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CATEGORY:	Part III – Ensure Program Quality and Effectiveness	PAGE:	1 of 5
SUBJECT:	WHISTLE BLOWING		

Purpose

As part of its responsibility for ensuring program quality and effectiveness, the Board of Health Sciences North is committed to ensuring the Hospital behave in a professional manner that respects the rights of others and contributes to an environment that is free from verbal or physical abuse, unlawful activity, harassment or discrimination.

The purpose of this Policy is to encourage and enable the reporting of alleged or potential wrongdoing and violations of Hospital policies related to ethical behavior or business conduct, without fear of reprisal.

The Policy cannot directly address every situation in which individuals may find themselves, but it provides a set of principles, rules and ethical standards to be used as a guide for the day-to-day conduct of business.

Policy

The CEO will ensure that the Hospital provides a process for any person associated with the Hospital to communicate any legitimate and genuine concerns in relation to:

- Unethical financial, accounting controls, audit practices or potential violations of law.
- Quality or malpractice of care, including abuse of patients.
- Environmental issues, including failure to comply with legislation or policies concerning dangerous goods or hazardous substances.
- Violations of behaviour and conduct policies, conflicts of interest or other human resources policies and legislation.
- Breach of contract and negligence or failure to comply with legislation including criminal offences.
- A deliberate covering up of/failing to report information to show any of the above matters.

These concerns might relate to:

- Conduct which is an offence or a breach of the law
- Racial, sexual, disability or other discrimination
- Health and safety of the public and/or employees

- Damage to the environment
- Unauthorized use of public funds or other assets
- Possible fraud or corruption
- Neglect or abuse of clients
- Other unethical conduct

This policy does not apply to:

- Personnel complaints concerning an employee's terms and conditions of employment;
- Professional staff agreements with the Hospital;
- Volunteer and student arrangements with the Hospital;
- Any aspects of the working relationship in the Hospital; or
- Disciplinary matters,

as such issues are dealt with under the provisions of duly negotiated agreements (including collective agreements), applicable current hospital policies and procedures, and federal or provincial laws as appropriate.

A matter involving the Chief of Staff, the Chief Executive Officer or a Board Director must be reported to the Board Chair.

Guiding Principles

Implementation of this Policy will be guided by the following principles and policy statements.

- The Hospital complies with all relevant laws and regulations.
- All policies support and embody the Hospital's core values.
- The Hospital maintains high standards of business and ethical conduct and applies these standards to all matters of business.
- All complaints will be addressed within 7 days, be fully reviewed and/or investigated as appropriate, in a fair and equitable manner, ensuring a respectful process is followed for those involved.
- Anonymous complaints will not be accepted.
- There will be no reprisals against anyone reporting in good faith under this Policy. Allegations which are determined to be false or malicious after investigation will be considered to be mischievous and treated seriously and appropriate disciplinary or other action will be taken.
- Confidentiality will be protected to the maximum extent possible.

- The Hospital will not condone any attempt to conceal evidence and/or information relating to matters covered under this policy.

Independent Advice

If you are unsure whether to use this policy or you want confidential advice at any time, you may contact any of the following:

- Union representative
- Professional Organization
- Direct Manager or Supervisor
- Human Resources

Acting in Good Faith

In making a report, an individual must be acting in good faith with reasonable grounds for believing there is alleged or potential wrongdoing, a breach of the standards of behavior or questionable financial or business practices and the individual will be supported and protected through the process. An individual who makes an unsubstantiated report, which is knowingly false and made with malicious intent, will be subject to discipline, up to and including termination or removal.

Reporting Complaints

The Hospital recognizes the importance of providing individuals with multiple channels through which to report issues of alleged or potential wrongdoing. The more channels offered to individuals, the more comfortable they will feel in the reporting process.

Individuals may file a complaint with their immediate manager/leader, with the Vice-President, People Relations and Corporate Affairs, or the CEO.

How to File a Complaint

1. Any individual who is aware of, or suspects a breach of the standards of behavior or of alleged or potential wrongdoing under this Policy, will report the concern directly to his/her manager/leader, or the Vice-President, People Relations and Corporate Affairs or CEO who will forward the complaint to the appropriate person for review and/or investigation.
2. The CEO is accountable for ensuring that matters are investigated and appropriate action is taken and has the authority to determine the appropriate mechanism dependent upon the complexity of the complaint. If the matter concerns a member of the professional or credentialed staff, the Chief of Staff will also be involved.
3. The person will be advised of the complaint against them and be given an opportunity to respond.
4. The actions that may be taken to address a violation will depend on the particular circumstances, and consequences may include, but are not limited to, discipline up to and including termination or the withdrawal of privileges.

5. If an individual has a complaint pertaining to the Chief Executive Officer, Chief of Staff, or a Board Director, the complaint will be sent to the Board Chair. The complaint will be investigated through the Executive Committee of the Board. If an individual has a complaint pertaining to the Board Chair, it will be sent to the Chair and/or Vice-Chair of the Executive Committee for review and investigation.
6. If an individual does not wish to file a complaint directly to his/her manager/leader, to the Board Chair or Chair/Vice Chair of the Executive Committee, or to the CEO, the individual may contact the VP People Relations and Corporate Affairs who shall take exceptional measures to allow for an external third party to receive information from the individual for appropriate action.

Complaints Investigation

The Hospital will conduct investigations based on the following principles:

- The investigation will be carried out fairly and without bias.
- Those involved in the investigation will be independent of both the person who made the report and any persons under investigation. This means they should not either be reporting to, or supervising, any such persons.
- Disclosure of information will be limited to those who need to be involved in order to carry out the investigation.
- The person who is the subject of the report is entitled to know the substance of the allegation(s) and have an opportunity to respond.
- Investigations will be conducted in a timely manner.
- The Hospital expects individuals to cooperate during any investigation.

Responsibility for Investigating Complaints

Managers/leaders, the Vice-President People Relations and Corporate Affairs, and the CEO are accountable for ensuring that complaints are appropriately investigated, resolved and reported under this Policy.

Complaints may be referred to the appropriate law enforcement or regulatory authorities as appropriate.

If the Board Chair receives a complaint about a Board Director, or the Governance and Nominating Chair receives a complaint regarding the Board Chair, the investigation will be coordinated with the CEO.

Confidentiality

All concerns will be treated in confidence and every effort will be made not to reveal the identity of the individual. If disciplinary or other proceedings follow the investigation, it may not be possible to take action as a result of the disclosure without the help of the individual, so the individual may be asked to come forward as a witness and will be offered advice and support.

Whistle Blowing Files

Complaint and investigation files must be kept separate from employee/physician/learner files and stored in a secure location with access limited to those responsible for conducting the investigation.

No record of a complaint will be kept in any employee/physician/learner file unless improper conduct is found that results in disciplinary action. In that case, the outcome of the investigation will be reflected in the file of the disciplined employee/physician/learner.

Reporting Whistle Blowing Complaints to the Board

The CEO will report to the Board, through the Executive Committee, specific Whistle Blowing incidents as required.

The following criteria are designed to provide guidance to the CEO as to whether the Executive Committee should be advised of a specific Whistle Blowing incident:

- Poses a risk to the organization (reputational, financial, legal, environmental, etc.)
- It is likely to be made public.
- Outside authorities need to be advised.
- Law suit is likely.
- Significant breach of organizational values.
- At the CEO's discretion based on the severity or nature of the complaint.