Form 3.6

Draft Whistleblower Policy

### Purpose

The purpose of this Policy is as follows:

* Encourage and enable the reporting of concerns or complaints of alleged Wrongdoing as defined herein;
* Ensure there is no retaliation against those who make reports in good faith under this Policy; and
* To the maximum extent possible, protect the confidentiality of those making reports.

### Policy

## Standards

The hospital maintains high standards of ethical conduct, as expressed in its policies and Codes of Conduct. The hospital applies these standards to all activities including its business, financial, accounting and audit practices.

## Scope

Wrongdoing refers to illegal or inappropriate conduct, and includes:

* Violations of hospital standards and policies relating to ethical behaviour and business conduct, including:
* Code of Conduct; and
* Conflict of Interest Codes

[including those applicable to the board of directors and to management and employees]

(together referred to as “Codes of Conduct”);

* inappropriate financial, accounting or audit practices;
* violations of law;
* concerns relating to quality of care including abuse of patients;
* environmental issues including failure to comply with legislation or policies concerning dangerous goods or hazardous substances;
* violations of human resource/employment and safe workplace legislation or policies;
* negligence or failure to comply with legislation including criminal offences; and
* knowingly directing or counselling another person to engage in Wrongdoing.

The above list is not exhaustive but is intended to provide guidance as to the kind of conduct which constitutes Wrongdoing under this Policy. Individuals who are in doubt as to whether a concern constitutes Wrongdoing should contact their immediate supervisor or another individual to whom reports might be made, as outlined below, prior to reporting.

Examples of concerns relating to business, financial, accounting and auditing practices are as follows:

* the appearance of fraud, including falsification of records;
* “side deals” or “under the table” dealings with contractors for personal benefit, including receiving kickbacks or gifts;
* unethical or illegal practices, including misappropriation of funds or abuse of expense accounts;
* violation or circumvention of the hospital’s financial policies or accounting practices; and
* failure to adhere to the hospital's purchasing and procurement policies and ethical conduct codes.

## Application

The hospital expects all its directors, officers, employees, professional staff (including physicians, dentists, midwives and registered nurses in the extended class), independent and external contract workers, students and volunteers (together referred to as “Individuals”) to observe these standards while fulfilling their responsibilities to the hospital.

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.

## Reporting Responsibility

Any Individual who is aware of or suspects Wrongdoing is responsible for reporting the breach or concern as soon as possible. For clarity, the failure to declare a conflict of interest in accordance with the Conflict of Interest Code is a breach of obligations to the hospital and should be reported under this Policy. (For guidelines relating to conflicts of interest, refer to the Conflict of Interest policy.)

## No Retaliation

Individuals who, in good faith, make reports, seek advice about making a report, cooperate in investigations, act as witnesses, or otherwise act in compliance with this Policy, shall not suffer reprisal or retaliation for so doing, even if after the investigation is competed the allegations are not substantiated. Reprisal or retaliation include harassment, intimidation, coercion, or adverse consequences relating to their employment, appointment, or engagement.

An Individual who retaliates against another Individual for reporting in good faith will be subject to discipline, up to and including termination or removal.

## Acting In Good Faith

In making a report, an Individual must be acting in good faith [with reasonable grounds for believing] there is Wrongdoing. An Individual who makes an unsubstantiated report, which is knowingly false or made with malicious intent, will be subject to discipline, up to and including termination or removal.

## Confidentiality

The hospital will keep reports confidential to the maximum extent possible, subject to the need to conduct an effective investigation and any obligation to disclose as required by law. It should be noted that confidentiality may not mean anonymity.

The hospital will accept reports under this Policy on an anonymous basis; however, the hospital may be impeded in investigating anonymous reports due to the lack of information and the inability to follow up.

The hospital 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.

### Procedures

## Reporting

Individuals should report suspected Wrongdoing to their immediate supervisor or manager, or to a senior member of the human resources department. Where an immediate supervisor is implicated, the report should go to the next level of reporting. In some situations, an Individual may not be comfortable reporting to their supervisor or the human resources department, in which case they may submit a report to a member of senior management [or to the Chair of Audit Committee of the Board].

Reports concerning volunteers and students should be made to the human resources department.

Reports concerning professional staff (physicians, dentists, nurses in the extended class, or midwives) and medical students should be to the Chief of Staff. Reports involving the Chief of Staff should be to the President and CEO or the Chair of the Board.

Reports concerning management staff members should be to the supervising director or vice president, or if it involves a vice president, the President and CEO. Reports concerning the President and CEO or a member of the Board of Directors should be to the Board Chair.

Reports concerning directors of the Board, such as any failure of a director to declare a conflict of interest, should be made to the Board Chair.

Reports concerning the Chair of the Board should be to the Vice-Chair [or Chair of the Audit Committee of the Board].

If a report relates to questionable financial, accounting, audit or business practices involving an executive officer or the integrity of the hospital’s financial statements, it should go to the President and CEO or the Chair of the Audit Committee, or both.

Reports may be made on an anonymous basis.

## Investigation

The person receiving the report will review, and where appropriate, refer the matter to be dealt with in accordance with any existing processes in place to handle such reports.

Where the nature of the report is such that no existing hospital process is in place to handle such report, the report shall be referred to [the Vice President of Human Resources or delegate/ CEO or delegate] shall be responsible to ensure that an appropriate investigation is undertaken under this Policy.

Responsibility for investigation and resolution may be referred to senior management or the Board.

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.

Where an investigation is required, it may be done internally or through an external investigator, at the discretion of the hospital, and may be referred to the appropriate law enforcement or regulatory authorities.

For certain reports relating to financial, accounting or audit practices, the Chair of the Audit Committee, or delegate, will ensure an investigation is conducted and will make recommendations to the Board for resolving the issue.

The hospital will conduct investigations having regard to the following principles:

* The investigation should be carried out fairly and without bias.
* Those involved in the investigation should 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 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 and have an opportunity to respond.
* Investigations will be conducted in a timely manner.
* The hospital expects Individuals to cooperate during any investigation.
* If feasible and appropriate, the hospital will inform the Individual who made the report about the results of an investigation and the steps taken to address the conduct in question.

Everyone is expected to fully cooperate with an investigation and make all reasonable efforts to be available to assist during the course of the investigation. No person shall wilfully obstruct anyone involved in an investigation of Wrongdoing or reprisal, nor destroy, alter, falsify, or conceal a document or other thing they know or ought to know is likely relevant to an investigation of wrongdoing or reprisal, and such conduct will be subject to discipline, up to and including termination or removal.

All participants in an investigation of Wrongdoing or reprisal, including persons who make a report, witnesses, and the persons alleged to be responsible for Wrongdoing or reprisal, 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 they also maintain confidentiality.

## Reporting Retaliation

Individuals who experience any form of retaliation before or after submitting a report should immediately inform their supervisor or a senior member of the Human Resources Department.

### Approval Date:

### Review Date: