

	<b>GBGH Policy &amp; Procedure</b>		Page 1 of 7
<b>Title: Whistleblowing Protection Policy</b>			
Signing Authority:	<b>Board of Directors</b>		
Issued by: VP Human Resources	Approval Date:	May 27, 2021	
	Effective Date:	June 1, 2021	

## **Purpose**

This policy and procedure applies to all employees of Georgian Bay General Hospital (“GBGH”) as well as credentialed staff with GBGH privileges (i.e. medical, dental, midwifery, and extended class nursing staff), volunteers, students and residents. This policy also applies to vendors, and contractors. These individuals shall be collectively referred to as workers herein.

In addition to workers, members of the public, including but not limited to patients or donors, may use the reporting mechanisms established in this policy.

The requirements apply to workers whether working on GBGH property or working on behalf of or representing GBGH elsewhere.

Whistleblowing is not intended to be used to address concerns related to terms of employment or terms of service or contracts. As a result this policy does not apply to employee’s or staff member’s terms and conditions of employment, physician contracts, volunteer service agreements, student or resident arrangements with GBGH or any aspect of working relationships with GBGH including complaints of harassment or disciplinary matters. Such complaints are dealt with under current GBGH policies and procedures and federal or provincial laws as appropriate.

## **POLICY STATEMENT:**

The purpose of this policy is to provide a process to enable the communication of good faith concerns about issues of honesty and integrity, public health and safety, financial, legal or operational matters (including but not limited to falsification of records or malpractice and see definition of wrongdoing), or other areas of concern in relation to GBGH. These allegations of alleged wrongdoing are referred to as whistleblowing.

Provided these allegations or concerns are made in good faith, this policy establishes that such reporting, by the whistleblower, is without fear of reprisal (including demotion, termination, or other adverse effects on employment or placement at GBGH) and to the extent possible and appropriate will ensure confidentiality of the whistleblower. Any attempt to conceal information related to a whistleblowing complaint or reprisal against a whistleblower may result in disciplinary action by GBGH.

GBGH is committed to operating in compliance with its policies, applicable legislative requirements and GBGH's Mission, Vision and Values. In keeping this commitment, this policy provides an avenue for staff and the public to report concerns with respect to any alleged wrongdoing within GBGH.

This policy is meant to complement the existing reporting processes, such as the RL6 Learning System and Code of Conduct, and provide a means by which a whistleblower can report perceived issues to someone other than their direct leader where circumstances occur that the existing processes are not appropriate or have failed to address the concern. If a worker of GBGH has a concern they are encouraged to first discuss the issue with their leader, before engaging this process.

Matters reported under this policy, captured by an existing GBGH policy may be referred to that process for investigation. For example, a matter reported that is alleged workplace harassment would be investigated under GBGH's Code of Conduct and/or Workplace Harassment policy.

### **DEFINITIONS:**

**Allegation:** Action of bringing forth information related to potential wrongdoing, also referred to as whistleblowing.

**Good Faith:** Acting with honest motives based on a reasonable belief in the circumstances.

**Reprisal:** Any adverse action taken against a whistleblower who makes a good faith allegation under this policy or who co-operates in an investigation.

**Vexatious:** Includes allegations that are frivolous, based on speculative information and intended to annoy or harm the respondent. An allegation would be vexatious if viewed objectively it is initiated without merit.

**Whistleblower:** The individual bringing forward an allegation of potential or perceived wrongdoing.

**Wrongdoing:** A departure from acceptable ethical, clinical, safety or administrative expectations, behaviours or procedures. Examples of wrongdoing include but are not limited to:

- a violation of any law (e.g. theft, embezzlement, fraud);
- concerns relating to quality or malpractice of care, including abuse of patients by any party and/or negligence of patient care in violation of corporate policies;
- a gross waste of funds, misleading financial reporting, accounting irregularities, the falsification of records or abuse of expense accounts;
- "side deals" or "under the table" dealings with contractors for personal benefit, including receiving kickbacks, gifts or other benefits;

- a substantial mismanagement, intentional suppression, destruction or manipulation of information/documents regarding facts to suppress information about the above mentioned irregularities;
- significant harm to hospital property, including disposal or destruction of dangerous goods or products and failing to report such disposal/destruction in accordance with legislation;
- an abuse of authority; and/or
- a substantial and specific danger to public health or safety.

## **PROCEDURE:**

### **Who to Report an Allegation To**

#### **Internal Worker Reporting**

- First Option in Reporting:** A whistleblower is encouraged to discuss any concern with their leader, Director, Medical Director or Chief of Department, or the leader responsible for the activity in question. If the whistleblower is not comfortable speaking to one of these leaders they are encouraged to discuss the matter with another leader of their choosing who is connected to the matter. If necessary, a whistleblower may raise the matter to any leader they are comfortable with, regardless of whether the leader is connected to the matter.
- Second Option in Reporting:** If the whistleblower is not comfortable speaking to their leader, a leader connected to the matter (perhaps due to the subject of the concern), or another leader of their choosing (as above), the whistleblower may make a complaint directly to Quality and Risk. Quality and Risk is led by the Royal Victoria Regional Health Centre and can be reached using the following contact information:

Email: [privacy@gbgh.on.ca](mailto:privacy@gbgh.on.ca)  
 Phone: 705-526-1300 extension 5640  
 Mail: Attention: Privacy  
 Georgian Bay General Hospital  
 P.O. Box 760  
 Midland, ON  
 L4R 4P4

- Third Option in Reporting:** If the allegation is regarding Quality and Risk or a member of Senior Leadership the whistleblower may also make the allegation directly to the Board Chair at:

Email: [BoardChair@GBGH.on.ca](mailto:BoardChair@GBGH.on.ca)  
 Mail: Board Chair  
 Georgian Bay General Hospital

P.O. Box 760  
Midland, ON, L4R 4P4

## **Public Reporting**

- a. First Option in Reporting:** Any member of the public wishing to make a complaint should submit the complaint to Quality and Risk. Quality and Risk is led by the Royal Victoria Regional Health Centre and can be reached using the following contact information:

Email: [privacy@gbgh.on.ca](mailto:privacy@gbgh.on.ca)  
Phone: 705-526-1300 extension 5640  
Mail: Attention: Privacy  
Georgian Bay General Hospital  
P.O. Box 760  
Midland, ON  
L4R 4P4

- b. Second Option in Reporting:** If the allegation is regarding Quality and Risk or a member of Senior Leadership the whistleblower may also make the allegation directly to the Board Chair:

Mail: Board Chair  
Georgian Bay General Hospital  
P.O. Box 760  
Midland, ON, L4R 4P4  
Email: [BoardChair@GBGH.on.ca](mailto:BoardChair@GBGH.on.ca)

## **Process for Making an Allegation**

1. The individual circumstances determine who the applicable person to report the allegation to is based on the above options.
2. Allegations may be submitted anonymously or the whistleblower may identify themselves. Typically, more can be done to address a situation if the report is not anonymous as the ability to communicate with the whistleblower is compromised when submitted anonymously.
3. Any allegation should be reported promptly and unless exceptional circumstances apply, no later than one year of when the issue became known.
4. An allegation should include as much detail as possible including: nature and particulars of the alleged wrongdoing, relevant dates, the identity of those involved, and the policy/law/practice at issue.

5. An acknowledgement of receipt of the allegation and advisement of next steps will be initiated as soon as possible and not later than 14 days, unless submitted anonymously.
6. The individual who receives the allegation will review the matter to determine if additional investigation is required or whether the matter can be resolved informally or without investigation. The individual who receives the allegation may escalate the matter to a higher level of leadership if necessary, up to and including the Board Chair as appropriate. At no time will a complaint be escalated to a person involved in the allegation.
7. If it is determined that an investigation is not warranted this will be communicated to the whistleblower and the reasons documented and retained. These files will be retained by Quality and Risk.
8. The whistleblower's confidentiality will be protected to the extent possible while still allowing an investigation process. In some cases full confidentiality may not be possible; however, GBGH may still have an obligation to pursue the investigation.
9. If it is determined that an investigation is necessary, an investigator will be selected. The specific circumstances will determine if an internal or external investigator is appropriate. The investigator may be:
  - An external auditor
  - An external firm or other independent organization
  - Internal investigation

In typical circumstances an investigation will be completed within 60 days from the date the allegation was received. More complex investigations or investigations involving unique circumstances may require additional time for completion.

10. The investigation report/or summary will be provided to the Senior Leadership Team/designate or the Board Chair as appropriate as determined by the investigation topic and results.
11. All workers are expected to participate in an investigation. Failure to cooperate or deliberately providing false information will be subject to disciplinary action. Any whistleblower making a vexatious allegation will be subject to disciplinary action.
12. Following investigation, some matters may need to be referred to a relevant outside organization or regulatory body, such as police or professional association/college.

13. After an investigation is completed, the whistleblower will be informed of the outcome to the extent permitted by law and that maintains privacy and confidentiality where appropriate.
14. Any time an allegation is received under this policy Quality and Risk will be informed. The results of any investigation will be retained by Quality and Risk as appropriate for a length of time to be determined by the Senior Leadership Team on a case by case basis and in alignment with the GBGH Records Retention Policy. The Quality and Risk will provide quarterly statistics to the President & CEO of allegations received and outcomes. If an allegation is received regarding the President & CEO that information will only be shared with the Board Chair.
15. There shall be no reprisal or retaliation against any whistleblower who makes an allegation in good faith. A person shall not take a reprisal against an employee or direct that one be taken against an employee because the employee has, in good faith,
  - Sought advice about making an allegation;
  - made an allegation; or
  - cooperated in an investigation under this policy; or
  - provided a law enforcement officer with truthful information regarding the commission or possible commission of an offence, unless the individual reporting is one of the violators.

A person who takes a reprisal against an employee or directs that one be taken contrary to this policy is subject to appropriate disciplinary action, which may include termination of employment for employees and removal of privileges for credentialed staff. Appropriate disciplinary or other administrative measures that are taken to remediate or respond to a disclosure or a concern brought forward are not considered acts of reprisal.

16. If the allegations brought forward are substantiated and performance management measures or some form of discipline is imposed, a notification of the remedial or disciplinary measures will be placed in the employee or professional staff file of the person who engaged in the improper activity. Notification in the employee file of unionized employees will be maintained for a period of time in accordance with any applicable provisions of collective agreements and notification in the employee file of non-union employees will be maintained for 18 months.

### **CROSS REFERENCES:**

GBGH Code of Conduct and Workplace Harassment Policy  
GBGH *Whistleblower Policy November 24, 2016*

### **REFERENCES:**

Haldimand War Memorial Hospital (2017) – Whistleblower Policy  
Niagara Health (2018) – Whistleblower Policy  
Peterborough Regional Health Centre (2015) – Whistleblowing Policy  
Royal Ottawa (2017) – Whistleblowing Policy  
Royal Victoria Regional Health Centre (2020) – Whistleblowing Policy