

Adult Guardianship Investigation/Outcome

Overview:

As a Designated Agency Interior Health is required to investigate reports of abuse, neglect or self-neglect. This document provides Designated Responders with instruction on how to use the **Adult Guardianship Investigation/Outcome Report**. The purpose of the **Adult Guardianship Investigation/Outcome Report** is to provide a standardized documenting template for Designated Responders to record the progress made during an investigation and care planning process for a vulnerable adult. It provides a clinical template to record sensitive material regarding vulnerable adults. Data will be collected to identify trends in the area of adult guardianship based on the information entered in to Meditech using this template.

Confidentiality and Reports of Abuse

In accordance with Sec.46 of the Adult Guardianship Act, the identity of a person who makes a report to a Designated Agency must not be released in any circumstance. The report discussed in this document has the following header: *“Designated Agency Reports under the Adult Guardianship Act. This report must NOT BE RELEASED without consultation from the Director of Risk Mgmt or the Manager FOI, Privacy and Policy Development”*. This header indicates to the Medical Records department that these reports must be reviewed prior to their release. Clinicians should be aware that documenting the identity of a person who reports abuse to a Designated Agency anywhere outside of these templates could result in a breach of confidentiality. Therefore, it is very important that all reports of **suspected** abuse, neglect or self-neglect be documented in Meditech using the templates provided.

Adult Guardianship Investigation/Outcome:

These reports should only be completed by a **Designated Responder**. Designated Responders are Social Workers, Mental Health Clinicians and Case Managers in program areas without Social Workers. **Adult Guardianship Investigation/Outcome Reports** should be done in conjunction with an **Adult Guardianship Progress Note**. A report should be completed at the start of a new investigation as well as the end of an investigation.

An **Investigation Report** should be completed when:

- a) A Designated Responder receives a report of abuse, neglect or self-neglect
- b) A staff member of the health authority has reason to believe that an adult is being abused, neglected or self-neglecting
- c) A Designated Responder receives a report that the adult’s representative, guardian or monitor has been hindered from visiting or speaking with the adult

An **Outcome Report** should be completed when:

There are no longer any outcomes (listed on below page 6) required to support a vulnerable adult and therefore the adult is no longer vulnerable or a care plan has been put in place to support the adult.

Completing a Report:

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Report Status:

The report status field indicates the level of completion of the report.

Note: Reports completed by students should be signed by their supervisor in the report status comment section. Special “signing authority” may be required to sign off on student documentation. Students are not members of a Designated Agency and thus an investigation is required to be done by a Designated Responder, students can only dictate the work of a Designated Responder under supervision

Adult Guardianship:

Date Investigation initiated: **REQUIRED FIELD.** Record the date that the Designated Responder started to work on the file; NOT always the date that first contact was made.

Date Investigation closed: An investigation is considered closed after a decision is made to take one of six actions detailed under Sec 51 of the Adult Guardianship (See page 6).

Note: A new investigation may occur if new information is brought to the attention of a Designated Agency. At which point a new investigation/outcome report should be completed.

Subject to S.59 Emergency Assistance?: If the designated responder feels that conditions meet the criteria of Sec 59 of the Adult Guardianship Act and that emergency assistance is required, select **YES**. If the criteria is not met select either **No** or **Comment**.

Subject to S. 59 Emergency Assistance comment: If **No** is selected no comments are needed. If **Yes** is selected please complete an Emergency Assistance form and indicate where the form is filed in the comments section (i.e.: home health chart, acute care chart etc.). If **Comment** was selected, please identify the reason why (i.e.: consultation in progress, more information needed).

Purpose Of Designated Responder Involvement:

Purpose of Involvement	
Purpose of Designated Responder involvement:	

Purpose of Designated Responder involvement: **REQUIRED FIELD.** State the reason why the referral was made and the risk indicators involved.

Assessment And Intervention:

Assessment and Intervention	
Current situation summary (abuse and/or neglect confirmed):	
Patient/Client/Family perspective:	
Clinical Impression:	
Support and Assistance Plan (s. 53 Adult Guardianship Act):	<input type="radio"/> Yes <input type="radio"/> No
Support and Assistance Plan comments:	
Key contacts consulted for Support and Assistance Plan:	
	(List all names)

Current situation summary (abuse and/or neglect confirmed): Provide a summary of the current situation.

Note: If abuse and/or neglect were confirmed during the investigation, be certain to state only facts and avoid all presumptions.

Patient/Client/ Family perspective: **REQUIRED FIELD.** Document the perspective of the client and family in regard to their beliefs, values, wishes and perception of the situation during the investigation.

Clinical Impression: The designated responder may provide a professional opinion based on the facts of assessments and the investigation in this section.

Support and Assistance Plan: (S. 53 Adult Guardianship Act): Consult your practice lead to determine the need for a Support and Assistance Plan. This is a care plan that complies with Sec 53 of the Adult Guardianship Act and is completed as a last resort to address risks to a vulnerable adult.

NOTE: A support and assistance plan is **NOT** a general care plan

Support and Assistance Plan comments: If **YES** is selected, state the status of the plan, where the hard copy of the plan is filed and whether or not the client/family accepted the plan. Details of the plan can be recorded in the “Outcome” section of the form.

Key contacts consulted for Support and Assistance Plan: List all those who were consulted during the development of a Support and Assistance Plan (i.e. clinicians, 3rd party stakeholders, family and the client).

Plan Of Care:

Plan of Care	
Plan:	

Plan: The designated responder should provide a detailed care plan as well as any future plans for care relevant to the care of the adult. The strategy regarding additional investigations and any need for assessments should also be documented here.

Outcome:

Outcome	
After conducting an investigation, the designated agency may do one or more of the following as per Adult Guardianship Act, S. 51 (provide detailed documentation of the specific actions taken)	
Take no further action:	
Refer the adult to available health care, social, legal, accommodation or other services:	
Report the case to the Public Guardian and Trustee or another agency:	
Apply to the Court for protective measures:	
Prepare a Support and Assistance Plan that specifies any services needed by the adult, including health care:	Court should be used as a last resort. Consultation should occur with Risk Management prior to starting a Court process.
Details/Comments on Outcome:	
Notifications:	

After conducting an investigation, the Designated Agency may do one or more of the following as per Adult Guardianship Act Sec. 51

Take no further action: If it is determined that no further action is required, identify how the two pivotal questions have been addressed at the time of the report.

- 1) Is the adult being abused, neglected or self-neglecting?
- 2) Is the adult able to seek/refuse support and assistance?

Refer the adult to available health care, social, legal, accommodation or other services: If a referral for services is needed, the details of the referral should be provided as well as the reason for the referral.

Report the case to the Public Guardian and Trustee or another agency: If the client is moving to another health authority, the designated responder should document complete agency details for all agencies and interactions regarding the transition. As a last resort the Designated Responder can make a referral to PGT.

Apply to the Court for protective measures: Applications to the court are a last resort. If any of the legal options available to the Designated Agency under the Adult Guardianship Act are considered, a consultation with Risk Management is required.

Prepare a Support and Assistance Plan that specifies any services needed by the adult, including health care: Identify the essential details of the Support and Assistance Plan here. A Support and Assistance Plan form should also be completed and filed in the Designated Responder chart.

Details/Comments on Outcome: Additional comments can be documented in this field.

Notifications: Notification regarding care may require notifying Representatives, EPOA's, and Committees etc. Document the details of notification in this section.

Name And Credentials:

A screenshot of a software interface showing a form field. The field is titled "Name and Credentials" and is highlighted in yellow. Below the title, there is a text input area with a light blue background. The text "Name and Credentials:" is visible in the input area. To the right of the input area, there is a dropdown menu with a green background, showing the text "Brett Butchart, R.S.W.".

Name and Credentials: **REQUIRED FIELD.** Provide both the name and credentials of the Designated Responder documenting the investigation.