

 Extraordinary Caring. Every Person. Every Time.		<b>NAME: Whistleblower</b>	
CLASSIFICATION:	Quality, Patient Safety and Risk	DOCUMENT TYPE:	<b>POLICY and PROCEDURE</b>
SECTION:	Incident Management	EFFECTIVE DATE: (DD/MM/YY)	05/01/26
APPROVED BY:		END DATE: (DD/MM/YY)	05/01/29
Board of Directors and Executive Team		DOCUMENT ID:	360-010-022

## TABLE OF CONTENTS

1.0	Purpose.....	1
2.0	Scope .....	1
3.0	Policy - Reporting Process.....	2
4.0	Procedure .....	2
5.0	Definitions .....	3
6.0	Appendices.....	4
7.0	Related Documents.....	4
8.0	Related Forms.....	4
9.0	References .....	4

### 1.0 Purpose

- 1.1 Niagara Health is committed to the highest standards of business and ethical conduct, fiduciary responsibility, 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.
- 1.2 The hospital expects all of its executive and non-executive leaders, board members, staff, credentialed Professional Staff, academic partners, volunteers, students, medical learners, and contractors to observe these standards while fulfilling their responsibilities to the hospital.
- 1.3 This policy applies to activities in connection with or on behalf of the hospital whether on or off hospital premises including but not limited to travel, training, and social functions.
- 1.4 Whistleblower complaints of wrongdoings made in good faith under this policy shall be protected from fear of reprisal or retaliation. Every reasonable effort will be made to maintain the confidentiality of the individual making the complaint, unless disclosure is required by law.
- 1.5 This policy does not replace any existing reporting requirements contained within other Niagara Health policies. See “Exceptions” below.

### 2.0 Scope

Applies to all executive and non-executive leaders, board members, staff, credentialed Professional Staff, volunteers, students, academic partners, medical learners and contractors [together referred to as “individual(s)”].

### 3.0 Policy - Reporting Process

- 3.1 Reporting an alleged wrongdoing within Niagara Health may be done through any of the following channels where possible within one year of when the issue became known to the individual:
- to the Whistleblower hotline at 905.378.4647, extension 44660;
  - via email to [whistleblower@niagarahealth.on.ca](mailto:whistleblower@niagarahealth.on.ca);
  - by written letter marked "Confidential" and addressed to the Designated Officer or;
  - by completing the Whistleblower report form located on Source-net and on the external Niagara Health website.
- 3.2 **Principles of Reporting:**
- 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.
  - No Retaliation** – Whistleblowers reporting in good faith, seeking advice about making a report, cooperating with an investigation, acting as a witness or otherwise acting in compliance with this policy shall not suffer harassment, retaliation or adverse employment consequences if they are an employee (i.e. demotion, denial of promotion or compensation), even if after the investigation is completed the allegations are not substantiated. 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.
  - 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. No person shall willfully obstruct anyone involved in an investigation, nor destroy, alter, falsify, or conceal a document or other thing they know or ought to know is likely relevant to an investigation, and such conduct will be subject to discipline, up to and including termination of employment, dismissal as a volunteer or suspension or privileges.
  - Confidentiality** – Niagara Health will maintain confidentiality to the extent possible, consistent with legal and ethical duties. It should be noted that confidentiality may not mean anonymity. Niagara Health will not tolerate any attempt by another individual or group to identify an individual who reports in good faith on a confidential or anonymous basis. All participants in the investigation shall keep the details and results of the investigation confidential and shall not discuss the matter with anyone other than those performing the investigation or their own legal advisors on condition that they also maintain confidentiality.

### 4.0 Procedure

- 4.1 **Receiving the Whistleblower Wrongdoing Complaint**
- Complaints will be received by the Designated Officer who will assess appropriateness, risk and urgency.
    - If the complaint is not in keeping with the definition of wrongdoings, the Designated Officer will refer the matter to the most responsible person for follow-up.
  - The complainant will receive an acknowledgement of receipt of the complaint within five (5) business days.
- 4.2 The Designated Officer will review the alleged wrongdoing complaint ("complaint"), preliminary evidence and determine course of action in consultation with the President and CEO within ten (10) business days.
- 4.3 Investigation may not be required in certain circumstances, for example if:
- The report is frivolous or vexatious or has not been made in good faith,
  - The report does not provide adequate particulars or allege any wrongdoing,
  - The report is related to conduct that occurs outside of an employee's working hours, unless there is a connection to Niagara Health and/or affects Niagara Health's interests/reputation.

- 4.4 An investigation may be completed by the Designated Officer or by a Designated Committee.
- a) Depending on the nature of the complaint, the Designated Committee may be comprised of the Designated Officer and the following as required:
    - i) EVP Human Resources or delegate for staffing matters,
    - ii) Chief of Staff or delegate for credentialed Professional Staff matters,
    - iii) Chief Nursing Executive or delegate for professional practice matters,
    - iv) EVP Finance or delegate for financial or procurement matters,
    - v) Executives, Directors or Chiefs of the program or department,
    - vi) Any other persons with subject matter expertise.
  - b) Complaints involving Executives shall not include the Executive nor any individual within their reporting line or influence.
- 4.5 As required, the investigation may include internal and external resources including but not limited to legal counsel, police, etc.
- 4.6 In matters involving the President and Chief Executive Officer or Chief of Staff and EVP Medical, the wrongdoing will be reported directly to the Board Chair and Board Vice-Chair by the Designated Officer. A Designated Committee may be established to oversee the investigation.
- 4.7 For matters involving the Board Chair or Board Vice-Chair, the wrongdoing will be reported directly to the Chair and Vice-Chair of the Governance and People Committee by the Designated Officer. A Designated Committee may be established to oversee the investigation.
- 4.8 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 be carried out fairly and without bias and 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 President and CEO and/or Board leadership as appropriate on a case-by-case basis by the Designated Officer. If feasible and appropriate, the complainant will be informed of the results of the investigation.
- 4.9 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.
- 4.10 **Reporting to the Governance and People Committee**  
 The Designated Officer will provide a written summary report annually (or as required) to the Governance and People 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.).

## 5.0 Definitions

**Designated Officer** – Director, Quality, Patient Safety and Risk.

**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).

**Good Faith** – A sincere belief or motive without any malice or the intent or desire to defraud others.

**Vexatious** – Lacking sufficient ground and intending to annoy or harass.

**Whistleblower** – An individual who discloses information in good faith relating to alleged or potential wrongdoings.

**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. Mutually Respectful Workplace and Diversity Policy and Procedure);
- d) a gross waste of funds, misleading financial reporting, accounting irregularities, the falsification of records or abuse of expense accounts;
- e) failure to adhere to purchasing and procurement policies and “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, including knowingly directing or counselling another person to engage in wrongdoing; and/or
- i) a substantial and specific danger to public health or safety.

## 6.0 Appendices

N/A

## 7.0 Related Documents

[Code of Conduct -- Policy](#)

[Disruptive Professional Staff Members -- Policy](#)

[Violence Prevention in the Workplace -- Policy and Procedure](#)

[Mutually Respectful Workplace and Diversity -- Policy and Procedure and Process for Reporting and Resolving Workplace Relations Complaints/Violence Incidents Appendix](#)

[Patient Experience Compliments and Complaints – Policy and Procedure](#)

## 8.0 Related Forms

N/A

## 9.0 References

9.1 Broader Public Sector Accountability Act, 2010

9.2 Criminal Code, RSC 1985

9.3 Grand River Hospital Whistle Blowing Policy No. ADM-A-3260 dated March 10, 2016.

9.4 London Health Sciences Whistleblower Policy, 2025.

9.5 Markham Stouffville Hospital Whistleblower Policy – Online reporting

9.6 North York General Hospital Whistleblower Policy No. I-180 dated April 19, 2016

9.7 Office of the Integrity Commissioner of Ontario – Disclosure of Wrongdoing Form

9.8 Ontario Hospital Association Guide to Good Governance, Fourth Edition.

9.9 Royal Ottawa Health Care Group Whistleblower Policy & Procedure No. 100 revised 02/17/2017

9.10 Trillium Health Partners – Board of Directors Policy Manual dated November, 2013