

Protection

**FOR PERSONS
IN CARE**

**ANNUAL REPORT
2013/2014**

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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 adding the definition of neglect to the Act. 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. 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. The PPCO requires facilities to report suspected abuse or neglect to the PPCO in writing only. Members of the public can 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.

PPCO Staff

The PPCO is currently staffed by a Manager, 6 Abuse Prevention Consultants, 1 Intake and Database Clerk, and 1 Administrative Assistant. The PPCO reports to the Director, Corporate Services.

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 Guardian and 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 to 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.

The PPCO is dedicated to ongoing quality improvement. It continues to review its practices on an ongoing basis to ensure it remains in compliance with *The Protection for Persons in Care Act*.

APPENDIX A

Five Year Statistical Summary (April 1, 2009 – March 31, 2014)

Five Year Statistical Tables for Fiscal Years 2009 – 2014

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 2009 - 2014

Table 1: Number of intake reports received

Fiscal Year	2009-10	2010-11	2011-12	2012-13	2013-14
Number of intake reports	1,589	1,722	2,094	2,222	2,403

- There continues to be an increase in the number of reported allegations of abuse/neglect received by the PPCO. This is seen to be a result of increased awareness of the need to report potential abuse and neglect to allow the PPCO to follow up on cases and determine if there are issues that need to be addressed. It should also be noted that amendments to *The Protection for Persons in Care Act* in 2010 and 2013 may have contributed to this increase.

Table 2: Breakdown of intake reports (numerical)

Category	2009-10	2010-11	2011-12	2012-13	2013-14
Inquiries only	1,554	1,685	1,967	2,081	2,289
Investigations	35	37	127	141	114
Total	1,589	1,722	2,094	2,222	2,403

- While there has been an increase in the number of reports received by the PPCO, the number of reports which moved to investigation has declined. For a file to proceed to investigation, the PPCO must be able to satisfy Subsection 5(2) of *The Protection for Persons in Care Act* (the Act) which says that there must be reasonable grounds to believe that a patient is or is likely to be abused or neglected before a more extensive investigation can be conducted.
- The PPCO continues to make decisions to elevate a file to investigation in a manner which is consistent both with the Act and with the recommendations made by the Manitoba Ombudsman in 2011.

Table 3: Breakdown of intake reports (percent)

Disposition	2009-10	2010-11	2011-12	2012-13	2013-14
Inquiries only	98%	98%	94%	94%	95%
Investigations	2%	2%	6%	6%	5%

Please see notes for Table 2 for an explanation of the decline of investigations during this fiscal year.

Table 4: Intake reports by type of abuse

Type of Abuse	2009-10	2010-11	2011-12	2012-13	2013-14	2013-2014 %
Physical	1,185	1,106	1,480	1,735	1,849	76.95%
Neglect (Physical)	61	70	53	69	105	4.37%
Emotional	99	122	191	194	186	7.74%
Financial	74	77	89	77	56	2.33%
Sexual	98	165	122	123	107	4.45%
Combination	72	182	43	24	100	4.16%
Open cases – Type of abuse not yet determined	0	0	116	0	0	0
Total	1,589	1,722	2,094	2,222	2,403	100%

Table 5: Intake reports by reporting source

Reporting Source	2009-10	2010-11	2011-12	2012-13	2013-14	2013-2014 %
Facility / Staff	1,466	1,566	1,938	2,039	2,221	92.43%
Family / Friends	78	80	102	121	96	4.00%
Patient (Self Reporting)	9	21	13	31	24	1.00%
Other	36	55	41	30	60	2.49%
Combination	0	0	0	1	2	0.08%
Total	1,589	1,722	2,094	2,222	2,403	100%

- Under *The Protection for Persons in Care Act*, facilities are required to report suspected abuse or neglect. This accounts for facilities as the overwhelming reporter to the PPCO.
- Included in the definition of other would be the police, the Public Guardian and Trustee of Manitoba, the Manitoba Ombudsman, etc.

Table 6: Intake reports by identified person who has abused

Alleged Abuser	2009-10	2010-11	2011-12	2012-13	2013-14	2013-2014 %
Patient	1,217	1,276	1,603	1,776	1,946	80.98%
Staff*	177	214	254	194	232	9.66%
Family / Friends	111	134	144	123	118	4.91%
Facility**	48	42	20	55	64	2.66%
Other / Unknown	36	56	69	72	41	1.71%
Combination	0	0	4	2	2	0.08%
Total	1,589	1,722	2,094	2,222	2,403	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	2009-10		2010-11		2011-12		2012-13		2013-14	
	#	%	#	%	#	%	#	%	#	%
PCH	1,468	92%	1,509	88%	1,920	91.69%	1,927	86.7%	2,033	84.6%
Acute & SMHC*	121	8%	213	12%	174	8.31%	295	13.3%	370	15.4%
Total	1,589	100%	1,722	100%	2,094	100%	2,222	100%	2,403	100%

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

Inquiries 2009 - 2014

Table 8: Outcome of Inquiries

Outcome of Inquiries	2009-10	2010-11	2011-12	2012-13	2013-14	2013-14 %
Resolved at Inquiry / Below Threshold	1,330	1,405	1,681	1,646	1,931	84.36%
Direct Referral	4	2	7	0	0	0
Outside of the Act	17	27	35	50	29	1.27%
Patient Competent	43	38	22	8	3	0.13%
Unsupported	146	183	161	68	80	3.49%
Open	21	30	61	309	246	10.75%
Total	1,561	1,685	1,967	2,081	2,289	100%

- The PPCO continues to manage inquiries in a manner which is consistent with *The Protection for Persons in Care Act* (the Act) and the recommendations of the Manitoba Ombudsman which were made in 2011. The majority of the allegations which the PPCO receives do not meet with threshold required by the Act to proceed to an investigation and are closed as Resolved at Inquiry/Below Threshold.

Investigations 2009 - 2014

Table 9: Outcome of Investigations

Outcome of Investigations	2009-10	2010-11	2011-12	2012-13	2013-14	% 2013-14
Founded	25	12	47	30	41	35.97%
Unfounded	12	12	1	16	27	23.68%
Open	2	13	79	95	46	40.35%
Total	39	37	127	141	114	100%

- The PPCO continues to make investigative findings in a manner consistent with the definitions of abuse and neglect in *The Protection for Persons in Care Act*.
- The decline in the number of open investigations is likely attributable both to the reduced number of allegations which went to investigation during this fiscal year as well as through reduced vacancies at the PPCO.

Founded Investigations 2009 – 2014

Table 10: Founded investigations by type of abuse

Type of Abuse	2009-10	2010-11	2011-12	2012-13	2013-14	2013-14 %
Physical	17	7	36	26	31	75.61%
Neglect (Physical)	3	3	5	1	1	2.44%
Emotional	0	0	4	1	2	4.87%
Financial	3	0	0	0	3	7.32%
Sexual	1	1	2	2	3	7.32%
Combination	1	1	0	0	1	2.44%
Total	25	12	47	30	41	100%

- Physical abuse is the most reported type of abuse to the PPCO. This is reflected in the number of founded investigations of this type of abuse.

Table 11: Founded investigations by identified person who has abused

Alleged Abuser	2009-10	2010-11	2011-12	2012-13	2013-14	2013-14 %
Patient	11	5	32	24	31	75.61%
Staff*	11	5	12	4	9	21.95%
Family / Friends	2	0	1	1	0	0
Facility**	1	0	1	1	1	2.44%
Other	0	2	1	0	0	0
Total	25	12	47	30	41	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)

- The majority of the allegations of abuse the PPCO receives are related to patient/patient abuse.