

North York General Hospital Policy Manual

Whistleblower Policy

NUMBER: I-180

CROSS REFERENCE: Shared Resolution of Complaints/Concerns III-a-40
Workplace Harassment III-c-30
Incident Reporting Framework Policy I-85
Guidelines for Professional Physician Behaviour
Fraud Policy IX-80
Code of Conduct/Conflict of Interest Policy VII-15
Procurement Directive VII-45
Privacy and Data Protection Policy

DATE REVIEWED/REVISED: March 2016

DATE APPROVED: April 19, 2016

AUTHORIZATION: Board of Governors

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1.0 Purpose

North York General Hospital (NYGH) promotes and supports a culture of transparency, accountability, safety and ethical standards. Accordingly, when a board member, officer, employee, professional staff, contractor, consultant, student or volunteer (“member of the NYGH community”) has reasonable grounds to believe that another person has engaged in inappropriate or unlawful acts in the workplace, he/she is encouraged to disclose this information with the confidence that an investigation will take place and that he/she will be treated fairly and protected from reprisal.

The Whistleblower Policy provides individuals with a series of options, both internally and externally, for reporting concerns. The external reporting mechanism includes an independent third party hotline that allows for anonymous reporting. NYGH currently contracts with ConfidenceLine for this third party service. ConfidenceLine can be contacted at www.nygh.confidenceline.net or by phone at 1-800-661-9675.

2.0 Scope

This policy applies to all NYGH community members including board members, officers, employees, professional staff, contractors, consultants, students and volunteers.

3.0 Reporting Mechanism

There are several channels through which members of the NYGH community may report their concerns. Consideration should be given to the nature of the concern in choosing the most appropriate channel. Reports of misconduct should be raised initially to a manager, director or another senior leader. If there are circumstances that make reporting to these individuals uncomfortable or undesirable, then a number of alternatives are available through existing North York General Hospital policies. These policies are listed in the reference chart on the following pages. Please note

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that individuals are encouraged to report through internal channels whenever appropriate.

Advice or assistance in managing or escalating workplace issues or concerns is available from the Human Resources Department. The Human Resources Department can also be contacted to provide guidance to employees who are unsure which reporting mechanisms to use.

In circumstances where there doesn't seem to be an appropriate channel to report a concern, or when regular channels are uncomfortable or undesirable, concerns may be reported anonymously through the external third party hotline, ConfidenceLine. Concerns raised through ConfidenceLine are submitted to the Chair, Board of Governors, the President and CEO and the Vice President of People Services. Should the concern be related to any of these individuals, that person will not receive the report. If the concern is related to the Chair of the Board, the Vice Chair of the Board will receive the report. Those who receive the report will identify the most appropriate person (or persons) to lead the investigation of the concern.

The reference chart on the following pages lists the policies that outline the most appropriate channels to report concerns of various types.

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Reference Chart of Related Policies

Type of Issue or Concern	Related policies delineating the appropriate reporting channel(s)
<u>Questionable Financial Reporting or Practices</u> : examples include suspected falsification or destruction of business or financial records; timekeeping and payroll reporting; misrepresentation or suppression of financial information; non-adherence to internal and external financial reporting policies/controls.	Fraud Policy Code of Conduct/ Conflict of Interest Policy
<u>Suspected Criminal Activity</u> : examples include suspected theft, fraud, unlawful or improper payments, misuse of corporate funds or assets.	Fraud Policy Code of Conduct/ Conflict of Interest Policy
<u>Quality of Care or Malpractice Concerns</u> : examples include suspected abuse or neglect of patients by any party.	Incident Reporting Framework Policy
<u>Environmental Issues</u> : examples include disposal of dangerous goods or products in violation of legislated requirements; failure to report disposal in accordance with Federal or Provincial legislation.	Incident Reporting Framework Policy

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<p><u>Violations of Human Resource Policies:</u> examples include inappropriate workplace behaviour, harassment, discrimination, violence or retaliation, health and safety violations.</p>	<p>Shared Resolution of Complaints or Concerns Policy Workplace Harassment Policy Guidelines for Professional Physician Behaviour</p>
<p><u>Violations of Collective Agreement:</u> examples include scheduling, time off requests.</p>	<p>Grievance Procedure</p>
<p><u>Suspected Breaches of Privacy:</u> examples include patient privacy breaches, health record breaches.</p>	<p>Privacy and Data Protection Policy</p>
<p><u>Breach of Contract or Negligence:</u> examples include suspected fraud or action that may endanger health and safety.</p>	<p>Procurement Directive Fraud Policy</p>
<p><u>Gross Mismanagement/Other Concerns</u> <u>Significant non-compliance with Hospital Policies, Retaliation or Retribution against an individual who reports a concern or wrongdoing:</u> examples include statements, conduct or actions involving discharging, demoting, suspending, harassing or discriminating against an individual reporting a concern in good faith in accordance with this policy.</p>	<p>ConfidenceLine Hotline</p>

4.0 Hotline Complaints Process

For complaints reported via the Hotline, the following process, modified where appropriate, will be followed:

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- Complaint to be forwarded to the Chair, Board of Governors (Chair), the President and CEO and the Vice President of People Services. These individuals will assign a designate to lead the investigation (the Lead) The Chair, or the Lead, will notify appropriate Board Committee Chair(s) based on details of complaint.
- The Lead will commence the investigation, within 10 business days, utilizing the required resources.
- Investigation to be finalized within 30 days and a written report to be prepared, and shared with the appropriate Chairs.
- The Chair or Lead, will formally respond in writing to the complainant through the hotline process or directly to the complainant if they have made their identity known.

NOTE: The above procedure may be varied by the Chair, Board of Governors to suit the circumstances of individual complaints. However, where a decision to vary the procedure occurs, the rationale for that decision will be documented and retained on file.

5.0 Role and Responsibilities

5.1 Responsibilities of Administrative Staff/Management

- 5.1.1 Promote a culture of open communication within their departments where issues and concerns can easily be dealt with;
- 5.1.2 Ensure all members of the NYGH community are aware of this policy;
- 5.1.3 Ensure compliance with this policy; and,
- 5.1.4 Protect from reprisal employees who disclose, in good faith, concerns of possible wrongdoing.

5.2 Responsibilities of Members of the NYGH Community

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- 5.2.1 Follow the internal processes established in this policy to raise concerns of wrongdoing in the workplace;
- 5.2.2 Respect the reputation of individuals by not making frivolous or vexatious allegations of wrongdoing or quality of care or malpractice concerns or by acting in bad faith; and,
- 5.2.3 Co-operate fully in the investigation process.

6.0 Protection from Reprisal

- 6.1 Except in circumstances where a complainant has acted in bad faith, as described above, no Member of the NYGH community shall be subject to any reprisal for having initiated a complaint in accordance with this policy.
- 6.2 A member of the NYGH community who believes he/she is subject to reprisal as a direct consequence of having conducted him/her in accordance with this policy or as a result of exercising his/her rights under the *Employment Standards Act, 2000*, the *Occupational Health and Safety Act*, the *Ontario Human Rights Code*, or the *Criminal Code* may lodge a complaint with the Chair, Board of Governors.

7.0 Administrative and Disciplinary Measures

- 7.1 Members of the NYGH community may be subject to administrative and disciplinary measures up to and including termination of employment or review of privileges in keeping with NYGH By-Laws when:
 - 7.1.1 a member of the NYGH community retaliates against another member who has made a disclosure in accordance with this policy or against an individual identified as a witness; or
 - 7.1.2 the investigation concludes that a complaint was made in bad faith; or

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7.1.3 a member of the NYGH community fails to disclose relevant information so that appropriate action may be taken.

8.0 Review and Reporting

- 8.1 A semi-annual utilization report and communications plan update will be provided to the Human Resources Committee of the Board.
- 8.2 An annual report of all whistleblower complaints, themes and findings to be presented to the Board of Governors by the Chair, Board of Governors.
- 8.3 This policy will be reviewed by the Human Resources Committee of the Board on a biennial (every two years) basis.