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Owner: President & CEO	Signing Authority: Board of Directors		

POLICY STATEMENT:

HGMH is committed to conducting business with the highest standards of professional, ethical, financial, and legal behaviour as well as compliance with applicable laws and regulations. Recognizing the risk of illegal or unethical activity that all organization's face, the purpose of this Whistleblowing Policy is to outline the responsibilities and processes related to the disclosure of information related to any suspected wrongdoing.

This policy applies to all HGMH employees, medical staff, volunteers, and students. Its intent is to encourage the reporting of genuine, suspected wrongdoing on a timely basis and to provide assurance that concerns will be taken seriously, investigated as appropriate, confidentiality will be maintained and there is no risk of reprisal.

RESPONSIBILITY TO RAISE A WHISTLEBLOWING CONCERN

Any person who becomes aware of a breach of professional, ethical, financial, or legal behaviour, non-compliance with applicable laws and regulations, or contravention of any policy governing the conduct of persons associated with HGMH and attempts to conceal any such breach or contravention, is responsible for reporting this immediately.

- Whenever possible, the identity of the reporter will be protected, and will not be disclosed to anyone (other than those on the Investigation Task Force). The identity of the reporter will only be disclosed in connection with furthering the objectives of the investigation or if required by law to do so.
- There will be no retaliation, reprisals, or other action against anyone who reports a situation in good faith.
- Should any person be found to have made a maliciously motivated report which is proved to be unfounded will be subject to disciplinary action.

ROLE OF THE COMPLIANCE OFFICER

A Compliance Officer will be designated to address whistleblowing reports in a manner consistent with these procedures. The Compliance Officer shall be the Chief Human Resources Officer (CHRO). In circumstances where a conflict with the reporter exists for the CHRO, the Chief Executive Officer (CEO) will designate an alternate Compliance Officer to lead the investigation.

The Compliance Officer shall:

- Advise the CEO of all reports and the action plan for each report. The CEO will review the action plan which could include:
 - do nothing;

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- refer the report to the report process;
- conduct a Compliance Officer investigation; or
- constitute an Investigation Task Force.

Action plans will consider the merit and severity of the report and the potential risk.

- Determine if a report is addressed under this policy, or addressed under an alternate administrative policy such as:
 - Patient and Family Feedback,
 - Harassment and Discrimination,
 - Disruptive Physician Policy,
 - Conduct Policy, etc.
- File a report with the CEO on a monthly basis. The monthly report shall include a summary of the reports received, the action plans and status, or state that no reports were received for the reporting period. (The CEO shall then report to the Finance, HR & Audit Committee of the Board through the monthly Compliance Report)
- Design, implement and oversee procedures to ensure that all reported whistleblowing concerns are investigated in full;
- Ensure that the reporter is advised when the investigation process has been completed.

REPORTS RELATED TO THE CEO OR CHIEF OF STAFF (COS)

If the report involves the CEO, that individual will not be informed in the ordinary course. The Compliance Officer shall report the matter as well as matters related to the COS immediately to the Chair of the Finance, HR, & Audit Committee and the Chair of the Board of Directors.

INVESTIGATION TASK FORCE

Should the Compliance Officer decide to refer a reported matter to a task force, an Investigation Task Force will be struck. The Investigation Task Force evaluates the merits of each allegation. The Compliance Officer, in consultation with the CEO, will appoint the Investigation Task Force to be comprised of appropriate individuals which may include but not limited to; the Compliance Officer, the CEO, the COS, the Senior Leader responsible for the area involved, and any other persons with a legitimate interest in the matter as outlined below in this policy. The Investigation Task Force shall evaluate all allegations referred to it by the Compliance Officer, investigate those deemed to have merit and shall make recommendations to the Compliance Officer on how to proceed.

PROCEDURE:

Ethical, Legal, Professional or Financial

1. Any person who witnesses or suspects that a criminal act, breach of professional or ethical behaviour or financial impropriety has occurred has the responsibility to

report this act or breach.

2. If the reporter brings forward a report to the attention of their Manager, Chief of Department, or the Human Resources Department, the recipient of the report shall forward the information promptly to the Compliance Officer. If the immediate supervisor may be implicated in the witnessed or suspected criminal act or breach of professional or ethical behaviour, the report should be made directly to the Compliance Officer.

To ensure that reports can be submitted confidentially or anonymously when Internal Reporters so choose, HGMH shall maintain other formal means by which employees may communicate reports, which may include:

- an e-mail address to which reports may be forwarded and which is accessed exclusively by the Compliance Officer **compliance.officer@hgmh.on.ca**; and
- the interoffice mail (or regular mail or other means of delivery), by which reports may be submitted in a sealed envelope marked "Private and Strictly Confidential – Attention: Compliance Officer – Hôpital Glengarry Memorial Hospital", the envelope shall be forwarded unopened to the Compliance Officer.

The Whistleblower designated e-mail address and the mail procedure will also be posted on the intranet.

3. If the suspicion of misconduct involves the CEO, that individual will not be informed or involved in the ordinary course. The Compliance Officer shall report the matter immediately to the Chair of the Finance, HR & Audit Committee and the Chair of the Board of Directors. The Board Chair shall assume the responsibility of the investigation with the support of the Compliance Officer.
4. The Compliance Officer shall investigate the circumstances, in consultation with the Investigation Task Force, and any other persons with a legitimate interest in the matter including external expertise if deemed appropriate:
 - **Criminal Activity:** In the case of suspected criminal activity, the CEO (or Board Chair should the CEO be implicated) should be involved in the investigation. If deemed necessary, legal counsel may be consulted. HGMH will at all times co-operate with the police.
 - **Breach of Professional Behaviour:** The investigation should include a representative of the suspect's professional association.
 - **Unethical conduct:** The investigation should include a union representative or a Human Resources Representative for non-union staff.
 - **Financial Impropriety:** Includes misuse or misappropriation of funds, improper expense account claims or patient billings. The investigation should include a representative of the Finance, HR, and Audit Committee

- **Witnesses:** If the person making the report and/or any other witnesses are unionized staff, a union representative should be present at all interviews.
5. The Compliance Officer shall make a recommendation to senior management on disciplinary action, up to and including termination and the laying of criminal charges.

Fraud

1. It is the responsibility of the Finance, HR, and Audit Committee to ensure that the organization has appropriate procedures for the receipt, retention, and treatment of reports about its accounting, internal accounting controls, or auditing matters.
2. Under NO circumstances, should employees, physicians, volunteers, or their supervisors initiate an investigation of alleged fraud. To do so may compromise any ensuing investigation.
3. Once the Compliance Officer has been notified of a possible fraudulent act, he/she will:
 - Consult with the CEO and Chief Financial Officer (CFO) to determine the appropriate course of action which may or may not include an Investigation Task Force. Should the CEO be implicated, the Compliance Officer will consult with the Chair of the Finance, HR, and Audit Committee;
 - Advise the Finance, HR, and Audit Committee immediately via email of the situation and the proposed course of action;
 - Should the Compliance Officer decide not to refer the matter to the Investigation Task Force, a full report including the rationale for the decision shall be forwarded to the Finance, HR, and Audit Committee immediately via email.

The Compliance Officer shall ensure that all allegations brought to its attention are evaluated fully and make recommendations on how to proceed.

4. Where suspicion of fraud is substantiated, the CFO, shall, after the conclusion of the investigation, perform a thorough review of the existing internal controls, and shall present to the CEO a summary of internal control weaknesses and recommended internal control improvements required to minimize the likelihood of a recurrence.