

BOARD MANUAL

SUBJECT: Whistleblower Policy	NO.: 2-D-48
SECTION: Board Process	
APPROVED BY: Board of Directors	DATE: November 30, 2022

This policy is identical to Corporate Manual Policy 2-340

Policy

Cambridge Memorial Hospital (“Hospital”) is committed to open, accountable, ethical, and transparent governance which encourages a culture of integrity and honesty. An important aspect of accountability and transparency is a mechanism to enable the Individuals, as defined in this policy, to voice concerns in a responsible and effective manner when they discover information which may be unethical or illegal.

Every Individual has the responsibility to promptly report any such Whistleblower matter in accordance with this policy.

Purpose

The purposes of this policy are as follows:

- to establish procedures for the receipt, retention and handling of complaints and concerns that Cambridge Memorial Hospital (“Hospital”) receives relating to, among other things, alleged or suspected violations of the Code of Conduct/Conflict of Interest Policy, other internal policies and guidelines, or any applicable law or regulation
- to encourage and enable the reporting of violations of Hospital policy relating to ethical behavior and business conduct, including the Code of Conduct/Conflict of Interest Policy (together referred to a “codes of conduct”)
- to encourage and enable reporting of concerns relating to:
 - financial, internal accounting controls, or audit practices
 - quality of care
 -
 - environmental issues

- health and safety
 - human resource policies and legislation
 - breach of contract and negligence
 - privacy
 - violations of any other relevant provincial and/or federal legislation.
- to ensure there is no retaliation against those Individuals who make reports in Good Faith under this policy
 - to protect the confidentiality of those making reports to the maximum extent possible, consistent with the need to conduct an adequate investigation.

Definitions

Bad Faith: includes concepts such as malicious conduct, improper motive, dishonesty, recklessness, and gross negligence. Bad faith is more than just “being wrong” about an event. A bad faith complaint is one where the Individual makes and steadfastly maintains as a complaint that the Individual knows or ought to know is a false claim.

Board: means the Board of Directors of the Hospital.

Designated Investigator(s): The Designated Investigator(s) is/are assigned by the Audit Committee, CEO or COS, as the case may be, to be the person responsible for reviewing and investigating, when appropriate, the complaint.

Disclosing/Discloses/Disclosure means the communication of information and specifically the process of bringing forward information, as described in this policy.

Good Faith: means to act honestly or with sincere intention. The legal test for determining whether the complaint is made in good faith is objective.

Individual: Any Board Director, non-director committee member, employee, medical/professional staff member, contractor, consultant, student and/or volunteer.

Vexatious: refers to a situation, communication or information presented which is lacking sufficient grounds for action and, when viewed objectively, is serving only to annoy or harass.

Whistleblower: An Individual who discloses information that the Individual, in Good Faith, has reasonable grounds for believing is evidence of: a violation of any law, rule, regulation or policy; a gross mismanagement; a gross waste of funds; an abuse of authority; a substantial and specific danger to public health and/or; a substantial and specific danger to public safety.

Standards

- This policy does not supersede any other reporting mechanisms covered by hospital policy or legislation.
- This policy is intended to be used in cases where the standard Hospital reporting mechanisms do not result in an outcome acceptable to the complainant or in cases where the complainant chooses to use this method for raising a complaint.
- The Hospital maintains high standards of business and ethical conduct, as expressed in its codes of conduct. The Hospital applies these standards to all matters of business.
- The Hospital expects all Individuals to observe these standards while fulfilling their responsibilities to the Hospital.
- This policy will be posted on the Hospital's intranet.
- On a regular basis, the Hospital will make known to Individuals and members of the public the process for reporting complaints on a confidential basis.
- The Hospital will, at least annually, communicate reminders to Individuals of the process for reporting complaints. This may be accomplished by electronic or other means (i.e., email, written memos and Hospital newsletters).
- To the best of its ability based on the information supplied, the Hospital will conduct an investigation when it receives a complaint.
- The Hospital will maintain records and issue reports in accordance with this policy.

Procedure:

1. Reporting

- a) Any Individual who is aware of or suspects a breach of the codes of conduct or matters of concern or wrongdoing is responsible for disclosing the breach or concern promptly using either standard reporting mechanisms as referred to in existing policies, or this policy.
- b) Members of the public who are aware of or suspect a breach of the of codes of conduct or matters of concern or wrongdoing are encouraged to disclose the breach or concern using the reporting mechanisms referred to in this policy.
- c) It is expected that matters of concern will be reported in a timely manner and within one year of when the issue became known to the Individual.

- d) A concern may be disclosed in the following manner:
 - (i) by telephone to the confidential Whistleblower hotline extension 2585
 - (ii) by filing a report through the on-line “Whistleblower” system
 - (iii) by email to whistleblower@cmh.org
 - (iv) by letter addressed to the person
 - (v) in person to the Director, Patient Experience, Quality, Risk, Privacy & IPAC.
- e) All whistleblower submissions are routed to the Director, Patient Experience, Quality, Risk, Privacy & IPAC and the Chair of the Audit Committee.

2. Matters of concern or wrongdoing

- a) Examples of concerns relating to financial, accounting and auditing practices may include, but are not limited to, situations such as:
 - (i) the appearance of fraud, including falsification of records
 - (ii) unauthorized dealings with contractors for personal benefit, including receiving kickbacks or gifts which breach the Hospital’s procurement policies
 - (iii) unethical or illegal practices, including misappropriation of funds or abuse of expense accounts
 - (iv) violation or circumvention of the Hospital’s financial policies or accounting practices.
- b) Examples of concerns relating to quality of care may include, but are not limited to, situations such as:
 - (i) abuse of patients by any party
 - (ii) negligence of patient care in violation of Hospital policies.
- c) Examples of environmental issues may include, but are not limited to, situations such as:
 - (i) disposal or destruction of dangerous goods or products in violation of legislated requirements

- (ii) failure to appropriately report disposal or destruction of dangerous goods or products in accordance with Federal or Provincial legislation.
- d) Examples of violations of human resources policies and legislation may include, but are not limited to, situations such as:
- (i) cultural, racial, and sexual harassment
 - (ii) discrimination of any kind as outlined in legislation
 - (iii) workplace safety and harassment violations.
- e) Examples of breach of contract and negligence may include, but are not limited to, situations such as:
- (i) danger to health and safety
 - (ii) inappropriate release of confidential information
 - (iii) criminal offences of any kind.

3. No Retaliation

- a) No one will be penalized for making a Good Faith Disclosure. The Hospital will not retaliate and will not allow any retaliation or discrimination by its Individuals of any kind against any Individual who submits a Good Faith complaint. Specifically, the Hospital will not discharge, demote, suspend, threaten, harass or in any other manner discriminate or retaliate against any Individual submitting a Good Faith complaint.
- b) Bad Faith and/or Vexatious complaints will not be tolerated, and appropriate disciplinary measures will be taken by the Hospital if they are initiated up to and including termination.

4. Confidentiality

- a) All Board Directors and management will keep reports confidential to the extent possible, consistent with the Hospital's legal and ethical responsibilities, including the need to conduct an effective investigation.
- b) No one shall in any manner attempt to identify an Individual who reports in Good Faith on a confidential basis and any such action may result in disciplinary action, up to and including termination.

- c) In the interest of ensuring accountability and responsibility in reporting, anonymous complaints are discouraged as they may create limitations to the investigation and resolution procedures available. Notwithstanding, anonymous complaints will be reviewed and addressed to the extent possible.

5. Procedure for Investigation of a Complaint

- a) It is anticipated that in the ordinary course, the CEO, COS or Audit Committee, as the case may be, will complete their assessment of the complaint and assign the investigation of such complaint to a Designated Investigator generally within ten business days of receiving such complaint.
- b) In matters involving the CEO or COS, the Audit Committee will determine the process to be utilized based on the nature of the complaint.
- c) The Designated Investigator will assess the seriousness of the complaint promptly and determine, in consultation with others, if necessary, the manner in which the complaint will be investigated, using internal and/or external resources, and will determine who will lead such investigation. The Audit Committee may also request additional resources (including external experts) to facilitate an investigation.
- d) The Designated Investigator assigned for the investigation of the complaint shall:
 - (i) notify the complainant that the Hospital has received the complaint and that it will be investigated
 - (ii) treat the complaint, as well as its investigation and disposition on a confidential basis
 - (iii) involve, in the investigation, only those persons who need to be involved in order to properly carry out such investigation
 - (iv) ensure appropriate support to staff by allowing union representation or legal counsel as applicable
 - (v) conduct the investigation in a timely manner to a maximum of 3 weeks from the date of assignment. Any extension of this time period requires approval of the CEO, COS or the Audit Committee, as the case may be
 - (vi) document the investigation and subsequent follow up (including issuing a report to the complainant) in a manner consistent with hospital investigations
 - (vii) retain the records of the investigation consistent with the Personal Health Information - Retention and Destruction policy.

6. Monitoring the Investigation

- a) The investigation of a complaint will be monitored on an ongoing basis by the Audit Committee, CEO, COS or delegate, as appropriate.

7. Acting upon the Investigation's Findings/Conclusions

- a) Once completed, the report will be reviewed, and appropriate corrective action will be taken by the Hospital.

8. Report to the Audit Committee and Board

- a) A report of all complaints filed will be presented by the CEO or delegate to the Audit Committee of the Board at least annually.
- b) The report will include:
 - (i) the total number of complaints
 - (ii) a description of each complaint
 - (iii) how the complaint was received
 - (iv) the relevant category of the complaint
 - (v) whether contact information was provided by the Individual registering the complaint
 - (vi) whether the complaint could be substantiated
 - (vii) who was involved in the investigation
 - (viii) the resolution to the complaint, any policy changes implemented and/or any actions taken
 - (ix) the status of the complaint.
- c) The Audit Committee will share the report with the Board.
- d) In the event that the Audit Committee or the Board, as the case may be, is not satisfied with the report of the investigation, the Board may require that a further investigation be completed.

DEVELOPED: October 25, 2006		
REVISED/REVIEWED:		
June 25, 2014	April 24, 2019	April 27, 2022
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