

# **PROTECTION FOR PERSONS IN CARE OFFICE**

## **STATISTICAL REPORT 2009/10**

## Table of Contents

<b>1. Legislation – <i>The Protection for Persons in Care Act</i></b>	
<b>Background</b>	<b>3</b>
<b>Key Points</b>	<b>3</b>
<b>2. Protection for Persons in Care Office</b>	
<b>Objective</b>	<b>4</b>
<b>Role of the PPCO</b>	<b>4</b>
<b>Appendix A – PPCO Definitions</b>	<b>6</b>
<b>Abuse</b>	<b>7</b>
<b>Inquiry &amp; Investigation</b>	<b>7</b>
<b>Outcomes of Inquiry and Investigation</b>	<b>8</b>
<b>Appendix B – Five Year Statistical Summary (April 1, 2005 – March 31, 2010)</b>	<b>9</b>

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

## Background

The sick, frail, very young and elderly are among the most vulnerable members of our society, and are more likely to be victims of abuse. Abuse is a very challenging issue that may affect and involve family, friends and/or caregivers.

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 Selkirk Mental Health Centre.

## Key Points

- The act is designed to protect individuals in hospitals, personal care homes and Selkirk Mental Health Centre, from abuse.
- Under the act, the operator of a health facility has a duty to protect patients from abuse and maintain a reasonable level of safety for them. Under the act, patients are defined as:
  - adult in-patients in hospitals and Selkirk Mental Health Centre;
  - residents of personal care homes; and
  - persons receiving respite care in a health facility.In addition, the following areas were added as of Sept 30, 2010 when the PPCA was amended:
  - a patient receiving services in a geriatric day hospital that is managed by a hospital (i.e. St. Boniface Hospital, Seven Oaks Hospital, Riverview Health Centre and Deer Lodge Centre); and
  - a patient receiving services in an emergency department or urgent care centre of a health facility,( i.e. Misericordia Urgent Care Centre).
- Reporting and investigation of abuse of children under 18 years of age is covered by *The Child and Family Services Act*. *The Vulnerable Persons Living with a Disability Act* relates to the reporting and investigation of abuse of these vulnerable individuals. Children and vulnerable persons are not included in the definition of "patients" in *The Protection for Persons in Care Act*.
- *The Protection for Persons in Care Act* requires any person - including a caregiver - who has a reasonable basis to believe that a patient in a health facility is, or is likely to be abused, to report the suspected abuse to the Minister of Health or his/her designate. The Protection for Persons in Care Office (PPCO) was established to act as this designate.
- The act protects individuals, including employees, from retribution for bringing reports of abuse to the attention of the appropriate authorities. It also provides protection from malicious reporting.

- The act requires that an inquiry be conducted when a report of abuse is received. If there are reasonable grounds to believe that a patient has been, or is likely to be abused, an investigator must be appointed to investigate the matter and prepare a report.
- If a professional is alleged to have committed abuse or fails to report abuse, he/she may be referred to his/her regulatory body, which is then required to investigate the matter.
- In response to an investigation, a health facility operator may be directed to take specific actions to protect a patient(s) from abuse. Operators are required to comply with any directives given under the act and to provide a report on the action taken.
- The act states that the patient (or his/her committee i.e. legally designated decision maker) must be consulted throughout the investigation process. The patient must be informed of the investigation outcome and any directives issued to the facility involved. The act also states that the investigator should try to accommodate the wishes of the patient to the fullest practical extent.
- The act prohibits any adverse employment action, legal action or interruption/alteration of services to the patient in response to a report of abuse made in good faith.
- Individuals who contravene the act can be fined up to \$2,000 and corporations found to be in violation of the legislation can face fines of up to \$30,000.

## 2. Protection for Persons in Care Office

### Objective

The Protection for Persons in Care Office administers *The Protection for Persons in Care Act*. 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 Protection for Persons in Care Act*.

### 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 that appear to meet the threshold of abuse;
- issuing directives 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 directives;
- 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 *The Protection for Persons in Care Act*, and on the identification, reporting, prevention and management of abuse;
- developing and distributing public information related to *The Protection for Persons in Care Act*, and
- making referrals of professionals to professional regulatory bodies for investigation.

# APPENDIX A

## PPCO DEFINITIONS

As a result of *The Manitoba Ombudsman's Report on the Protection for Persons in Care Office*, released March 11, 2011, the working definition of abuse will change. Changes in this definition and resulting activity in the PPCO, will be reflected in the statistics gathered, in the 2011/2012 PPCO Annual Statistical Report.

## **ABUSE**

*The Protection for Persons in Care Act* defines "abuse" as:

"mistreatment, whether physical, sexual, mental, emotional, financial or a combination of any of them that is reasonably likely to cause death or that causes or is reasonably likely to cause serious physical or psychological harm to a person, or significant loss to the person's property."

## **INQUIRY & INVESTIGATION**

The PPCO responds to allegations of reported abuse through inquiry, investigation, and issuing directives as appropriate to health care facilities to improve patient care.

**Inquiry:** After receiving a report of alleged abuse, the PPCO opens an inquiry. During the inquiry, information is gathered through contacting the reporter, the alleged victim if competent, the health care facility and others as appropriate, to gather detailed information to determine whether or not there is a reasonable basis to believe that abuse has occurred or is reasonably likely to occur. This process includes reviewing and analyzing the report for validity and nature of complaint, and assessing the severity of the reported abuse. The PPCO will proceed to investigation if there is a reasonable belief that abuse has occurred or is reasonably likely to occur.

**Investigation:** If the PPCO determines that there are reasonable grounds to believe that 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 parties involved such as the reporter, alleged victim, alleged abuser, health care management and witnesses;
- consulting with experts (e.g., physicians, wound management nurses);
- 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, Public Trustee;
- identifying areas to improve patient safety and/or the facility's practices related to the abuse that occurred.

## **OUTCOMES OF INQUIRY AND INVESTIGATION**

### **Inquiry**

**Below Threshold:** Based on the information gathered, the alleged abuse was determined not to have met the level of harm or financial loss to an alleged victim that would require an investigation to be initiated.

**Unsupported\*:** Information gathered supports the decision that the abuse allegation was unsubstantiated or there was insufficient information to support the allegation that abuse occurred.

**\*Note:** In 2009-10, “Unsupported” replaced “Unfounded” as an outcome of inquiries. This was done to avoid confusion with the term “Unfounded” used in the outcome of investigations.

**Direct Referral or Contact:** Contacts are made with external agencies like law enforcement or the Public Trustee to request their involvement in a case. Referrals are made to professional regulatory bodies for investigation.

**Outside the Act:** The incident is determined to be outside the mandate of the PPCO. This may mean that the alleged abuse did not occur in a designated health facility or the incident was determined not to be abuse.

**Patient Competent:** A competent patient has declined further PPCO involvement in the inquiry.

**Open:** The file is open because the inquiry process has not yet been completed.

### **Investigation**

**Founded:** Objective evidence supports that the abuse met the threshold of abuse.

**Unfounded:** Objective evidence supports the finding that the alleged abuse did not meet the threshold of abuse or that the abuse allegation was unsubstantiated.

**Open:** The file is open because the investigation has not yet been completed.



## APPENDIX B

# Five Year Statistical Summary

(April 1, 2005 – March 31, 2010)

## Five Year Statistical Tables for Fiscal Years 2005 – 2010

### ***Alleged Abuse Intake Reports***

- Table 1: Alleged abuse intake reports received
- Table 2: Breakdown of alleged abuse intake reports (numerical)
- Table 3: Breakdown of alleged abuse intake reports (percent)
- Table 4: Alleged abuse intake reports by type of abuse
- Table 5: Alleged abuse intake reports by reporting source
- Table 6: Alleged abuse intake reports by identified alleged abuser
- Table 7: Alleged abuse intake reports by type of facility

### ***Inquiries***

- Table 8: Outcome of inquiries

### ***Investigations***

- Table 9: Outcome of investigations

### ***Founded Investigations***

- Table 10: Founded investigations by type of abuse
- Table 11: Founded investigations by identified alleged abuser

### ***Combined Inquiries & Investigations 2009-10***

- Table 12: Breakdown of alleged abuse intake reports by type of abuse and outcome (Inquiries and Investigations) 2009-10

## Alleged Abuse Intake Reports 2005-10

**Note:** Starting with the 2009-10 report and going forward, the PPCO will not be reporting five year totals. Average percentages for the five year period will be used instead where relevant (see Tables 3-11).

**Table 1: Number of alleged abuse intake reports received**

Fiscal Year	2005-06	2006-07	2007-08	2008-09	2009-10
Number of intake reports	1,172	1,447	1,460	1,375	1,589

**Table 2: Breakdown of alleged abuse intake reports (numerical)**

Category	2005-06	2006-07	2007-08	2008-09	2009-10
Inquiries only	932	1,291	1,405	1,333	1,554
Investigations	240	156	55	42	35
Total	1,172	1,447	1,460	1,375	1,589

**Table 3: Breakdown of alleged abuse intake reports (percent)**

Disposition	2005-06	2006-07	2007-08	2008-09	2009-10	Ave. % 2005-10
Inquiries only	79%	89%	96%	97%	98%	92%
Investigations	21%	11%	4%	3%	2%	8%

**Table 4: Alleged abuse intake reports by type of abuse**

Type of Abuse	2005-06	2006-07	2007-08	2008-09	2009-10	Ave % 2005-10
Physical	714	989	1,009	986	1,185	69%
Neglect (Physical)	14	66	74	62	61	4%
Emotional	106	88	93	84	99	7%
Financial	105	120	83	57	74	6%
Sexual	124	128	114	111	98	8%
Combination	99	55	86	75	72	5.5%
None/Unknown	10	1	1	0	0	0.5%
Total	1,172	1,447	1,460	1,375	1,589	100%

**Table 5: Alleged abuse intake reports by reporting source**

Reporting Source	2005-06	2006-07	2007-08	2008-09	2009-10	Ave. % 2005-10
Facility / staff	1,018	1,345	1,370	1,280	1,466	<b>92%</b>
Family / friends	79	53	57	57	78	<b>5%</b>
Patient	30	20	13	21	9	<b>1%</b>
Other	45	29	20	17	36	<b>2%</b>
<b>Total</b>	<b>1,172</b>	<b>1,447</b>	<b>1,460</b>	<b>1,375</b>	<b>1,589</b>	<b>100%</b>

**Table 6: Alleged abuse intake reports by identified alleged abuser**

Alleged Abuser	2005-06	2006-07	2007-08	2008-09	2009-10	Ave. % 2005-10
Patient	657	974	1,064	1,027	1,217	<b>70%</b>
Staff*	215	196	156	174	177	<b>13%</b>
Family / Friends	125	138	132	82	111	<b>8%</b>
Facility**	73	64	58	50	48	<b>5%</b>
Other / Unknown	102	75	50	42	36	<b>4%</b>
<b>Total</b>	<b>1,172</b>	<b>1,447</b>	<b>1,460</b>	<b>1,375</b>	<b>1,589</b>	<b>100%</b>

\*An employee identified as the alleged abuser

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

**Table 7: Alleged abuse intake reports by type of facility**

Type of Facility	2005-06		2006-07		2007-08		2008-09		2009-10		Ave. % 2005-10
	#	%	#	%	#	%	#	%	#	%	
PCH	925	79%	1,302	90%	1,220	84%	1,221	89%	1,468	92%	<b>87%</b>
Acute & SMHC*	234	20%	144	10%	240	16%	154	11%	121	8%	<b>12.5%</b>
Other / Non-Facility**	13	1%	1	<0.1 %	0	--	0	--	0	--	<b>0.5%</b>
<b>Total</b>	<b>1,172</b>	<b>100%</b>	<b>1,447</b>	<b>100%</b>	<b>1,460</b>	<b>100%</b>	<b>1,375</b>	<b>100%</b>	<b>1,589</b>	<b>100%</b>	<b>100%</b>

\*SMHC = Selkirk Mental Health Centre

\*\* Example – Abuse in an individual’s home

## Tables 8-12

Starting with the 2009-10 report and going forward, the PPCO will improve reporting by including the outcome of open cases from the previous year i.e. the outcomes of 2008-09 open inquiries and investigations closed in 2009-10 are included in the 2009-10 statistics for Tables 8 to 12. (Note: The outcome of open cases from 2007-08 have not been included with the 2008-09 statistics).

## Inquiries 2005-10

**Table 8: Outcome of Inquiries**

Outcome of Inquiries	2005-06	2006-07	2007-08	2008-09	2009-10 Includes (7) 2008-09 inquiries closed in 2009-10**	Ave. % 2005-10
Below Threshold	683	1,016	1,107	1,108	1,330	81%
Direct Referral	18	11	4	2	4	0.5%
Outside of the Act	98	44	36	29	17	3%
Patient Competent	7	7	5	25	43	1%
Unsupported (Unfounded)*	126	213	246	160	146	14%
Open	0	0	7	9**	21	0.5%
Total	932	1,291	1,405	1,333	1,561	100%

**\*Note:** In 2009-10, “Unsupported” replaced “Unfounded” as an outcome of inquiries. This was done to avoid confusion with the term “Unfounded” used in the outcome of investigations.

**\*\*Note:** Seven of the nine cases listed an “Open” in the 2008-09 statistics above were closed as inquiries in 2009-10. The outcomes of these 2008-09 inquiries are reflected in the 2009-10 statistics above. Two of the open cases from 2008-09 proceeded to investigation in 2009-10 (see Table 9).

## Investigations 2005-10

**Table 9: Outcome of investigations**

Outcome of Investigations	2005-06	2006-07	2007-08	2008-09	2009-10 Includes (4) 2008-09 investigations closed in 2009-10**	Ave. % 2005-10
Founded	197	141	37	27	25	80%
Unfounded	43	15	17	13	12	19%
Open	0	0	1	2*	2	1%
Total	240	156	55	42	39	100%

**\*Note:** Four 2008-09 investigations were closed in 2009-10. The outcomes of these 2008-09 investigations are included in the 2009-10 statistics above.

## Founded Investigations 2005-10

**Table 10: Founded investigations by type of abuse**

Type of Abuse	2005-06	2006-07	2007-08	2008-09	2009-10 Includes (3) 2008-09 founded investigations closed in 2009-10*	Ave. % 2005-10
Physical	97	67	14	15	17	49%
Neglect (Physical)	2	11	7	6	3	7%
Emotional	24	11	3	0	0	9%
Financial	32	19	8	4	3	15%
Sexual	16	16	4	1	1	9%
Combination	26	17	1	1	1	11%
Total	197	141	37	27	25	100%

**\*Note:** Three 2008-09 founded investigations were closed in 2009-10. The breakdown by "Type Of Abuse" of these 2008-09 founded investigations is included in the 2009-10 statistics above.

**Table 11: Founded investigations by identified alleged abuser**

Alleged Abuser	2005-06	2006-07	2007-08	2008-09	2009-10 Includes (3) 2008-09 founded investigations closed in 2009-10***	Ave. % 2005-10
Patient	85	55	14	13	11	42%
Staff*	63	52	9	7	11	33%
Family / Friends	36	21	9	3	2	16%
Facility**	4	9	3	3	1	5%
Other	9	4	2	1	0	4%
Total	197	141	37	27	25	100%

**\*Note:** An employee identified as the alleged abuser.

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

**\*\*\*Note:** Three 2008-09 founded investigations were closed in 2009-10. The breakdown by "Alleged Abuser" of these 2008-09 founded investigations is reflected in the 2009-10 statistics above.

## Combined Inquiries & Investigations 2009-10

**Table 12:** Breakdown of alleged abuse intake reports by type of abuse and outcome  
(2009-10 Inquiries and Investigations + 2008-09 Open cases closed in 2009-10)

Outcome →  Type of Abuse ↓	Investigations			Inquiries						Total  Includes (11) 2008-09 open cases closed in 2009-10
	Founded	Unfounded	Open	Below Threshold	Direct Referral	Outside of the Act	Patient Competent	Unsupported*	Open	
Physical	17	2	1	1,094	0	3	13	57	2	<b>1,189</b>
Neglect (Physical)	3	4	0	20	4	4	5	20	1	<b>61</b>
Emotional	0	2	0	76	0	1	8	12	0	<b>99</b>
Financial	3	0	1	18	0	6	8	27	14	<b>77</b>
Sexual	1	3	0	76	0	0	5	14	2	<b>101</b>
Combination	1	1	0	46	0	3	4	16	2	<b>73</b>
Total	25	12	2	1,330	4	17	43	146	21	<b>1,600</b>

**\*Note:** In 2009-10, “Unsupported” replaced “Unfounded” as an outcome of inquiries. This was done to avoid confusion with the term “Unfounded” used in the outcome of investigations.