



Administration Manual

SUBJECT: WHISTLE BLOWING POLICY
POLICY NUMBER:
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APPROVED BY: Board of Directors, March 23, 2017

GENERATED BY: CEO & President

APPROVED BY:

APPROVED BY:

ISSUED: Feb. 8, 2017

REVISED:

REVIEWED:

REFERENCE:

POLICY:

Haliburton Highlands Health Services (HHHS) is committed to practices that facilitate a culture where individuals can report information where there is reasonable belief that “wrongdoing” has occurred. This includes a policy, practice or activity that is illegal, unethical or inappropriate.

This policy will ensure that all individuals and groups who are in any way associated with HHHS feel supported to voice their concerns in good faith without fear of retaliation/reprisal related to issues of wrongdoing identified within HHHS. This policy applies to individuals or groups including, but not limited to, the following:

- employees,
- medical/professional staff,
- physicians,
- contract staff,
- Board of Directors,
- volunteers,
- hospital affiliates and students,
- Contractors,
- Vendors,
- Donors.



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BACKGROUND

Whistleblowing policies act to facilitate the ability of individuals to submit allegations of wrongdoing without fear of reprisal in order to ensure appropriate actions are taken to manage these infractions.

Accreditation Canada and industry best practice standards indicate that organizations should have a distinct policy in place to help encourage and enable the reporting of serious concerns related to alleged wrongdoing.

This policy will not apply to personal grievances concerning an employee’s terms and conditions of employment, physician agreements with the hospital, volunteers and students/residents arrangements with the hospital, or any aspects of the working relationship in the hospital, allegations of harassment (staff or patients) or disciplinary matters. Such allegations are dealt with under current hospital policies and procedures (which may be accessed through Human Resources) and federal or provincial laws as appropriate.

This policy applies whether or not the information is confidential.

Examples of such wrongdoing include but are not limited to:

- A violation of law, rule, regulation or policy;
- Gross mismanagement;
- Gross waste of funds;
- An abuse of authority;
- Violation of patient privacy and confidentiality
- A substantial and specific danger to public health;



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- A substantial and specific danger to public safety; or
- Financial malpractice or fraud

Financial malpractice or fraud could include, but is not limited to:

- False invoicing
- Unauthorized/undisclosed benefit received from a supplier, contractor or other hospital source
- Submission of fraudulent expense accounts
- Payroll fraud - false reporting of hours worked
- Payroll fraud – use of sick leave when not sick
- Inappropriate or false WSIB claim
- Theft of hospital property
- False employee benefit claims
- Cheque fraud
- False or misleading financial reporting.

DEFINITIONS

Allegation: Action of bringing forth information related to potential wrongdoing

Complainant: the individual bringing forth the allegation of potential wrongdoing, also referred to as the Whistleblower.

Good Faith: Acting with honest motives

Respondent: The individual against whom the complainant is alleging the wrongdoing



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Reviewer: The investigator of the allegation

Vexatious: also referred to as frivolous, is lacking or insufficient in evidence, and serves only to cause annoyance to the respondent

Whistleblower: Also referred to as Complainant, an individual who makes an allegation of what is perceived to be wrongdoing

Wrongdoing: A departure from acceptable ethical, clinical, safety or administrative expectations, behaviours and procedures.

GUIDING PRINCIPLES

1. All allegations should be promptly reported.
2. Allegations of crimes against people or property, such as assaults, rape, burglary, etc. should be immediately reported to the police by the complainant.
3. Full confidentiality for the person making an allegation (the reviewer will not disclose the name of the individual, except in the case of a criminal offence when disclosure to the police and/or courts may be required) or unless the person is required to provide evidence in a civil proceeding.
4. Should the name of the person making an allegation be identified, HHHS will treat reprisals towards this individual seriously and take appropriate disciplinary action given the circumstances.
5. Allegations, which are determined to be vexatious, false or malicious after investigation, will be treated seriously and appropriate disciplinary action, will be taken, if warranted.
6. HHHS will not attempt to knowingly conceal evidence and/or information relating to matters covered under this policy.



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PROCEDURE

1. Allegations within the scope of this policy will be submitted anonymously to an independent hotline reporting service. Contact information for the hotline is available on the HHHS internet and intranet.
2. Each anonymous allegation will be forwarded by the independent hotline reporting service to the appropriate reviewer as outlined below.
 - Allegations pertaining to staff and management will be automatically forwarded to the CEO and President. Depending on the allegation, the CEO and President may delegate to another reviewer, however, the CEO and President will continue to support the investigation as required.
 - Allegations referencing physicians will be sent automatically to the CEO and President, in addition to the Chief of Staff, to review and investigate. [Investigation will be co-ordinated by the President and CEO in consultation with the Chief of Staff.]
 - Allegations relating to the CEO and President or Chief of Staff will be forwarded directly to the Chair of the HHHS Board of Directors. Upon receipt of the allegation, the Chair will convene the Executive Committee to discuss appropriate next steps for review and investigation.
 - Allegations regarding the Board of Directors will be directed to an independent consultant or external agency for review and investigation, as predetermined by the Board.
3. Any expenses associated with an investigation require approval.



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For internal reviewers, a budget request should be presented to the CEO and President for approval. In the case of external reviewers, an estimate of fees and expenses should be submitted for approval to the CEO and President. If the investigation is a result of a concern relating to the President and CEO or Chief of Staff, the estimate of fees and expenses should be submitted to the Chair of the Board of Directors for approval.

4. All information related to the investigation and the recommendations linked to the investigation will be documented.
5. The position of the Respondent of an allegation will dictate who will be included in the investigation of the allegation, or whether an outside firm will be retained to investigate.
6. All allegations will be reviewed based on the information provided and the type /complexity of the issue. The investigation will be completed by one or more of the following processes:
 - Investigated internally by HHHS
 - Referred to external auditors (financial)
 - Investigated by an independent external organization
7. Following the investigation, some matters may need to be referred to a relevant outside organization, such as the police.
8. Investigation of any allegation should begin within 5 business days of the report and be completed within 30 days from the date of initial report.

If the initial review of the allegation determines that no investigation is warranted, this decision and reasons for the decision will be communicated to the complainant in writing in



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instances where they are identified.

REFERENCES

- Criminal Code (Section 425.1)
- Freedom of Information and Protection Act
- Personal Health Information Protection Act,
- Public Hospitals Act
- Regulated Health Professions Act
- The Broader Public Sector Accountability Act
- Occupational Health and Safety Act
- Employment Standards Act