ANNUAL REPORT
2017/2018

Manitoba
Health, Seniors and Active Living

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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 designated health facilities including hospitals, personal care homes, and 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 came into force on March 15, 2013, with key changes including adding the definition of neglect to the Act. Reports of neglect had previously been captured under the more general definition of abuse. Additionally, the amendments further included the requirement that the Protection for Persons in Care Office (PCCO) report a finding of abuse or neglect to the Adult Abuse Registry Committee.

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

The definition of neglect under the Act includes an act or omission that is:

- mistreatment that deprives a patient of adequate care
- mistreatment that deprives a patient of adequate medical attention or other necessaries of life
- a combination of any of these that causes or is reasonably likely to cause death of a patient, or serious physical or psychological harm to a patient.

Defining "serious harm"

The PPCO takes its guidance on what constitutes serious harm from a Supreme Court of Canada decision (R v McCraw, [1991] 3 SCR 72) as "any hurt or injury whether physical or psychological that interferes in a substantial way with the physical or psychological integrity, health or well-being of the complainant." The courts further clarified serious bodily harm by indicating that for serious bodily harm, the harm does not need to be permanent but does need to be serious enough that it interferes in a substantial way with the well being of a victim (R. V. T (V.J.) [2007] MBCA at para 25).

Duty to report

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

Facilities are required to report suspected abuse and/or neglect in writing to the PPCO. The public can report suspected abuse and/or neglect in any manner, including through the PPCO webpage, telephone, email, or fax.

Reporting safeguards

When suspected abuse and/or neglect 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 and/or neglect.

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 Act). The objective of the PPCO is to manage the reporting and investigation of alleged patient abuse and/or 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/or neglect through a dedicated reporting line and website reporting page
- conducting inquiries by reviewing and analyzing all alleged abuse and/or neglect reports for validity and nature of complaint;
- conducting investigations on incidents of alleged abuse and/or neglect where reasonable grounds to believe that abuse and/or neglect exists;
- 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/or neglect;
- conducting follow-up audits of selected facilities that have received directions;
- acting as a resource to staff of 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;
- making referrals of professionals to professional regulatory bodies for investigation as appropriate; and
- making referrals of individuals who have been found to have abused or neglected a patient to the Adult Abuse Registry Committee, as appropriate

Inquiry & Investigation

Inquiry: After receiving a report of alleged abuse and/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 and/or neglect has occurred or is reasonably likely to occur. The PPCO will proceed to a formal investigation when there are reasonable grounds to believe that the act or behaviour has, or is likely to, result in serious harm to a patient.

Investigation: If the PPCO determines there are reasonable grounds to believe a patient has been abused and/or neglected or is reasonably likely to be abused and/or neglected, an investigator will carry out a more extensive investigation. The decision to formally investigate allegations of abuse and/or neglect is consistent with the Act.

The investigation process includes:

- gathering evidence at the facility and conducting personal interviews with the parties involved such as the reporter, the person who has been abused and/or neglected (if they are competent), the person who is alleged to have committed the abuse and/or neglect, 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 (ex. 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 and/or neglect that occurred.

Referrals: The PPCO refers professionals to their governing body when it appears there are reasonable grounds to believe that a patient may have been abused and/or neglected by a member of that governing body. The PPCO also makes referrals to law enforcement when there are reasonable grounds to believe that a criminal act has been committed. Further, the PPCO refers to the Adult Abuse Registry Committee the names of individuals who have been found to have abused or neglected a patient.

Directions: Where appropriate, the PPCO issues focused interventions to the facility. The directions are designed to improve patient care and/or safety and may be issued even in cases where there has not been a finding of abuse and/or neglect. Directions are binding on the facility and the PPCO monitors directions to ensure implementation.

Recommendations: Where appropriate, the PPCO issues suggestions to the facility that are designed to improve patient care and/or patient safety. These recommendations are not required to be implemented and are not monitored by PPCO.

APPENDIX A

Five-Year Statistical Summary*

(April 1, 2013 – March 31, 2018)

**This summary is based upon best-possible data following a 2024 retrospective file review.*

Intake Reports 2013 – 2018

Table 1: Number of intake reports received

Fiscal Year	2013-14	2014-15	2015-16	2016-17	2017-18
Number of intake reports	2,403	2,541	2,771	2,505	2,260

Table 2: Breakdown of intake reports (numerical)

Category	2013-14	2014-15	2015-16	2016-17	2017-18
Inquiries only	2,289	2,423	2,696	2,425	2,191
Investigations	114	118	75	80	69
Total	2,403	2,541	2,771	2,505	2,260

**For a file to proceed to investigation, the PPCO must be able to satisfy subsection 5(2) of 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 makes decisions to elevate a file to investigation in a manner consistent with the Act*

Table 3: Breakdown of intake reports (percent)

Disposition	2013-14	2014-15	2015-16	2016-17	2017-18
Inquiries only	95%	95%	97%	97%	97%
Investigations	5%	5%	3%	3%	3%

Table 4: Intake reports by type of abuse

Type of Abuse	2013-14	2014-15	2015-16	2016-17	2017-18	2017-18
Physical	1,849	1,922	2,196	1,939	1,804	80%
Neglect (Physical)	105	104	124	94	121	5%
Emotional	186	147	160	166	129	6%
Financial	56	46	50	58	31	1%
Sexual	107	175	132	146	175	8%
Combination	100	147	108	102	0	0%
Open cases – Type of abuse not yet determined	0	0	1	0	0	0%
Total	2,403	2,541	2,771	2,505	2,260	100%

Table 5: Intake reports by reporting source

Reporting Source	2013-14	2014-15	2015-16	2016-17	2017-18	2017-18
Facility / Staff	2,221	2,390	2,651	2,382	2,142	95%
Family / Friends	96	97	72	76	77	3%
Patient (Self Reporting)	24	22	17	18	24	1%
Combination	62	32	31	29	17	1%
Total	2,403	2,541	2,771	2,505	2,260	100%

**Under the Act, a service provider is required to report suspected abuse or neglect. This accounts for facilities and staff as the overwhelming reporter to the PPCO.*

***Combination includes multiple reporting sources, anonymous, and other.*

Table 6: Intake reports by identified person who has abused/neglected

Respondent	2013-14	2014-15	2015-16	2016-17	2017-18	2017-18
Patient	1,946	2,083	2,315	2,037	1,930	85%
Staff*	232	290	292	295	213	10%
Family / Friends	118	99	104	106	56	2%
Facility**	64	26	1	0	19	1%
Other / Unknown	43	43	59	67	42	2%
Total	2,403	2,541	2,771	2,505	2,260	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	2013-14		2014-15		2015-16		2016-17		2017-18	
	#	%	#	%	#	%	#	%	#	%
PCH	2,033	85%	2,212	87%	2,293	83%	2,039	81%	1,962	87%
Acute & SMHC*	370	15%	329	13%	478	17%	466	19%	298	13%
Total	2,403	100%	2,541	100%	2,771	100%	2,505	100%	2,260	100%

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

Investigations 2013 – 2018

Table 8: Outcome of investigations

Outcome of Investigations	2013-14	2014-15	2015-16	2016-17	2017-18	2017-18
Founded	52	24	12	9	5	8%
Unfounded	62	94	63	71	61	92%
Open*	0	0	0	0	0	0%
Total	114	118	75	80	66	100%

** The PPCO created this annual report following a comprehensive retrospective file review in 2024. The report provides the status of open files as of December 2024. Between 2022-2024, the PPCO undertook significant efforts to address the previous multi-year backlog of investigations to bring outstanding investigations to conclusion. Investigators prioritized older files to ensure fairness and efficiency in the resolution process. As a result of these efforts, all outstanding investigations have been concluded for the above reporting dates; hence, the number of open files is reduced to zero.*

Founded Investigations 2013 – 2018

Table 9: Founded investigations by type of abuse

Type of Abuse	2013-14	2014-15	2015-16	2016-17	2017-18	2017-18
Physical	40	13	8	7	3	60%
Neglect (Physical)	3	0	2	2	2	40%
Emotional	3	1	0	0	0	0%
Financial	3	0	1	0	0	0%
Sexual	2	9	1	0	0	0%
Combination	1	1	0	0	0	0%
Total	52	24	12	9	5	100%

Table 10: Founded investigations by identified person who has abused

Respondent	2013-14	2014-15	2015-16	2016-17	2017-18	2017-18
Patient	38	13	8	4	3	60%
Staff*	13	11	3	5	2	40%
Family / Friends	0	0	0	0	0	0%
Facility**	1	0	1	0	0	0%
Other	0	0	0	0	0	0%
Total	52	24	12	9	5	100%

**An employee identified as the person who has abused*
***Facility identified as alleged abuser (ex: facility protocols not followed resulting in abuse)*