

 <p style="text-align: center;">C R E D I T • V A L L E Y THE CREDIT VALLEY HOSPITAL</p>	Board Policy	Board of Directors
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PREAMBLE

The Whistle Blowing Policy and Procedure of the Board of Directors is intended to be used in cases where standard hospital reporting mechanisms (see HR Policy #5.0.1) 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.

PURPOSE

The purpose of this policy is as follows:

- (a) Encourage and enable the reporting of violations of Credit Valley Hospital (together referred to as “hospital”) policy relating to ethical behaviour and business conduct, including the Code of Conduct/Conflict of Interest Policy (together referred to a “codes of conduct”);
- (b) Encourage and enable reporting of concerns relating to 1) questionable financial, internal accounting controls, or audit practices, 2) quality or malpractice of care, 3) environmental issues, 4) violations of human resource policies and legislation, and 5) breach of contract and negligence;
- (c) Ensure there is no retaliation against those who make reports in good faith under this policy;
- (d) To the maximum extent possible, protect the confidentiality of those making reports; and;
- (e) This policy does not supercede any other reporting mechanisms covered by Human Resource hospital policy (HR #5.0.1) or legislation.

POLICY

Standards

1. 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 its board members, officers, employees, professional staff (including physicians, dentists, nurses in the extended class, or midwives), students and volunteers (together referred to as "Individuals") to observe these standards while fulfilling their responsibilities to the hospital.

Reporting Responsibility

2. Any individual who is aware of or suspects a breach of the codes of conduct or matters of concern or wrongdoing is responsible for reporting the breach or concern as soon as possible using either standard reporting mechanisms as referred to in Human Resources Policy (HR #5.0.1), or the Board of Directors Whistle Blowing policy.

Matters of concern or wrongdoing

3. Examples of concerns relating to financial, accounting and auditing practices are as follows:
 - a) The appearance of fraud, including falsification of records;
 - b) 'Side deals' or 'under the table' dealings with contractors for personal benefit, including receiving kickbacks or gifts;
 - c) Unethical or illegal practices, including misappropriation of funds or abuse of expense accounts; and
 - d) Violation or circumvention of the hospital's financial policies or accounting practices.

Examples of concerns relating to quality or malpractice of care are as follows;

- e) Abuse of patients by any party;
- f) Negligence of patient care in violation of corporate policies.

Examples of environmental issues are as follows;

- g) Disposal or destruction of dangerous goods or products in violation of legislated requirements;
- h) Failure to appropriately report disposal or destruction of dangerous goods or products in accordance with Federal or Provincial legislation.

Examples of violations of human resources policies and legislation are as follows;

- i) Racial and sexual harassment;
- j) Discrimination of any kind as outlined in legislation.

Examples of breach of contract and negligence are as follows;

- k) Criminal offenses of any kind;
- l) Danger to health and safety.

No Retaliation

4. Individuals reporting in good faith under this policy shall not suffer harassment, retaliation or adverse employment consequences (for example, demotion, or denial of promotion or compensation). An individual who retaliates against another Individual for reporting in good faith will be subject to discipline, which may include termination or removal.

Acting In Good Faith

5. In making a report, an Individual must be acting in good faith with reasonable grounds for believing there is a breach of a code of conduct or questionable financial practices. 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

6. All Board members 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. 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.

Publicizing the Process for Reporting Complaints

7. A copy of this policy will be posted on the hospital's intranet. On an ongoing basis, the hospital will make known to employees, physicians, volunteers, and members of the public the process for reporting third party complaints on an anonymous and confidential basis. This information will make it clear that no one will be penalized for making a good-faith report of a Complaint, nor will the hospital tolerate retaliation against anyone who makes a good-faith report of a Complaint.

The hospital will also periodically (at least annually) communicate reminders to hospital stakeholders of the process for reporting Complaints. This may be accomplished by electronic or other means, including, for example: email, written memos and hospital newsletters.

Investigation of Complaints

8. The third-party Whistle Blowing process will engage designated reviewers who will assess the seriousness of complaints promptly and determine, in consultation with others, if necessary, the manner in which complaints will be investigated, using internal and/or external resources, and will determine who will lead such investigation. Designated reviewers will always include at least one member of the Board of Directors and one member of hospital senior management. Any complaint made involving a designated reviewer will not be reviewed by that individual. It is anticipated that in the ordinary course,

the designated reviewers will complete their assessment of each complaint and assign the investigation of such complaint generally within ten business days of receiving such complaint.

Persons assigned the investigation of third-party complaints will:

- (i) treat each report of a complaint, as well as its investigation and disposition on a confidential basis in accordance with the Policy;
- (ii) involve in each investigation only those persons who need to be involved in order to properly carry out such investigation; and
- (iii) conduct each investigation in a timely manner.

Monitoring the Status of the Investigation

9. The investigation of all third-party Complaints will be monitored on an ongoing basis by the Designated Reviewers. At least quarterly, a summary of all complaints will be presented to the appropriate Committee (or Sub-Committee) of the Board.

Report to the Audit Committee

10. On a quarterly basis, or more frequently upon request, a written summary report will be prepared to provide to the Audit Committee (a committee of the Board of Directors) specifying, among other things:
 - (a) the total number of third-party Complaints received during the prior fiscal quarter;
 - (b) all third-party Complaints received, by relevant category, during the prior fiscal quarter; and
 - (c) the reporting avenues used by persons reporting third-party Complaints. In addition, if requested by the Audit Committee, the Vice president and CFO will report on the effectiveness of the reporting system during the prior fiscal quarter.

The Audit Committee may request special treatment for any particular third-party Complaint, including the retention of outside counsel or other advisors.