

Robin Hood Association  
(RHA)

Service Quality Management System  
(SQMS)

# RHA Service Quality Steering Committee

Linda Staszko Shelley Snook Ben King Trevor  
Ducharme Cayla Robinson (Manager)

A leadership appointed committee that provides support in the development, approval and implementation of the Service Quality Policy (SQP) and the Service Quality Management System (SQMS). Provide the necessary supports for the SQMS programs to be implemented and maintained at all levels of the organization. Provides support to the SQMS Management Rep/Director of Quality Assurance, SQMS Manager, the SQMS Internal Auditors, SQMS Site-Reps, Program Managers and location Supervisors.

# SUSTAINABILITY PLAN

2019-2021

1. Individuals have a strong sense of wellbeing, choice/independence and community.
2. Families/guardians have a right are actively involved in the life of their family member as appropriate.
4. The Association is Accreditation certified (within required programs) with systems in place to ensure ongoing best practices.
6. Evidence exists to demonstrate individuals have a very good quality of life.
7. Services meet the specific service needs of individuals.
8. Equality of opportunity is afforded to all individuals to access quality supports and services.

# SUSTAINABILITY PLAN

2019-2021

9. Service standards meet basic health, safety and security requirements on an ongoing basis.
10. Individuals will be retained due to acceptable service quality provided by RHA.
11. Families/individuals are supported through entire Intake to Service Completion process.
13. Effective service monitoring systems are in place.
14. RHA-managed homes are functional, safe, personalized and welcoming.

# Quality Management Systems

A **Quality Management System (QMS)** is a collection of business processes focused on consistently meeting customer requirements and enhancing their satisfaction. It is aligned with an organization's purpose and strategic direction. It is expressed as the organizational goals and aspirations, policies, processes, documented information, and resources needed to implement and maintain it.

# Elements and requirements of any QMS

- The organization's quality policy and quality objectives.
- Quality manual.
- Procedures, instructions, and records.
- Leadership driven.
- Data management.
- Internal processes.
- Customer satisfaction from product quality.
- Improvement opportunities.
- Quality analysis.



# Benefits of a Quality Management System

- Enhanced quality for product/service and process.
- Reduction in variation
- A common language to improve understanding of quality requirements
- Continuous improvement of operational performance through ongoing monitoring and process maturation
- Increased staff morale through consistent practices
- Benefits through increased efficiency reduced waste and better utilization of resources
- Improved product/service and process quality

# RHA Service Quality Management System (SQMS)

1. Service Quality Policy
2. Service Quality Language and Operational Standards
3. Organizational Structure and Responsibilities
4. Skill Development and Training (Employee)
5. Service Quality Process Quality Control Table (PQCT) & Policy Links
6. **Service Quality Excellence & RHA Internal Auditing Criteria**
7. Service Quality GAPS, and Additional Controls
8. **Assessments and Inspections (Service Quality Review's)**
9. Incident Reporting and Investigation (Individual in Service)
10. System Administration
11. Controlled Documentation System
12. Abuse Prevention and Response Reporting
13. CET Living WIP Preparation & Evaluation

RHA's SQMS is aligned with Alberta Council of Disability Services (ACDS) CET Standards 1-7 (2021)



# SQMS Section 6. Service Quality Excellence & RHA Internal Auditing Criteria

## Purpose:

To further define the standardized Service Excellence criteria across RHA and to provide further clarity of detailed RHA Process Controls including Primary, Secondary, and Supplemental as per RHA's Service Quality Process Quality Control Table (PQCT).

*SQ PQCT (Image 1)*

## Service Quality Excellence

### Standard 1: Inclusion

- 1.1: Community and Social Inclusion
- 1.2: Employment and Skill Development and Maintenance
- 1.3: Assistive Technology and/or Environmental Interventions (AT and/or EI)

### Standard 2: Rights

- 2.1: Home and Privacy
- 2.2: Freedom to Express Culture and Religion
- 2.3: Conflict Resolution
- 2.4: Decision Making and Autonomy
- 2.5: Human and Legal Rights

### Standard 3: Service Planning

- 3.1: Intake and Assessment
- 3.2: Individual Service Planning
- 3.3: Transition Planning
- 3.4: Behaviour Management

### Standard 4: Relationships

- 4.1: Social Connections
- 4.2: Healthy Relationships

### Standard 5: Health and Safety

- 5.1: Planning and Engagement in Physical, Emotional, and Mental Health
- 5.2: Physical and Psychological Safety
- 5.3: Abuse Awareness and Prevention
- 5.4: Risk Management

### Standard 6: Human Resources (HR)

- 6.1: HR Strategy
- 6.2: Staff Training
- 6.3: Behaviour Management Skills and Procedures
- 6.4: Occupational Health and Safety (OHS)

### Standard 7: Governance and Administration

- 7.1: Organizational Risk Management
- 7.2: Organizational Planning
- 7.3: Quality Assurance and Performance Management

Source: Alberta Council of Disability Services (ACDS) "Creating excellence Together (CET)" Standards 2021

Primary, Secondary, and Supplemental Process Controls as per RHA's Service Quality Process Quality Control Table (PQCT).

*SQ PQCT (Image 1)*

These detailed RHA Process Controls will be used by internal auditors to validate existing Service Quality Controls, Best Practices and Service Quality Excellence. See Section 8, Assessments and Inspections.

**Process Control** - Process Control is a disciplined, consistent practice that is reliable and repeatable in order to achieve standardized outcomes and level of service.

**Primary Process Controls** – RHA standardized controls that are applicable to all Individuals in Service and must be present to support Service Quality Excellence. Absence of these Primary Process Controls are subject to Service Quality Non-conformance.

**Secondary Process Controls** – RHA specialized controls that may not be applicable to all Individuals in Service however when they are applicable based on the Individuals personal needs, must be present to support Service Quality Excellence. Absence of these Secondary Process Controls, where required, are subject to Service Quality Non-conformance.

**Supplemental Process Controls** – Additional RHA controls that may be applicable to further supporting Service Quality Excellence and Best Practice. Absence of these applicable Supplemental Process Controls may be subject to Opportunities for Improvement (OFI) or Service Quality Non-conformance.

# SQMS Section 8. Assessments and Inspections (Service Quality Review's)

**Assessments & Inspections** - Validating everyday work practices to standardized Service Quality Process Quality Control Table (PQCT) including Primary, Secondary, and Supplemental RHA specific Controls/Criteria. Inspections will also look for practical application of best practice compliance to CET standards 1-6. Additional onsite assessments may be conducted referencing Alberta Health and/or Accommodations Licensing standards and Occupational Health and Safety legislation.

## Service Quality Reviews (SQR's)

**Service Quality Reviews (SQR's)** – The primary focus of SQR's will be on File Content, Process Adherence, and Observational Validation of Service Delivery for a specific Individual receiving services per applicable funding codes (linked to specific SQMS audit criteria's).

### *Purpose:*

The purpose of this procedure is to ensure internal assessments & inspections of the SQMS Process Controls, Work Environments, Individual Service Planning and Service Quality GAP Controls are conducted at planned intervals and that concerns are reviewed with management and are addressed through continuous improvement activity.

### *Scope:*

This procedure provides the guidelines for the development, preparation, conduct and control of the internal assessment & inspection program for the SQMS.

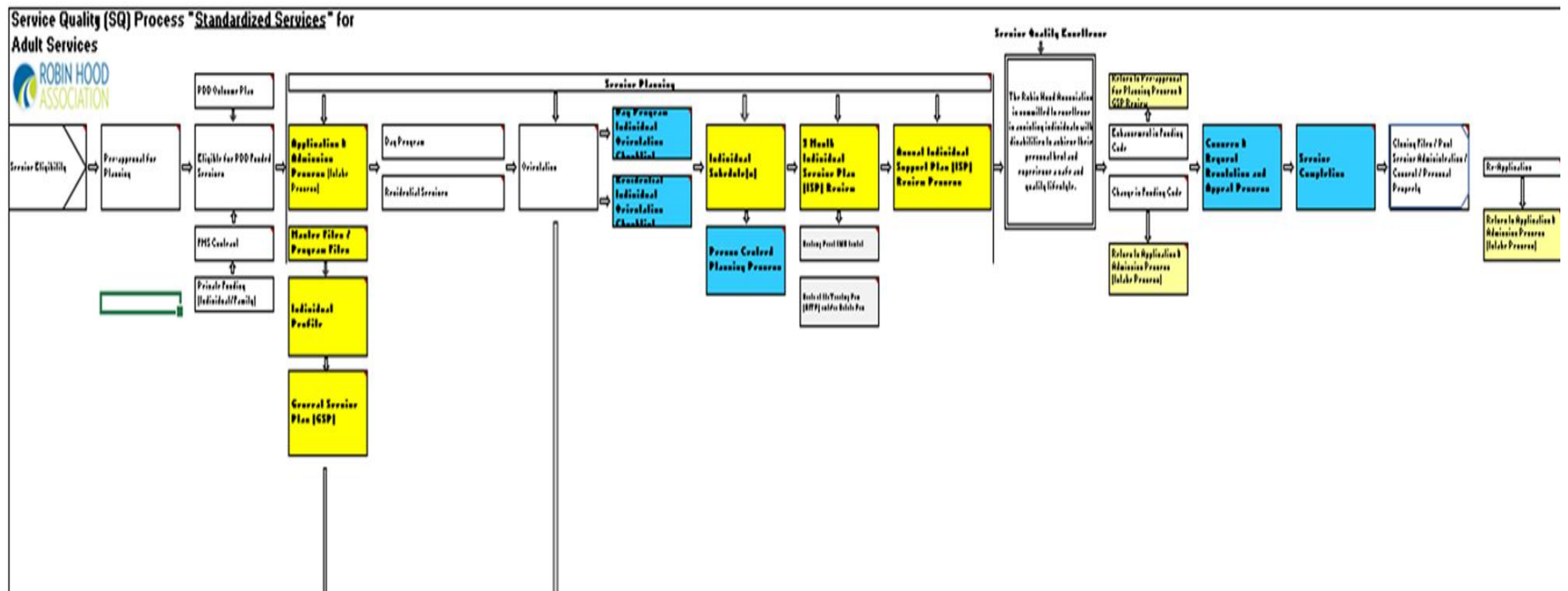
### *Definitions:*

**Formal Inspections:** will use the standard Service Quality Review (SQR) Assessment & Inspection form to record items identified during the inspection. The designated form will prompt internal auditors to check for specific items and will create a consistent standard for the collection and evaluation of information.

- Formal Inspections
- Visual Management
- SQMS Steering Committee Internal Assessment & Inspection Schedule/Checklist
- Service Quality Excellence Recognition
- Service Quality Areas for Growth, and Opportunities for Improvements
- Non-Conformance
- RHA Service Quality Continuous Improvement Action Request (CIAR)

# Service Quality Process Quality Control Table Standardized Services

SQ Standardized Services (Image 2)



# Application & Admission Process (Intake Process) - Primary

## **Why is this a Control?**

To ensure that all applicable application and admission documentation is available for review by the intake committee to reference with the Service Criteria for Adult Services to better support a consistent approval or denial of services. Applicable application and admission documentation received after the intake committee process are required for the development of the General Service Plan, and Individual profile.

## **Expectation/Exemption:**

If individual is over 18 years old, and receiving PDD funding, all application and admission documents must be present in the individuals master electronic file. (Admission date on profile - post 2019)

# Assessment for Chemical/Physical Intervention used for Dental/Medical - Supplemental

## **Why is this a Control?**

Identifies level of assistance/support required, if any, for a medical or dental procedure.

## **Expectation/Exemption:**

100% Standardized Expectation

# Master Files / Program Files - Primary

## **Why is this a Control?**

A standardized structure that contains the individual's personal records, reference materials for service delivery and is a requirement of our funder.

## **Expectation/Exemption:**

100% Standardized Expectation (Specific binders are "if applicable") The Exemption for binder audits is 1020, 1030, 1040, 1050, and 2020.

# Individual Profile – Primary

## **Why is this a Control?**

Will list what procedures and protocols are in place and what medications exist for each individual.

## **Expectation/Exemption:**

100% Standardized  
Expectation

# General Service Plan (GSP) – Primary

## **Why is this a Control?**

Current source of information related to the individual, who they are, their history and what their interests and goals are or have been including support needs.

## **Expectation/Exemption:**

100% Standardized  
Expectation



# Day Program Individual Orientation Checklist – Secondary

## **Why is this a Control?**

The day program individual orientation checklist is used by the program manager or designate to ensure all pertinent service planning and delivery information is shared with individuals and their families upon admission.

## **Expectation/Exemption:**

100% Standardized  
Expectation for all individuals with 3000 or 2010 funding codes

# Residential Individual Orientation Checklist – Secondary

## **Why is this a Control?**

The residential move orientation checklist is used by the program manager or designate to ensure all pertinent service planning and delivery information is shared with individuals and their families upon admission.

## **Expectation/Exemption:**

100% Standardized Expectation for all individuals with Residential placements (1010 and 1020) funding codes

# Individual Schedule(s) – Primary

## **Why is this a Control?**

This is a plan on how community and social engagement occurs based on individual interest.

## **Expectation/Exemption:**

100% Standardized  
Expectation.

# Person Centered Planning Process – Secondary

## **Why is this a Control?**

To capture, promote and support the individuals evolving voice, goals, responsibilities, interests and personal choice.

## **Expectation/Exemption:**

\*IN DEVELOPMENT, TO BE  
INSTALLED SUMMER 2024\*

# Individual Logbooks/ Staff Daily Communication Books/(or) Equivalent– Supplemental

## **Why is this a Control?**

Demonstrates activities occurring are aligned with individual schedules.

## **Expectation/Exemption:**

Supplemental evidence to support person centered planning activity and scheduled activity follow up (plan vs actual)

# 3 Month Individual Service Plan (ISP) Review – Primary

## **Why is this a Control?**

Ensures that discussion takes place on how services are progressing and that all parties involved are aligned with service delivery expectations. This process assists with identification of support needs and goal setting.

## **Expectation/Exemption:**

100% Standardized Expectation (Post Application and Admission Review for Individuals that have Commenced Services after January 2022) Not required for enhanced services code change.

# Quality of Life Teaching Plan (QLTP) and/or Activity Plan + Data Sheet – Supplemental

## **Why is this a Control?**

Demonstrates a concerted effort to teach skills. May or may not be associated with community engagement. Best practice would be objectives are observable and measurable

## **Expectation/Exemption:**

Standardized Expectation except: Over 65 Years of Age, Resource Identified listing (i.e. palliative care)

# Annual Individual Support Plan (ISP) Review Process – Primary

## **Why is this a Control?**

The annual ISP is a contractual requirement. Ensures that ongoing discussion takes place, that services are taking place and that progress is being documented. This process ensures that all parties involved are aligned with service delivery expectations. This process supports ongoing identification of support needs and goal setting.

## **Expectation/Exemption:**

100% Standardized  
Expectation



# Concern & Request Resolution and Appeal Process – Secondary

## **Why is this a Control?**

This working form (SUP/QA/0053) is used to document all significant or escalating concerns and/or request discussions between family/guardians and RHA staff. This form that captures the concerns and/or request as well as the agreed upon resolution or path forward and is saved in the individuals e-file for record retention and ongoing evaluation of service delivery.

## **Expectation/Exemption:**

100% Standardized  
Expectation (if applicable –  
post 01/01/2023)

# Service Completion – Secondary

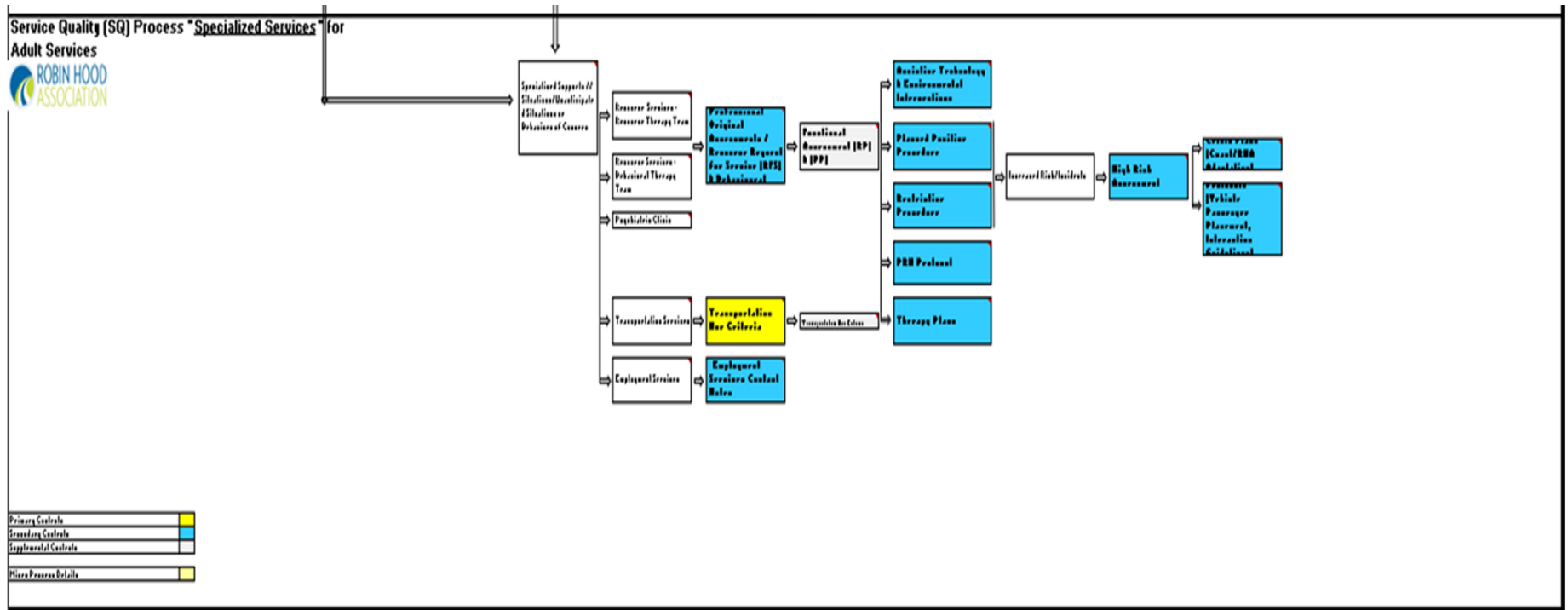
## Why is this a Control?

For RHA initiated service completion, the Program Director will initiate the service completion letter via Individual change point notification to ensure all need to know parties are aware to manage their applicable processes (i.e.: SOM, Finance, etc.) / If Individual is deceased, Resource Services will drive the change point notification process using the Critical Incident report acting in place of the service completion letter.

## Expectation/Exemption:

100% Standardized  
Expectation upon service completion (If applicable)

# Service Quality Process Quality Control Table Specialized Services



SQ Specialized Services (Image 3)

# Professional Original Assessments / Resource Request for Service (RFS) – Secondary

## **Why is this a Control?**

Provides access to specialized services. Shows that a need has been identified and that action is triaged with outcomes identified. Also ensures that there are safe and effective approved plans in place to implement and maintain all therapeutic recommendations. Plans are written by the appropriate professionals to support independence and/or to mitigate risk.

## **Expectation/Exemption:**

If applicable Resource Assessment exist.

# Behavioral Services Referral (BSR) – Secondary

## Why is this a Control?

Provides access to specialized services. Shows that a need has been identified and that action is triaged with outcomes identified. Also ensures that there are safe and effective approved plans in place to implement and maintain all behavioral recommendations. A functional assessment is always a pre-requisite for the development of a restrictive procedure and is recommended for positive procedures as well, to understand the factors that influence the situation or behaviour of concern.

## Expectation/Exemption:

If applicable. Pre-requisite for the development of a restrictive procedure. Validation is for new procedures developed post – 2022.

# Wellness Assessment (Facilitation) – Supplemental

## **Why is this a Control?**

Holistic approach to understanding health and wellness of the individual, by examining their strengths; what constitutes a "Good Day"; communicative behaviours and the unmet human needs that accompany those actions. Strategies are developed from the information gathered in order to put forth best case scenarios and opportunities. These strategies also streamline the appropriate goal planning, activities and direction for the future.

## **Expectation/Exemption:**

At present, this is linked to Behaviour of Concern. Applicable if Resource Behavioural referral is submitted or there is COAST involvement. Presence of Coast Involvement/Wellness Assessment will be captured in the Individual Profile.

# Assistive Technology & Environmental Interventions – Secondary

## Why is this a Control?

AT: Any item, piece of equipment, product or system, acquired either commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities of individuals with developmental disabilities.. EI: are installed equipment such as grab bars, ramps, lifts, interior and exterior modifications to a building that increases the functional capabilities of individuals with disabilities such as environmental monitoring devices, door chimes, locked cabinets and doors. Consideration needs to be made for Behavioural Request for Services that limits autonomy.

## Expectation/Exemption:

If AT & EI are applicable in GSP  
(Ratings - general support needs)

# Planned Positive Procedure / Restrictive Procedure / PRN Protocol / Therapy Plan – Secondary

## **Why is this a Control?**

Outlines parameters for ethical practice, ensures consistency, guides staff on appropriate use of approved restrictions, protects everyone from service delivery liability.

## **Expectation/Exemption:**

If applicable on Individual Profile



# Staff Training: Non-Violent Crisis Intervention (NVCI), Restrictive Procedures (RP) – Supplemental

## **Why is this a Control?**

RP ensures that the individuals rights are upheld, and unauthorized use of restrictive procedures are not used, nor prohibited practice. NVCI teaches how to deescalate behaviors and teaches safe non-violent physical intervention.

## **Expectation/Exemption:**

100% Standardized Expectation for all program staff regardless of Individual being supported.

# PDD Risk Analysis– Secondary

## **Why is this a Control?**

A tool provided by PDD to support agencies in risk mitigation. It identifies risk behaviors an individual may demonstrate and what strategies staff can implement. It identifies a holistic overview of severity and likelihood. The PDD Risk Analysis is to keep behaviors from escalating.

## **Expectation/Exemption:**

If applicable, will be noted on Individual Profile

# Crisis Plans (Coast/RHA Adaptation) – Secondary

## **Why is this a Control?**

A plan of action written for individuals demonstrating high/extreme risk behaviours. Staff must follow this action plan in an emergent crisis moment.

## **Expectation/Exemption:**

If applicable on Individual Profile.

# Protocols (various) – Secondary

## **Why is this a Control?**

Various guidelines written for individuals demonstrating challenging behaviours or individual medical needs and to avoid restrictive components and to identify setting events. Staff must follow these guidelines to mitigate risk and to reduce escalation.

## **Expectation/Exemption:**

If applicable on Individual Profile.

# Transportation Use Criteria – Primary

## **Why is this a Control?**

To ensure each individual has been assessed on their specific transportation support needs to promote ongoing skill development and community transportation etiquette. “do with not for”.

## **Expectation/Exemption:**

100% Standardized Expectation. The auditor will verify that the assessed primary mode Public Transit and/or Mobility Bus is utilized for >50% of transportation for services provided in Strathcona County and >33% in the City of Fort Saskatchewan.

# Employment Services Contact Notes – Secondary

## Why is this a Control?

Demonstrates that labor standards are being followed and that the individual is competitively employed or actively seeking competitive employment. Employment Support funding comes with an external expectation for an individual receiving these supports to graduate from 2010 (skill development) to 2020 (competitive employment) within 2 years or employment support funding can be withdrawn and funding defaulted to funding code 3000.

## Expectation/Exemption:

Applicable if: Individual has 2010 Code (Employment Preparation) or 2020 Code (Competitive Employment) referencing PDD & FM Aggregate. Additionally applicable if: Regardless of current funding (3000 Code), Employment Goals exist. Employment Services must have a completed employment contact notes or related controlled processes at least Monthly.

# Sample: Process & File Test Audits

## SQR - Process, File Content, and Observational Audits to commence in April 2024

ROBIN HOOD ASSOCIATION		Service Quality Review (SQR) - Standardized Services for Adult Services					Source of Service Quality GAPS: Service Operator, Employee, Individual in Service, Parents/Guardians/Families.			
SQR Date:	2022-11-08					●	Process Controls/Standards followed. No concerns noted.			
Individual / Location:		Clean up: Auditor or Surveyor - consistency				▲	Process Controls/Standards are followed however there is room for improvement.			
Auditor(s)	SQR Collective Team - TEST					X	Process Controls/Standards not followed. Concerns noted. Countermeasures required.			
Primary Reference: RHA Service Quality Management System (SQMS) - Standardized Services (Process Quality Control Table - PQCT)										
Secondary Reference: CET Standards & Indicators (New Standards 2021), Accommodation Standards, OH&S Elements										
Control Type	Process Control	Why is this Control?	Expectation/Exemption:	Validation Criteria:	Validation Method:	Actual Results / Observations	Evaluation			Source of SQ GAPS
Primary	Application & Admission Process (Intake Process)	To ensure that all applicable application and admission documentation is available for review by the intake committee to reference with the Service Criteria for Adult Services to better support a consistent approval or denial of services. Applicable application and admission documentation received after the intake committee process are required for the development of the General Service Plan, and Individual profile.	If individual is over 18 years old, and receiving POD funding, all application and admission documents must be present in the individuals master electronic file. (Intake date on profile - post 2013)	The surveyor will validate that all applicable application and admission documents are present in the individuals master electronic file. The application and admission (intake) checklist template or PQCT will be used for validation.	Individual electronic file	Not applicable, intake prior to 2013. No application on file. Code of Conduct, Day Orientation Checklist, Guidelines of Sexuality, Orientation Checklist, Signed Fee Schedule and Who's Responsible list is gathered. Others may be in the paper file.		▲		Service Operator
Supplemental	Assessment for Chemical/Physical Restraints used for Dental/Medical	Identifies level of assistance/support required, if any, for a medical or dental procedure.	100% Standardized Expectation	Details of interventions must match what is on the individual profile. Current intervention documentation is only valid for 1 year. Surveyor will ensure the year is current.	Individual Profile (Y/N) / Individuals electronic file/support procedure/CET standards	Approved Dental Medical 2021 form completed and signed by Barb Schroter and Sabina Ramic. Profile matches the Approved Dental Medical 2021.	●			
Primary	Master Files / Program Files	A standardized structure that contains the individual's personal records, reference materials for service delivery and is a requirement of our funder.	100% Standardized Expectation	There is an active electronic file and that each individuals e-file matches the QA master structure (correct sub folders).	Individual electronic files / QA master structure map	E-mailed Documents folder has been created in Maddie's folder, this does not match the QA master structure.		▲		Employee
Primary	Individual Profile	Will list what procedures and protocols are in place and what medications exist for each individual.	100% Standardized Expectation	Should be completed in full with no yellow highlights (indicate expired info or follow up items required for regular review or at minimal, annual by TL & CDP).	Medication binder, and/or Alfresco	Yellow highlights on profile in a few sections: on home phone number, Feeding and swallowing assessment recommendations, medications are expired in yellow. Recommendation keyworker to review the individual profile and address yellow areas. Individual Profile currently is living in the Individual Working Binder and the Medication Binder, needs to only be in Med Binder. Color printing on the profile is not acceptable.			X	Employee
Primary	General Service Plan	Current source of information related to the individual, who they are, their likes and dislikes, interests and	100% Standardized Expectation	The GSP must include: future long-term goals, a personal profile/history, likes and dislikes, recreational activities. The GSP is to be reviewed every year or as needed. Surveyor will confirm with the individual and/or	Individual working	GSP missing in the master file, it is believed to have been moved to the working file for updates in the current active ISP meeting. No future long term goals listed on the GSP. Life Style / Vocational / Residential Goals (1 to 3 year goals) should be updated. Personal profile/history, personal preference/dislikes and recreational activities are included on the GSP in the Individual Working Binder. GSP structure was initiated by Barb			X	Employee

SQR Audit Temp - Standardized

SQR Audit Temp - Specialized



# Abuse Prevention and Response Policy In-Service

**January 2024**



# Intent of Session

- **Prioritize that the individual is protected from abuse and is safe**
- **Ensure the staff is well advised of prevention, recognition of definitions, response**
- **Confirm comprehension and accountability through a collective approach to abuse response**
- **Promote a collaborative, community-based approach to addressing all aspects of abuse**

# Prevention

- The best way to prevent abuse is to meaningfully include individuals with developmental disabilities in regular community life, as neighbors, co-workers, volunteers and friends.
  - **This requires a shift in thinking, away from a client perspective and towards a citizen perspective**
- Monitor how well staff practices promote the strengthening of natural connections within the community.

# Prevention

- Reducing stress levels by creating a conducive and healthy work environment.
  - Be aware that burnout, frustration and stress of employees can lead to abusive behaviors.
  - Pay attention to staff needs, workload, caregiver challenges and personal issues that may affect their behaviors.
  - Employees, practicum students or volunteers who become aware of the potential for abusive interactions are encouraged to discuss this matter with their immediate supervisor to have a plan of action implemented.

# Prevention

- Conduct criminal record checks.
- Ensure staff are trained and have the skill/capacity to do the job.
- Provide opportunities for staff members to discuss prevention, share learnings and identify challenges.

# Prevention

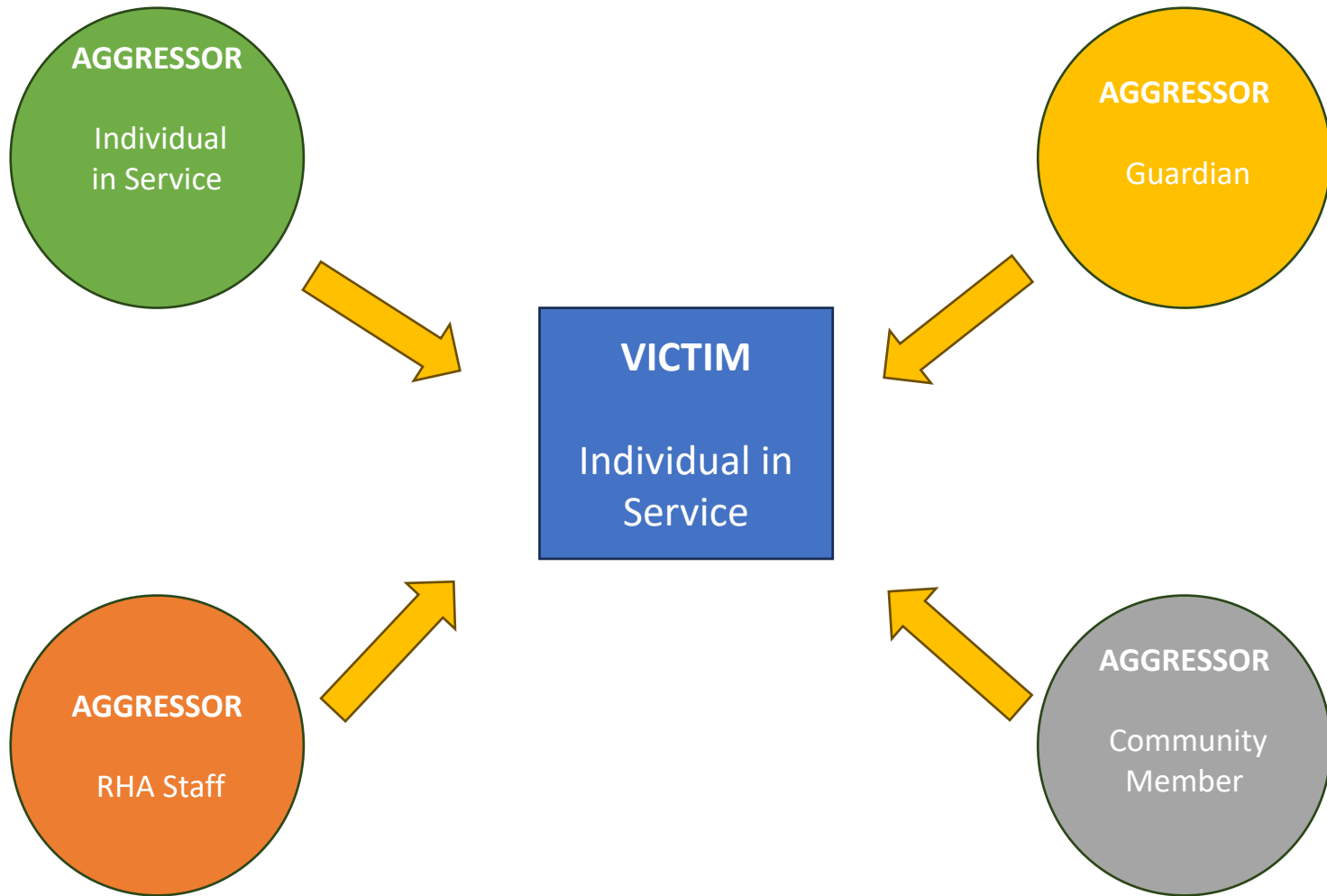
- Assist individuals in understanding what abuse is and what their rights are.
- If an individual is consistently abusive to others, a positive approach plan should be developed, approved, and implemented.
- Act as a resource to the community at large.

# Prevention

*Further Precipitating Factors:*

- Power imbalance
- Negative attitudes
- Learned compliance
- Isolation and protection

# APRP – Recognition of Abuse



# Physical Abuse

- **Physical acts of assault (or threats of)** such as hitting, punching, pulling hair, kicking, biting, throwing, burning or violent shaking **that cause, or could cause physical injury**. Possible indicators: Unexplained or unusual injuries; defensiveness in regard to injuries; sudden fear of physical contact; sudden inability to sleep at night or change in sleep pattern.



# Sexual Abuse

- **Sexual assault** (touching of a person's sexual features without consent) **or Sexual harassment** (any conduct, comment, gesture or contact of sexual nature) **likely to cause offence or humiliation to an individual**. Possible indicators: pain or injury to genital areas; difficult time walking or sitting; sudden childlike actions; sudden sexual acting out. Note: Due to the power imbalance related to employee's authority, it is unethical for an employee and an individual that receives support to engage in a sexual relationship.

# Emotional Abuse

- The rejecting, ignoring, criticizing, insulting, threatening, isolation, harassing, degrading, humiliating, intimidating or terrorizing of a person. **Acts or omissions that cause or are likely to cause conduct, cognitive, affective or other mental disorders, emotional stress or mental suffering.** Possible indicators: sudden onset of speech disorders; anxiety, anger and behavioral changes; constant apologies; nightmares or sleep disturbances.

# Negligence

- **Failure to provide or make available necessities (such as food, clothing, shelter, protection from hazardous environments, care or supervision appropriate to the person's age or development, hygiene and medical care).** Possible indicators: health concerns that go ignored or untreated; loss of weight without a medical reason; always tired and falling asleep; frequent falls, injuries and reoccurring minor accidents.

# Exploitation

- **Taking advantage of a person, including but not limited to money and material possessions, or persuasion to do things that are illegal or not in the individual's best interest.** Possible indicators: using someone's treaty card to access benefits; borrowing money or objects without permission; convincing someone to give away personal possessions; convincing someone to do something they do not want to.

# Inappropriate Use of Restrictive Procedures

- ***Use of Restrictive Procedures*** on someone who does not have a procedure in place, or a strategy not outlined in an existing protocol that is more restrictive. Restrictive Procedures are any action in response to A Situation Or Behavior Of Concern That:
  - Restricts An Individuals Rights, Freedoms, Or Choices
  - Restrains An Individuals Normal Range Of Movement
  - May involve The Use Of Medication To Address An Individuals Behavior Which Is Not Required To Treat The Individuals Diagnosis
  - Limits An Individuals Access To Events, Relationships, Privileges, Or Objects that they would normally have access to

# Reporting



**AGGRESSOR**

Individual in Service

Persons in Protection of Care (PPC) Hotline (1-888-357-9339).

**CHILDREN** Child Intervention 24/7 at [1-800-638-0715](tel:1-800-638-0715):

**AGGRESSOR**

Guardian

Office of the Public Guardian & Trustee (Program Director)

**CHILDREN** Child Intervention 24/7 at [1-800-638-0715](tel:1-800-638-0715):

**VICTIM**

Individual in Service

Persons in Protection of Care (PPC) Hotline (1-888-357-9339).

**CHILDREN** Child Intervention 24/7 at [1-800-638-0715](tel:1-800-638-0715)

**AGGRESSOR**

RHA Staff

RCMP (Program Director)

**CHILDREN** Child Intervention 24/7 at [1-800-638-0715](tel:1-800-638-0715):

**AGGRESSOR**

Community Member

# Summary: Recognition to Response

