

REPORTING MISTREATMENT

Service Quality and Complaints Commissioner

1. IDENTIFICATION

MANDATORY REPORTING

(CONSENT NOT REQUIRED)

Reporting person

First name		Last name	
Date of the event (YYYY/MM/DD)		Reporting date (YYYY/MM/DD)	

Alleged mistreated person

First name		Last name	
Date of birth (YYYY/MM/DD)		File number	
		Phone number	
Fitness (medical assessment)	<input type="checkbox"/> Fit <input type="checkbox"/> Unfit <input type="checkbox"/> Don't know	Protection and representation measure (guardianship or protection mandate)	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIVING ENVIRONMENT

*CHSLD (specify the unit)		*RI-RTF	
*RPA (vulnerable user)	<input type="checkbox"/> <input type="checkbox"/>	Other:	

Alleged abuser(s)

First name, last name (caregiver, family, etc.)		Relationship with user	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Loved one (specify):
If employed, job title	<input type="checkbox"/> PAB <input type="checkbox"/> Nurse <input type="checkbox"/> Social worker/ARH <input type="checkbox"/> Manager Other:		

2. DESCRIPTION OF POTENTIAL MISTREATMENT – PRO-103, APPENDIX 3

Type(s): Physical Psychological Violation of rights Sexual Ageism

Organizational Material or financial

3. EVENT WITNESSES

Yes (last name, first name and position):

Unreported information (check if this is the case)

*CHSLD: Long-term care facility, RI: Intermediate resource, RTF: Family type resource, RPA: Private seniors' residence

4. EVENT DESCRIPTION OR STATEMENT OF THE FACTS AND IMPACTS (CHRONOLOGY OF EVENTS, MISTREATMENT INDICATIONS) – PRO-103, APPENDIX 4

Date YYYY/MM/DD	Factual, Objective, Detailed Description of the Event <i>(observable and measurable facts)</i>

5. ACTIONS TAKEN TO ESTABLISH A SAFETY NET

MANDATORY: Actions planned/completed by the team / Description of each action to avoid recurrence

<input type="checkbox"/>	Put in place a safety net (e.g., increase staff presence in the environment, involvement of the behavioural and psychological symptoms of dementia team (SCPD), steps taken to open a protection and representation measure, information provided to the user regarding help resources, transfer to another living environment, etc.). Explain the safety net:
<input type="checkbox"/>	Type of support provided to the victim in accordance with the “Managing a situation of mistreatment” procedure. <i>Explain:</i>
<input type="checkbox"/>	Check to see if other users are being or have been mistreated.
<input type="checkbox"/>	Trigger a Concerted Intervention Process (CIP) or other objective (specify): Name of designated resource person involved:

6. CHECKLIST

<input type="checkbox"/>	If you are a resource person, did you notify and involve your manager and resource person from your directorate?
<input type="checkbox"/>	Did you involve the designated resource person at your directorate and the mistreatment coordinator for the CIP?
<input type="checkbox"/>	Is an action plan in place to ensure the safety of the victim of mistreatment?
<input type="checkbox"/>	Did you involve Labour Relations if the alleged person is an employee of the CISSS de l’Outaouais?
<input type="checkbox"/>	Have you completed form AH-223, if applicable? (POL-049, p.3). If yes, indicate the number:
<input type="checkbox"/>	Did you complete an initial disclosure (Pro-008) if applicable?

Form completed by:

First name, last name		Job title		Date:
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