



<b>TITLE:</b>	Whistleblower Policy		
<b>Manual/Policy#:</b>	Board of Directors # II-10	<b>Division:</b>	AGH/ FVM/ LCPS
<b>Original Issue:</b>	October 2016	<b>Issued by:</b>	Board of Directors
<b>Previous Date Reviewed</b>	October 2016	<b>Approved by:</b>	Board Chair and Board Secretary
<b>Last Date Reviewed:</b>	October 2018	<b>Cross Reference(s):</b>	

### 1. POLICY STATEMENT:

The Almonte General Hospital Corporation (“the Organization”) does not tolerate wrongdoing. Individuals within the Organization have a responsibility to disclose incidents of wrongdoing that they are aware of. They should feel safe reporting a genuine concern, confident that it will be followed up in a timely and fair manner and assured that retaliation will also not be tolerated.

### 2. SCOPE:

This policy applies to employees, members of the Medical Staff, volunteers (including members of the Board of Directors), students, contractors and individuals funded/employed through a third party who are working for or with the Organization.

It applies to concerns in respect of:

- Quality of care, services and conditions (including working conditions) at the Organization
- Accounting, internal accounting controls or auditing matters
- Violation of the by-laws, rules or policies of the Organization including, without limitation, the by-laws and policies related to code of conduct
- The commission of a criminal or regulatory offence
- Violations of relevant statues and regulations that govern the provision of health care and long term care to the patients and residents of the Organization

that are not the subject of existing reporting practices, policies and procedures (for example grievances under the terms of a collective agreement; quality of care provided in the Organization by members of the Organization’s medical staff; workplace safety, harassment and discrimination; or occupational health and safety concerns) except where the foregoing did not result in an outcome acceptable to the individual or the individual chooses to use this method for raising the concern.

### 3. GUIDING PRINCIPLES:

Implementation of this policy will be guided by the following principles:

- The Organization complies with all relevant laws and legislation

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- The Organization maintains high standards of business and ethical conduct and applies these standards to all matters of its business
- The Organization's values of:
  - Individual integrity respect and dignity
  - Transparency and accountability
  - Trustworthiness, consistency, justice and fairness

#### 4. DEFINITIONS (If applicable):

**Anonymous** – submitted without the name of the complainant and without information that might lead to identification of the complainant.

**Complainant** – person or persons reporting wrongdoing including retaliation after submission of a report

**Good Faith** – honestly and without deception. Good faith is evident when the report is not made maliciously or in pursuit of personal or financial gain and there is a reasonable basis to believe the report is true; however a report does not have to be proven to be true to be in good faith. Good faith is lacking when the report is known to be malicious or false.

**Kickback** - something of value, including money, services or material goods, given to a recipient as compensation or reward for providing favorable treatment to another party

**Respondent** – person or persons alleged by the complainant to have committed one or more acts of wrongdoing.

**Retaliation** – any action taken against a Whistleblower as punishment solely for his or her good faith report. It is the connection between the adverse consequence and the Whistleblower's good faith report that gives rise to retaliation, not the fact of the adverse consequence itself.

**Whistleblower** – an individual who discloses information he or she in good faith reasonably believes is evidence of wrongdoing

**Workplace** – all permanent locations owned or rented by the Organization or on behalf of the Organization for the purpose of conducting the Organization's business including adjacent parking areas, extended Organizational property, vehicles owned or operated by the Organization, work assignments that occur off the Organization's property, off site work-related social events and functions, work-related seminars, conferences, travel and training and all other locations where work-related responsibilities are carried out. Phone calls, faxes, electronic mail, texts and other remote communications that are related to workplace activity are considered an extension of the workplace.

**Wrongdoing** – a departure from acceptable ethical, clinical, safety or administrative expectations, behaviours and procedures including but not limited to:

- An unlawful act whether civil or criminal



- Breach of the Organization's Code of Conduct for employees, medical staff and/or board members
- Breach of or failure to implement or comply with any approved policy of the Organization
- Breach of patient, resident or employee confidentiality
- Knowingly breaching federal or provincial laws or regulations
- Unprofessional conduct or conduct that is below recognized, established standards of practice
- Fraud or questionable accounting, auditing or reporting practices
- Demanding or receiving kickbacks
- Dangerous practice likely to cause physical harm or damage to any person or property other than danger that is inherent in the performance of the duties or functions of a person to whom this policy applies
- Failure to rectify or take reasonable steps to report a matter likely to give rise to a significant and avoidable cost or loss to the Organization
- Abuse of power or authority for any unauthorized or ulterior purpose
- Directing a subordinate to participate in an act or omission that would constitute wrongdoing
- Unfair discrimination in the course of the employment or provision of services
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Any action to disguise or cover up and/or failure to report something which falls within this definition is also considered wrongdoing. Judgement calls that result from a balanced and informed decision-making process are not considered wrongdoing in the scope of this policy.

## **5. PROCEDURE:**

### **5.1 Reporting Wrongdoing**

Employees, members of the Medical Staff and Board Directors must report wrongdoing. Volunteers, patients, family members, students, contractors and others may report wrongdoing but are under no obligation to do so.

For routine or less serious matters, it is expected that concerns will be reported through normal practices, policies and procedures. In most cases the employee's direct supervisor, the unit/department manager, the Vice President responsible for the unit/department or the Organization's primary contact (if not an employee) is in the best position to address a concern.

More serious incidences may be reported to the Director of Human Resources, the President & CEO, the Chief of Staff or the Chair of the Finance & Audit Committee.

A matter involving the Chief of Staff, the President & CEO or a Board Director must be reported to the Board Chair. A matter involving the Board Chair must be reported to the Chair of the Finance & Audit Committee.

### **5.2 Submission of Complaints Regarding Wrongdoing**

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A report made under clause 5.1 should be in writing and must, in all cases, include the following information, if known:

- i. A description of the wrongdoing. Facts not speculative information must be provided and should contain as much detail as possible to allow for proper assessment. In addition, the disclosure should contain sufficient corroborating information to support the initiation of an investigation.
- ii. The name of the person or persons alleged to have committed or planning to commit the wrongdoing.
- iii. The date(s) of the wrongdoing
- iv. Whether the wrongdoing has already been disclosed to another representative of the Organization and a response received.
- v. The name of the person submitting the report. Anonymous reporting will not be permitted.

If the report involves personal information or confidential information, the complainant must take reasonable precautions to ensure that no more information is disclosed than is necessary to make the report.

A report directed to the Chair of the Finance & Audit Committee should be delivered in a sealed envelope to the Executive Assistant (in the Office of the President & CEO) who will promptly forward the unopened envelope to him/her. Reports directed to the Chair of the Finance & Audit Committee must include a means by which the Chair can contact the complainant, such as telephone number, street address or e-mail address.

A report may also be submitted by confidential email to [reporting@agh-fvm.com](mailto:reporting@agh-fvm.com). This email account is accessible by the President & CEO and will be checked weekly.

The receiver must record the date received and issue a dated e-mail or letter of acknowledgement to the complainant.

### 5.3 Investigation of a Complaint

The receiver of the complaint may consult internal and/or external resources at any stage in the process as he/she deems necessary to fully assess the complaint, conduct an investigation and/or determine follow-up actions as a result of the assessment or investigation. .

Following receipt of a complaint, the receiver will first ensure that employees, Medical Staff, volunteers, visitors, patients, residents, contractors and/or others within the Organization are not at immediate risk and, if so, take immediate action to ensure safety such as calling a Code White or police.

Incidents that constitute criminal acts will be referred to the appropriate policing agency immediately.

Complaints of wrongdoing will be assessed promptly by the receiver to determine if an investigation will be undertaken. If the receiver determines that the investigation is warranted, he/she will determine the resources required to complete the investigation. The determination

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of an investigation and who will conduct the investigation will be communicated to the complainant by the receiver.

Investigation of complaints received directly by the Board Chair or Chair of the Finance & Audit Committee will be coordinated with the President & CEO unless he/she is the subject of the complaint

Where there are more specific policies which govern such investigations, such as the Organization's by-laws, the receiver will ensure that the more specific policy shall be followed.

The investigation will be conducted as expeditiously as possible. The receiver and investigator will maintain neutrality and confidentiality throughout the investigation. A written record of each step in the process will be completed.

If asked, employees, members of the Medical Staff and members of the Board of Directors are expected to participate fully, honestly and in good faith in the investigation of a complaint.

#### 5.4 Reporting and Records of a Complaint

When complete, a summary of the findings of the investigation will be provided to the President & CEO or designate containing findings and any recommendations about the complaint and wrongdoing. A summary of findings will also be provided to the Chair of the Finance & Audit Committee.

The Finance & Audit Committee will retain as part of the Committee's records any information and documentation pertaining to such reports for a period of not less than seven (7) years.

If the complaint is substantiated, the receiver will ensure that corrective action is taken immediately. The receiver will consult with the Director of Human Resources or other appropriate internal or external resources as applicable to determine whether discipline (up to an including termination) or removal of access and/or privileges are warranted.

A substantiated complaint will be reported to the respondent's professional college if applicable.

If the review concludes that the complaint cannot be substantiated, no further action will be taken. The receiver will discuss the conclusion verbally with the complainant and respondent to recognize that he/she acted in good faith and that the process was followed.

If the assessment or review conclude that the complaint was made in bad faith, the receiver will follow up with applicable parties for discipline and/or removal of access and/or privileges as applicable for the complainant. Any employee who makes statements or disclosures that are not in good faith may be subject to discipline which may include termination.

#### 5.5 When Investigation is Not Required

A receiver may decline to pursue an investigation or may cease an investigation upon review of all available and relevant details if he/she determines that"

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- i. The complaint has not been made in good faith or does not deal with a sufficiently serious subject matter;
- ii. So much time has elapsed between when the subject matter of the complaint occurred and the date when the complaint was made that investigating it would not serve a useful purpose;
- iii. The complaint does not provide sufficient facts about the alleged wrongdoing to permit a proper investigation;
- iv. The complaint relates to a matter that could more appropriately be dealt with according to procedures under a collective agreement, by-law, or more appropriate and specific hospital policy, practice, procedure;
- v. The complaint has been or should be referred to an external legal or regulatory agency, such as the Police; or
- vi. There is another valid reason for not investigating the complaint.

The decision not to investigate will be communicated to the complainant.

A decision by the receiver not to investigate a complaint may be appealed in writing by the complainant to the President & CEO and the Board Chair, whose determination shall be final. Such appeal may not be submitted anonymously. A written response will be provided to the complainant making the appeal.

#### 5.6 Non-Retaliation, Non-Discrimination, Anti-Harassment Protection

Retaliation, discrimination and/or harassment directed at any person who has made a good faith complaint under this policy is prohibited. This includes any prejudicial change to the terms and conditions to the person's employment, privileges or relationship with the Organization.

Any person who legitimately and in good faith believes that they have been the subject of retaliation should submit a report to one of the individuals named in section 5.1 above who will follow the procedures outlined in this policy for investigation and reporting.

Where the investigation finds that retaliation, discrimination or harassment has occurred, the findings report will include a recommendation regarding remediation for the complainant as well as corrective action or discipline for the respondent. A recommendation of no remediation may be appropriate in some circumstances.

#### 5.7 Confidentiality

Complainants and respondents are both entitled to confidentiality. The Organization, including the receivers and investigators of complaints, will endeavour to protect confidentiality, subject to the requirement that the respondent must have a fair opportunity to respond to the allegations.

The complainant's identity will not be kept confidential if:

- i. The complainant has agreed to be identified;
- ii. Identification is required by law;
- iii. Identification is necessary to permit the Organization or law enforcement officials to investigate the complaint properly;

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- iv. The respondent is entitled to the information as a matter of legal right in disciplinary proceedings; and
- v. The complainant has not made a good faith report.

The Organization will endeavour to ensure that only those with a legitimate “need to know” are informed of reports and decisions.

The complainant, the investigator and any other individual involved in handling a report are similarly expected to act in good faith and to maintain confidentiality.

If the investigation and findings uphold a determination of wrongdoing, the substance of the report, investigation, decision and identity of the respondent will no longer be kept confidential.

### 5.8 Reporting to the Board of Directors

The Board will receive annual reports from the Chair of the Finance & Audit Committee and the President & CEO on whistleblowing. The report will provide an overview of the number of complaints received, the nature of the complaints, the number substantiated or resolved and a general description of the findings. It will also identify any trends or risk issues to be addressed by the Organization and/or the Board.

## **6. REFERENCES:**

Whistleblower policies from Brant Community Healthcare Systems, Kingston General Hospital, Huron Perth Healthcare Alliance, Markham Stouffville Hospital, Niagara Health System, Northumberland Hills Hospital, Sunnybrook Health Sciences Centre and Trillium Health Partners informed the development of this policy.

Oxford English Dictionary (on line), Investopedia.com

## **7. APPENDICES:**

Not applicable

### **Evaluation:**

This policy will be reviewed every two years.