

## CORPORATE

Policy:	Whistleblower		
Owner:	CEO/Supervisor		
Endorsed By:	CEO/Supervisor Executive Leadership Collaborative	Endorsement Date:	2025-04-23 2025-04-29
Original Effective Date:	2025-05-01	Reviewed Date:	
Associated Procedures and Protocols	N/A		
Key Search Words:	Safe Reporting, Wrongdoing, Reporting, Anonymous Reporting, Misconduct, Mismanagement, Unethical, Disclosure, Fraud, Compliance		

#### PURPOSE

London Health Sciences Centre (LHSC) is committed to the highest standards of ethical and business conduct and values openness and transparency. This policy enables the reporting of alleged or potential <u>wrongdoings</u> involving violations of hospital policies, ethical behaviour, and business conduct by LHSC Individuals.

Reports made in <u>good faith</u> will be treated confidentially to the greatest extent possible and without fear of reprisal.

This policy does not replace reporting mechanisms set out in other LHSC policies (refer to <u>exceptions</u>). Where appropriate, individuals are encouraged to make use of other internal processes and procedures to address concerns before submitting a whistleblower report.

### AUDIENCE

This policy applies to all LHSC executive and non-executive leaders, board members, staff, including individuals working at LHSC funded through an external source, Credentialed Professional Staff, clinical fellows, residents, students, volunteers, and contract workers. It applies to work conducted both onsite on LHSC owned and rented properties and remote work.

### POLICY

Reports may be submitted using one of the following methods:

- Confidential email to: whistleblower@lhsc.on.ca; OR
- Confidential letter addressed to: President and CEO, LHSC
   800 Commissioners Road East, London Ontario, N6A 5W9; OR
- Anonymously (if desired) leaving a message on the internal LHSC whistleblower hotline: 519-685-8500 ext. 50094 (where "caller ID" functionality has been disabled); OR
- Those who wish to report under this policy (i.e. whistleblowers) can also do so verbally (by phone) or in writing (by email) by reporting anonymously, online, by phone, through <u>ClearView</u> <u>Connects</u> OR 1-844-936-6673.

# **Anonymous Reporting:** Anonymous reports will be investigated to the extent possible, noting the limitations.

**Disclaimer**: This is a controlled document. Printed copies of this document are uncontrolled and subject to change. Users must view the electronic version located on PolicyManager to ensure the most up to date document is consulted. This document has been created specifically for London Health Sciences Centre (LHSC) and may not be applicable for other organizations. This document is the intellectual property of LHSC. It is not to be shared or duplicated without permission.

**No Retaliation:** Individuals reporting in good faith are protected from retaliation. Any retaliation will result in disciplinary action.

**Good Faith Requirement:** Reports must be made with sincere belief. Malicious or knowingly false reports may result in disciplinary action. Regular reporting channels should have been exhausted or there should be a reasonable belief that those channels would not adequately address the issue.

**Confidentiality:** LHSC will maintain confidentiality as much as possible within legal and ethical obligations.

# PROCEDURE

- 1. Complaints will be triaged by the <u>Designated Officer</u> and acknowledged within 10 business days.
- 2. A <u>Designated Committee</u>, created by the President and CEO in consultation with the Chair of the Governance Committee may be convened to determine next steps for investigation.
- 3. Complaints will not be assessed by the subject individual.
- 4. If the complaint involves the President and CEO or Chair of Medical Advisory Committee, it will be reported directly to the Board Chair and Vice-Chair. If it involves either of them, the Chair of the Governance Committee will oversee the investigation.
- 5. Investigations should be completed within 30 days, if possible. Findings will be shared with the Governance Committee on a case-by-case basis.
- 6. Support for complainants will include union/association representation and access to Employee Assistance Program (EAP), if applicable.
- 7. The Designated Officer will provide a quarterly report to the Governance Committee summarizing: 7.1. Number of complaints
  - 7.2. Nature of complaints
  - 7.3. Source of report (e.g., email, letter, call)

### DEFINITIONS

**Affiliates** – Individuals who are not employed by the organization but perform specific tasks at or for the organization, including:

- Credentialed Professional Staff means those Physicians, Dentists, Midwives and Registered Nurses in the Extended Class who are appointed by the Board and who are granted specific privileges to practice medicine, dentistry, midwifery or nursing, respectively,
- Clinical Fellows, Residents, and other students,
- Volunteers,
- Contractors or contracted workers who may be members of a third-party contract or under direct contract with the organization, and
- Individuals working at the organization but funded through an external source.

**Designated Officer** – The **President and CEO of LHSC** is designated to receive Whistleblower complaints or may appoint an alternate senior leader.

**Disclaimer**: This is a controlled document. Printed copies of this document are uncontrolled and subject to change. Users must view the electronic version located on PolicyManager to ensure the most up to date document is consulted. This document has been created specifically for London Health Sciences Centre (LHSC) and may not be applicable for other organizations. This document is the intellectual property of LHSC. It is not to be shared or duplicated without permission.

**Designated Committee** – A group appointed by the Designated Officer to review complaints and report findings to the Governance Committee.

**Exceptions** – Includes issues addressed through Human Resources (e.g., grievances, labour relations), and patient care concerns (refer to <u>Managing Patient and Care Partner Feedback</u>).

Good Faith – A sincere belief or motive without intent to deceive or harm.

Whistleblower – An individual reporting wrongdoing in good faith.

Wrongdoing - Includes but is not limited to:

- Violations of law (e.g., theft, fraud)
- Quality concerns or malpractice
- Significant violations of LHSC codes or policies
- Financial mismanagement or falsification of records
- Improper dealings with contractors
- Suppression of information
- Harm to hospital property
- Abuse of authority
- Threats to public health or safety

### REFERENCES

Legislation Public Service of Ontario Act, 2006 – Disclosure of Wrongdoing Criminal Code Broader Public Sector Accountability Act, 2010 Public Servants Disclosure Protection Act, 2005 Patient Ombudsman

#### Corporate

Breach of Privacy Code of Conduct Confidentiality Conflict of Interest – Interacting with Industry Disclosure to Law Enforcement Diversion of Controlled Drugs - Reporting and Response Managing Patient and Care Partner Feedback Flagging and Management of Patient, Family, and Visitor Risk for Violent Behaviour **Guidelines for Physician Performance Management** Harassment, Discrimination, and Bullying Just Culture Progressive Discipline (Non-Union) Incident Management and Reporting Security Security of Confidential Information and Information Technology Systems Staff Safety Event and Hazard Reporting Workplace Violence Prevention **Ethics Framework - VALUES** 

#### **Other Resources**

## Niagara Health Whistleblower Policy

**Disclaimer**: This is a controlled document. Printed copies of this document are uncontrolled and subject to change. Users must view the electronic version located on PolicyManager to ensure the most up to date document is consulted. This document has been created specifically for London Health Sciences Centre (LHSC) and may not be applicable for other organizations. This document is the intellectual property of LHSC. It is not to be shared or duplicated without permission.