

<b>C.H.S.L.D. BAYVIEW INC.</b>	Directorate: Administration Service Area: Client Services	
Subject: Mistreatment of Residents	General: X Internal:	Page 1 of 12

## Policy and Procedure Regarding Mistreatment of Residents

### POLICY:

The residents of CHSLD Bayview (Bayview) have the right to receive services in a secure and caring living environment and to be treated with respect.

This policy reflects the legal and obligations of Bayview to prevent and address all forms of mistreatment of the residents and the commitment of the Executive Director to ensure a culture of well-treatment. The Quebec Act to Combat Maltreatment\* defines the terms of reference and the context for obligatory reporting of mistreatment of residents in long term care. This legislation is intended for the protection of the elderly and those who are in situations of vulnerability that receive care and services in the health and social service system.

\*(In this document, Bayview uses the term mistreatment to replace maltreatment)

### Terms of reference:

To facilitate understanding of this document, the following terms of reference and definitions are provided.

#### *Mistreatment:*

A single or repeated act, or 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. (*Act to Combat Maltreatment; Art. 2, par. 3*)

#### *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 constraint, illness, injury, or handicap, which may be physical, cognitive, or psychological in nature, such as physical or intellectual disability or autism spectrum disorder. (*Act to Combat Maltreatment; Art. 2, par. 4*)

#### *Person working for the establishment:*

A physician, dentist, midwife, staff member, medical resident, trainee, volunteer, or other natural person who provides services directly to a person on behalf of the establishment. (*Act to Combat Maltreatment; Art. 2, par. 5*)

Effective Date: September 2018
Revised: July 2021, December 2022

Approved by Senior Management

**Terms of reference (Cont'd):***Service Provider:*

Anyone who, in the exercise of their functions, directly provides health or social services to a person, on behalf of an establishment, in a senior's residence, an intermediate resource or family type resource including those activities that are described by articles 39.7 and 39.8 of the Professional Codes (Chapter C-26) as well as operators or manager of a residence or resource.

*User (Resident):*

The person who receives care or services from the establishment or from a person who provides direct care to the user on behalf of the establishment.

**Guiding Principles:**

The application and respect of the following guiding principal statements will help us to achieve the objectives of the policy.

*Zero tolerance:* No form of mistreatment is tolerated at Bayview.

*Proactive:* Bayview adopts a proactive attitude to prevent and address mistreatment of the residents and will approach the issue with openness and transparency.

*Respect for the rights and needs of the residents:* Bayview ensures respect of the resident's rights as described in the Health and Social Services Act. We consider the resident's needs to provide quality care and services.

*Consent to care and services:* Unless otherwise provided by law, the user's consent must be obtained before any treatment or service is provided. (see section 4.1 entitled Consent).

*A safe care and work environment:* Bayview takes reasonable measures to ensure a safe environment that promotes a culture of respect and transparency for the residents and those who work for the establishment.

*Consultation and partnership*

To ensure the application, respect and sustainability of Bayview's policy and procedure regarding mistreatment of residents, it is essential that there is consultation and partnership between the various stakeholders, such as professionals, departments or activity sectors, associations and user/resident committees as well as the various union groups.

**The objectives of this policy are to:**

- Ensure the safety, well-being and quality of life of the residents;
- Rapidly identify and address situations of mistreatment in order to reduce the consequences and risk of recidivism;
- Support continuous improvement of clinical and organizational practices and the quality of services;
- Promote a care and work environment that is respectful, secure and welcoming;
- Support people in their efforts to counter mistreatment, especially to report a situation or to file a complaint with the Service Quality and Complaints Commissioner (SQCC);
- Inform and equip all persons working for Bayview about the importance of and their obligation for reporting mistreatment;
- Inform service providers, volunteers, residents and their families about this policy;
- Ensure awareness and respect of the Act to Combat Maltreatment.

**Values that support this policy:**

- *Self determination*: The action of deciding by yourself for yourself.
- *Well-treatment*: Well-being, respect of dignity, fulfillment, self-esteem, inclusion and the safety of the person.
- *Collaboration*: Action to work together, in common with someone else.
- *Dignity*: The dignity of a person means that they are not an object, but a subject to be respected as they are.

**PROCEDURE:**

The following processes are in place at Bayview to effectively prevent and manage mistreatment of residents:

**– Prevention**

“The prevention of mistreatment aims to reduce or even eliminate the incidence of this phenomenon in all living environments of older people. It is based on the promotion of values such as respect for the human dignity, on knowledge of the causes and factors associated with mistreatment and on accountability of all social actors in the fight to reduce this social problem. It has the effect of increasing the degree of collective sensitivity and contribute to the acquisition of respectful attitudes and behaviors towards elders. It creates a climate where those involved will feel more comfortable breaking the silence and take the necessary steps to put an end to the mistreatment.” (*Plan d’action gouvernemental pour contrer la maltraitance envers les personnes aînées 2017-2022*)

**PROCEDURE (Cont'd) :****– Awareness**

Bayview implements measures to ensure all concerned are aware about the possibility of mistreatment taking place and what recourse is available. Strategies include:

- The policy and procedure and any updates are made available to all employees. New employees must sign that it has been reviewed and understood during orientation.
- Posters are displayed; ongoing reminders are published in newsletters.
- The “Welcome” package for new admissions includes a pamphlet entitled “Recognizing and Reporting Mistreatment”
- Information is made available on how to contact the SQCC and the Residents Committee members for support.
- The Policy/Procedure is posted on the website.

**– Education**

Ongoing training is provided to all employees and volunteers. The objective of training is to ensure the policy and procedure on mistreatment is known and respected, that all persons who work at Bayview know their responsibilities to report and to provide a basic overview on the definitions and issues linked to mistreatment of vulnerable residents in long term care.

**Managing situations of mistreatment:****Consent**

Depending on the circumstances, the resident and/or legal representative must be implicated during each step in the process of managing situations of mistreatment. If any care or services are required or personal information sent to a third party, consent must be sought.

**Key elements of the management model for mistreatment****1. Identification**

Everyone has a responsibility to be alert for potential situations of mistreatment and be vigilant for signs of mistreatment that may be taking place. Bayview must ensure that everyone who works for the establishment is aware. Refer to “Annex 1 – Terminology” for a full description of the various forms, types and list of potential signs that could indicate mistreatment is occurring.

Identification of mistreatment includes:

- Monitoring for signs of mistreatment
- Detection by a professional to facilitate identification of risk factors or signs of mistreatment
- Screening as a systematic identification process applied to a population

**PROCEDURE** (Cont'd) :**2. Reporting**

Reporting is the transmission, verbally or in writing, of information relating to the situation (presumed or confirmed) of mistreatment to the designated persons such as the SQCC. If anyone suspects or witnesses that mistreatment of a resident is taking place, it must be reported.

Conditions for obligatory reporting of mistreatment:

- For any person who lives in a CHSLD
- For anyone who is under a protective regime (Curator)

- Anyone can report witnessed or suspected mistreatment.
- All measures will be taken to preserve the confidentiality of information that would identify the person who makes a report of mistreatment unless the person gives consent otherwise. However, in the case of criminal infraction the identity of the person who reported may be given to the police by the SQCC.
- All measures will be taken so that the person who reports mistreatment is protected from retaliation and/or legal pursuit. Sanctions will be taken against anyone who directly or indirectly retaliates against someone who reports mistreatment.

*How to report suspected mistreatment:*

The SQCC is the person responsible to address all reports/complaints of suspected mistreatment of residents receiving care and services at Bayview.

**The Service Quality and Complaints Commission CIUSSS de l'Ouest-de-l'Île-de-Montréal can be reached at 1-844-630-5125 or via email at [commissariat.plaintes.comtl@ssss.gouv.qc.ca](mailto:commissariat.plaintes.comtl@ssss.gouv.qc.ca)**

Resident and/or legal representative	<ul style="list-style-type: none"> <li>• Make a formal complaint directly to the SQCC.</li> <li>• The Resident's Committee is available to lend assistance to report suspected mistreatment or make a formal complaint.</li> </ul>
Persons who work in Bayview (Have an ethical and/or professional obligation to report a witnessed or suspected situation of mistreatment of residents)	<ul style="list-style-type: none"> <li>• Must report directly to the SQCC or may inform their Immediate Supervisor or a Service Director who will contact the SQCC.</li> </ul>
Other persons	<ul style="list-style-type: none"> <li>• Must contact or be referred to the SQCC.</li> </ul>

**PROCEDURE (Cont'd) :**

A report or a complaint of suspected mistreatment received by the SQCC will be treated in the same manner. The SQCC's decision on how to proceed following a report of suspected mistreatment is determined by an analysis and consideration of the facts made known. The timeframe to address the report will depend on the nature and severity of the information but will be no later than 45 days as per the complaint procedure.

A mistreatment report form must be completed by the Supervisor or Service Director when they receive a report of suspected mistreatment or when they collaborate with the SQCC in the investigation of a complaint/report of suspected mistreatment.

If the report concerns the actions or lack of action(s) taken by a doctor, dentist or pharmacist, the report will be handed over to the Medical Examiner, as per the complaint's procedure.

If the report indicates a criminal infraction has occurred, the SQCC may contact the police.

The SQCC is not obligated to give a follow up response to the person who reported suspected or witnessed mistreatment.

The SQCC must provide a summary of activities related to the treatment of complaints and reports of mistreatment in their annual report.

**3. Investigation (Verification of facts)**

A thorough investigation must be initiated without delay following a report of suspected mistreatment.

The objectives of the investigation are to:

- Question those who are implicated, gather documentation in order to confirm if mistreatment actually happened and take the necessary actions and follow up.
- Evaluate and analyze the signs and indications to verify the consequences to the resident.

The verification of facts will be carried out by the relevant authorities or the SQCC depending on the situation.

In the case of report/complaint of suspected mistreatment to the SQCC:

- If the accused of mistreatment is a person working for Bayview or is another resident: the SQCC applies the complaint examination procedure.

**PROCEDURE (Cont'd) :**

- If the accused of mistreatment does not work for Bayview (third party, family, and visitor): the relevant authorities as deemed appropriate will be contacted by the SQCC.

**4. Evaluation of needs and capacities of the person**

Evaluation of the needs and capacities of the mistreated resident must be considered when planning interventions. Any intervention carried out for the mistreated resident must be done in accordance with their wishes and with consent.

In order to properly address a situation of mistreatment, an evaluation of the needs of all concerned must also be taken into account.

**5. Intervention and follow up**

For effective management of the situation of mistreatment, intervention must take place with all implicated persons including; the resident, the person who mistreated, the person(s) who reported, and the family of the resident (if applicable).

The objectives of any interventions are to:

- Ensure the security and well-being of all implicated parties;
- Diminish the risk of repeat behavior;
- Foster quality improvement opportunities.

**Guidelines:**

- Offer support to all concerned throughout the process.
- Inform all parties about available recourse methods.
- Following a confirmed situation of mistreatment, Bayview administration must evaluate the need to bring further corrective measures in order to improve the organization and quality of care and services.

**Sanctions:**

The actions taken to a confirmed situation of mistreatment post investigation, must consider the type and intention of the mistreatment, and the relationship between the resident and the person who mistreated.

Actions taken can be administrative or legal:

- Support measures
- Corrective measures
- Disciplinary measures
- Notification to relevant authorities (police, professional orders, etc.)
- Possible legal sanctions/fines for either not reporting or for committing an act of mistreatment.

**PROCEDURE** (Cont'd) :

Documentation must be maintained throughout the process and in a manner to ensure the confidentiality and anonymity of the reporter.

Required documentation:

- Report of suspected mistreatment and investigation notes
- SQCC complaint file and notes
- Resident medical file
- Employee file

**ROLES AND RESPONSIBILITIES**

Numerous people play a significant role in the fight to prevent and manage mistreatment of persons in a vulnerable situation. Everyone must collaborate by contributing according to their role. Vigilance and monitoring for mistreatment is expected by all concerned within the context of this policy and action must be taken for any suspected or confirmed situations of mistreatment.

**Table of specific responsibilities:**

<p><b>Executive Director</b> (or designated responsible person)</p>	<ul style="list-style-type: none"> <li>• Ensure policy development and adoption</li> <li>• Commit to promote a culture of “well treatment”</li> <li>• Develop and implement a plan for prevention (awareness and education)</li> <li>• Ensure reporting procedures are clear and known by all concerned</li> <li>• Establish and apply strategies to ensure confidentiality and protection from reprisal</li> <li>• Develop a plan to make the policy known, ensure it is posted on the website</li> <li>• Ensure ongoing evaluation, revision and required updates are maintained. The policy must be reviewed minimally every 5 years and submitted to the MSSS.</li> </ul>
<p><b>SQCC (CIUSSS)</b></p>	<p>Address all reports of mistreatment:</p> <ul style="list-style-type: none"> <li>• Analyze the admissibility</li> <li>• Prioritize actions according to the nature of the situation</li> <li>• Evaluate the situation and deliver required follow- up in accordance with who is accused of mistreatment (complaints examination procedure, medical examiner, other)</li> <li>• Ensure accountability for the interventions to be taken</li> <li>• Conclude the file (with or without recommendations)</li> <li>• Ensure the documentation is complete</li> <li>• Maintain the required statistics</li> <li>• Report to the Watchdog committee on recommendations made</li> </ul>
<p><b>Medical Examiner</b></p>	<ul style="list-style-type: none"> <li>• Apply the complaints examination procedure to investigate the facts when a doctor, dentist, pharmacist is the accused</li> </ul>



**ROLES AND RESPONSIBILITIES (Cont'd)**

<b>Directors</b>	<ul style="list-style-type: none"> <li>• Ensure the application of this policy in their respective service areas.</li> <li>• Develop and implement strategies for mistreatment prevention and contribute to the development of training and education.</li> <li>• Monitor for all situations that could potentially lead to mistreatment and intervene if required.</li> <li>• Collaborate with the SQCC in the investigation process.</li> <li>• Intervene to address reported situations of mistreatment.</li> <li>• Provide support to ensure the security and well-being of all concerned.</li> </ul>
<b>Supervisors</b>	<ul style="list-style-type: none"> <li>• Lend clinical support in order to prevent, identify, report and intervene in all situations of suspected or confirmed mistreatment.</li> <li>• Contribute to quality improvement initiatives to prevent or follow up on situations of mistreatment.</li> <li>• Report suspected mistreatment to the SQCC</li> </ul>
<b>Persons who work in Bayview</b>	<ul style="list-style-type: none"> <li>• Apply and respect this policy and procedure.</li> <li>• Ensure that residents are well treated through actions that foster well-being, respect for dignity, self-fulfillment, self-esteem, inclusion and personal safety.</li> <li>• Be aware of and monitor for signs of mistreatment.</li> <li>• Report any situations of alleged mistreatment as per the procedure.</li> <li>• Support and refer residents to the appropriate resources.</li> </ul> <p>(Employees who are members of a professional order have an obligation to respect their order's Code of Ethics)</p>
<b>Union Representatives</b>	<ul style="list-style-type: none"> <li>• Ensure the application and respect of this policy and procedure by their members.</li> <li>• Offer support to any member who is suspected of having mistreated a resident.</li> <li>• Contribute to the development of education and training related to mistreatment.</li> </ul>
<b>Watchdog Committee</b>	<ul style="list-style-type: none"> <li>• Ensure the appropriate follow up to all recommendations made by the SQCC.</li> <li>• Contribute to the coordination of activities to ensure the quality and safety of services and respect of the resident's rights.</li> </ul>
<b>Residents Committee</b>	<ul style="list-style-type: none"> <li>• Provide residents with information concerning their rights and obligations.</li> <li>• Support and/or assist any resident who has presented a complaint or reported any mistreatment.</li> </ul>

## Annex 1 – Terminology

### 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.

\* "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."

### 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:** 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.

**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).

### 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:** 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:** We are all influenced, to varying degrees, by the negative talk and stereotypes and that are conveyed about older people. These "pre-conceived thoughts" provide incorrect assumptions about various social realities that can lead to abusive behavior.

This terminology reflects the ever-evolving research-based knowledge and practices regarding the prevention of mistreatment towards the elderly, 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.