



## BOARD OF DIRECTORS MANUAL

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### **WHISTLEBLOWER POLICY**

#### **ARTICLE 1. THE HOSPITAL VALUES**

##### **1.01 Commitment to Values**

Northumberland Hills Hospital (the "Hospital") is committed to dealing fairly and ethically with all whom we associate and to conduct ourselves in accordance with our values. In so doing, the Hospital adheres to a high standard of corporate conduct and ethics. The Hospital complies with all applicable laws, regulations, the Hospital's By-law and policies, and will avoid any activities that could involve or lead to involvement in any unlawful or unethical practice.

#### **ARTICLE 2. PURPOSE AND SCOPE OF POLICY**

##### **2.01 Introduction**

This Policy has been put in place to ensure that processes are in place to disclose, in good faith, information concerning Wrongdoing within the Hospital that may involve ethical, clinical and administrative concerns. This Policy also identifies measures to protect a Person who reports a Wrongdoing.

##### **2.02 Purpose of Policy**

The purpose of this Policy is to establish procedures for:

- (a) the receipt, retention, and treatment of a Disclosure received by the Hospital regarding any concern in respect of the following (hereinafter collectively referred to as "Wrongdoing"):
  - (i) quality of care, services, and conditions (including working conditions) at the Hospital;
  - (ii) accounting, internal accounting controls, or auditing matters;

- (iii) violation of the By-law<sup>1</sup>, Rules<sup>2</sup> or Policies<sup>3</sup> of the Hospital, including without limitation, the policies relating to code of conduct;
  - (iv) the commission of a criminal or regulatory offence;
  - (v) violations of Governing Legislation (as set out in the footnote below<sup>4</sup>);
- (b) the submission by an employee, member of Professional Staff, officer, director, agent, volunteer, contractor or subcontractor of the Hospital ("Person"), on a confidential basis and in good faith, of a concern regarding a Wrongdoing; and
- (c) the protection of any Person who in good faith:
  - (i) presented a grievance, complaint or report to the Hospital, to a governing College, or to any governmental authority, or to an agency responsible for accrediting or evaluating the Hospital in respect of a Wrongdoing; or
  - (ii) has initiated, participated or cooperated in a (internal or external) review or investigation or administrative proceeding related to a Wrongdoing (hereinafter collectively referred to as a "Disclosure").

### **ARTICLE 3. NON-RETALIATION AND PROTECTION POLICY**

#### **3.01 Prohibition Against Discrimination**

- (a) The Hospital prohibits discrimination, harassment and/or retaliation against any Person who makes a Disclosure, in good faith, of a Wrongdoing.

#### **3.02 Protection**

- (a) The Hospital is committed to protecting a Person from interference with making a Disclosure or retaliation for having made a Disclosure.
- (b) Subject to paragraph 6.01 (e), the Hospital will not discharge, demote, discipline, suspend, threaten, harass, prejudicially modify the privileges of, or otherwise discriminate or retaliate against a Person in the terms or conditions of his/her

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<sup>1</sup> "By-Law" means the by-laws of the Hospital, as may be amended or replaced from time to time.

<sup>2</sup> "Rules" means the rules and regulations governing the practice of the Medical Staff in the Hospital both generally and within a particular department, which have been established respectively by the staff in general and the staff of the department.

<sup>3</sup> "Policies" means the Board, administrative and medical Policies of the Hospital.

<sup>4</sup> "Governing Legislation" means relevant statutes and regulations that govern the provision of health care to patients of the Hospital, including without limitation the *Dentistry Act* (Ontario), the *Health Care Consent Act* (Ontario), the *Health Insurance Act* (Ontario), the *Local Health System Integration Act* (Ontario), the *Medicine Act* (Ontario), the *Mental Health Act* (Ontario), the *Midwifery Act* (Ontario), the *Nursing Act* (Ontario), the *Public Hospitals Act* (Ontario), the *Quality of Care Information Protection Act*, 2004 (Ontario), the *Regulated Health Professions Act* (Ontario), the *Substitute Decisions Act* (Ontario), the *Commitment to the Future of Medicare Act*; the *Excellent Care for All Act* (Ontario).

employment or privileges (hereinafter collectively called a “Reprisal”) because a Person made a Disclosure.

### **3.03 Collective Responsibilities**

All Persons are responsible for ensuring that the workplace is free from any Reprisal.

## **ARTICLE 4. PROCEDURES FOR THE SUBMISSION AND INVESTIGATION OF DISCLOSURES**

### **4.01 Existing Policies and Procedures**

- (a) This Policy is not intended to replace the procedures that already exist for the reporting or investigation of Disclosures as defined in 4.01 (b).
- (b) In the ordinary course, it is expected that concerns will be reported through existing reporting practices, policies and procedures. For example, separate procedures exist for Persons to raise individual issues relating to:
  - (i) grievances in respect of their employment and the terms of their employment;
  - (ii) the quality of clinical care provided to the Hospital’s patients by those members of the Hospital’s Professional Staff;
  - (iii) workplace safety, harassment and discrimination; or
  - (iv) occupational health and safety concerns.
- (c) Any Person who makes a Disclosure of a Wrongdoing or a suspected Wrongdoing, whether falling within the scope of clause 2.02 of this Policy or under any existing Hospital Policy, is protected by the safeguards set out in Article 3 against any Reprisal.

## **ARTICLE 5. PROCEDURES FOR THE SUBMISSION AND INVESTIGATION OF A DISCLOSURE OF WRONGDOING**

### **5.01 Reporting Wrongdoings**

If a Person reasonably believes that he or she has information that could show that a Wrongdoing has been committed or is about to be committed, the Person may make a Disclosure in accordance with the process set out below.

### **5.02 Submission of Complaints Regarding Wrongdoing**

- (a) (i) In the ordinary course, a Disclosure should be reported to the Person’s supervisor.
- (ii) A Disclosure made under clause 5.01 must be in writing and must include the following information, if known:
  - A) a description of the Wrongdoing;

- B) the name of the person or persons alleged to:
    - (1) have committed the Wrongdoing, or
    - (2) be about to commit the Wrongdoing;
  - C) the date of the Wrongdoing;
  - D) whether the Wrongdoing has already been disclosed and a response received.
- (iii) If the Disclosure involves personal information or confidential information, the Person must take reasonable precautions to ensure that no more information is disclosed than is necessary to make the Disclosure.
  - (iv) In such an event, the Disclosure shall be investigated within the ordinary course of business and the outcome shall, subject to clause 5.08, be reported to the Vice President of Human Resources.
- (b) Where the Person is reluctant to report the concern to their supervisor, the concern shall be set forth in writing and forwarded in a sealed envelope to the Chair of the Audit Committee through the Board Chair in an envelope labeled with a legend such as "To be opened by the Audit Committee only." If a Person would like to discuss any matter with the Audit Committee, that person should indicate this in the submission and include a telephone number at which he or she might be contacted if the Audit Committee deems it appropriate. If any such envelope is received by the management, it shall be forwarded promptly and unopened to the Chair of the Audit Committee.
  - (c) Management of the Hospital shall promptly forward to the Audit Committee any complaints that it has received regarding financial statement Disclosures, accounting, internal accounting controls or auditing matters.

### **5.03 Investigation of a Complaint**

- (a) Following the receipt of a complaint submitted hereunder, the Investigator shall acknowledge receipt and commence the investigation in a timely manner.
- (b) The purpose of an investigation into a Disclosure of Wrongdoing is to bring the Wrongdoing to the attention of the appropriate supervisor, and to recommend the corrective measures that should be taken.
- (c) The results of the investigation shall be communicated to the Person making the Disclosure.
- (d) Where there are existing more specific Policies which govern such investigations, for example, the By-law and code of conduct policies (e.g., harassment), the more specific Policy shall be followed.

**5.04 Investigation Procedures, Reporting and Records**

- (a) The Vice President of Human Resources and/or Chair of Audit Committee ("Investigator") may enlist Hospital employees and/or outside legal, accounting or other advisers, as appropriate, to conduct any investigation of a Wrongdoing. The investigation is to be conducted as expeditiously as possible. In conducting any investigation, the Investigator shall use reasonable efforts to ensure that Persons are treated fairly including the Persons making the Disclosure, witnesses, and the Persons alleged to be responsible for the Wrongdoings.
- (b) The Investigator shall make reports on a regular basis to the Board of the Hospital concerning any complaints received, any investigations undertaken, any findings arising from such investigations, and any disciplinary action taken as a result of such investigations.
- (c) The Investigator shall retain a record at the Hospital of any information and documentation pertaining to such complaints or concerns for a period of no less than seven (7) years.

**5.05 When Investigation Not Required**

The Investigator is not required to investigate a Disclosure — and in consultation with the Senior Executive Team and / or the Audit Committee may cease an investigation — if he or she is of the opinion that:

- (a) the subject matter of the Disclosure could more appropriately be dealt with, initially or completely, according to a procedure provided for under the Governing Legislation;
- (b) the Disclosure is frivolous or vexatious, or has not been made in good faith or does not deal with a sufficiently serious subject matter;
- (c) the Disclosure relates to a matter that results from a balanced and informed decision-making process;
- (d) the Disclosure does not provide adequate particulars about the Wrongdoing as required by clause 5.02;
- (e) the Disclosure relates to a matter that could more appropriately be dealt with according to the procedures under a collective agreement, employment agreement, the Hospital's By-law or a more appropriate and specific Hospital Policy or Procedure;
- (f) there is another valid reason for not investigating the Disclosure.

The decision of the Investigator may be appealed to the Chief Executive Officer and the Chair of the Board, whose determination shall be final.

**5.06 Referral to Chair of Audit Committee, Chief of Staff or Chief Executive Officer**

The Investigator may refer the Disclosure to the Chair of the Board or the Chief Executive Officer, if he or she believes it is more appropriate.

**5.07 The Investigator Report Re Investigation**

Upon completing an investigation, the Investigator, must prepare a report containing his or her findings and any recommendations about the Disclosure and the Wrongdoing.

**5.08 Matter Being Investigated Involves Vice President Human Resources**

When the matter being investigated involves the Vice President of Human Resources, the matter must be referred to the Chief Executive Officer.

**5.09 Department to Notify Investigator of Actions Taken**

When making recommendations, the Investigator, may request the supervisor to notify him or her, within a specified time, of the steps he or she has taken or proposes to take to give effect to the recommendations.

**ARTICLE 6. PROCEDURES FOR BREACHES OF NON-RETALIATION AND PROTECTION POLICY****6.01 Procedures Applicable to Breaches of Non-Retaliation and Protection Policy**

- (a) Any Person who legitimately and in good faith believes that they have been the subject of prohibited discrimination, harassment and/or retaliation or is aware of any conduct which may be prohibited by this Policy is strongly encouraged to report immediately the facts forming the basis of that belief or knowledge to their supervisor, to the Vice President of Human Resources, Chief Executive Officer or to the Chair of the Audit Committee of the Hospital. Any Person who receives such a complaint or witnesses any conduct which they legitimately and in good faith believe may be prohibited by this Policy must immediately notify their supervisor and the Vice President of Human Resources.
- (b) Upon receiving a complaint, the supervisor and Vice President of Human Resources will promptly conduct or mandate any officer of the Hospital or any other person to conduct a thorough investigation. It is the obligation of all Persons to cooperate in such investigation.
- (c) The investigation generally will include, but will not be limited to, discussion with the complainant (unless the complaint was submitted on an anonymous basis), the party against whom allegations have been made, and witnesses, if appropriate.
- (d) In the event that an investigation establishes that a Person has engaged in conduct or actions of retaliation in violation of this Policy, the Hospital will take immediate and appropriate corrective action up to and including termination of that person's employment.

- (e) In the event that the investigation reveals that the complaint was frivolously made or undertaken for improper motives or made in bad faith or without a reasonable basis, that complainant's supervisor will take whatever disciplinary action may be appropriate in the circumstances.

**6.02** If the Vice President of Human Resources, or Audit Committee, as the case may be, determines that a Reprisal has been taken against a Complainant contrary to this Policy, the Vice President of Human Resources, or Audit Committee may in accordance with Hospital Policy:

- (a) permit the Complainant to return to his or her duties;
- (b) reinstate the Complainant or pay damages to the Complainant, if the Vice President of Human Resources, considers that the trust relationship between the parties cannot be restored;
- (c) rectify a situation resulting from the Reprisal; or
- (d) do or refrain from doing anything in order to remedy any consequence of the Reprisal.

## **ARTICLE 7.      GENERAL OFFENCES**

### **7.01      False or misleading statement**

No person shall — in seeking advice about making a Disclosure, in making a Disclosure, or during an investigation — knowingly make a false or misleading statement, orally or in writing, to a supervisor, designated officer or Vice President of Human Resources, or to a person acting on behalf of or under the direction of any of them.

### **7.02      Fraudulent Vexation**

No person shall make a fraudulent or vexatious disclosure.

### **7.03      Obstruction in performance of duties**

No person shall wilfully obstruct a supervisor, designated officer or Vice President of Human Resources, or any person acting on behalf of or under the direction of any of them, in the performance of a duty under this Policy. Such conduct will be deemed to be a “Reprisal”.

### **7.04      Destruction, falsification or concealment of documents or things**

No person shall, knowing that a document or thing is likely to be relevant to an investigation under this Policy,

- (a) destroy, mutilate or alter the document or thing;
- (b) falsify the document or make a false document;
- (c) conceal the document or thing; or

- (d) direct, counsel or cause, in any manner, a person to do anything mentioned in paragraphs 7.04 (a) to (c) above.

**7.05 Consequences of General Offence**

The Vice President of Human Resources shall exercise discretion in terms of disciplining a person who commits an offence under this Article 7, including, for example a person who makes repeated fraudulent and vexatious disclosure, up to and including termination of employment, office or privileges.