



PM 400 POL – Prevention of the mistreatment of vulnerable and older adults	
<b>Related Procedure:</b> PM 400 PRO – Prevention of the mistreatment of vulnerable and older adults.	<b>Associated SNC-O&amp;M Policy and Procedure (if applicable):</b> _____ N/A
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<b>Summary:</b> This policy implements the <i>Act to combat mistreatment of seniors and other persons of full age in vulnerable situations</i> (CQLR), c. L-6.3 (Act on mistreatment).	



### List of acronyms

**CAAP:** Centre d'assistance et d'accompagnement aux plaintes.

**CHSLD:** Residential and Long-Term Care Centre.

**CISSSS:** Integrated Health and Social Services Network.

**CIUSSS:** Integrated Health and Social Services University Network.

**LSQCC:** Local Service Quality and Complaints Commissioner.

**CPDP:** Council of Physicians, Dentists and Pharmacists of the MUHC.

**MUHC:** McGill University Health Centre.

**DSI:** Nursing Directorate.

**DPS:** Department of Professional Services.

**AHSSS:** Act Respecting Health Services and Social Services (CQLR, c. S-4.2).

**MSSS:** Ministère de la Santé et des Services sociaux.

**PAB:** Patient attendant.

**PIC:** Concerted intervention process.

**PRMOP:** Person responsible for the implementation of the policy.

**RI:** Intermediate Resource.

**PSR:** Private Seniors' Residences (RPA)

**RSSS:** Réseau de la santé et des services sociaux (Health and Social Services Network).



## 1. INTRODUCTION

The following policy as well as the resulting procedure, the **Procedure to Prevent Mistreatment**, establishes the responsibilities of the McGill University Health Centre (MUHC) in accordance with the *Act on mistreatment*. Those targeted by the Act on mistreatment are seniors and other adults in vulnerable situations. Some people have a higher risk of being in a vulnerable situation, including those who are incapacitated or have a major loss of autonomy, mental/physical disabilities, mental health issues, developmental disabilities or Autism Spectrum Disorder (ASD). The *Act on mistreatment* provides specific conditions for the mandatory reporting of mistreatment involving highly vulnerable people. Peripheral to this policy to prevent mistreatment is the MUHC's Civility and Respect policy, stating that each member of its community undertakes to adopt and maintain behaviour based on civility and respect, free of harassment and violence. Complaints and reports relating to situations outlined in the Civility and Respect policy are addressed using the relevant procedure (Civility and Respect; HR 346 Pol & Pro).

## 2. PURPOSE

- Ensure understanding and respect of the Act on mistreatment;
- Ensure the safety, wellbeing and quality of life of users by implementing measures to prevent abuse;
- Create living environments that prioritize users' wellbeing while delivering services respectfully;
- Detect, screen, identify, assess and intervene quickly in abusive situations;
- Inform staff, users and those close to them of the policy, its contents, their obligations and the importance of reporting cases of abuse;
- Clarify the roles, responsibilities and obligations of staff who detect an abusive situation;
- Promote reporting abuse;
- Support people in their efforts to prevent abuse;
- End situations of mistreatment and reduce or eliminate the risk of recurrence and negative consequences related to situations of abuse.
- Carry out audits to reach conclusions and adopt recommendations.

## 3. PERSONS / AREAS AFFECTED

This policy applies to any person who is susceptible to be involved in an abusive situation either as a victim and/or a perpetrator, including but not limited to those close to the user as well as staff working at the MUHC, including CHSLD Camille-Lefebvre Pavilion.



#### 4. REFERENCES / DEFINITIONS OF CONDITIONS

##### 4.1. References:

- This policy is based not only on the *Act on mistreatment*, but also on the *Charter of Human Rights and Freedoms*, the *Act respecting health services and social services*, the “*Quality living environment for people living in nursing homes*” ministerial guidelines and the 2017-2022 *Governmental Action Plan to Counter Elder Abuse*.
- The MUHC undertakes to respect the legislative and regulatory provisions included in these acts and the *National Framework Agreement to Fight Elder Abuse* and aims to establish a strong partnership between ministries and government organizations to ensure better protection and provide the necessary support to people in vulnerable situations who are victims of abuse.

##### 4.2. Definitions:

**Abusive person:** The person who is abusive, which can include but is not limited to the staff of the institution and the user’s family and friends.

**Abusive situation:** A situation of abuse is *alleged* when it is the subject of a complaint or report under this policy. A situation of abuse is *confirmed* after an examination has demonstrated the presence of one or more **types of abuse** and/or **categories of abuse**.

**Act on mistreatment:** The Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (CQLR, c. L-6.3).

**Categories of mistreatment:** Refers to a categorization system. There are seven (7) categories of mistreatment: psychological mistreatment, physical mistreatment, sexual mistreatment, material or financial mistreatment, violation of rights, organizational mistreatment, and ageism. (See Schedule I: Terminology on the mistreatment of older adults).

**Centre d’assistance et d’accompagnement aux plaintes (CAAP):** Community organization that is mandated by the Ministère de la Santé et des Services sociaux to assist and accompany, on request, users who wish to make a complaint with one of the institutions of the réseau de la santé et des services sociaux, a CPDP, a private agency with regards to a health and social services, or the ombudsman.



**Complaint:** Expressed dissatisfaction with the care or services received by a user/resident of the MUHC or his/her legal representative that may constitute an abusive situation under this policy.

**Concerted Intervention Process (PIC):** Effective consultation between internal and external stakeholders to ensure the best interventions for ending abusive situations.  
<http://legisquebec.gouv.qc.ca/en/showdoc/cs/L-6.3>

**Declaration:** The act of transmitting information about an abusive situation (alleged or confirmed) either verbally or in writing to the designated persons (the act of saying it or writing it).

**Disclosure:** Transmitting information to the competent or responsible authorities.

**Fact-checking:** The fact-checking process consists of thoroughly documenting the abusive situation, questioning those involved and collecting documents from different sources. It facilitates the assessment of information to determine whether the complaint/report is true or not. The results of the fact checking make it possible to begin planning interventions and follow-ups.

**Healthcare and social services provider:** Person working for the institution that provides healthcare and social services directly to users.

**Identification:** Identification involves recognizing potential abusive situations. There are three types of identification: identifying, detecting, and screening.

**Caregiver:** Anyone who continuously or occasionally provides support to a member of his/her entourage who is temporarily or permanently incapacitated and with whom he/she shares an emotional bond, whether familial or not. Support is provided on a non-professional basis and regardless of age, living environment or the nature of the disability of the member, whether it be physical, psychological, psychosocial or other. It can take many forms, for example, helping with personal care, providing emotional support or coordinating care and services.

**Intervention:** Intervention consists in planning and implementing an action to reduce risks and manage, or resolve, the abusive situation.



**Local Service Quality and Complaints Commissioner (LSQCC)/Ombudsman:** The commissioner is responsible for handling complaints and reports made under the Act on mistreatment and, if necessary, directing those making the reports to another appropriate body.

**Medical examiner:** A physician appointed by the MUHC Board of Directors on the recommendation of the Executive Committee of the CPDP, for the purpose of applying the procedure for the examination of complaints concerning a doctor, dentist, pharmacist or medical resident at the MUHC.

**Mistreatment:** A “single or repeated act, or a lack of appropriate action, that occurs in a relationship where there is an expectation of trust, and that intentionally or unintentionally causes harm or distress to a person.” (Ref.: Section 2, subsection 3 of the Act on mistreatment)

**Mistreatment prevention committee:** The committee consists of the MUHC respondent, the LSQCC and the designated social worker. Where necessary, the ethicist, the medical examiner and/or the unit/department head and members of the interdisciplinary team involved in the abusive situation will be included.

**MUHC complaint bylaws:** Bylaws that set out the terms and conditions applicable to any complaint or report made under this policy.

**MUHC procedure to prevent mistreatment:** Procedure that results from the presenting policy.

**MUHC user committee:** The user committee is composed of both devoted members elected by the users from various MUHC facilities and representatives designated by the CHSLD Camille-Lefebvre committees. The role of the user committee is to represent and assist users from the MUHC hospitals, clinics and services.

**Person in a vulnerable situation:** A “person of full age whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as a restraint, limitation, illness, disease, injury, impairment or handicap, which may be physical, cognitive, or psychological in nature.” (Ref.: Section 2, subsection 4 of the Act on mistreatment).

**Person working for the institution:** A “physician, dentist, [...], personnel member, medical resident, trainee, volunteer or other natural person who provides services directly to a person on behalf of the institution.” (Ref.: Section 2, subsection 5 of the Act on mistreatment).

**Professional secrecy:** Obligation imposed on professionals to keep the information they obtain from their clients secret in the practice of their profession.

**Reporting:** The act of transmitting information about an abusive situation (alleged or confirmed), either verbally or in writing. Reporting may be done by any person, including a third-party (person working for the institution, those close to the user or visitor). Depending on the situation, reporting may be mandatory under the Act on mistreatment.

**Reporting is mandatory** for any health and social services provider and professional under the Professional Code (except lawyers and notaries) who has reasonable cause to believe that an adult in one of the following categories is being abused:

- Persons living in residential and long-term care centres (CHSLDs);
- Any incapacitated person under tutorship or curatorship or for whom a protection mandate has been homologated, regardless of his/her place of residence.

**Representative:** Legal representative of the user receiving care or health services at any of the MUHC facilities.

**Respondent (or substitute respondent):** A manager designated under the responsibility of the PRMOP, who ensures the operational application and dissemination of this policy and supports stakeholders and service providers during the implementation and revision of this policy.

**Residential and Long-Term Care Centre (CHSLD):** The mission is to provide a temporary or permanent substitute living environment in addition to residential, assistance, support and monitoring services as well as rehabilitation, psychosocial, nursing, pharmaceutical and medical services to adults who, because of their loss of functional or psychosocial autonomy, are no longer able to remain in their natural living environments despite the support of those around them.

**Risk factor:** A risk factor is a characteristic identified before an abusive situation occurs that increases chances of a person being abused.

**Serious injury:** Any physical or psychological injury that causes substantial harm to the physical integrity, health or wellbeing of a person or an identifiable group of people.



**Signs of abuse:** Observable fact that allows an alleged situation to be assessed as abusive or not.

**The abuser's intent:** Abuse may be intentional (the abusive person wants to harm) or unintentional (the abuser does not want to cause harm or does not understand the harm being caused).

**Those close to the user:** Anyone in the patient's network that provides significant, ongoing, or occasional support as a non-professional. This can include family members, friends, or visitors.

**Types of mistreatment:** The types of mistreatment refer to the manner in which the mistreatment occurs. There are two types of mistreatments that are common to all categories of mistreatment: violence and neglect (Schedule I).

**User:** Anyone who receives healthcare or services at any MUHC facility and is susceptible to abuse under the Act on mistreatment. The term "user" includes any user who resides in a residential and long-term care centre (CHSLD), including the CHSLD Camille-Lefebvre Pavilion.

## 5. POLICY

### 5.1. VALUES

Four fundamental values guide the application of the policy to prevent mistreatment:

- **Self-determination:** Action of deciding by oneself, for oneself.
  - This value reflects the importance of the rights of users in the choice of care and services and the duty to obtain their consent in all stages of managing abusive situations, with the exception of situations that meet the conditions for mandatory reporting or disclosure of information. It is essential to involve users in the process of preventing and resolving abusive situations in order to develop or improve their decision-making capacity.
- **Collaboration:** Action of working with someone and/or helping with responsibilities. This value reflects the importance of participating with one or more people on a common goal to add value to decision making and achieve optimal results.
  - To cope with the complexity of abusive situations, an optimal intervention plan is obtained by pooling expertise through a consultation process with people working for





- The institution as well as with the people affected and those close to them, to the extent possible, and with the user's consent.
- **Dignity:** People's dignity means that they are not objects, but human beings to be respected as they are, with their own beliefs, skin colours, age, bodies, civil statuses, qualities and limitations, who should be treated as ends unto themselves and not as instruments.
  - This value is a reminder that regardless of the age, ability and life situation of those involved in an abusive situation, we have a duty to ensure that everyone is treated with dignity and respected in their values and choices.
- **Welfare:** Welfare is about wellbeing, respect for dignity, growth, self-esteem, inclusion and personal safety. It is expressed through attention, attitudes, actions and practices that respect the values, cultures, beliefs, life paths, singularities and rights and freedoms of persons of older adults.
  - Welfare practices are essential prevention and awareness tools for preventing abuse.

## 5.2. GUIDING PRINCIPLES

These shared values are what inform the principles that guide stakeholders and managers in their actions:

- **Proactivity:** The MUHC takes a proactive approach to preventing abuse and addresses the problem openly and transparently.
- **Respect for the rights and needs of users:** The MUHC respects the rights of users as described in the AHSSS and the Charter and responds to their needs by providing them with quality care and services.
- **Consent:** The user's consent must be obtained before providing any care or service. If the user is unable to consent to care or services, substitute consent must be obtained for the incapacitated adult. When an incapacitated adult categorically refuses to consent for care or a service, the court's authorization is required, unless it is an emergency.
- **Consultation and partnership:** The MUHC recognizes that partnership is essential to ensuring the application, respect and sustainability of the policy on preventing mistreatment. The MUHC is committed to working with the various professionals,



departments, and sectors of activity, as well as associations, RSSS partners, user/resident committees and unions.

### 5.3. PREVENTION OF ABUSIVE SITUATIONS

Awareness, information and training activities:

- The MUHC undertakes to develop awareness, information and training activities for users, those close to them, their designated representatives, and all those working for the institution who are in contact with users, so that people develop the necessary knowledge and skills for identifying and reporting abusive situations.

Examples of awareness, information and training activities:

- a. Observing World Elder Abuse Awareness Day – June 15 – with the distribution of purple ribbons, brochures, information kiosks and activities.
  - b. Setting up periodic messages on the MUHC plasma screens and the Intranet.
  - c. Developing a Web page about mistreatment on the Intranet and the MUHC website.
  - d. Participating in ministerial training.
  - e. Promoting continuing education on the ENA (Environnement Numérique d'Apprentissage Provincial) online platform.
  - f. Orientation for new employees during welcome day.
- The MUHC undertakes to ensure that this policy is accessible to all so that staff, visitors, users and those close to them are alert to the signs of abuse and understand the importance of reporting;
  - The MUHC undertakes to inform users and those close to them of their rights and resources in cases of abuse;
  - The MUHC undertakes to provide intervention training for social workers responsible for fact-checking, assessment and intervention in abusive situations;
  - Staff working with residents of the CHSLD Camille-Lefebvre Pavilion must take the training to prevent mistreatment of residents in long-term care centres.

#### 5.4. MANAGING SITUATIONS OF MISTREATMENT

The immediate superior, the unit head or the respondent is responsible for providing support to anyone working at the MUHC who is dealing with an abused person or an abuser.

To manage alleged or confirmed situations of mistreatment, the MUHC considers three fundamental aspects: 1) consent, 2) the key elements of the mistreatment management continuum, and 3) the required expertise.

##### 5.4.1. Consent

The user or representative must be involved and must consent at each step of the mistreatment management process. In the context of an abusive situation in which care or services are required by the user, the rules applicable to consent to care must be respected;

Similarly, in the event that personal information about the user must be passed on to third parties, confidentiality rules must be respected. (*Public Curator*, online: <http://www.curateur.gouv.qc.ca/cura/fr/index.html>).

##### 5.4.2. Key elements of the mistreatment management continuum

There are 5 key elements to managing situations of mistreatment:

- a) Identification
- b) Report/complaint
- c) Fact-checking
- d) Assessment of the person's needs and abilities, and interventions
- e) Intervention: Action and follow-up

##### a) Identification

- The identification of potential situations of mistreatment is everyone's responsibility (staff, users, family and friends). Anyone who notices or suspects mistreatment has an ethical and/or professional responsibility to report the alleged or confirmed mistreatment as soon as it is identified or detected.
- Informal disclosures can be made to multiple levels of an institution, including reception, caseworkers, unit/service heads, the user committee or the resident committee, etc.; When an abusive situation involves a staff member working for the institution, the LSQCC and the immediate superior must be notified;



- Anyone providing health and social services is informed of the types, categories, and indicators of mistreatment.
- Anyone providing health and social services must be able to identify, detect and screen situations of mistreatment;
  1. **Identification:** Paying attention to indicators of mistreatment to identify them. (See Schedule I: Terminology on the mistreatment of older adults);
  2. **Detection:** Systematically using identification tools to facilitate the detection of risk factors and/or signs of mistreatment (see Schedule III: Recognized screening tools that are known and available in Québec);
  3. **Screening:** Include the screening of potential cases of mistreatment in the clinical evaluation. The cases that were screened must be discussed during an interdisciplinary meeting and referred to the social worker.
- Staff must complete the AH-223 incident and accident report and notify their manager.

#### **b) Report/complaint**

- A complaint is made or filed by any mistreated user or his/her designated representative, even when the mistreatment is unrelated to the user's care and services.
- Any declaration (disclosure and report) of an abusive situation made by a third-party (person working for the institution, family or friend, or visitor) may be reported informally, or may be subject to mandatory reporting circumscribed by laws, within a formal process.
- Anyone working for the institution or anyone providing health and social services who has reasonable grounds to believe that a person receiving services from the institution is being mistreated, has an ethical and/or moral responsibility to declare the situation corresponding to the report (mandatory or not). In a situation of immediate danger, the MUHC's security is contacted, along with police in cases of a criminal offence.
- The complaint as well as any declaration of an abusive situation can be made with stakeholders, social workers, unit or department heads, the user committee or the LSQCC.



- Anyone who receives a report or a complaint regarding a potential or actual situation of mistreatment from a person receiving services from the institution must forward it to the LSQCC (Schedule IV). In the event that the person is not an MUHC user, he/she should be assisted to report it to the police. Section 21 of Act L-6.3.
- Following a report/complaint, the manager who received it or who was notified by the LSQCC must assist the person who is allegedly mistreated.
- A report or a complaint is taken on by the designated social worker in a *maximum of 24 hours*.
- The social worker must identify situations that meet the conditions for mandatory reporting and immediately follow up with the LSQCC.
- Conditions for mandatory reporting: Any situation of mistreatment for adults in the following *vulnerable situations*:
  - a. Any person housed in a facility maintained by an institution that operates a long-term care centre within the meaning of the Act respecting health services and social services (CHSLD Camille-Lefebvre Pavilion);
  - b. Any person under tutorship or curatorship or for whom a protection mandate has been approved. (CQLR, c. L-6.3).
- Furthermore, when a situation of abuse involves a staff member working for the institution, the situation is reported to the LSQCC.

**c) Fact-checking**

- The social worker, with the interdisciplinary team and the LSQCC where applicable, is responsible for fact-checking:
  - Confirms whether there is a situation of mistreatment and takes the necessary actions and follow-ups,
  - Assesses and analyzes the signs and indicators of mistreatment and determines whether the traumatic event was the result of mistreatment and assesses the level of risk (Schedule V),



- Thoroughly documents the situation, questions those involved and collects documents from different sources.
- During the fact-checking process, all parties involved in the situation of mistreatment are made aware of the recourse and support mechanisms to assist them. For example, for those working for the institution, support can come from the Employee Assistance Program (EAP). For the user, support may be offered in the form of individual or group follow-up.
- For mandatory reporting, the social worker notifies the MUHC respondent and the LSQCC and gives them the Fact-Checking in a situation of mistreatment form within 24-72 hours;
- When the report concerns the actions or lack of action of a doctor, a dentist, a pharmacist or a resident, the report is directed by the LSQCC to the medical examiner;
- In the case of a criminal offense, the social worker, in collaboration with the department head, the respondent or the LSQCC contacts the police;
- The MUHC undertakes to ensure that the mandatory reporting is respected by all staff bound by professional secrecy, except lawyers and notaries;
- The social worker, in partnership with the interdisciplinary team, collaborates with internal and external experts to plan and prioritize interventions according to the preferences and values of the abused person with his/her consent;
- A follow-up with the user is carried out no more than 24 to 72 hours after the first intervention;
- All interventions and follow-ups are documented in the user or the staff's medical record, where applicable, including the *Fact-checking in a situation of mistreatment form* (Schedule VI). If the process follows a complaint filed by the user to the LSQCC, no mention relating to the handling of the complaint must be recorded in the user's record.

**d) Assessment of the person's needs and abilities**

- The social worker performs the social functioning assessment and fills out the Fact-checking in a situation of mistreatment form.



The assessment must include:

- The category and type of abuse
  - The impact on the user
  - The abuser's intention
  - The relationship between the victim and the abuser
  - The interventions that were made
  - The parties involved
- 
- The physician is consulted in order to evaluate the injuries as well as his/her medical and psychosocial state;
  - The nurse is consulted in order to evaluate the biopsychosocial state and document any changes in the user's state of health;
  - The social worker determines if the situation of mistreatment meets the conditions for mandatory reporting;
  - The social worker determines if the situation of mistreatment meets the conditions for starting a joint intervention process;

**e) Intervention: Actions and follow-up**

- Confidentiality is maintained throughout the entire process to promote open and transparent communication with those involved.
- Users are informed of their rights of recourse to the user / resident committee and/or are referred to the LSQCC, if necessary;
- The social worker supports and accompanies users in their efforts to put an end to the mistreatment;
- The protection and wellbeing of users and staff must be a priority. The treating team implements measures to prevent users from being in contact with abusers, therefore reducing the risk of reprisals such as restricting, supervising or prohibiting visits;



- The social worker forwards a copy of the *Fact-checking in a situation of mistreatment form* to the LSQCC, Nursing Directorate (DSI), Department of Professional Services (DPS), respondent and relevant manager of the MUHC.
- In collaboration with the user, the treating team completes and implements the intervention plan;
- The social worker starts the concerted intervention plan, if necessary, and informs the MUHC respondent;
- It is recommended to refer to and carry out the detailed interventions in the *Guide de référence pour contrer la maltraitance envers les personnes âgées*, online (<https://publications.msss.gouv.qc.ca/msss/fichiers/ainee/13-830-10F.pdf>).

## 6. DIFFERENT AREAS OF EXPERTISE POTENTIALLY REQUIRED

- During a complex situation of abuse, consultation with people with different types of expertise (ombudsman, psychologist, the Autorité des marchés financiers, lawyer, police officer, Quebec's Public Curator, notary, etc.) is mandatory;
- Contentious cases and mandatory reports must be reported to the respondent and presented to the MUHC mistreatment prevention committee.

## 7. CONFIDENTIALITY

The LSQCC is responsible for maintaining the confidentiality of the person making a report, except with the consent of that person or when communicating with police.

The MUHC must also take all the necessary steps to maintain the confidentiality of information identifying a person who makes a report.

The PRMOP is responsible for building and applying strategies to ensure the confidentiality of the person making a report. <https://www.mymuhc.muhc.mcgill.ca/fr/boite-outils-des-employees/securite-gouvernance-de-linformation/documents/entente-de-securite-et>

## 8. DISCIPLINARY MEASURES

Administrative, disciplinary or legal sanctions may apply to a person working on behalf of the organization or to an institution when the action or lack of action contravenes this policy.





Interim measures may be taken to ensure the wellbeing of a person during the processing of the case, such as:

- Use of the Employee Assistance Program (EAP);
- Change of work schedule or place or work;
- Leave with or without pay during the investigation;
- Referral to other professionals or support networks.

Examples of possible disciplinary measures based on varying situations are listed in Schedule VII.

## **9. PROHIBITION OF REPRISAL AGAINST A WHISTLEBLOWER**

1. Reprisals are prohibited against a person who, in good faith, reports mistreatment or cooperates in the examination of a report or complaint of mistreatment, as are threats of reprisal against a person to dissuade them from reporting mistreatment or cooperating in the examination of a report. In the event of a violation, the employee is subject to administrative and disciplinary measures;
2. A person cannot be prosecuted for having made a report in good faith or for having collaborated in assessing a report, regardless of the outcome.
3. Sanctions will be applied if there are direct or indirect reprisals against the person who reported a situation of mistreatment.
4. The anonymity of the person making a report must be protected as much as possible. (Meetings can be held outside of the workplace, outside of working hours or in an unidentifiable office with the door closed.)

## **10. ACCOUNTABILITY**

1. The LSQCC must include, in the record of its activities, a section specifically dealing with complaints and reports received concerning cases of mistreatment against people in vulnerable situations, without compromising the confidentiality of reports;
2. The MUHC respondent is required to keep a record of reports of mistreatment, completed training and the documentation of the situation of mistreatment for investigations, as applicable.



## 11. CONCERTED INTERVENTION PROCESS

The MUHC uses a joint intervention process (PIC) that aims to harmonize the management of situations of mistreatment that require consultation and formal partnerships with organizations that play a leading role in preventing mistreatment (Public Curator, Autorité des marchés financiers, police, etc.), particularly in cases where the abuse is of a criminal or penal nature;

In this case, the respondent receives the information and/or is consulted in situations of abuse from different sources.

The social worker, the clinical coordinator or the MUHC respondent starts a joint intervention process using the Ministère de la Famille secure web platform: (<https://www.sima.gouv.qc.ca/accueil>).

The respondent ensures that there is an exchange of information between parties and the healthcare network in order to quickly take charge of and reduce or end the situation of mistreatment.

## 12. ROLES AND RESPONSIBILITIES

Everyone working for the institution has the ethical and/or professional responsibility to report an abusive situation;

### i.Administration

- Undertakes to circulate and apply the policy.

### ii.Board of Directors

- Adopts the MUHC's policy to prevent mistreatment;

### iii.The Nursing Directorate, the CPDP and the Department of Multidisciplinary Services

- Ensure that the training on the prevention of mistreatment is promoted as part of continuing education programs;
- Ensure that all MUHC educational institutions and internship supervisors, whether employees or not, are aware of this policy and ensure its application and compliance by the interns for whom they are responsible;
- Ensure that employees under their responsibility know and respect their codes of ethics as they apply to the Act on mistreatment;
- Notify the abusive employee's professional order when required by the situation.

### iv.The MUHC PRMOP

- Ensures the revision of the institution's policy in collaboration with their team;



- Collaborates with all those affected by this policy;
- Makes the necessary changes to the policy so as to remedy problems related to implementation and improve procedures, practices and, accordingly, the care and services provided to users.

**v.The MUHC respondent**

- Under the guidance of Multidisciplinary Services, reports to the PRMOP;
- Acts as a respondent for the Ministère de la Santé et des Services sociaux;
- Informs those working for the MUHC of the content of the policy and, in particular, the preventive measures in place and the requirement to report a case of abuse to the LSQCC and/or the MUHC respondent;
- Ensures that MUHC staff are aware of the internal decision-making process for dealing with situations of abuse, know the steps in the joint intervention process and are familiar with the various intervention tools;
- Ensures the development of an awareness plan, in collaboration with MUHC communications staff;
- Ensures that the MUHC policy is easily accessible and known by staff;
- Ensures that the policy is posted on the MUHC website and intranet, and that posters and/or pamphlets or brochures summarizing the main points of the policy to prevent mistreatment are made available and clearly visible to the target audience;
- Reviews the MUHC policy;
- Monitors the quality of intervention data gathered and creates a report of interventions, in collaboration with the regional coordinator;
- Receives and initiates collaborative interventions and ensures the primary follow-up, in accordance with the MUHC's decision-making procedures;
- Accesses anonymous data on interventions at the MUHC on the web platform of the Ministère de la Famille;
- Reports to the regional coordinator any issues that arise in the joint intervention process;
- Collaborates with people involved in the policy and answers questions from MUHC responders;
- Ensures that the impact of awareness strategies as well as barriers and facilitators for the application of the policy are assessed;
- Chairs the MUHC mistreatment committee.

**vi.The Human Resources, Communications and Legal Affairs Department (HRCLAD)**

- Ensures that all newly hired employees are informed of the policy;



- Provides

policy training as part of the continuing education programs;

- Provides managers with the necessary support to ensure compliance with the policy, ensures the application of appropriate disciplinary and/or administrative measures and monitors the situation, in accordance with the MUHC's administrative and disciplinary management guide;
- The head of communications supports the development of the policy awareness plan within the MUHC community.

#### **vii.The Quality, Evaluation, Performance and Ethics Department (DQEPE)**

- Ensures that the PRMOP is able to fulfill his/her mandate by monitoring all MUHC programs from adoption to revision.

#### **viii.The MUHC LSQCC/Ombudsman**

- Deals with any complaint made verbally or in writing by a complainant using the procedure for examining complaints from users of a public health and social services institution, in accordance with section 33 of the AHSSS;
- Ensures that the report/complaint is taken on within 72 hours for fact-checking;
- Informs the user or resident of findings no later than 45 days after receipt of the complaint or report;
- Ensures compliance and application of the policy under the *Act on mistreatment* by all people under its responsibility;
- Receives complaints about a physician, pharmacist, dentist or medical resident;
- If necessary, intervenes when facts are brought to its attention and it has reasonable cause to believe that the rights of a user are not respected and, where appropriate, makes recommendations;
- Is responsible for accountability.

#### **ix.The social worker**

- Receives and handles complaints or reports expressed verbally or in writing;
- Ensures the report/complaint is taken on within 72 hours;
- Handles fact-checking, assessment, implementation of an intervention plan and follow-up;
- Uses the MUHC *Fact-checking in a situation of mistreatment form* and documents the assessment, interventions and follow-up according to the MUHC record keeping rules and the standards of their professional order in the patient or resident's record;



- Contacts stakeholders from other organizations to discuss complex abusive situations and initiates a joint intervention, without exchanging personal and confidential information when the user's consent is not obtained, or before it is obtained;
- Connects with those who provide crucial information for documenting the abusive situation;

**x.The medical examiner**

- Receives complaints against members of the CPDP from the LSQCC;
- Collaborates to find ways to stop or minimize the impact of the abusive situation;
- Uses the process of examining and handling complaints in accordance with the provisions of the AHSSS (CQLR, c. S-4.2).

**xi.The immediate superior or unit head**

- Ensures that everyone in contact with users has been made aware or, knows and understands the MUHC's policy on mistreatment;
- Ensures the application and compliance of this policy in the sectors of activities for which he/she is responsible;
- Remains alert in order to identify any situation that could contravene this policy, to intervene as necessary, to provide necessary support to those who need it, to report without delay to the immediate superior and to ensure diligent follow-up;
- Responds to situations that may be reported by the user/resident committee;
- Offers training on mistreatment as part of continuing education programs;
- Provides clinical support to the professionals he/she supervises on prevention, identification and intervention relating to any situation of mistreatment toward a user;
- Remains vigilant in order to identify potential situations of mistreatment toward users or residents by employees and to ensure the necessary follow-up to prevent a situation of mistreatment from occurring;
- Involves the MUHC respondent and/or the LSQCC for each report of mistreatment received.

**xii.MUHC workers and health and social service providers**

- Read and abide by this policy;
- Are aware of risk factors and/or indicators of vulnerability and abuse and identify potential situations of mistreatment;
- Report any alleged or confirmed abusive situation as soon as it is identified according to the procedures provided by the institution;



- Document any information relating to detection or screening;
- Participate and collaborate in the fact-checking, assessment and intervention plan process with the interdisciplinary team on the abusive situation;
- Act in accordance with their own code of ethics, are discreet and respect confidentiality within their role;
- Participate in training offered by the MUHC.

**xiii.MUHC security**

- Assists MUHC staff in creating a safe environment and documenting facts during an abusive situation.

**xiv.Mistreatment prevention committee**

A mistreatment prevention committee will be formed by the respondent to discuss mandatory reports and complex abusive situations in consultation with experts (LSQCC, the medical examiner, the interdisciplinary team, the ethicist, etc.) and to revise the policy if necessary.

**xv.The MUHC User committee**

- Contributes to informing users of their rights and obligations and of the policy;
- Provides information on the possible resources and measures that can be taken to report and end an abusive situation, in particular on the possibility of making a complaint with the LSQCC;
- At the request of a user, provides necessary assistance in the situation of alleged or confirmed mistreatment.

**xvi.Centre d'assistance et d'accompagnement aux plaintes (CAAP)**

- Assists users in their efforts to make a complaint with the institution;
- Informs users of their rights and the complaint procedure;
- Assists in preparing a case and, if necessary, drafting a complaint;
- Assists and provides support to users at each stage of the process (e.g., meeting for the complaint), by facilitating conciliation with all relevant bodies;
- Facilitates conciliation with all relevant bodies;
- Contributes to users' satisfaction and to the respect of their rights.



### 13. SPECIAL CONSIDERATIONS

1. The MUHC reserves the right to intervene or to process a case without a formal complaint, as well as in cases of withdrawal, if there is reasonable cause to believe that the policy has been violated;
2. Incapacitated young adults with mental health issues as well as people with Autism Spectrum Disorder (ASD), physical disabilities and intellectual disabilities are included in this procedure.

### 14. FINAL PROVISIONS

#### Entry into effect

This policy comes into effect on November 30, 2018, or upon approval by the MUHC Board of Directors.

#### Dissemination

This policy is available on the MUHC public website (<http://muhc.ca>) in the [Protecting our Patients] section. Copies will be available at strategic locations such as nurse stations, user/resident committee offices and MUHC facility entrances.

#### Revision of the policy

1. An initial revision of the *Policy to Prevent the Mistreatment of Seniors and Other Adults in Vulnerable Situations* must be completed no later than May 30, 2020, and thereafter at least every five years.
2. The policy will be revised by the mistreatment prevention committee chaired by the MUHC respondent.

### 15. RELEVANT FORMS

#### 15.1. RELATED DOCUMENTS:

- Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (CQLR, c. L-6.3) <http://legisquebec.gouv.qc.ca/en/showdoc/cs/L-6.3>
- Regulation respecting the terms governing the use of monitoring mechanisms by a user sheltered in a facility maintained by an institution operating a residential and long-term care centre (CQLR, c. S-4.2, c. XX)



[https://www.mfa.gouv.qc.ca/fr/aines/lutte\\_contre\\_maltraitance/loi-luttemaltraitanceaines/reglement-surveillance/Pages/index.aspx](https://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/loi-luttemaltraitanceaines/reglement-surveillance/Pages/index.aspx);

- National Framework Agreement to Fight Elder Abuse.  
[https://www.mfa.gouv.qc.ca/fr/aines/lutte\\_contre\\_maltraitance/entente\\_cadre/Pages/index.aspx](https://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/entente_cadre/Pages/index.aspx)
- Code of Ethics (MUHC intranet: policies and procedures);
- HPO 150 By-Law governing the complaint examination procedure at the MUHC;  
<https://www.mymuhc.muhc.mcgill.ca/policies-and-procedures/muhc-administrative-policies/documents/hpo-150-law-governing-complaint>;
- Respect and Civility (HR 346 – MUHC intranet: policies and procedures);
- Code of professional ethics and codes of ethics of different orders.
- Rapport annuel 2019-2020 Loi visant à lutter contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité Chapitre II – Politique de lutte contre la maltraitance; <https://publications.msss.gouv.qc.ca/msss/document-002695/>

#### 15.2. REFERENCE DOCUMENTS:

- Guide de référence pour contrer la maltraitance envers les personnes âgées, online: <https://www.mfa.gouv.qc.ca/fr/publication/Documents/13-830-10F.pdf>;
- Policy template to counter the mistreatment of residents in long-term care facilities, online: [https://www.creges.ca/wp-content/uploads/2016/10/Politique-Type\\_maltraitance-hebergement\\_CIUSSS-CODIM\\_octobre-2016.pdf](https://www.creges.ca/wp-content/uploads/2016/10/Politique-Type_maltraitance-hebergement_CIUSSS-CODIM_octobre-2016.pdf);
- Policy template to counter the mistreatment of residents in long-term care facilities (June 2016) [http://www.aideabusaines.ca/wp-content/uploads/2017/04/Politique-Type\\_maltraitance-hebergement\\_CIUSSS-CODIM\\_juin-2016-1.pdf](http://www.aideabusaines.ca/wp-content/uploads/2017/04/Politique-Type_maltraitance-hebergement_CIUSSS-CODIM_juin-2016-1.pdf);
- Politique-cadre de lutte contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité, CIUSSS du Centre-Ouest –de-l'île-de-Montréal, 2018. Section 219, Criminal Code, R.S.C., 1985, c. C-46.

#### 15.3. SCHEDULES:

- Schedule I: Terminology on the mistreatment of older adults
- Schedule II: Contacts.
- Schedule III: Recognized screening tools that are known and available in Québec.
- Schedule IV: Reporting to the Local Service Quality and Complaints Commissioner (LSQCC)/Ombudsman.
- Schedule V: Flow chart for identification purposes.
- Schedule VI: form.





- Schedule VII: Sanctions that could be applied in cases of maltreatment.
- Schedule VIII: Flow charts:
  - A. Mandatory reporting
  - B. Voluntary reporting
- Schedule IX: What to do in a situation of mistreatment

**DELETION**

☐ Replaced by #: \_\_\_\_\_ Name: \_\_\_\_\_

☐ No longer in effect      ☐ Other: \_\_\_\_\_

Authorized by:

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by the Policies and Procedures task force committee:**

☐ Yes ☐ No

**\*\*Note: The conservation rule for a policy and/or a procedure is permanent conservation after replaced by a new version. It is the responsibility of the owner of the document to forward the original to the MUHC Heritage center. \*\***



## Schedule I: Terminology on the mistreatment of older adults

Definition of the mistreatment of older adults:

*“Mistreatment is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older adult, whether the person deliberately wants to cause harm or not.”*

(Inspired by the WHO (2002) *The Toronto Declaration on the Global Prevention of Elder Abuse*; the notion of “intentionality” was not part of the original definition).

### FORMS OF MISTREATMENT (manifestations)

**Violence:** Poor treatment of an older adult, or making the older adult act against his or her will, through the use of force and/or bullying.\*

**Neglect:** Failure to show concern for the older adult, particularly by not taking appropriate action to meet his or her needs.

### Intention behind mistreatment

**Intentional mistreatment:** The person deliberately causes harm to the older adult.

**Unintentional mistreatment:** The person does not want to cause harm or does not understand the harm being caused.

**NB:** It is important to assess the signs and situation to avoid drawing hasty conclusions or labelling people.

## TYPES OF MISTREATMENT (categories)

### Psychological mistreatment

Gestures, words or attitudes that negatively affect an individual’s psychological well-being or integrity.

**Violence:** Emotional blackmail, manipulation, humiliation, insults, infantilization, belittlement, verbal and non-verbal threats, disempowerment, excessive monitoring of activities, etc.

**Neglect:** Rejection, indifference, social isolation, etc.

**Signs:** Fear, anxiety, depression, withdrawal, reluctance to speak openly, mistrust, fearful interaction with one or several people, suicidal ideation, rapid decline of cognitive abilities, suicide, etc.

**NB:** Psychological mistreatment is without a doubt the most common and least apparent type of mistreatment:

- It often accompanies other types of mistreatment.
- Its effects can be just as detrimental as those of other types of mistreatment.

### Physical mistreatment

Inappropriate gestures or actions, or absence of appropriate actions, which harm physical well-being or integrity.

**Violence:** Shoving, brutalizing, hitting, burning, force-feeding, inadequate medication administration, inappropriate use of restraints (physical or pharmacological), etc.

**Neglect:** Failure to provide a reasonable level of comfort and safety; failure to provide assistance with eating, grooming, hygiene or taking medication when the older adult is in a situation of dependency, etc.

**Signs:** Bruises, injuries, weight loss, deteriorating health, poor hygiene, undue delay in changing of incontinence briefs, skin conditions, unsanitary living environment, atrophy, use of constraints, premature or suspicious death, etc.

**NB:** Some signs of physical mistreatment may be mistaken for symptoms associated with certain health conditions. It is therefore preferable to request a medical and/or psychosocial assessment.



### Sexual mistreatment

Non-consensual gestures, actions, words or attitudes with a sexual connotation, which are harmful to the person's well-being, sexual integrity, sexual orientation, or gender identity.

**Violence:** Suggestive comments or attitudes, jokes or insults with a sexual connotation, homophobic, biphobic or transphobic comments, promiscuity, exhibitionist behaviours, sexual assault (unwanted touching, non-consensual sex), etc.

**Neglect:** Failure to provide privacy, failure to respect a person's sexual orientation or gender identity, treating older adults as asexual beings and/or preventing them from expressing their sexuality, etc.

**Signs:** Infections, genital wounds, anxiety when being examined or receiving care, mistrust, withdrawal, depression, sexual disinhibition, sudden use of highly sexualized language, denial of older adults' sexuality, etc.

**NB:** Sexual assault is above all an act of domination. Cognitive impairment may lead to disinhibition, which can result in inappropriate sexual behaviour. Not recognizing older adults' sexuality is a form of mistreatment, and it also makes it more difficult to identify and report sexual mistreatment. It is also important to keep an eye out for pathological sexual attraction toward older adults (gerontophilia).

\* "Older adults bullying refers to a single or repeated gesture, or absence of a gesture, which is generally deliberate and which occurs directly or indirectly in a relationship of power or control between individuals. Bullying is intended to harm or hurt one or several older adults." (See Beaulieu, M., Bédard, M.-È. & Leboeuf, R. (2016). L'intimidation envers les personnes âgées : un problème social connexe à la maltraitance? *Revue Service social*. 62(1), 38-56.)

### Material or financial mistreatment

Illegal, unauthorized or dishonest acquisition or use of the older adult's property or legal documents; lack of information or misinformation regarding financial or legal matters.

**Violence:** Pressure to change a will, banking transactions without the person's consent (use of a debit card, online banking, etc.), misappropriation of money or assets, excessive price charged for services provided, identity theft, etc.

**Neglect:** Failure to manage the person's assets in his or her best interest or to provide the necessary goods and/or services as required, failure to assess the person's cognitive abilities, understanding and financial literacy, etc.

**Signs:** Unusual banking transactions, disappearance of valuable items, lack of money for regular expenses, limited access to information regarding the management of the person's assets, etc.

**NB:** Older adults who are in a relationship of dependency (e.g., physical, emotional, social or business-related) are at a greater risk of being mistreated in this way. In addition to the financial and material implications, this type of mistreatment can affect older adults' physical or psychological health by limiting their ability to fulfill their duties or meet their own needs.

### Violation of rights

Any infringement of individual and social rights and freedoms.

**Violence:** Forced medical treatment, denial of the right to: choose, vote, enjoy one's privacy, take risks, receive phone calls or visitors, practice one's religion, express one's sexual identity, etc.

**Neglect:** Lack of information or misinformation regarding the older adult's rights, failure to assist the person in exercising his or her rights, failure to recognize the person's capacities, etc.

**Signs:** Preventing the older adult from participating in making choices and decisions that affect his or her life, failure to respect the decisions made by the person, a family member answering on behalf of the older adult, restricting visits or access to information, isolation, complaints, etc.

**NB:** Violation of rights occurs in all types of mistreatment. Everyone fully retains their rights, whatever their age. Only a judge can declare a person incapacitated and can appoint a legal representative. Persons declared incapacitated still preserve their rights, within the limits of their capabilities.



### Organizational mistreatment

Any discriminating situation created or tolerated by organizational procedure (private, public or community institutions providing all types of care and services), which compromise older adults' ability to exercise their rights and freedoms.

**Violence:** Organizational conditions or practices that do not respect older adults' choices or rights (e.g., services are provided in an abrupt manner), etc.

**Neglect:** Services ill-adapted to older adults' needs, insufficient or poorly understood instructions on the part of personnel, lack of resources, complex administrative procedures, inadequate training of staff, unmobilized staff, etc.

**Signs:** Treating the person as a number, inflexible care schedules, undue delays in service delivery, deterioration of the person's state of health (wounds, depression, anxiety), complaints, etc.

**NB:** It is important to remain aware of organizational shortcomings that could violate the right of older adults to receive care and services, or that could lead to conditions that negatively affect the work of staff in charge of providing care or services.

### Ageism

Discrimination based on age, through hostile or negative attitudes, harmful actions or social exclusion.

**Violence:** Imposition of restrictions or social standards based on age, limited access to certain resources, prejudice, infantilization, scorn, etc.

**Neglect:** Failure to recognize or respond to ageist practices or comments, etc.

**Signs:** Failure to recognize a person's rights, skills or knowledge, use of condescending language, etc.

**NB:** We are all influenced, to varying degrees, by negative stereotypes and discourses about older adults. These misguided assumptions lead us to misinterpret various situations, which can ultimately lead to mistreatment.

This document reflects the ever-evolving research-based knowledge and practices regarding older adults mistreatment, and it is regularly updated.

© Leading Practice to Counter the Mistreatment of Older Adults, CIUSSS West-Central Montreal; Elder Mistreatment Helpline (LAAA); Research Chair on Mistreatment of Older Adults; Ministère de la Famille, Secrétariat aux aînés, Gouvernement du Québec, 2017.



## Schedule II: Contacts

### **PRMOP:**

#### ***Antoinette Di Re***

Director of Multidisciplinary Services, Mental Health Mission and responsible for the NSA/SAPA trajectory at the MUHC.

McGill University Health Centre

Adult sites

1001 Décarie Boulevard, Montréal, Québec; H4A 3J1

Telephone: 514-934-1934 extension # 34143

Email: [antoinette.dire@muhc.mcgill.ca](mailto:antoinette.dire@muhc.mcgill.ca)

### **Respondent:**

#### ***Helene Jones***

Manager, Social Services

McGill University Health Centre

1001 Décarie Boulevard, Montréal, Québec; H4A 3J1

Telephone: 514-934-1934 extension # 44128 (Glen), # 42181 (MGH)

Email: [helene.jones@muhc.mcgill.ca](mailto:helene.jones@muhc.mcgill.ca)

### **Substitute respondent:**

#### ***Nancy Plaisir***

Manager of Liaison Nurses

McGill University Health Centre

Adult sites

1001 Décarie Boulevard, Montréal, Québec; H4A 3J1

Telephone: 514.934.1934 extension # 35988

Email: [nancy.plaisir@muhc.mcgill.ca](mailto:nancy.plaisir@muhc.mcgill.ca)

### **Local Service Quality and Complaints Commissioner (LSQCC)/ MUHC ombudsman:**

#### ***Lynne Casgrain***

McGill University Health Centre

1001 Décarie Boulevard, Montréal, Québec; H4A 3J1

Telephone: 514-934-8306,

514-934-1934, extension # 48306

Email: [lynne.casgrain@muhc.mcgill.ca](mailto:lynne.casgrain@muhc.mcgill.ca)



**User committee - MUHC**

***Main office:***

1001 Décarie Boulevard, Montréal, Québec; H4A 3J1, room D04.7514.

Telephone: 514-934-1934, extension # 31968

Email: [patients.comm@muhc.mcgill.ca](mailto:patients.comm@muhc.mcgill.ca)

**Centre d'assistance et d'accompagnement aux plaintes – Island of Montréal (CAAP)**

7333 Saint-Denis Street, Montréal, QC,

Telephone: 514-861-5998

**Police: 911**

**Security - MUHC:**

**In case of Emergency call 55555**

Telephone: 514-934-1934

Site	Location	Extension
Lachine Campus	Security Office located at the main entrance of the Camille-Lefebvre Pavilion	77180
MGH	Security Office located in D6-108	48282
MNH and RVH Legacy	Security Office located at the main entrance 157	88-5542
Glen Site	Security Office located in BRC-0300	78282

### Schedule III: Recognized screening tools that are known and available in Québec

(Reference: *Guide de référence pour contrer la maltraitance envers les personnes âgées*, p. 91-93)

Table 6: Main screening tools that are known and available in Québec	Target users and authors	Specifications
<p>EASI Elder Abuse Suspicion Index</p> <p><a href="https://www.mcgill.ca/familymed/files/familymed/easi_english_january_2013.pdf">https://www.mcgill.ca/familymed/files/familymed/easi_english_january_2013.pdf</a></p> <p>EASI Évidence d'abus selon les indicateurs</p>	<p>Physicians M.J. Yaffe, C. Wolfson, M. Lithwick, D. Weiss (2008)</p> <p>Tool distributed by NICE</p> <p><a href="http://www.nicenet.ca">www.nicenet.ca</a></p>	<p>Tool consisting of 6 questions to help the physician identify situations of abuse and to propose a more in-depth assessment by social workers</p>
<p>BASE Brief Abuse Screen for the Elderly</p> <p><a href="https://www.ndgelderabuse-abusenverslesaines.ca/documents/BASE_EN.pdf">https://www.ndgelderabuse-abusenverslesaines.ca/documents/BASE_EN.pdf</a></p> <p>DESIA Grille de dépistage des services infligés aux aînés <a href="http://www.ndgelderabuse-abusenverslesaines.ca/documents/DESIA_FR.pdf">http://www.ndgelderabuse-abusenverslesaines.ca/documents/DESIA_FR.pdf</a></p>	<p>Psychosocial care workers</p> <p>D. Namiash, N. Reis (1998)</p> <p>Tool distributed by NICE</p> <p><a href="http://www.nicenet.ca">www.nicenet.ca</a></p>	<p>Tool consisting of 5 questions to quickly detect the presence of an abusive situation from the initial contact</p>
<p>IOA Indicators of Abuse</p> <p><a href="http://www.nicenet.ca/files/IOA.pdf">http://www.nicenet.ca/files/IOA.pdf</a></p> <p>LISA Liste des indices de situations abusives</p> <p><a href="http://www.nicenet.ca/files/LISA.pdf">http://www.nicenet.ca/files/LISA.pdf</a></p>	<p>Social workers, Nurses</p> <p>D. Namiash, N. Reis (1998)</p> <p>Tool distributed by NICE</p> <p><a href="http://www.nicenet.ca">www.nicenet.ca</a></p>	<p>Tool consisting of 29 observations on the informal caregiver and the person being cared for</p>
<p>CASE Caregiver Abuse Screen</p> <p>DACAN (Gouvernement du Canada, 2013a)</p> <p>Questionnaire de dépistage de l'abus chez les aidants naturels</p> <p><a href="http://www.nicenet.ca/files/Case.pdf">http://www.nicenet.ca/files/Case.pdf</a></p>	<p>Social workers</p> <p>D. Namiash, N. Reis (1998)</p> <p>Tool distributed by NICE</p> <p><a href="http://www.nicenet.ca">www.nicenet.ca</a></p>	<p>Tool consisting of 8 questions for detecting actual or potential situations of abuse committed by informal caregivers</p>
<p>ODIVA Test d'évaluation de danger</p>	<p>Stakeholders working with the elderly</p> <p>RIFVEL – Réseau international francophone – Vieillir en liberté (2007)</p> <p>AQDR nationale <a href="http://www.aqdr.org">www.aqdr.org</a></p>	<p>Tool consisting of 15 statements describing the profile of a potentially abused senior, 12 statements for the profile of a potential abuser, and 16 statements describing the behaviour of the abused senior and the abuser</p>
<p>Assessment and intervention related to elder abuse</p>	<p>Police officers</p> <p>Police de la Ville de Québec and Sûreté du Québec (2012)</p> <p>Agence de la santé et des services</p>	<p>Tool consisting of 9 questions to ask the victim, as well as 15 indicators concerning the victim, and 14 indicators concerning the abuser</p>



	sociaux de la Capitale-Nationale	
Self-Report Measure of Financial Exploitation of Older Adults Questionnaire sur l'exploitation financière	Financial institution personnel K.J. Conrad, M. Iris, J.W. Ridings, K. Langley, K.H. Wilber (2010)	Tool consisting of 25 questions for detecting the presence of financial exploitation of a senior
Screening of high-risk situations for the elderly	Social Workers Poirier (1991)	Assessment grid using three levels (high, medium, low) of risk factors for the senior, the informal caregiver and/or any other significant person
Risk assessment tool for those living at home	Stakeholders working with the elderly CLSC Métro J. Lachance, N. Poulin, C. Deléseleur, J. St-Pierre (2004)	Grid in checklist format consisting of 31 statements for the evaluation of physical, psychological and social factors; risk analysis grid that is used to summarise observations collected and to initiate an intervention plan
«Agreement to implement a socio-legal intervention procedure in regards to criminal forms of mistreatment of older adults »	Stakeholders from health and social services institutions, the Commission des droits de la personne et de la jeunesse, Public Curator, Director of Criminal and Penal Prosecutions and police Partenaire de la région de la Mauricie et du Centre-du-Québec	Schedule B – Grid on the types of mistreatment that may qualify as a crime (inventory of examples of physical, sexual, material or financial abuse and neglect)  Schedule C – Grid on the analysis and identification of abuse risk factors (list of 19 risk and vulnerability factors)





**Schedule IV: Reporting to the Local Service Quality and Complaints Commissioner  
(LSQCC) / Ombudsman**

- A complaint is made or filed by any user who is mistreated or his/her designated representative, even when the mistreatment is unrelated to the user's care and services.
- A complaint or a report can be made in writing or verbally.
- Anyone, at the user's discretion, may accompany or assist the user at every step of the process.
- All stakeholders must provide the user with the information that will allow him/her to have quick access to the LSQCC's services.
- The complaint/report is addressed by the LSQCC (in accordance with the LSSSS).
- The LSQCC must assist or ensure that assistance is provided to the user filing a complaint and to anyone needing assistance in making a report.
- The LSQCC informs the user of the possibility of being assisted and accompanied by an organization who offers assistance such as:
  - ❖ The Centre d'assistance et d'accompagnement aux plaintes (CAAP) of Montréal can help users file a complaint or support them in their process. Their services are free and confidential. Call 514 861-5998.
  - ❖ The institution's user committee can also assist users or those close to them in filing a complaint.
- A review of the complaint must be conducted, according to legislative timelines, no more than 45 days of the date the complaint was received, or, where applicable, the date it was transferred to the medical examiner.
- Any user or his/her representative who is not satisfied with how the complaint or report was handled by the MUHC LSQCC may request the case be revised by the Quebec ombudsman.

The By-Law governing the complaint examination procedure at the McGill University Health Centre is available at the following address: <https://www.mymuhc.muhc.mcgill.ca/policies-and-procedures/muhc-administrative-policies/documents/hpo-150-law-governing-complaint>

Information brochures and the complaint form are available on our website at the following link: <https://muhc.ca/commissioner>



**MUHC Local Services Quality and Complaints Commissioner (LSQCC)/ Ombudsman**

***Lynne Casgrain***

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514-934-1934, extension 48306  
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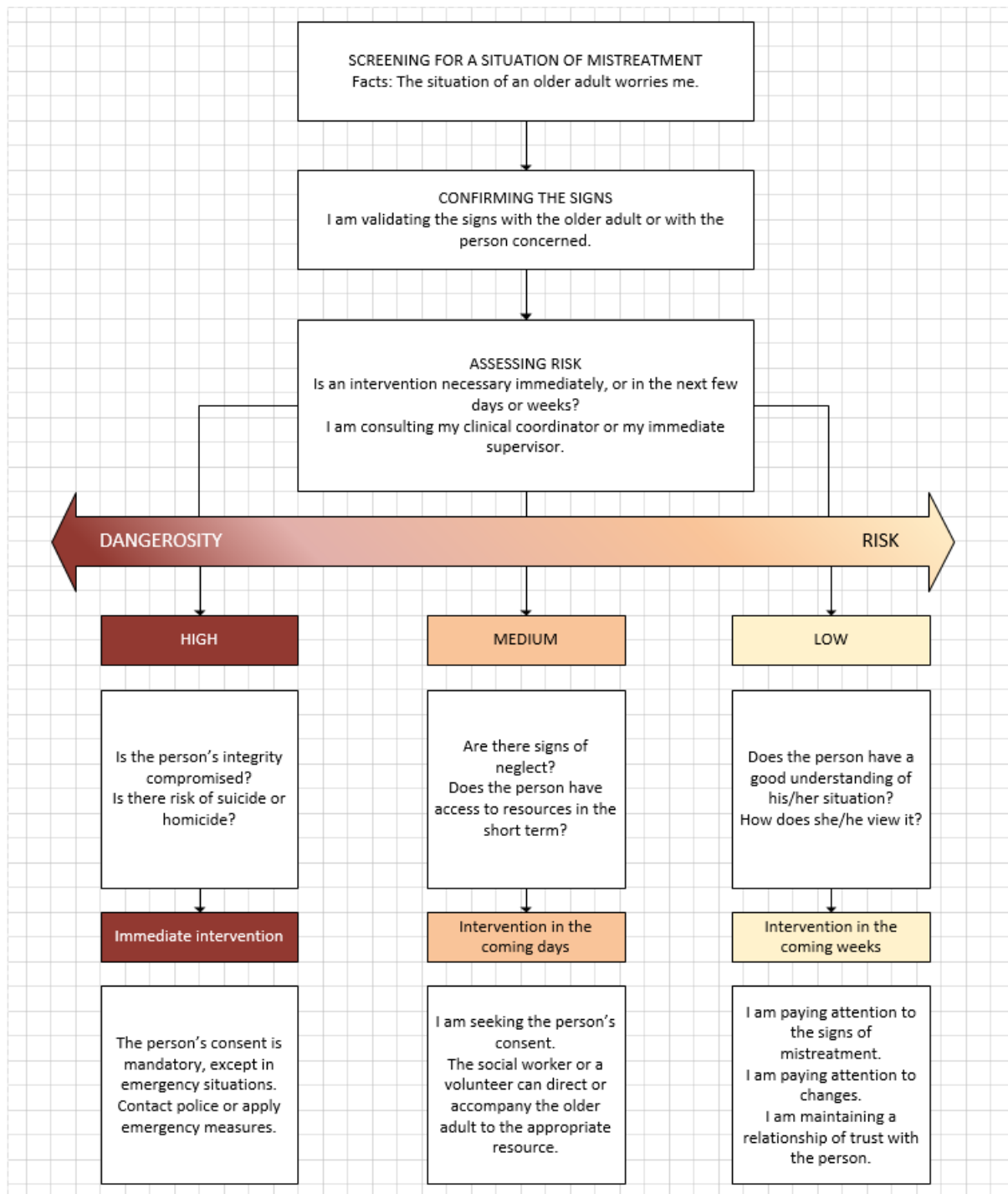
***Stéphanie Urbain/Rayane Istambouli***

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Glen / Montréal Children's Hospital  
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### Schedule V: Flow chart for identification purposes

(Guide de référence pour contrer la maltraitance envers les personnes âgées)





**Schedule VI: Fact-checking in a situation of mistreatment form**

	<p>Centre universitaire de santé McGill McGill University Health Centre</p> <p><b>MULTIDISCIPLINARY SERVICES DIRECTORATE</b></p> <p><b>FACT- CHECKING IN A SITUATION OF MISTREATMENT</b></p>	<p>DDN/DOB ( )</p> <p>NAM/RAMQ Exp.</p> <p>Admission-Visite/Visit</p> <p>Site: Emplacement/Location</p>

This document is confidential and must be filled out by the social worker when mistreatment is suspected.  
A copy of the form must be placed in the user's file.

Identification of the person who observes or suspects a situation of mistreatment	
Last name, first name, job title	
Telephone	
Relationship with the user	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Friend <input type="checkbox"/> Neighbour <input type="checkbox"/> Person working for the institution <input type="checkbox"/> Designated representative Other, specify
Other person who received the complaint/report	

Identification of the allegedly mistreated user	
Last name, first name	
Date of birth	
Residence	<input type="checkbox"/> Other, specify
Category of mistreatment	<input type="checkbox"/> Violence <input type="checkbox"/> Neglect
Consequences of mistreatment	<input type="checkbox"/> Physical sequelae <input type="checkbox"/> Deterioration of health <input type="checkbox"/> Suicidal ideation(s)/attempt(s) <input type="checkbox"/> Psychological sequelae (anxiety, confusion, depression, distrust) <input type="checkbox"/> Visit(s) to the Emergency room <input type="checkbox"/> Dilapidation of property <input type="checkbox"/> Other, specify
Types of mistreatment	<input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Material/Financial <input type="checkbox"/> Sexual <input type="checkbox"/> Organizational <input type="checkbox"/> Violation of rights <input type="checkbox"/> Ageism
Risk and Vulnerability Factors	<input type="checkbox"/> Advanced age <input type="checkbox"/> History of violence <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Cohabitation with one or more relatives <input type="checkbox"/> Conflictual environment/ Tension between the person being cared for and the caregiver <input type="checkbox"/> Isolation <input type="checkbox"/> Distrust Specify towards whom <input type="checkbox"/> Dependency on others (care, financial, immigration) Specify, <input type="checkbox"/> Neglected appearance, specify <input type="checkbox"/> Disruptive behaviour, specify <input type="checkbox"/> Illiteracy, difficulty expressing oneself, language barrier <input type="checkbox"/> Mental health problem <input type="checkbox"/> Cognitive decline <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Other, specify
Protective Supervision	, specify the type
Designated Representative (if applicable)	

Si une version papier de ce document est reçue aux archives, avec ou sans notes manuscrites, en statut préliminaire ou final, il ne sera pas numérisé. Les corrections doivent être faites dans le document préliminaire ou via l'addendum si le document est final.

If a printout of this document is received in Medical Records, with or without handwritten notes, whether it is preliminary or final, it will not be scanned. Corrections must be done in the preliminary document or via an addendum if the document is final.



**Schedule VI: Fact-checking in a situation of mistreatment form**

Information about the alleged abuser	
Last name, first name	
Relationship with the user	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Person working for the institution <input type="checkbox"/> Designated representative <input type="checkbox"/> Other specify
Risk factors	<input type="checkbox"/> Stress, exhaustion, etc. <input type="checkbox"/> History of violence <input type="checkbox"/> Isolation / inaccessibility of resources <input type="checkbox"/> Lack of understanding <input type="checkbox"/> Lack of support <input type="checkbox"/> Tension between the person being cared for and the caregiver <input type="checkbox"/> Dependency problem, specify <input type="checkbox"/> Mental health problem <input type="checkbox"/> Cognitive decline, <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Other, specify

Reporting	
Consent to report and transfer of information	<div>-----</div> <div>Other, specify</div>
Person(s) receiving the report	<input type="checkbox"/> Local Service Quality and Complaints Commissioner (Ombudsman) <input type="checkbox"/> MUHC Respondent <input type="checkbox"/> Manager <input type="checkbox"/> SPVM <input type="checkbox"/> DPS <input type="checkbox"/> Director of Nursing <input type="checkbox"/> Social worker <input type="checkbox"/> Other, specify
Last name(s), first name(s)   Telephone(s)	
Risk of death or serious injury	-----, if yes, REPORTING is mandatory
Living in a long-term care facilities	-----, if yes, REPORTING is mandatory
Incapacitated user	-----, if yes, REPORTING is mandatory
Reporting category	----- <input type="checkbox"/> PIC
The Public Curator is notified	-----   Date (AAYY-MM-JD)
The SPVM is notified	-----   Date (AAYY-MM-JD)
The CIUSSS is notified	-----   Date (AAYY-MM-JD)

Fact-Checking	
Situation of mistreatment	
Description of the person who is allegedly mistreated	
Description of the witness	
Description of the alleged abuser	
Analysis and conclusion	
<input type="checkbox"/> Confirmed situation of mistreatment	Specify
Level of Risk	Specify

Interventions	
Social functioning assessment completed	Specify
Medical assessment completed	Specify
Nursing assessment completed	



**Schedule VI: Fact-checking in a situation of mistreatment form**

	Specify	
Aptitude assessment completed	-----	
	Specify	
Dangerosity assessment completed	-----	
	Specify	
Immediate protective measures put in place	Specify	
The user is informed of their rights and recourses	-----	
	Specify	
Incident/Accident Form AH-223 completed	-----	
	Specify	
Activation of the Concerted Intervention Process (PIC) on the SIMA platform	-----	
	Specify	

**Actions and follow-ups**

**LSQCC (Ombudsman) notified**

Fact-Checking Form sent to LSQCC

Relevant clinical notes and assessments included with the form. Date sent (AAVY-MM-JD)

**Social worker who completed the Fact-Checking Form**

Last name, first name

Date (AAVY-MM-JD)

**Préparé par**

Prepared by

Nom / Name

N°permis  
License No.

Date (AAVY-MM-JD)

Signé électroniquement par / Electronically signed by

N°permis  
License No.

Date- Heure / Time

Poste / Extension

N° IPS RAMQ / RAMQ NP No.

**ABBREVIATIONS LEGEND**

AH-223	Incident/accident report
DPS	Director of Professional Services
LSQCC (Ombudsman)	Local Service Quality and Complaints Commissioner
MUHC	McGill University Health Center
SIMA	Suivi des interventions pour lutter contre la maltraitance envers les personnes âgées
SPVM	Montreal Police Services



## Schedule VII: Sanctions that could be applied in cases of mistreatment

### *Examples of sanctions that can be applied by the institution in cases of mistreatment*

#### ➤ **Employees**

Disciplinary measures: Warning, letter in the employee's file, suspension or dismissal.

#### ➤ **Members of the Council of Physicians, Dentists and Pharmacists (CPDP)**

Disciplinary measures: Reprimand, change of status, deprivation of privileges, suspension of status or privileges for a specific period or revocation of status or privileges.

#### ➤ **Managers, supervisors and senior administrators**

Disciplinary measures: Dismissal, non-renewal of contract, termination of employment, suspension without pay or demotion.

### *Examples of sanctions that could be applied to persons and institutions who are at the source of or who tolerate a situation of mistreatment based on the situation*

#### ➤ **Members of a professional order**

A professional order may, among other things, impose the following disciplinary measures on one of its members: reprimand, temporary or permanent removal of the membership roster, fines, revocation of permit, revocation of specialist certificate, restrict or suspend the right to engage in professional activities.

#### ➤ **Institutions**

The MSSS may impose the following measures on institutions: appoint observers, investigate, demand that an action plan be submitted, assume provisional administration (public and private institutions under agreement), suspend or revoke the permit.

#### ➤ **Any person**

Following an investigation from the CDPDJ, a complaint is filed before the Human Rights Tribunal who may render all rulings and orders of procedure and practice as the performance of its functions may require, in particular regarding the right of any older adult or disabled person to be protected against any form of exploitation. Criminal and penal prosecutions. According to the Criminal Code, “ *Everyone is criminally negligent who, (a) in doing anything, or (b) in omitting to do anything that it is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons*”<sup>23</sup>.

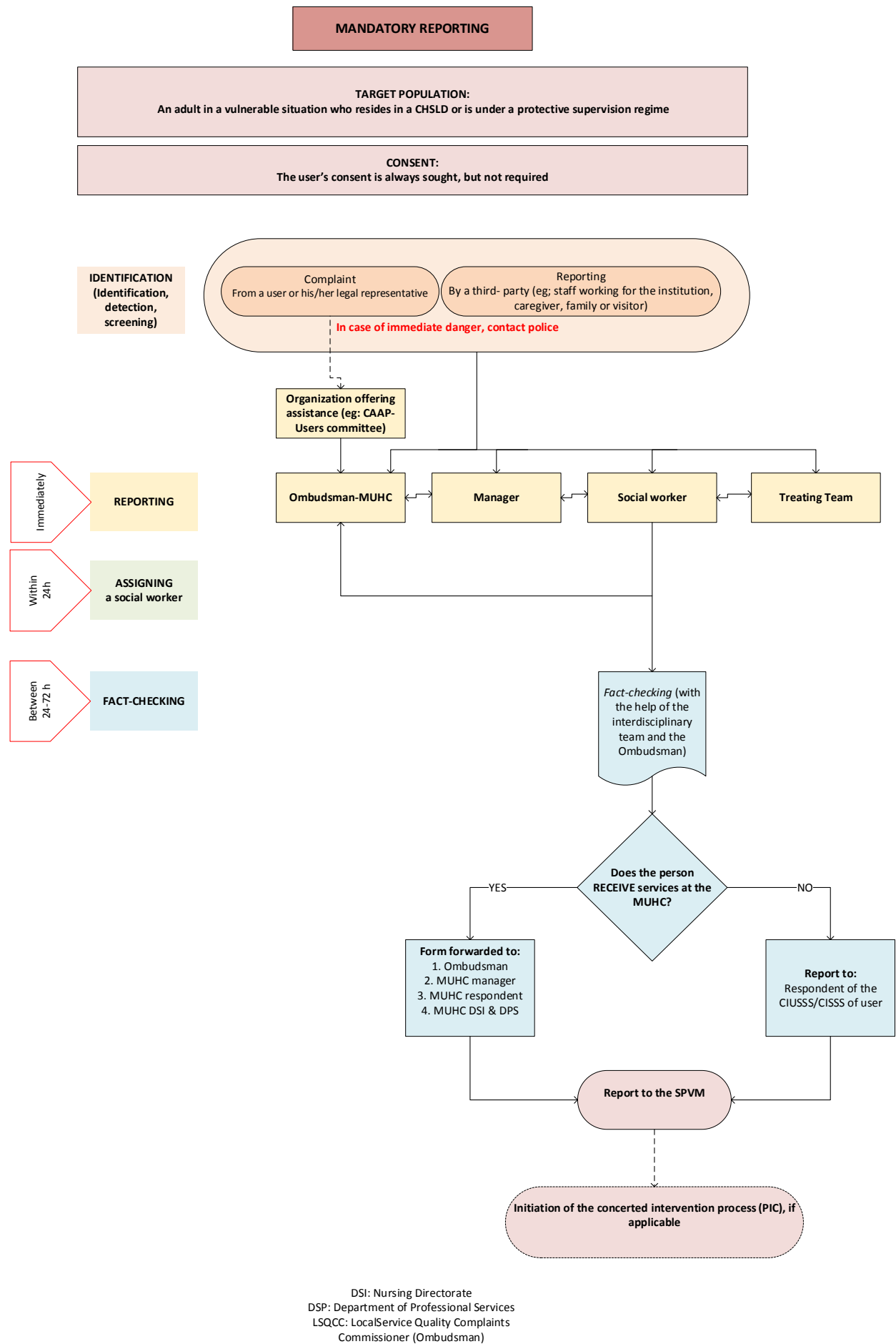
Source: Politique-cadre de lutte contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité, CIUSSS du Centre-Ouest –de-l’île-de-Montréal, 2018.

<sup>23</sup> Section 219, Criminal Code, R.S.C., 1985, c. C-46.



Schedule VIII: Flow charts

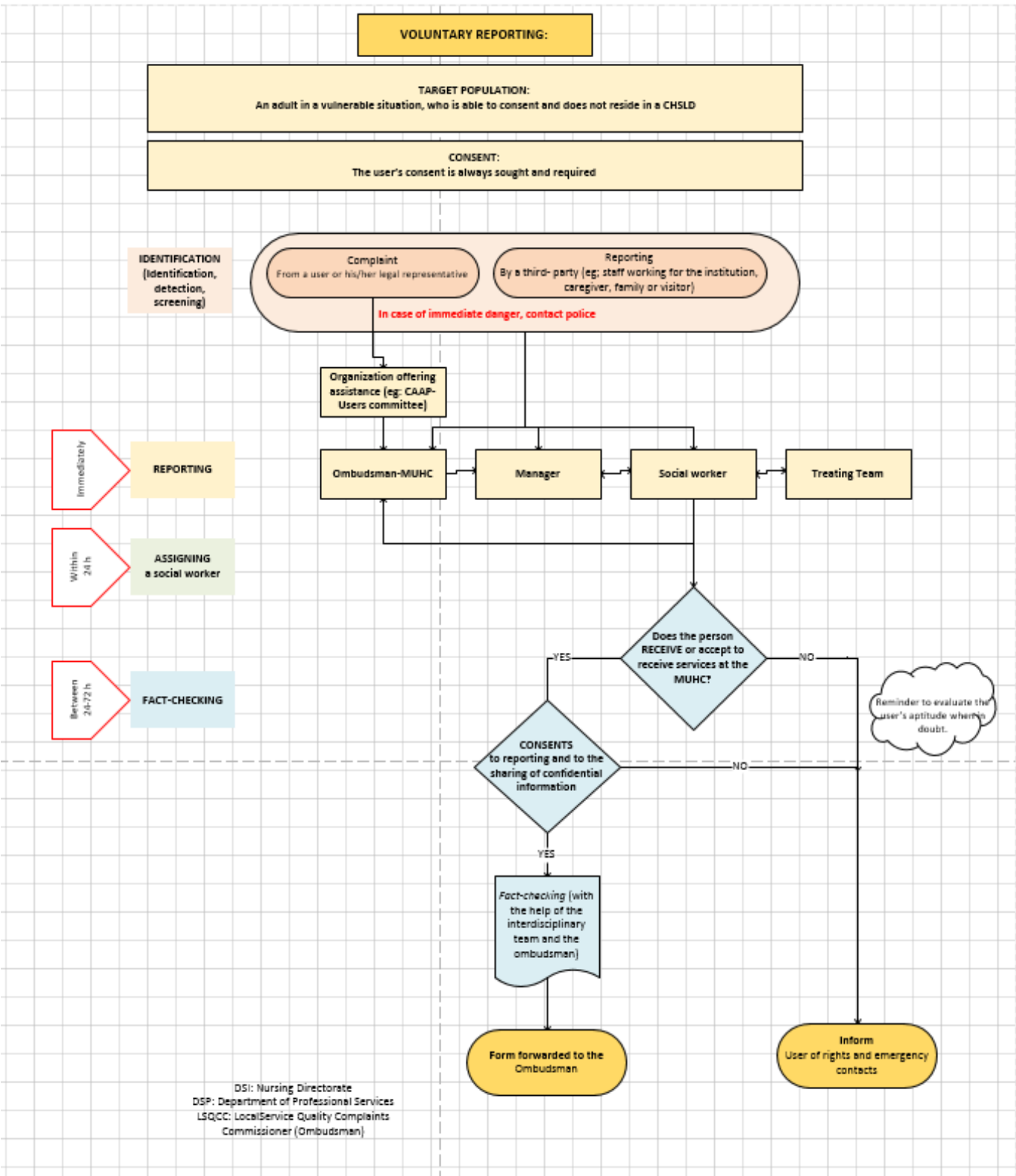
A. Mandatory Reporting





Schedule VIII: Flow charts

B. Voluntary reporting



Schedule IX: What to do in a situation of mistreatment

<div><div>1. Identification</div><div>A situation of mistreatment is detected</div><div>If immediate danger, contact security and/or the police</div></div>	
<div><div>2. Report/Complaint</div><div>The situation of mistreatment is reported by the user, his/her legal representative or a third-party to: the ombudsman, manager or social worker</div><div>Immediate declaration</div></div>	
<div><div>3. Fact-checking</div><div>The designated social worker, in collaboration with the interdisciplinary team, fact-checks and fills out the MUHC Fact-Checking in a situation of mistreatment form</div><div>Between 24-72h</div><div>Confirmed situation of abuse</div></div>	
<div><div>4. MANDATORY REPORTING</div><div>Consent is always recommended, but not required</div><div>An adult in a vulnerable situation who resides in a CHSLD or is under protective supervision</div><div><ul style="list-style-type: none"><li>• Ensure the vulnerable person is safe;</li><li>• Notify the user's legal representative or public curator;</li><li>• Report to the LSQCC and the MUHC respondent;</li><li>• Report to the SPVM;</li><li>• Make a PIC report on the SIMA platform;</li><li>• Collaborate with CIUSSS/CISSS and community partners.</li></ul></div></div>	
<div><div>4. VOLUNTARY REPORTING</div><div>Always with the user's consent</div><div>An adult in a vulnerable situation, who is able to consent and does not reside in a CHSLD</div><div><ul style="list-style-type: none"><li>• Ensure the vulnerable person is safe;</li><li>• Notify the user's legal representative or public curator, if applicable;</li><li>• Report to the LSQCC.</li></ul></div><div><div>Consenting user</div><div>Evaluation &amp; Intervention</div><div><ul style="list-style-type: none"><li>• Build trust with the user;</li><li>• Complete the social functioning assessment and the intervention plan in collaboration with the interdisciplinary team and the user;</li><li>• If there are doubts about the user's aptitude, evaluate the aptitude in question;</li><li>• Inform the user of the available rights and resources, and provide the contact information of emergency resources;</li><li>• Document the facts and interventions in the user's file;</li><li>• Accompany the user in his/her efforts and ensure the user's safety;</li><li>• For more information, refer to the <i>Guide de maltraitance</i> and/or call the Elder Mistreatment Helpline at 1-888-489-ABUS (2287);</li></ul></div></div><div><div>Non-consenting user</div><div>Evaluation &amp; Intervention</div><div><ul style="list-style-type: none"><li>• Accompany the user and make sure the user is safe;</li><li>• Evaluate the user's aptitude (refer to the <i>Guide de maltraitance</i>);</li><li>• If the user is competent, inform him/her of the available rights and recourses and provide the contact information of emergency resources and the Elder Mistreatment Helpline 1-888-489-ABUS (2287);</li><li>• If the user is incompetent, follow the procedure for mandatory reporting;</li><li>• Document the facts and interventions in the user's file.</li></ul></div></div></div>	
<div><div>5. Consultation</div><div>Complex cases, litigious cases, mandatory reporting &amp; PIC declarations must be reported to the MUHC respondent. An interdisciplinary consultation with our partners and experts in situations of mistreatment at the MUHC can be planned and may include the treating team, the ethicist, the ombudsman, etc.</div></div>	<div><div>When the following 3 criteria are present the PIC is applied:</div><div><ul style="list-style-type: none"><li>• Vulnerable person as defined by the Law,</li><li>• A criminal or penal offence has been committed,</li><li>• Need for consultation to end mistreatment.</li></ul></div></div>
<div><div>6. Closure of the investigation when the person is deemed safe</div><div><ul style="list-style-type: none"><li>• Make sure that the user is taken in charge by another facility;</li><li>• Place the Fact-Checking in a situation of mistreatment form in the user's file;</li><li>• Close the PIC report on the SIMA platform;</li><li>• Notify the respondent and the LSQCC;</li><li>• Write a closure note in the file.</li></ul></div></div>	