
TITLE: SAFE REPORTING

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APPLICABILITY: All sites and facilities

RELATED POLICIES: 5-3-1-140: Theft, Fraud, Corruption, and Non-Compliant Activities
 5-5-1-080: Respectful Workplace
 4-6-1-060: Fair Business Practice
 5-3-1-040: Confidentiality
 5-5-1-110: Conflict of Interest

DEFINITIONS:

DOCUMENT QUICK LINKS

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KEY POINTS

- Northern Health (NH) has a responsibility to facilitate and encourage processes that enable an individual and organizations to independently report legal, regulatory, financial ethical, health and safety or policy violations.

POLICY

An individual who reports in good faith and on the basis of reasonable belief any situation that they believe undermines the quality of care to our patients or residents, contravenes the law, misuses public funds or assets, represents a danger to public health and safety, contravenes NH's ethics framework, or could otherwise

cause serious loss of public faith in the integrity of NH will be protected from reprisal for such reporting.

NH will not take, tolerate or allow any direct or indirect reprisal, harassment or even informal pressure against a person or persons who, in good faith, reports a perceived wrongdoing. Any such reprisal will, in itself, be considered a serious breach of this policy.

Individual(s) who attempt to or execute an act of reprisal toward the Individual may be faced with disciplinary action. Such action may result in termination of employment or suspension, or in the case of medical staff, discipline up to and including suspension of medical staff privileges in accordance with the Medical Staff Bylaws and Medical Staff Rules.

The right to protection from reprisal does not extend to or in any way include immunity for an Individual found to be involved in perceived wrongdoings reported under this policy or that form part of related investigations.

In all instances, NH has exclusive authority and discretion to determine if and when reports of Perceived Wrongdoing warrant a formal investigation pursuant to this policy and to determine the nature and extent of the investigative process to be employed.

Nothing in this policy shall interfere with other established processes such as, but not limited to, collective agreement grievance procedures, performance management, workplace safety and accident investigation. This policy does not replace or supersede reporting obligations as described in legislation such as the [Health Professions Act](#). It is not intended to interfere with or replace reporting, investigating and resolving complaints or problems via other NH policies such as:

- 5-3-1-140: Theft, Fraud, Corruption, and Non-Compliant Activities
- 5-5-1-080: Respectful Workplace
- 2-6-1-010 Patient Complaints and Compliments
- 2-2-2-030: Framework for Ethical Decision-making

In occasional situations where an individual who wishes to report a perceived wrongdoing, and is convinced that the normal internal process for such disclosure is inadequate or has failed to respond adequately to their concerns, the allegation should be directed to NH Safe Reporting (safe.reporting@northernhealth.ca).

False and Malicious Allegations

An individual who intentionally makes a false, bad faith or malicious report shall be subject to disciplinary or administrative measures up to and including termination of employment or contractual relationships.

Complaints of Retaliatory Action

An individual may protest alleged Retaliatory Action by filing a separate written complaint to NH Safe Reporting (safe.reporting@northernhealth.ca). A full review of a

complaint of Retaliatory Action will be conducted by Internal Audit or an appropriate designate in accordance with this policy. The review shall:

- (1) determine whether the conduct in question constitutes Retaliatory Action; and
- (2) recommend appropriate responses to and remedies for any findings of Retaliatory Action.

Confidentiality

Individuals who fail to respect the highly confidential nature of the investigative process, including individuals who make the report, respondents to the report or witnesses involved in the investigation, will be subject to disciplinary or administrative measures, up to and including termination of employment or contractual relationships.

Scope

This policy applies to:

- All individuals who provide services on behalf of NH including: direct employees, health care providers with site privileges, students, volunteers, vendors and their employees, contractors and their employees, and sub-contractors and their employees;
- Patients, residents, clients and the public; and,
- All other parties associated with NH.

The dedicated safe reporting process shall be available for receiving reports of any type of alleged wrongdoing, even if the subsequent investigation is handled by a specialized investigating mechanism. Examples may include, but are not limited to, actions that:

- may not be in compliance with any federal or provincial laws or regulations to which
- NH is subject, including criminal activity;
- may amount to fraud or other unethical conduct and/or corrupt activity;
 - may represent the unauthorized use or misuse of public funds or resources, of either a tangible or intangible nature;
- may constitute a substantial and specific danger to patients, public health, safety, or the environment;
- may not adhere to appropriate NH policies, contractual obligations, internal financial controls, or auditing procedures; or
- may constitute any other unethical or improper conduct or abuse.

Reporting Perceived Wrongdoing

An individual who becomes aware that a wrongdoing has been or will be committed should first attempt to raise the matter through the usual reporting relationship.

Reports under this policy may be made in phone, mail or email. While persons reporting alleged wrongdoing are not required to identify themselves, provision of contact information is encouraged to assist with the investigation process. The disclosure should include the nature of the Perceived Wrongdoing, the name of the person(s) alleged to have committed or been involved in the Perceived Wrongdoing, the date and description of the Perceived Wrongdoing and other relevant objective information and particulars. Reports should be made in a timely manner. Assistance with the process is available by contacting Northern Health Safe Reporting:

(Safe.Reporting@northernhealth.ca).

Escalation to an Independent Authority

The Internal Audit department is independent of the traditional line of management authority and reports directly to the Chief Executive Officer (CEO) and to the Board of Directors through the Audit and Finance Committee.

In occasional situations where an individual who wishes to report a perceived wrongdoing, and is convinced that the normal internal process for such disclosure is inadequate or has failed to respond adequately to their concerns, the allegation should be directed in confidence to Northern Health Safe Reporting:

Northern Health Safe Reporting
c/o, Internal Audit
600 – 299 Victoria Street
Prince George, BC V2L 5B8
1.844.649.7545
safe.reporting@northernhealth.ca

Reports by Individuals who are not NH employees should be made to the Regional Director, Internal Audit.

Reports involving the President & CEO or Board Members should be made to the Board Chair.

Reports involving the Board Chair should be made to the Minister of Health.

Screening and Review of a Disclosure

Reports under this policy will be reviewed promptly. Internal Audit will make an initial determination as to whether the nature of the disclosure and the circumstances in which it is presented are such that it should be pursued under this policy.

Reports made under this process will be assessed to ascertain the facts; review the alleged misconduct in the context of relevant policies and procedures and will include a preliminary assessment of the disclosing individual's safety and risk of retaliation; and determine where there is substantive evidence of culpable action or a deliberate disregard of the expected standards of conduct.

If Internal Audit determines that an investigation is not warranted, they will communicate this decision, and the basis for this decision, to the individual making the report.

Investigating Allegations

If Internal Audit determines that resolution of a complaint under this policy requires an investigation, they shall either conduct or appoint an Investigator to conduct the investigation. In all cases, responsibility for the investigation will be assigned so as to preclude any reasonable third-party complaints in respect to competence, integrity and independence. This may, in certain cases, require the involvement of qualified external resources.

Unless there are mitigating circumstances, it is expected that any further investigation under this policy will be conducted with reasonable dispatch and the findings returned as soon as practicable.

The party conducting the merit assessment will respect the rights of the disclosing individual making the allegations and the rights of the person against whom the allegations are made to a fair and impartial investigation. Without limiting the scope of this duty, and having regard for the importance of fair process, the party conducting the investigation will:

- a) Make his or her findings in light of the principle that the burden of proving wrongdoing is on the party alleging it, and not on the party against whom it is alleged; and
- b) Respect the rights of the person against whom the allegations are made to provide full answer to the allegations.

Individuals accused of wrongdoing shall be entitled to disclosure of the particular allegations against them and shall be given a full and fair opportunity to respond. Individuals who are members of a union will have the right to have the support of their representative in the investigation process.

Subject to legal or insurer constraints and the confidential nature of the investigation generally, Internal Audit will inform the individual making the report of the general outcome of the investigation as soon as practicable.

Dissatisfaction with action taken

If an individual is not satisfied with the action taken regarding their concern, they may raise their concern, in writing, to the President and CEO:

By email: NHAdministration@northernhealth.ca

Or by mail:

600-299 Victoria Street

Prince George, B.C. V2L 5B8

Corrective Action

Where the investigation substantiates the allegations of culpable misconduct or wrongdoing or a deliberate disregard of the expected standards of conduct, corrective action will be taken as promptly as possible. In this final step,

responsibility will transfer from Internal Audit to Management, Human Resources, and if applicable, the senior medical administrator.

In the event allegations involve the CEO, the results of the investigation will be reviewed by the Chair of the Board who will recommend to the Board the action to be taken.

Records

A confidential copy of all Investigation Reports undertaken through this Policy will be retained by Internal Audit.

Internal Audit will prepare an aggregate report of confidential complaints to be forwarded on a timely basis and in agreed-upon format to the Board of Directors. These records will be of a statistical nature and will preserve the anonymity of the individuals involved.

KEYWORDS

Allegations, complaints, retaliatory action, confidentiality, wrongdoing, audit, whistleblower, whistleblowing, whistle, whistle blower

REVISION HISTORY			
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Approved By:	VP Human Resources		
Author Title:	Manager, Human Resources Projects		
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	November 2019	Revision, "dissatisfaction with action taken"	VP Human Resources
	July 20, 2015	Revision to further support transparent, accessible and open public service	Manager Human Resources Projects; VP Human Resources
	August 27, 2013	Revision	Regional Director HR Operations; Internal Audit; VP Human Resources
	April 2010	Issued	
Contact policiesstandards@northernhealth.ca if further information is required.			
Acknowledgements (optional):			