011/2012**

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

Background

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 the Selkirk Mental Health Centre.

A September 30, 2010 amendment to the Act expanded the reporting requirements to include adult patients receiving care in emergency departments, urgent-care centres in health-care facilities, and geriatric day hospitals. A further amendment to the act was assented to on June 14, 2012. Key changes include adding neglect as an issue the Protection for Persons in Care Office is mandated to investigate and adding the requirement to report a finding of abuse and neglect to the Adult Abuse Registry Committee. These amendments will come into force on a day fixed by proclamation.

Key Points

Defining abuse

Under *The Protection for Persons in Care Act*, the definition of abuse includes physical, sexual, mental, emotional, and financial mistreatment. Any of these, alone or in combination, is considered "abuse" if the mistreatment causes or is reasonably likely to cause death, serious harm, or significant loss of property.

Duty to report

In Manitoba, it is mandatory to report suspected abuse promptly. This means that anyone who has a reasonable basis to believe abuse has occurred, or is likely to occur, must report these concerns as soon as possible.

Reporting safeguards

When suspected abuse is reported in good faith, the Act prohibits:

- any interruption in the care and services provided to patients and residents; and
- any action or proceedings against any person, including health facility employees, for reporting suspected abuse.

The Act also protects caregivers and others who work with persons in care against malicious reporting.

2. The Protection for Persons in Care Office

Objective

The Protection for Persons in Care Office (PPCO) administers *The Protection for Persons in Care Act (PPCA)*. The objective of the PPCO is to manage the reporting and investigation of alleged patient abuse in designated health care facilities under the legislative requirements of the *PPCA*.

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 where reasonable grounds to believe abuse occurred exist;
- issuing directions or recommendations 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 directions;
- acting as a resource to Manitoba Health and regional health authorities on abuse related issues;
- providing education for the public, health care staff, and organizations about the *PPCA* and on the identification, reporting, prevention, and management of abuse;
- developing and distributing public information related to the *PPCA*; and
- making referrals of professionals to professional regulatory bodies for investigation.

Inquiry & Investigation

Inquiry: After receiving a report of alleged abuse, the PPCO opens an inquiry. During the inquiry, information is gathered by contacting the reporter, the alleged victim, if competent, the health care facility, and others as appropriate. The purpose of these contacts is to gather and review detailed information to determine whether or not there are reasonable grounds to believe that abuse has occurred or is reasonably likely to occur. The PPCO will proceed to investigation when there are reasonable grounds to believe that the act or behaviour has, or is likely to, result in serious harm.

Investigation: If the PPCO determines there are reasonable grounds to believe a patient has been abused or is reasonably likely to be abused, an investigator will carry out a more extensive investigation. The investigation process includes:

- gathering evidence at the facility and holding personal interviews with the parties involved such as the reporter, the person who has been abused (if they are competent), the person who is alleged to have abused, the health care management team at the facility if appropriate, and any witnesses who may be able to speak to the allegation;
- consulting with experts as appropriate (e.g., professional regulatory bodies)

- reviewing pertinent documentation such as health records, facility and regional health authority policies and processes, and provincial standards;
 - communicating with other stakeholders as appropriate, such as the police or the Public Trustee;
 - identifying areas to improve patient safety and/or the facility's practices related to the abuse that occurred.
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3. The Manitoba Ombudsman's Report

In March 2011, the Office of the Ombudsman released its report after its investigation into allegations of wrongdoing at the Protections for Persons in Care Office. The investigation resulted in recommendations being made which were implemented in 2011 and 2012.

Changes made in the PPCO stemming from the Ombudsman's Office include:

- A review of all working definitions was undertaken to ensure that the PPCO practices were aligned with the *PPCA*.
- A review of the inquiry/intake process was undertaken to ensure that the decision to formally investigate allegations of abuse is consistent with the *PPCA*. Allegations proceed to a formal investigation after an assessment determines that the act or behaviour has, or is likely to, result in serious harm.
- PPCO refers professionals to their governing body when it appears there are reasonable grounds to believe that a patient may have been abused by a member of that governing body.
- PPCO makes referrals to law enforcement when there are reasonable grounds to believe that a criminal act has been committed.
- Where appropriate, the PPCO issues directives in cases where there has not been a finding of abuse. These directives address other concerns related to abuse which may have been identified during the course of the investigation which should be addressed by a facility.

The PPCO 2010-2011 Annual Report noted that the changes made to the PPCO in response to the implementation of the Ombudsman's recommendations would have an impact on the statistics for 2011-2012. In particular, statistics related to the number of open intake cases (Table 4) where the type of abuse has yet to be determined and the Outcome of Investigations (Table 9) reflect the impact of the PPCO's implementation of the Ombudsman's recommendations.

APPENDIX A

Five Year Statistical Summary (April 1, 2007 – March 31, 2012)

Five Year Statistical Tables for Fiscal Years 2007 – 2012

Alleged Abuse Intake Reports

Table 1: Number of intake reports received

Table 2: Disposition of intake reports (numerical)

Table 3: Disposition of intake reports (percent)

Table 4: Intake reports by type of abuse

Table 5: Intake reports by reporting source

Table 6: Intake reports by identified person who has abused

Table 7: Intake reports by type of facility

Inquiries

Table 8: Outcome of Inquires

Investigations

Table 9: Outcome of Investigations

Founded Investigations

Table 10: Founded investigations by type of abuse

Table 11: Founded investigations by identified person who has abused

Intake Reports 2007 - 2012

Table 1: Number of intake reports received

Fiscal Year	2007-08	2008-09	2009-10	2010-11	2011-12
Number of intake reports	1,460	1,375	1,589	1,722	2,094

Table 2: Breakdown of intake reports (numerical)

Category	2007-08	2008-09	2009-10	2010-11	2011-12
Inquiries only	1,405	1,333	1,554	1,685	1,967
Investigations	55	42	35	37	127
Total	1,460	1,375	1,589	1722	2,094

Table 3: Breakdown of intake reports (percent)

Disposition	2007-08	2008-09	2009-10	2010-11	2011-12	% 2011-12
Inquiries only	96%	97%	98%	98%	94%	94%
Investigations	4%	3%	2%	2%	6%	6%

Table 4: Intake reports by type of abuse

Type of Abuse	2007-08	2008-09	2009-10	2010-11	2011-12	% 2011-12
Physical	1,009	986	1,185	1,106	1,480	70.68%
Neglect (Physical)	74	62	61	70	53	2.53%
Emotional	93	84	99	122	191	9.12%
Financial	83	57	74	77	89	4.25%
Sexual	114	111	98	165	122	5.83%
Combination	86	75	72	182	43	2.05%
Open cases – Type of abuse not yet determined	1	0	0	0	116	5.54%
Total	1,460	1,375	1,589	1,722	2,094	100%

Table 5: Intake reports by reporting source

Reporting Source	2007-08	2008-09	2009-10	2010-11	2011-12	% 2011-12
Facility / Staff	1,370	1,280	1,466	1,566	1,938	92.55%
Family / Friends	57	57	78	80	102	4.87%
Patient (Self Reporting)	13	21	9	21	13	0.62%
Other	20	17	36	55	41	1.96%
Total	1,460	1,375	1,589	1,722	2,094	100%

Table 6: Intake reports by identified person who has abused

Respondent	2007-08	2008-09	2009-10	2010-11	2011-12	% 2011-12
Patient	1,064	1,027	1,217	1,276	1,603	76.55%
Staff*	156	174	177	214	254	12.13%
Family / Friends	132	82	111	134	144	6.88%
Facility**	58	50	48	42	20	0.96%
Other / Unknown	50	42	36	56	69	3.29%
Combination	0	0	0	0	4	0.19%
Total	1,460	1,375	1,589	1,722	2,094	100%

*An employee identified as the person who has abused

**Facility identified as having abused (ex: facility protocols were not followed resulting in abuse)

Table 7: Intake Reports by type of facility

Type of Facility	2007-08		2008-09		2009-10		2010-11		2011-12		% 2011-12
	#	%	#	%	#	%	#	%	#	%	
PCH	1,220	84%	1,221	89%	1,468	92%	1,509	88%	1,920	91.69%	91.69%
Acute & SMHC*	240	16%	154	11%	121	8%	213	12%	174	8.31%	8.31%
Total	1,460	100%	1,375	100%	1,589	100%	1,722	100%	2,094	100%	100%

*SMHC = Selkirk Mental Health Centre – SMHC is designated under PPCA as coming within the jurisdiction of the PPCO.

Inquiries 2007 - 2012

Table 8: Outcome of Inquiries

Outcome of Inquiries	2007-08	2008-09	2009-10	2010-11	2011-12	% 2011-12
Resolved at Inquiry / Below Threshold	1,107	1,108	1,330	1,405	1,681	85.46%
Direct Referral	4	2	4	2	7	0.36%
Outside of the Act	36	29	17	27	35	1.78%
Patient Competent	5	25	43	38	22	1.11%
Unsupported	246	160	146	183	161	8.19%
Open	7	9	21	30	61	3.10%
Total	1,405	1,333	1,561	1,685	1,967	100%

Investigations 2007 - 2012

Table 9: Outcome of Investigations

Outcome of Investigations	2007-08	2008-09	2009-10	2010-11	2011-12	% 2011-12	2012-13*
Founded	37	27	25	12	47	37.01%	21
Unfounded	17	13	12	12	1	0.79%	3
Open	1	2	2	13	79	62.20%	91
Total	55	42	39	37	127	100%	115

***Note: numbers represent a partial view of the present fiscal year (April 1, 2012 – January 31, 2013) and are included for purposes of comparison only.**

Founded Investigations 2007 - 2012

Table 10: Founded investigations by type of abuse

Type of Abuse	2007-08	2008-09	2009-10	2010-11	2011-12	% 2011-12
Physical	14	15	17	7	36	76.59%
Neglect (Physical)	7	6	3	3	5	10.64%
Emotional	3	0	0	0	4	8.51%
Financial	8	4	3	0	0	0%
Sexual	4	1	1	1	2	4.26%
Combination	1	1	1	1	0	0%
Total	37	27	25	12	47	100%

Note: Six 2009-10 founded investigations were closed in 2010-11. The breakdown by "Type of Abuse" of these 2009-10 founded investigations is included in the 2010-11 statistics above.

Table 11: Founded investigations by identified person who has abused

Respondent	2007-08	2008-09	2009-10	2010-11	2011-12	% 2011-12
Patient	14	13	11	5	32	68.08%
Staff*	9	7	11	5	12	25.53%
Family / Friends	9	3	2	0	1	2.13%
Facility**	3	3	1	0	1	2.13%
Other	2	1	0	2	1	2.13%
Total	37	27	25	12	47	100%

***Note:** An employee identified as the person who has abused

****Note:** Facility identified as alleged abuser (ex: facility protocols not followed resulting in abuse)