

PROTECTION FOR PERSONS IN CARE OFFICE (PPCO)

**Annual Report
2024-25**



LAND ACKNOWLEDGEMENT

We acknowledge that we are gathered on Treaty 1 Territory and that Manitoba is located on the Treaty Territories and ancestral lands of the Anishinaabe, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk Nations.

We acknowledge that Manitoba is located on the Homeland of the Red River Métis.

We acknowledge that northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

We respect the spirit and intent of Treaties and remain committed to working in partnership with First Nations, Inuit and Métis Peoples as we walk the shared path of truth and reconciliation.

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ENSURING HEALTH ENVIRONMENTS ARE FREE FROM ABUSE AND NEGLECT

Regional health authorities, professional associations and regulatory bodies, and health facility staff and management co-operatively monitor, maintain and are responsible for a high standard of care, ensuring a safe environment for patients and residents.

The Protection for Persons in Care Act (the act) is an extra protection built into Manitoba's health-care system as it provides an investigation mandate to The Protection for Persons in Care Office (PPCO).

The PPCO is responsible for receiving reports, initiating inquiries and investigating allegations of abuse or neglect in personal care homes, hospitals or any other designated health facility, including Selkirk Mental Health Centre (SMHC).

After receiving a report of suspected abuse or neglect, the PPCO looks into the event. Where there is reason to believe that abuse or neglect has occurred, or is likely to occur, the report moves forward as an investigation.

Where necessary, referrals may be made to law enforcement and/or a professional regulatory body (college) for further review of the actions of professionals identified as persons who have perpetrated abuse or neglect. The PPCO may refer an individual to the Adult Abuse Registry Committee (AARC) if it concludes abuse or neglect occurred.



PPCO'S PROCESS



INTAKE



INQUIRY



INVESTIGATION



CONCLUSION



FOLLOW UP

Intake: Review referral to determine it meets the Protection for Persons in Care Act (PPCA)

Inquiry: Gather information to assess:

- if the event meets the definition of abuse or neglect
- if a minor investigation is required
- if a comprehensive investigation is warranted

Investigation: Review documentation, conduct interviews and complete investigation report

Conclusion: Debrief the outcome of the investigation with the patient/family and facility, including any directions or recommendations

Follow Up: Co-ordinate with the facility to ensure action plan for binding directions is completed

YEAR IN REVIEW

During the past year, the PPCO refined its internal processes to more efficiently respond to reports of abuse and neglect. The process changes assisted the PPCO's ability to review intake reports within three working days.

Over the 2024-25 fiscal year, the PPCO conducted ongoing quality assurance audits to ensure monitoring of inquiry and investigation timelines and follow-up with facilities where directions had been issued.

The PPCO prioritized education during 2024-25. Outreach efforts resulted in a 50 per cent increase in PPCO education sessions being delivered to front-line workers, management, educational facilities and community stakeholders. Information delivered during the sessions included details about the act, when and how to report abuse and neglect and how the PPCO investigation process works.

The PPCO also identified and provided continuing education opportunities for its own investigators, including pertinent information about front-line health-care worker policies and practices, as well as professional licensing body processes.



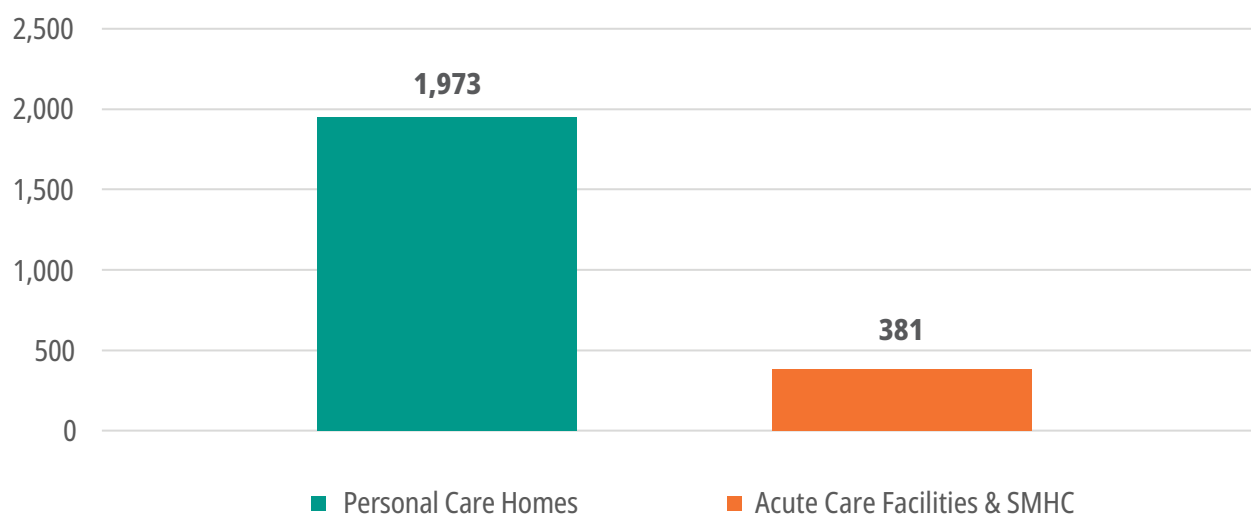
PPCO STATISTICS – 2024/25 FISCAL YEAR

Summary

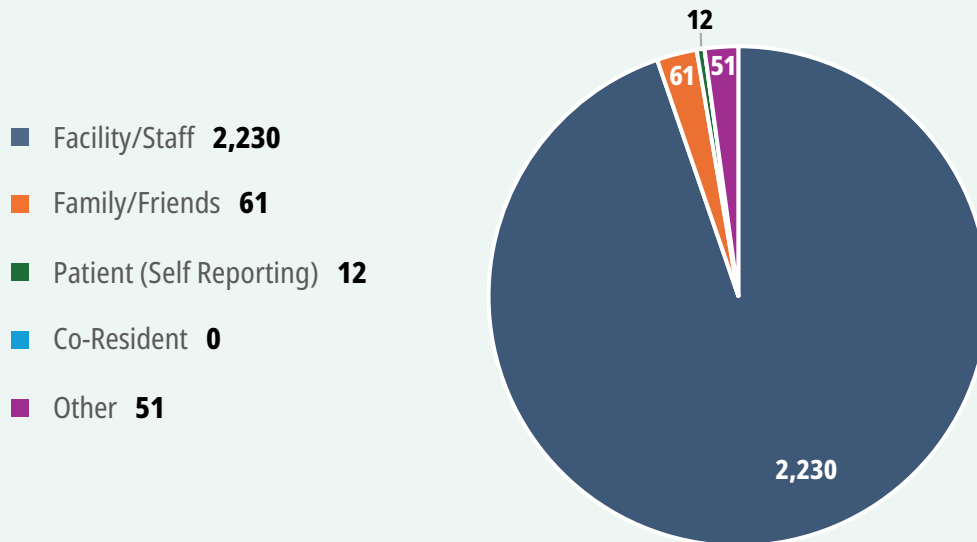
In the 2024-25 fiscal year, the PPCO received 2,354 reports of potential abuse or neglect from designated health facilities across Manitoba. Eighty-four per cent of the reports originated from personal care homes. Of the total reports received, 95 per cent were reported by facility staff. Very often, reports involved unforeseen physical contact between patients due to medical conditions such as dementia and other cognitive impairments. Seventy-nine per cent of the reports identified patients as the subject of allegation (SOA), with SOA referring to the person accused of the abuse or neglect.



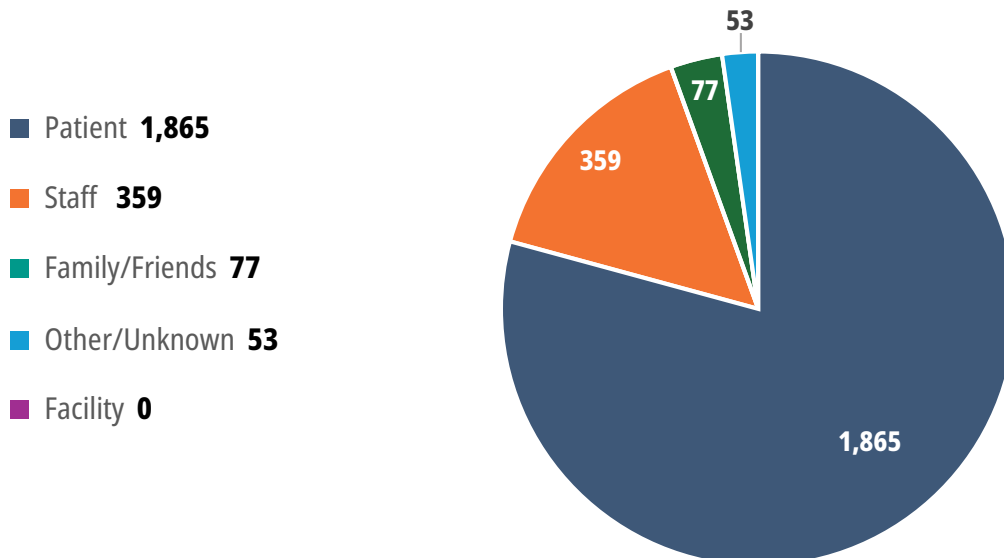
**Reports by Facility Type
2024-25**



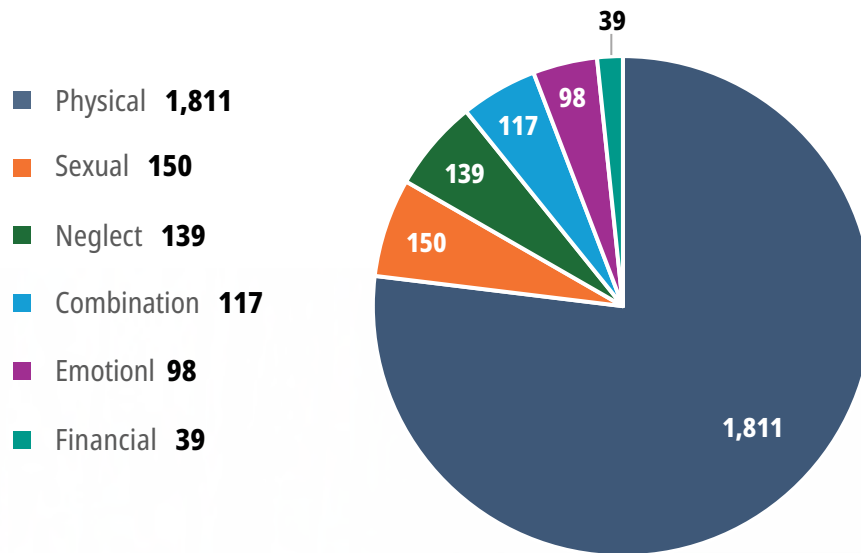
Total Number of Reports by Reporting Source 2024-25



Reports by SOA Type 2024-25



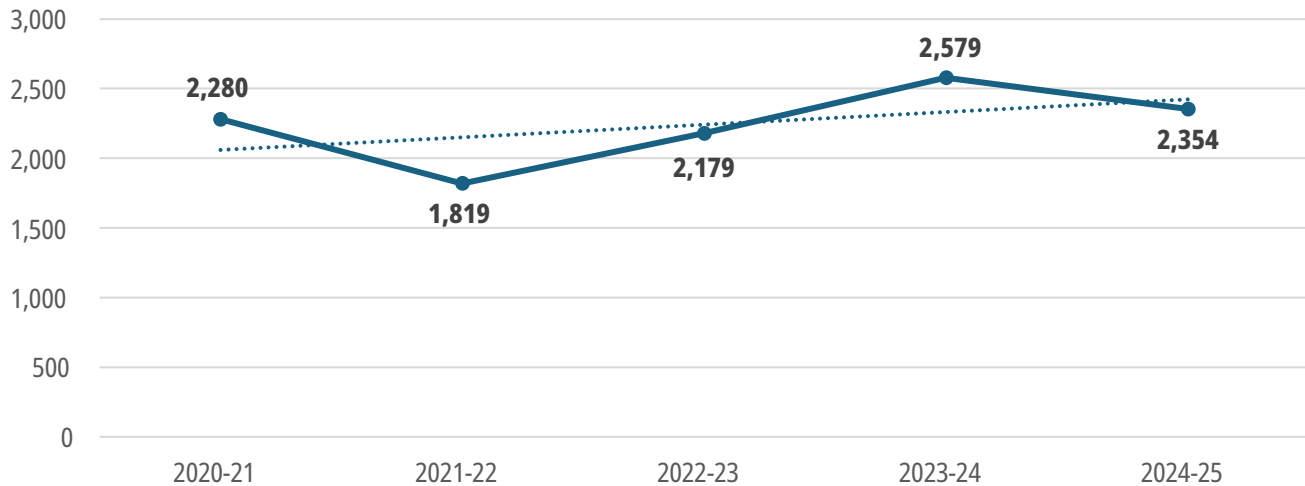
Total Number of Reports by Type of Abuse or Neglect 2024-25



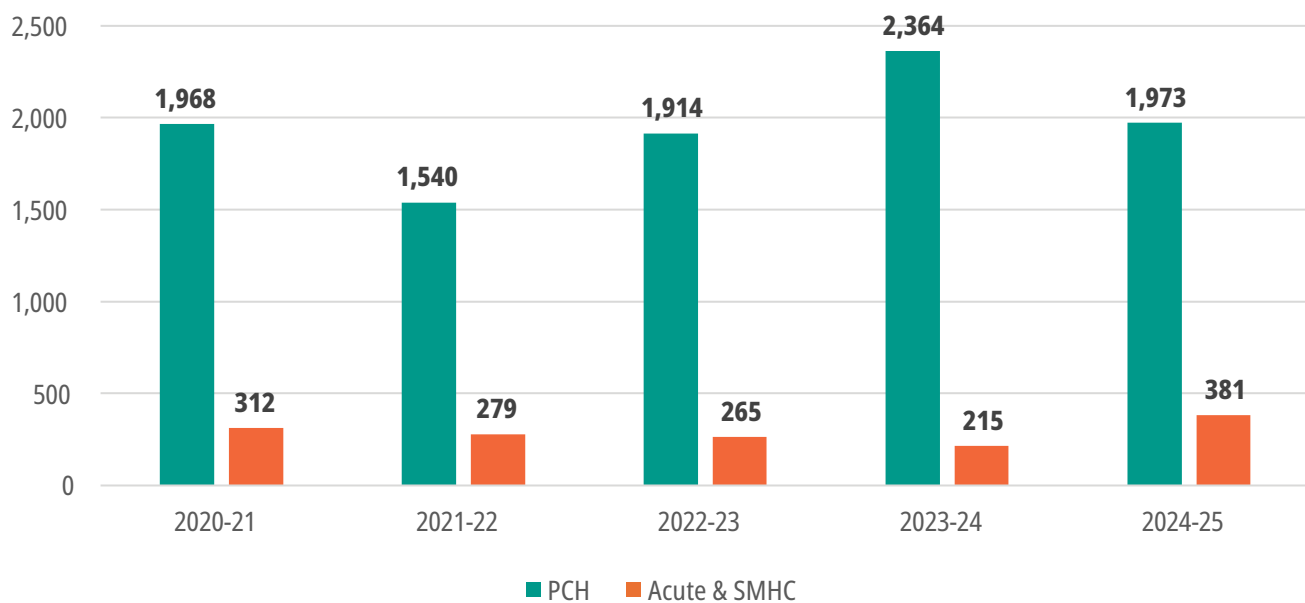
PPCO STATISTICS - FIVE-YEAR TREND

Total Reports (2020-21 to 2024-25)

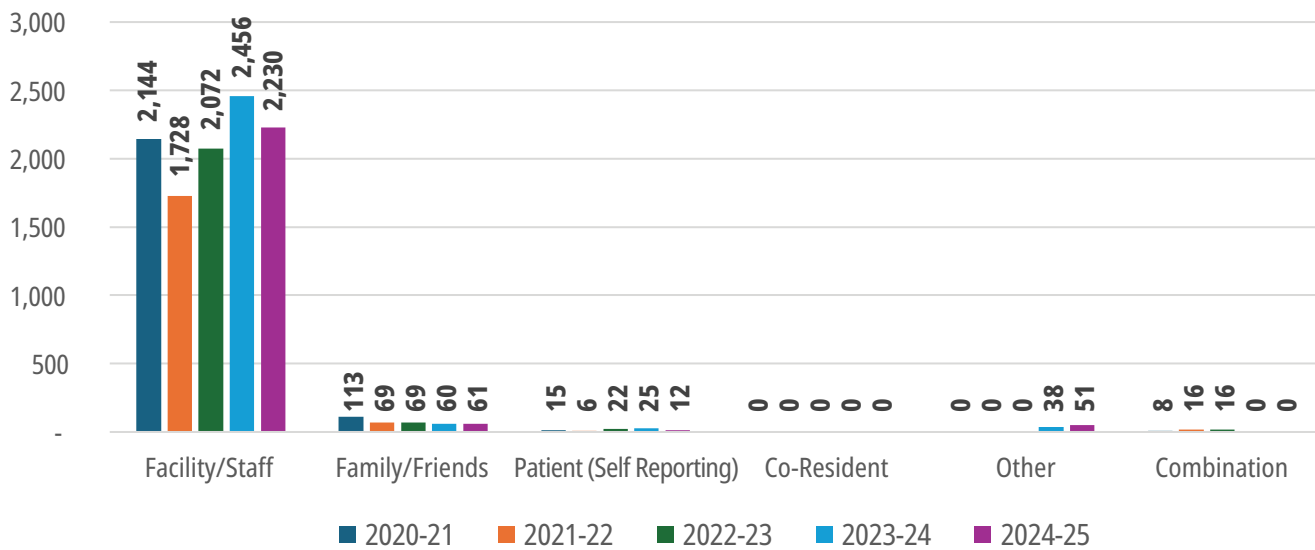
Number of Intake Reports



Reports by Facility Type

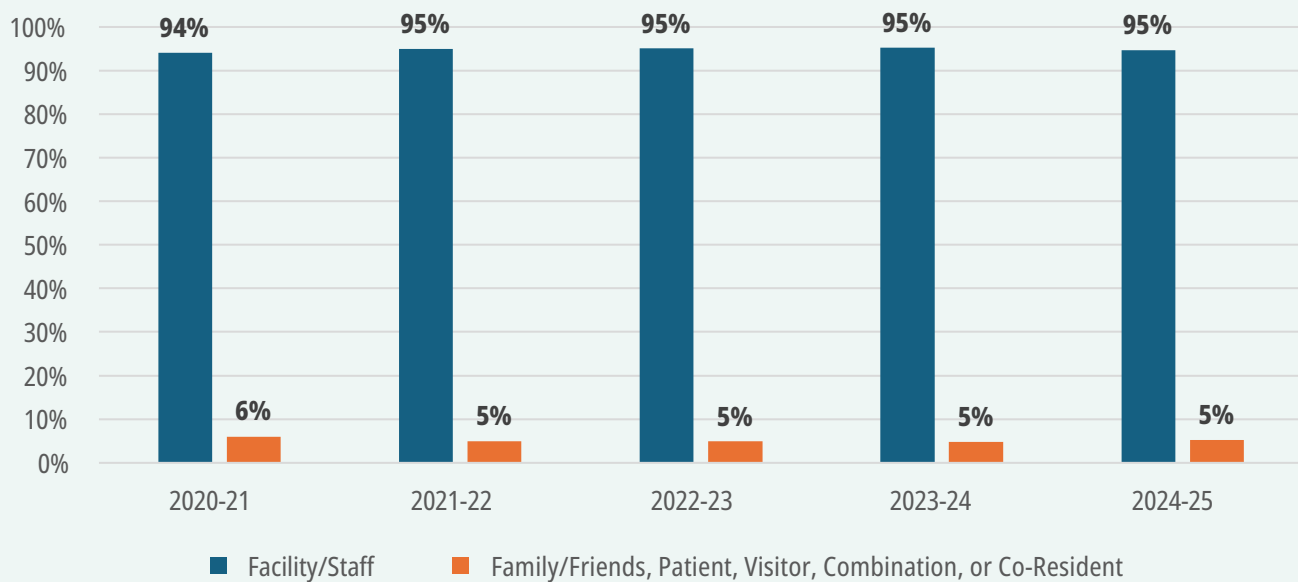


Reports by Reporting Source

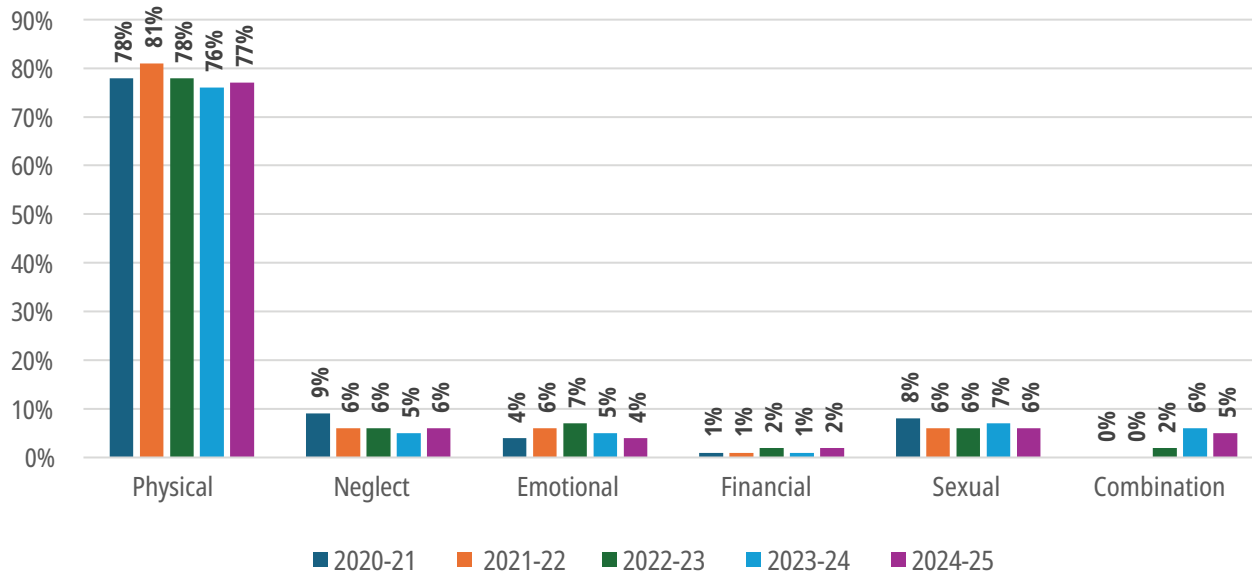


In 2023-24, reporting began including the categories “Co-Resident” and “Other,” which includes reports made by visitors and anonymous reporters. These categories replace the “Combination” category used until 2022-23, which included “Anonymous” and “Other” reporting.

Percentage of Reports by Reporting Source

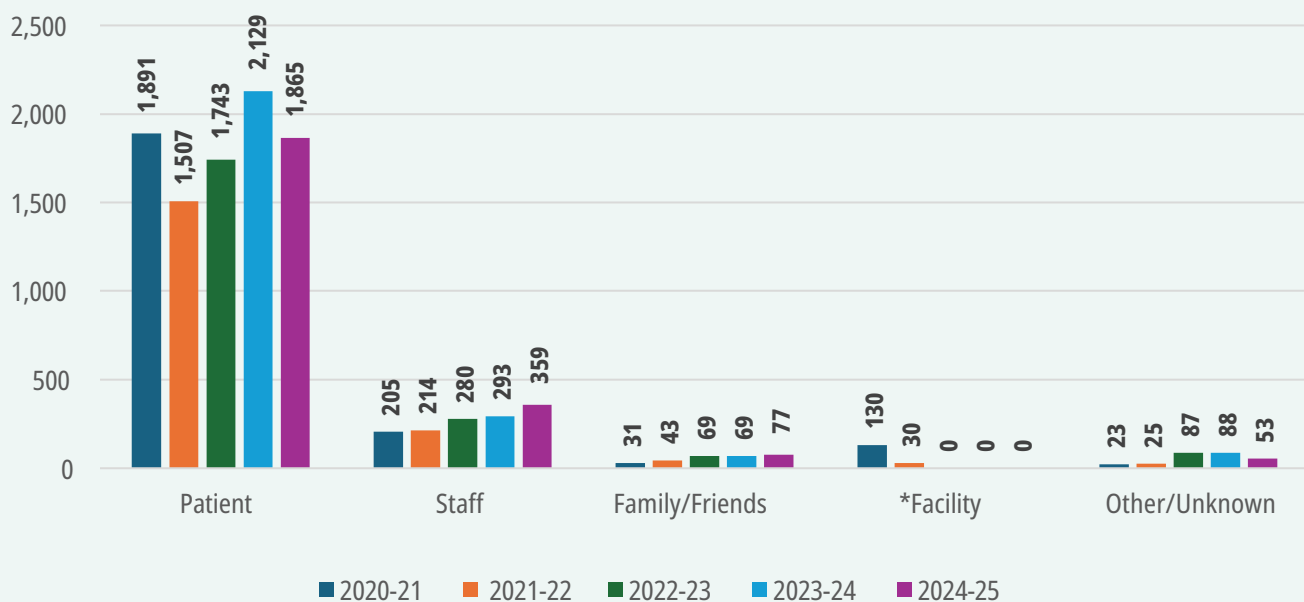


Percentage of Reports by Type of Abuse or Neglect



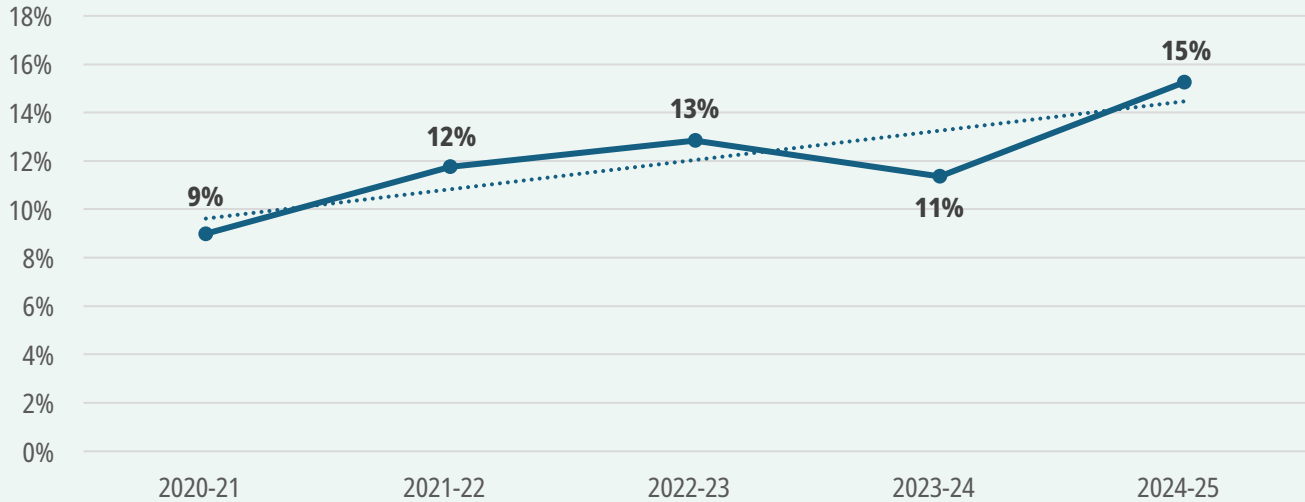
* With the increase of data collection points available in the new electronic database, a new category of “Combination” was added in 2022-23. The category “Combination” refers to there being more than one type of abuse or neglect identified in the same report.

Number of Reports by SOA Type



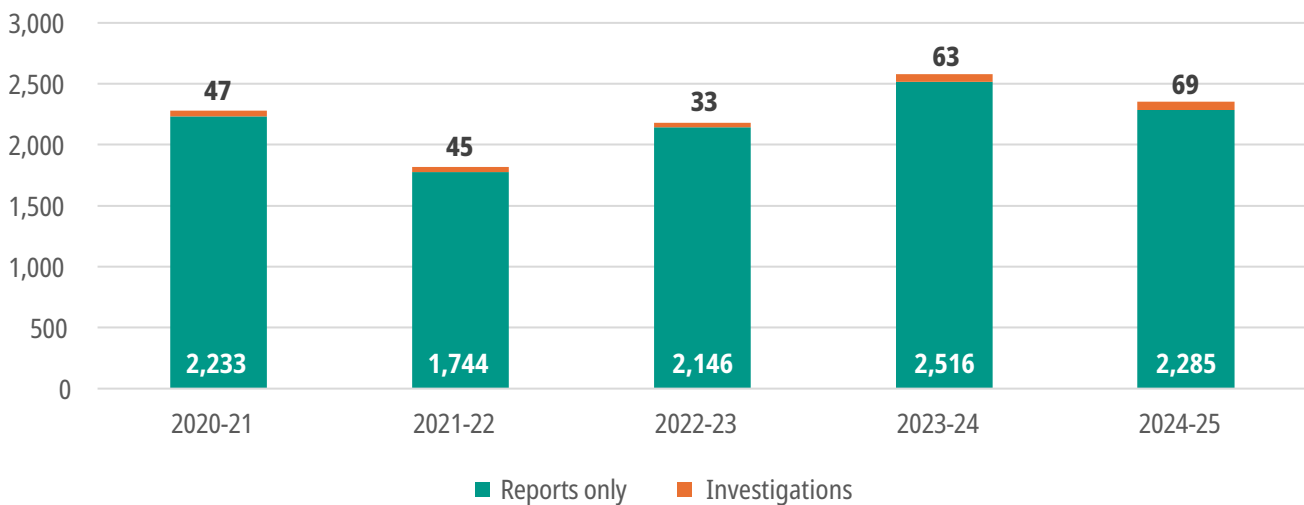
* Facility is defined as the SOA in situations where it has demonstrated a lack of involvement or failed to establish an adequate safety plan to reduce risks to patients.

Percentage of Intake Reports Identifying Staff as the SOA



There is a four per cent increase from the previous year where staff members are identified as the SOA, representing a one per cent yearly average increase over five years.

Number of Reports vs. Number Elevated to Investigation



The PPCO reviews all reports at the inquiry phase to determine if a more in-depth investigation is required. For a report 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”.

The PPCO categorizes investigations as either minor or comprehensive, using the following thresholds:

Minor Investigations

A minor investigation is completed at the inquiry phase when the incident meets the definition of abuse or neglect, and a comprehensive investigation is not warranted due to it being a minor event between patients.

In 2024-25, 85 per cent of reports were closed at the inquiry phase. Eleven per cent required a minor investigation only as there was enough information to determine “founded” or “unfounded” without a comprehensive investigation. These reports are closed at the inquiry phase “with report”. One hundred per cent of the minor investigations were determined as “founded”.

**Status of Reports at Inquiry Stage vs. Comprehensive Investigations
2024-25**



Comprehensive Investigations

A comprehensive investigation is completed when:

- the definition of abuse or neglect is met,
- serious injury, death or neglect occur, and
- the facility has demonstrated a lack of involvement or has an inadequate safety plan in place to mitigate the risk to all patients.

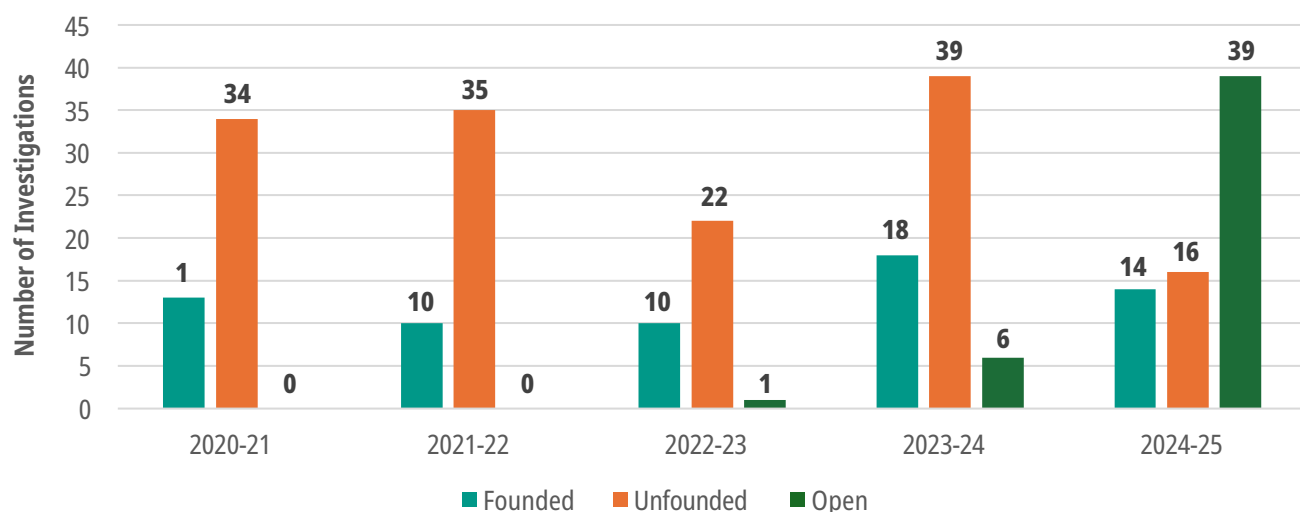
In 2024-25, three per cent of reports moved forward to a comprehensive investigation.

Comprehensive Investigations (per fiscal year 2020-21 to 2024-25)

Allegations that are alleged to have occurred prior to January 1, 2024, are concluded using the previous definitions of abuse and neglect. Under those definitions, three criteria must be applied to reach an investigation outcome of “founded” or “unfounded.” The first criterion applies a balance of probabilities test to determine if it is more likely than not that the allegation occurred as reported. The second test is whether the act or omission constitutes mistreatment. The third stipulates that the mistreatment either must have caused or been reasonably likely to cause serious harm.

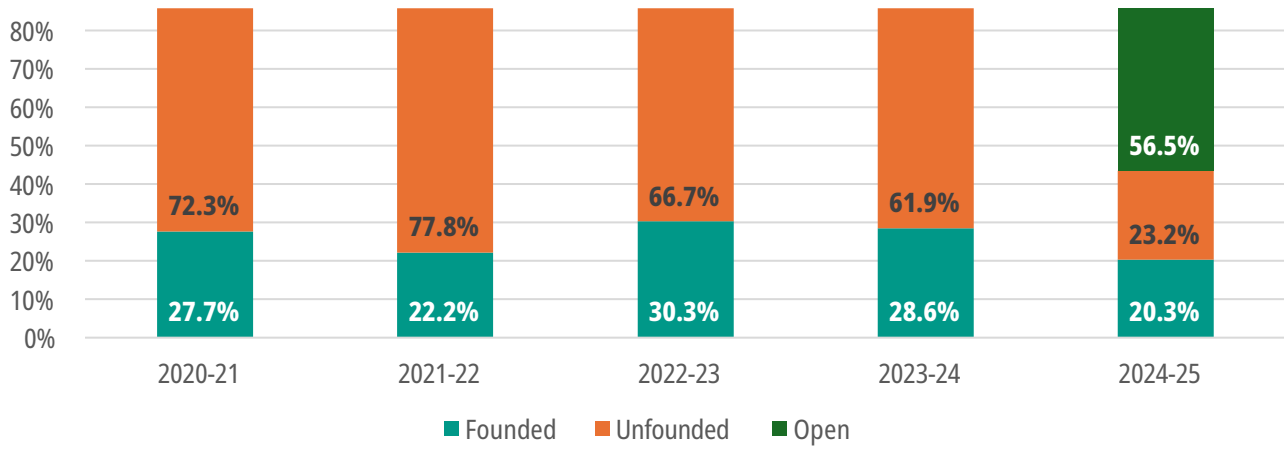
Allegations that are alleged to have occurred on or after January 1, 2024, apply two criteria to reach an investigation outcome of “founded” or “unfounded.” Based on a balance of probabilities, it must first be determined if it is more likely than not that the allegation occurred as reported. If the answer is yes, a founded/unfounded determination is made by applying the definitions of abuse and neglect in the act.

Outcomes of Investigations

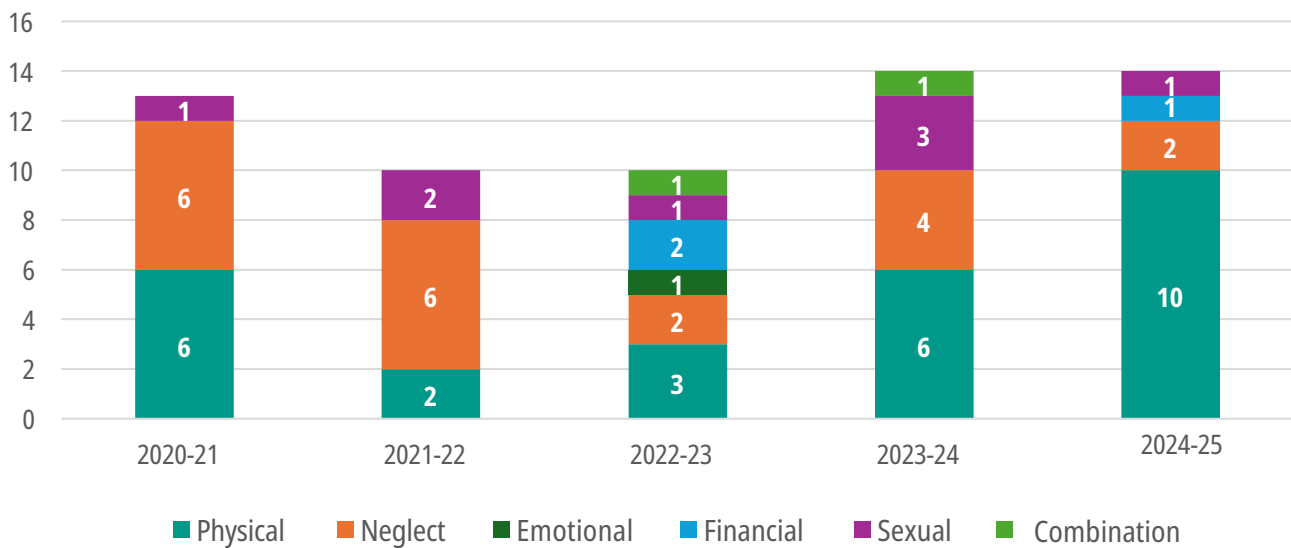


Complex situations (e.g., police involvement, multiple patients, etc.) often increase the time required to conclude an investigation.

Per Cent Outcomes of Investigations

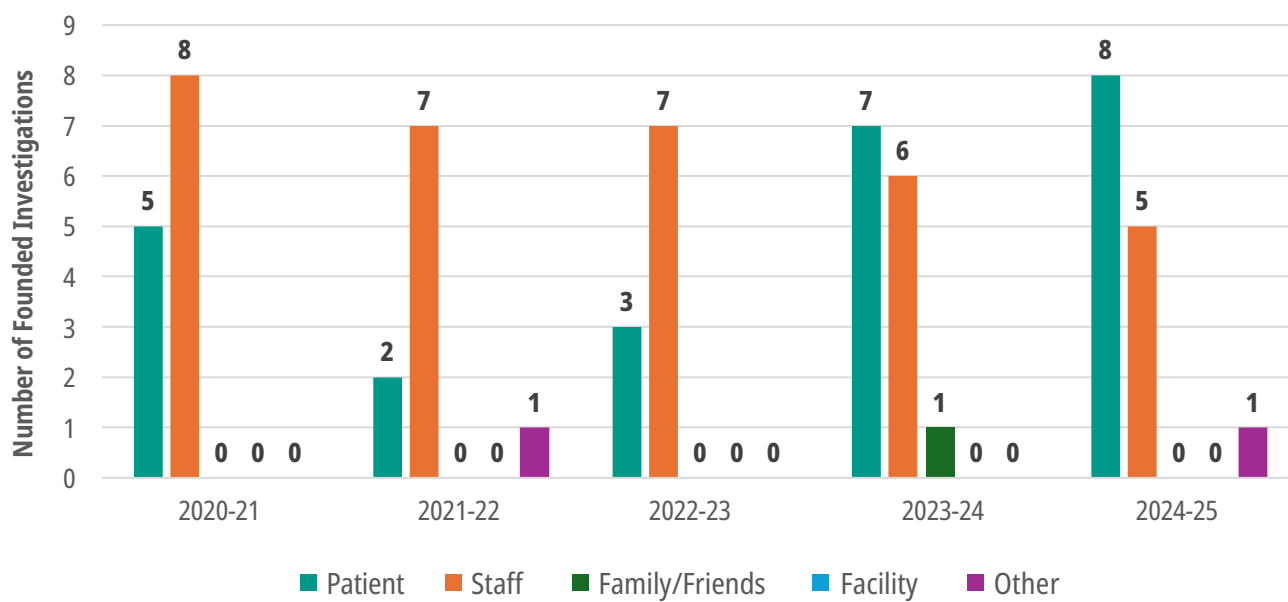


Number of Founded Investigations by Type of Abuse or Neglect





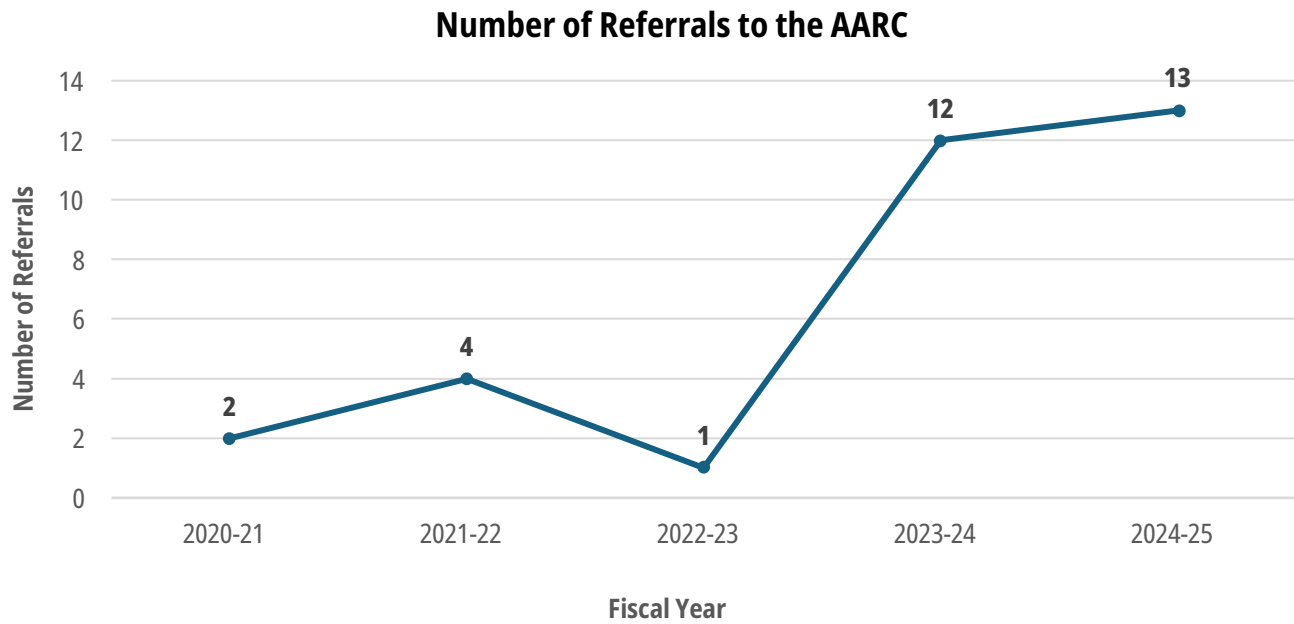
Number of Founded Investigations by SOA Type



“Other” may include a visitor or volunteer to the designated facility.

REFERRALS TO THE ADULT ABUSE REGISTRY COMMITTEE (AARC)

At the end of an investigation where there has been a finding of abuse or neglect, there are circumstances where the PPCO is required to refer the name of an individual to the Adult Abuse Registry Committee (AARC). The updated definitions of abuse and neglect under the act are a contributing factor in the continuing increase in referrals to the AARC.





DIRECTIONS AND RECOMMENDATIONS

Following an investigation, the PPCO may issue binding directions to improve policies and processes that address the identification, reporting, prevention and management of patient abuse or neglect.

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 or neglect. The PPCO monitors the directions it issues to ensure they are implemented.

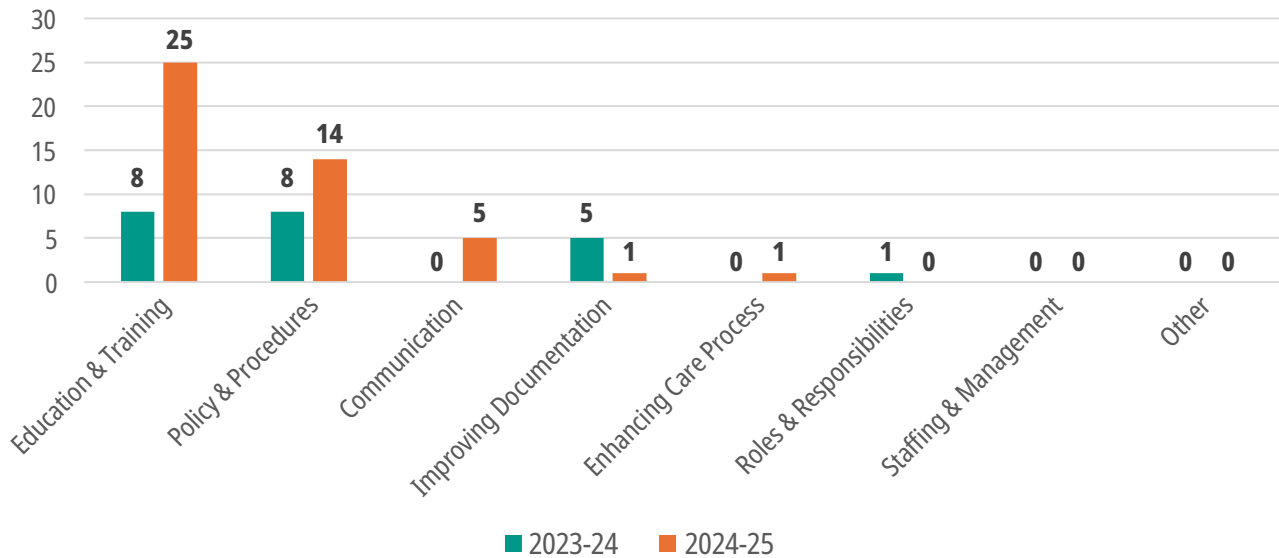
Directions may be issued under the following categories:

- Communication
- Education and Training
- Enhancing Care Process
- Improving Documentation
- Policy and Procedures
- Roles and Responsibilities
- Resources Utilization and Referrals
- Staffing and Management
- Other

In 2024-25, the PPCO issued a total of 46 directions in 12 facilities within five health authorities. The total number of directions issued increased by 109 per cent from last fiscal year.

With the increase of data collection points available in the new electronic database, the PPCO can track categories of directions issued beginning 2023-24.

Total Directions Issued per Category: Two-Year Comparison



Occasionally, the PPCO may also provide the facility with non-binding recommendations that are designed to improve patient care and/or patient safety, but are not required to be implemented and are not monitored by the PPCO. Examples of recommendations include suggesting the facility improves its internal information-sharing processes or adopts leading practice that the PPCO has observed in other facilities.





EDUCATION AND OUTREACH

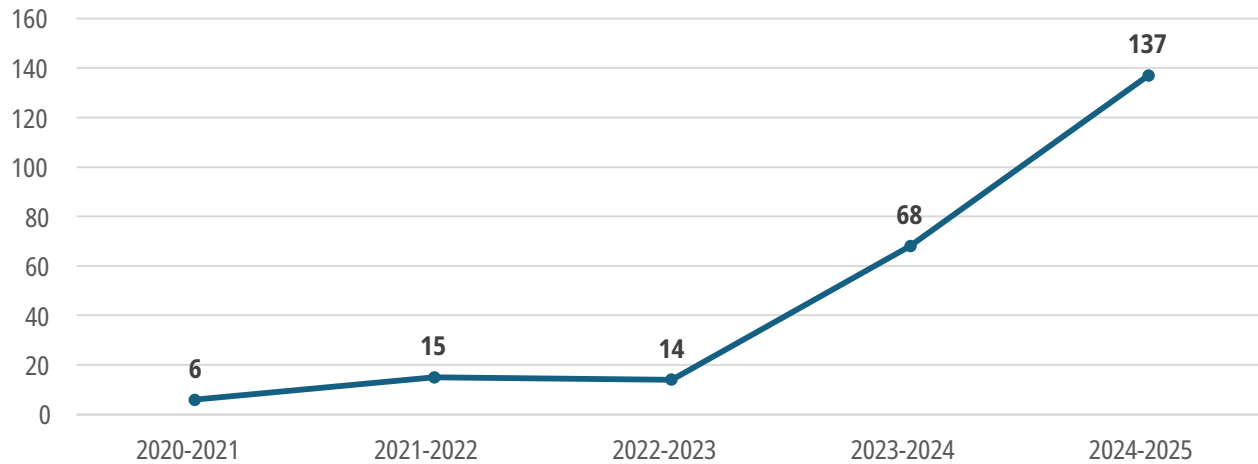
The PPCO provides in-person and virtual educational sessions to health-care facilities, educational institutions and its stakeholders. During the sessions, the PPCO explains its work, relevant laws and how facilities can comply with their legal requirement to report abuse and neglect.

Education sessions are important. They ensure individuals employed in health-care facilities:

- are familiar with the definitions of abuse and neglect
- are familiar with the work of the PPCO
- feel confident making a report should the need arise
- understand their legal responsibility to report abuse or neglect
- are informed about their rights and protections in the event they make a report

In 2024-25, the PPCO provided 137 education sessions.

Number of Educational Sessions Delivered



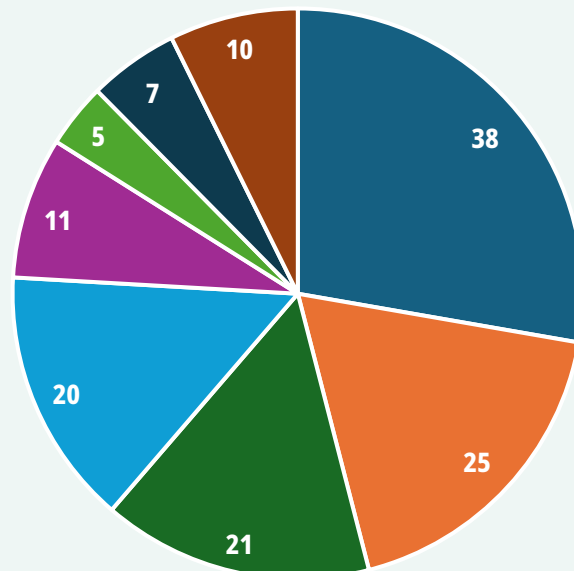
Educational Institutions includes health-care provider education programs, such as health care aide and nursing student programs.

Shared Health includes Health Sciences Centre and Selkirk Mental Health Centre.

Stakeholders includes professional licensing bodies and organizations with an interest in acute or long-term care.

2024-25 Number of Education Sessions by Location

Winnipeg RHA	38
Interlake-Eastern RHA	25
Prairie Mountain Health	21
Southern Health - Santé Sud	20
Shared Health	11
Northern Health Region	5
Educational Institutions	7
Community Stakeholders	10





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