

Protection

**FOR PERSONS
IN CARE**

**ANNUAL REPORT
2012/2013**

Manitoba



Health

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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* (the 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 proclaimed on March 15, 2013. Key changes made at this time included the definition of neglect. Reports of neglect had previously been captured under the more general definition of abuse and were received, reviewed and investigated on that basis by the PPCO. The change has not changed the manner in which PPCO proceeds with these reports. Additionally, the Act now includes the requirement to report a finding of abuse or neglect to the Adult Abuse Registry Committee. The amendments also formalized how the PPCO reports back to employers on the outcomes of investigations involving staff.

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.

Defining neglect

Under *The Protection for Persons in Care Act*, the definition of neglect includes “...an act or omission that is mistreatment that deprives a patient of adequate care, adequate medical attention or other necessities of life or a combination of any of them and causes or is reasonably likely to cause death of a patient, or serious physical or psychological harm to a patient.”

Duty to report

In Manitoba, it is mandatory to report suspected abuse or neglect promptly. This means that anyone who has a reasonable basis to believe abuse or neglect has occurred, or is likely to occur, must report these concerns as soon as possible. During the past fiscal year the PPCO began to require facilities to report suspected abuse or neglect to the PPCO in writing only. Members of the public can continue to report allegations of abuse or neglect in any manner they choose.

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*. The objective of the PPCO is to manage the reporting and investigation of alleged patient abuse and neglect in designated health care facilities under the legislative requirements of the Act.

Role of the PPCO

The role of the PPCO includes:

- receiving reports of alleged abuse and neglect on a dedicated reporting line;
- conducting inquiries by reviewing and analyzing all alleged abuse and neglect reports for validity and nature of complaint;
- conducting investigations on incidents of alleged abuse and neglect where there are reasonable grounds to believe abuse or neglect occurred;
- issuing directions or recommendations to health facilities to improve policies and/or processes that address the identification, reporting, prevention, and management of patient abuse and neglect;
- making referrals of individuals who have been found to have abused or neglected to the Adult Abuse Registry Committee as appropriate;
- conducting follow-up audits of selected facilities that have received directions;
- acting as a resource to Manitoba Health and regional health authorities on abuse and neglect related issues;
- providing education for the public, health care staff, and organizations about the Act and on the identification, reporting, prevention, and management of abuse and neglect;
- developing and distributing public information related to the Act; and
- making referrals of professionals to professional regulatory bodies for investigation where appropriate.

Inquiry & Investigation

Inquiry: After receiving a report of alleged abuse or neglect, 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 or neglect 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 neglected or is reasonably likely to be abused or neglected, 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 or neglected (if they are competent), the person who is alleged to have abused or neglected, 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 or neglect that occurred.

Upon completion of an investigation that has determined that abuse or neglect occurred, the PPCO must now refer an individual to the Adult Abuse Registry Committee if it is determined that the abuse or neglect did not occur due a lack of proper training or that the person is employable, or may become employable or is able to do volunteer work, or may be able to do volunteer work.

3. The Manitoba Ombudsman's Report

In March 2011, the Office of the Manitoba Ombudsman released its report after its investigation into allegations of wrongdoing at the Protections for Persons in Care Office. The Ombudsman's report made 5 recommendations. These recommendations were implemented throughout the remainder of 2011 and in 2012.

In December 2012, the Ombudsman wrote to Manitoba Health and expressed satisfaction at the PPCO's implementation of the recommendations which had been previously made. As a result, the Ombudsman closed its file. The PPCO continues to review its practices on an ongoing basis to ensure it remains in compliance with both the Ombudsman's recommendations and with *The Protection for Persons in Care Act*.

APPENDIX A

Five Year Statistical Summary (April 1, 2008 – March 31, 2013)

Five Year Statistical Tables for Fiscal Years 2008 – 2013

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 2008 - 2013

Table 1: Number of intake reports received

Fiscal Year	2008-09	2009-10	2010-11	2011-12	2012-13
Number of intake reports	1,375	1,589	1,722	2,094	2,222

Table 2: Breakdown of intake reports (numerical)

Category	2008-09	2009-10	2010-11	2011-12	2012-13
Inquiries only	1,333	1,554	1,685	1,967	2,081
Investigations	42	35	37	127	141
Total	1,375	1,589	1,722	2,094	2,222

Table 3: Breakdown of intake reports (percent)

Disposition	2008-09	2009-10	2010-11	2011-12	2012-13
Inquiries only	97%	98%	98%	94%	94%
Investigations	3%	2%	2%	6%	6%

Table 4: Intake reports by type of abuse

Type of Abuse	2008-09	2009-10	2010-11	2011-12	2012-13	% 2012-2013
Physical	986	1,185	1,106	1,480	1,735	78.08%
Neglect (Physical)	62	61	70	53	69	3.10%
Emotional	84	99	122	191	194	8.73%
Financial	57	74	77	89	77	3.47%
Sexual	111	98	165	122	123	5.54%
Combination	75	72	182	43	24	1.08%
Open cases – Type of abuse not yet determined	0	0	0	116	0	0
Total	1,375	1,589	1,722	2,094	2,222	100%

Table 5: Intake reports by reporting source

Reporting Source	2008-09	2009-10	2010-11	2011-12	2012-13	% 2012-2013
Facility / Staff	1,280	1,466	1,566	1,938	2,039	91.76%
Family / Friends	57	78	80	102	121	5.45%
Patient (Self Reporting)	21	9	21	13	31	1.39%
Other	17	36	55	41	30	1.35%
Combination	0	0	0	0	1	.05%
Total	1,375	1,589	1,722	2,094	2,222	100%

Table 6: Intake reports by identified person who has abused

Respondent	2008-09	2009-10	2010-11	2011-12	2012-13	% 2012-2013
Patient	1,027	1,217	1,276	1,603	1,776	79.92%
Staff*	174	177	214	254	194	8.73%
Family / Friends	82	111	134	144	123	5.54%
Facility**	50	48	42	20	55	2.48%
Other / Unknown	42	36	56	69	72	3.24%
Combination	0	0	0	4	2	.09%
Total	1,375	1,589	1,722	2,094	2,222	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	2008-09		2009-10		2010-11		2011-12		2012-13		% 2012-13
	#	%	#	%	#	%	#	%	#	%	
PCH	1,221	89%	1,468	92%	1,509	88%	1,920	91.69%	1,927	86.7%	86.7%
Acute & SMHC*	154	11%	121	8%	213	12%	174	8.31%	295	13.3%	13.3 %
Total	1,375	100%	1,589	100%	1,722	100%	2,094	100%	2,222	100%	100%

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

Inquiries 2008 - 2013

Table 8: Outcome of Inquiries

Outcome of Inquiries	2008-09	2009-10	2010-11	2011-12	2012-13	% 2012-13
Resolved at Inquiry / Below Threshold	1,108	1,330	1,405	1,681	1,646	79.10%
Direct Referral	2	4	2	7	0	0.00%
Outside of the Act	29	17	27	35	50	2.40%
Patient Competent	25	43	38	22	8	0.38%
Unsupported	160	146	183	161	68	3.27%
Open	9	21	30	61	309	14.85%
Total	1,333	1,561	1,685	1,967	2,081	100%

Investigations 2008 - 2013

Table 9: Outcome of Investigations

Outcome of Investigations	2008-09	2009-10	2010-11	2011-12	2012-13	% 2012-13
Founded	27	25	12	47	30	21.28%
Unfounded	13	12	12	1	16	11.35%
Open	2	2	13	79	95	67.37%
Total	42	39	37	127	141	100%

Founded Investigations 2008 – 2013

Table 10: Founded investigations by type of abuse

Type of Abuse	2008-09	2009-10	2010-11	2011-12	2012-13	% 2012-13
Physical	15	17	7	36	26	86.67%
Neglect (Physical)	6	3	3	5	1	3.33%
Emotional	0	0	0	4	1	3.33%
Financial	4	3	0	0	0	0.00%
Sexual	1	1	1	2	2	6.67%
Combination	1	1	1	0	0	0.00%
Total	27	25	12	47	30	100%

Table 11: Founded investigations by identified person who has abused

Respondent	2008-09	2009-10	2010-11	2011-12	2012-13	% 2012-13
Patient	13	11	5	32	24	80.00%
Staff*	7	11	5	12	4	13.34%
Family / Friends	3	2	0	1	1	3.33%
Facility**	3	1	0	1	1	3.33%
Other	1	0	2	1	0	0
Total	27	25	12	47	30	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)