

<b>Policy/Procedure Name:</b>	<b>Whistleblowing</b>
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<b>Manual:</b>	Board of Directors
<b>Section:</b>	Ensure Program Quality & Effectiveness
<b>Pages:</b>	1 of 5

**Policy**

Muskoka Algonquin Healthcare (MAHC) 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.

**Scope**

This policy applies to all MAHC employees, Credentialed 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 Report 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 MAHC is responsible for reporting this immediately.

- Any individual making a disclosure will maintain their anonymity unless they agree otherwise 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 they will be subject to disciplinary action.

**Role and Accountabilities 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 Vice President, Operations and Chief Human Resources Officer. The Compliance Officer shall:

- Determine if a report is properly addressed under this policy, or if it should be addressed under an alternate administrative policy such as; Patient and Family Feedback, Harassment and Discrimination, Disruptive Physician Policy, Conduct Policy, etc.
- Advise the President and CEO of all reports and the action plan for each report. The President and CEO will act as an advisor to the Compliance Officer. Advise the Chief Of Staff (COS) of all reports and action plans that relate to a member of the Credentialed staff. The COS will act as an advisor to the Compliance Officer with respect to these reports and action plans. These advisors

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will review the action plan which could include: do nothing; 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.

- Ensure that investigations are completed and recommendations are implemented.
- Ensure that the reporter is advised when the investigation process has been completed.
- File a report with the President and 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 President and CEO shall then report to the Resources and Audit Committee of the Board through the monthly Compliance Report. The Audit Subcommittee shall receive a copy of the Compliance Report at least annually.)
- Design and implement procedures and provide oversight to ensure that they are in place and working as designed.

**Reports Related to the President & CEO or the Chief Of Staff**

If the report involves the President and CEO and/or the Chief of Staff, that individual will not be informed in the ordinary course. The Compliance Officer shall report the matter immediately to the Chair of the Audit Subcommittee and the Chair of the Board of Directors.

**Reports Related To The Compliance Officer**

If the report involves the Compliance Officer, the reporter has the option of submitting the report directly to the President and CEO. The President and CEO will designate an alternate Compliance Officer to lead the investigation.

**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 President and CEO, will appoint the Investigation Task Force to be comprised of appropriate individuals which may include but not limited to; the Compliance Officer, the President and CEO, the Chief of Staff, the Vice President responsible for the area involved, other Vice Presidents 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 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.

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2. Internal Reporters are free to bring reports to the attention of their Director/Chief, Manager or the Human Resources Department, as they would any other workplace concern. The recipients of such reports 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.
3. To ensure that reports can be submitted confidentially or anonymously when Internal Reporters so choose, MAHC shall maintain other formal means by which employees may communicate reports, which may include:
  - 3.1. 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;
  - 3.2. an e-mail address to which reports may be forwarded and which is accessed exclusively by the Compliance Officer compliance.officer@mahc.ca; and
  - 3.3. the interoffice mail (or regular mail or other means of delivery, addressed to either the Bracebridge or Huntsville site of the organization), by which reports 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.
4. The Whistleblower Hotline number, the designated e-mail address and the mail procedure will also be posted on MAHC's intranet.
5. 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:
  - 5.1. **Criminal Activity:** In the case of suspected criminal activity, the President and CEO (or Board Chair should the President and CEO be implicated) should be involved in the investigation. If deemed necessary, legal counsel may be consulted. MAHC will at all times co-operate with the police.
  - 5.2. **Breach of Professional Behaviour:** The investigation should include a representative of the suspect's professional association.
  - 5.3. **Unethical conduct:** The investigation should include a union representative or a Human Resources Representative for non-union staff.
  - 5.4. **Financial Impropriety:** Includes misuse or misappropriation of funds, improper expense account claims or patient billings. The investigation should include a representative of the Audit Subcommittee
6. If the person making the report and/or any other witnesses are unionized staff, a union representative should be present at all interviews.

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7. The Compliance Officer shall make a recommendation to senior management (or Board Chair should the President and CEO be implicated) 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 Subcommittee 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
  - 3.1. Consult with the President and CEO and CFO to determine the appropriate course of action which may or may not include an Investigation Task Force. Should the President and CEO and/or CFO be implicated, the Compliance Officer will consult with the Board Chair and the Chair of the Audit Subcommittee;
  - 3.2. Advise the MAHC Audit Subcommittee 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 Subcommittee immediately via email.
4. The Compliance Officer shall ensure that all allegations brought to its attention are evaluated fully and make recommendations on how to proceed.
5. Where suspicion of fraud is substantiated, the Chief Financial Officer, shall, after the conclusion of the investigation, perform a thorough review of the existing internal controls, and shall present to the President and CEO and Audit Subcommittee a summary of internal control weaknesses and recommended internal control improvements required to minimize the likelihood of a recurrence.

**Notes**

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