

		Policy/Procedure Name:	Whistleblowing
Manual:	Board of Directors	Number:	
Section:	Ensure Program Quality & Effectiveness	Effective Date:	06 Sept 2011
Pages:	1 of 3	Revision Date:	11 Feb 2016

Policy

Muskoka Algonquin Healthcare (MAHC) is committed to the highest standards of professional, ethical and legal behaviour on the part of its employees, medical/dental staff, volunteers and students.

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

In support of this policy:

- Whenever possible, the identity of the Complainant will be protected, and will not be disclosed to anyone (other than those on the Investigation Task Force). The identity of the Complainant 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 an employee, member of the medical/dental staff or volunteer who reports a situation in good faith;
- Procedures will be put in place to ensure that all reports are investigated in full;
- Any person found to have made a maliciously-motivated report which is proved to be unfounded will be subject to disciplinary action.
- A Compliance Officer will be designated to address complaints in a manner consistent with these procedures. The Compliance Officer shall be the Chief Executive, Human Resources & Support Services. In circumstances where a conflict with the complainant exists for Chief Executive, Human Resources & Support Services, the Chief Executive Officer will designate an alternate Compliance Officer lead the investigation.
- The Compliance Officer shall file a report with the CEO on a monthly basis. The monthly report shall include a summary of the complaints received or state that no complaints were received for the reporting period. The CEO shall then report to the Board of Directors through the monthly Compliance Report. The Audit Committee shall receive a copy of the Compliance Report at least annually.
- The Compliance Officer shall ensure that the complainant is advised when the investigation process has been completed.

Investigation Task Force

1. Once the Compliance Officer receives a complaint, he/she will decide whether to refer the matter to an Investigation Task Force, where the merits of each allegation will be evaluated.
2. 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 Chief Executive responsible for the area involved, and

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other Chief Executives or the Chief Executive Officer as required and any other persons with a legitimate interest in the process as outlined below in this policy.

3. The Investigation Task Force shall evaluate all allegations referred to it by the Compliance Officer, investigate those allegations deemed to have merit and shall make recommendations on how to proceed.

Procedure A - 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. Internal Complainants are free to bring complaints to the attention of their Director/Chief, Manager or the Human Resources Department, as they would any other workplace concern. The recipients of such complaints shall forward them 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 complaints can be submitted confidentially or anonymously when Internal Complainants so choose, MAHC shall maintain other formal means by which employees may communicate complaints, which may include:

- 2.1. a telephone number **705-645-4400 ext. 3110**, available at all times and accessed exclusively by the Compliance Officer ("the Whistleblower Hotline"). The Compliance Officer will be responsible for checking the Hotline on a weekly basis;
- 2.2. an e-mail address to which complaints may be forwarded and which is accessed exclusively by the Compliance Officer **compliance.officer@mahc.ca**; and
- 2.3. the interoffice mail (or regular mail or other means of delivery, addressed to either the Bracebridge or Huntsville site of the organization), by which complaints may be submitted in a sealed envelope marked "Private and Strictly Confidential – Attention: Compliance Officer – Muskoka Algonquin Healthcare", which envelope shall be forwarded unopened to the Compliance Officer.

The Whistleblower Hotline number, the designated e-mail address and the mail procedure will also be posted on MAHC's intranet.

3. If the suspicion of misconduct involves the Chief Executive Officer, that individual will not be informed in the ordinary course. The Compliance Officer shall report the matter immediately to the Chair of the Audit Committee and the Chair of the Board of Directors.
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 process:

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- 4.1. **Criminal Activity:** In the case of suspected criminal activity, the CEO should be involved in the investigation. If deemed necessary, legal counsel may be consulted. MAHC will at all times co-operate with the police.
 - 4.2. **Breach of Professional Behaviour:** The investigation should include a representative of the suspect's professional association.
 - 4.3. **Unethical conduct:** The investigation should include a union representative or a Human Resources Representative for non-union staff.
 - 4.4. **Financial Impropriety:** Includes misuse or misappropriation of funds, improper expense account claims or patient billings. The investigation should include a representative of the Audit Committee
 - 4.5. **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.

Procedure B – Fraud

1. It is the responsibility of the MAHC Audit Committee to ensure that the organization has appropriate procedures for the receipt, retention, and treatment of complaints 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
 - 3.1. Consult with the CEO and CFO to determine the appropriate course of action which may or may not include an Investigation Task Force;
 - 3.2. Advise the MAHC Audit Committee immediately via email of the situation and the proposed course of action;
 - 3.3. 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 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 Chef Financial Officer, 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.

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