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SECTION: Quality, Patient Safety and Risk Management SUBSECTION: Incident Management	EFFECTIVE DATE: 01/10/11 (DD/MM/YY)
APPROVED BY: Board of Directors and Executive Team	REVISION DATE: 24/02/14; 07/03/18 (DD/MM/YY)

1.0 Purpose

- 1.1 Niagara Health is committed to the highest standards of business and ethical conduct and values openness and transparency in all matters of business. The purpose of this policy is to encourage and enable the reporting of alleged or potential wrongdoings relating to violations of hospital policies, ethical behaviours and/or business conduct. The hospital expects all of its Board members, officers, employees, professional staff (including physicians, dentists, nurses in the extended class or midwives), contractors, consultants, students and volunteers (together referred to as “Individuals”) to observe these standards while fulfilling their responsibilities to the hospital.
- 1.2 Such reporting, when made in good faith, is without fear of reprisal and to the maximum extent possible, will protect the confidentiality of those making the report.
- 1.3 This policy does not replace any existing reporting requirements contained within other Niagara Health policies. See “Exceptions” below.

2.0 Scope

Applies to all Niagara Health individuals, members of the general public and other Niagara Health affiliates.

3.0 Definitions

- 3.1 **Designated Officer** – The Director, Quality, Patient Safety and Risk is designated as the most appropriate person to review Whistleblower complaints.
- 3.2 **Designated Committee** – The most appropriate persons appointed by the Designated Officer to review the complaint and report its findings to the Governance Committee.
- 3.3 **Exceptions** – This policy is not the primary mechanism to address matters for which there are other established processes for reporting and investigations of improper conduct or violations, including but not limited to:
 - a) Complaints, concerns or questions that relate solely to labour relations, workplace relations, occupational health and safety, grievances or the interpretation or application of collective agreements (see Human Resources policies and procedure); and
 - b) Patient complaints related solely to a patient’s care (see Patient Experience - Compliments and Complaints Policy and Procedure 035-015-005).
- 3.4 **Good Faith** – A sincere belief or motive without any malice or the intent or desire to defraud others.
- 3.5 **Vexatious** – Lacking sufficient ground and intending to annoy or harass.
- 3.6 **Whistleblower** – An individual who discloses information in good faith relating to alleged or potential wrongdoings.
- 3.7 **Wrongdoings** – A suspicion based on reasonable grounds which include, but are not limited to:
 - a) a violation of any law (e.g. theft, embezzlement, fraud);
 - b) concerns relating to quality or malpractice of care, including abuse of patients by any party and/or negligence of patient care in violation of corporate policies;
 - c) a significant violation of Niagara Health’s Codes of Conduct, rules, regulations or policies (e.g. Workplace Relations and Behaviour Policy);

- d) a gross waste of funds, misleading financial reporting, accounting irregularities, the falsification of records or abuse of expense accounts;
- e) “side deals” or “under the table” dealings with contractors for personal benefit, including receiving kickbacks, gifts or other benefits;
- f) a substantial mismanagement, intentional suppression, destruction or manipulation of information/documents regarding facts to suppress information about the above mentioned irregularities;
- g) significant harm to hospital property, including disposal or destruction of dangerous goods or products and failing to report such disposal/destruction in accordance with legislation;
- h) an abuse of authority; and/or
- i) a substantial and specific danger to public health or safety.

4.0 Policy

- 4.1 Reporting an alleged wrongdoing within Niagara Health may be done through any of the following channels in a timely manner and when possible within one year of when the issue became known to the individual:
- a) to the Whistleblower hotline at 905.378.4647, extension 44660;
 - b) via email to whistleblower@niagarahealth.on.ca;
 - c) by written letter marked “Confidential” and addressed to the Director Quality, Patient Safety and Risk; and/or
 - d) by completing the Whistleblower complaint form located on Source-net and on the external Niagara Health website.
- 4.2 **Anonymous Reporting** – In the interest of ensuring accountability and responsibility in reporting, anonymous complaints will be investigated to the extent possible, as anonymity creates limitations to the investigation.
- 4.3 **No Retaliation** – Whistleblowers reporting in good faith under this policy shall not suffer harassment, retaliation or adverse employment consequences if they are an employee (i.e. demotion, denial of promotion or compensation). An individual who retaliates against a Whistleblower for reporting in good faith will be subject to discipline, up to and including termination of employment, dismissal as a volunteer or suspension of privileges.
- 4.4 **Acting in Good Faith** – In making a report, a Whistleblower must be acting in good faith with reasonable grounds with respect to the wrongdoing. A Whistleblower who makes unsubstantiated reports which are knowingly false or made with vexatious or malicious intent, will be subject to discipline, up to and including termination of employment, dismissal as a volunteer or suspension of privileges.
- 4.5 **Confidentiality** – Niagara Health undertakes to keep reports confidential to the extent possible and consistent with legal and ethical duties.

5.0 Procedure

- 5.1 When a wrongdoing is reported, it will promptly be triaged by the Designated Officer for its seriousness and appropriateness. The complaint will be acknowledged within 10 (ten) business days.
- 5.2 The Designated Officer will establish a Designated Committee to review the complaint and determine the best approach to investigate.
- 5.3 Appropriate wrongdoings (see Definitions, 3.7) will be escalated to the appropriate Executive for investigation. As required, the investigation may include internal and external resources including but not limited to legal counsel, police, etc. Any complaint made against an Executive will not be investigated by that individual.

- 5.4 In matters involving the Chief Executive Officer, President or Chief of Staff, the wrongdoing will be reported directly to the Board Chair and Board Vice-Chair by the Designated Officer for the investigation of the complaint. For matters involving the Board Chair or Board Vice-Chair, the Governance Committee Chair will oversee the investigation process for the complaint. A determination will be made as to who will lead the investigation and determine which complaints require using internal or external resources (i.e., outside advisors and/or legal counsel).
- 5.5 It is anticipated that, in the ordinary course, the investigation will be completed within 30 (thirty) days from when the complaint was received, if possible. The investigation will only involve those persons necessary in order to properly carry out a thorough investigation. The findings of the investigation will be summarized and reported to the Executive Team on a case by case basis by the Designated Officer.
- 5.6 Appropriate support will be provided to the individual making the complaint including but not limited to union/association representation and access to the Employee Assistance Program if the complainant is an employee or physician.
- 5.7 **Reporting to the Governance Committee**
The Designated Officer will provide a written summary report annually (or as required) to the Governance Committee specifying:
- a) The total number of complaints received during the prior fiscal year;
 - b) The nature of the complaint; and
 - c) The avenue by which the complaint was received (i.e. hotline, email, internal/external source etc.).

6.0 Related Documents

- Policy – Code of Conduct – 130-040-001
- Appendix – Process for Reporting and Resolving Workplace Relations Complaints Violence Incidents – 130-040-026A
- Appendix – The NHS Code of Conduct – 130-040-001A
- Policy – Disruptive Professional Staff Members – 300-005-005
- Policy – Violence Prevention in the Workplace – 155-005-005
- Policy – Workplace Relations and Behaviour – 130-040-025
- Policy and Procedure – Patient Experience Compliments and Complaints – 035-015-005
- Procedure – Workplace Relations and Behaviour – 130-040-026

7.0 References

- 7.1 Broader Public Sector Accountability Act, 2010
- 7.2 Criminal Code, RSC 1985
- 7.3 Grand River Hospital Whistle Blowing Policy No. ADM-A-3260 dated March 10, 2016
- 7.4 Markham Stouffville Hospital Whistleblower Policy – Online reporting
- 7.5 North York General Hospital Whistleblower Policy No. I-180 dated April 19, 2016
- 7.6 Office of the Integrity Commissioner of Ontario – Disclosure of Wrongdoing Form
- 7.7 Royal Ottawa Health Care Group Whistleblower Policy & Procedure No. 100 revised 02/17/2017
- 7.8 Trillium Health Partners – Board of Directors Policy Manual dated November, 2013