



Safe Reporting

5.5.12P

POLICY

Policies are directing required organizational practice/behaviour



Purpose:

To establish a process within Island Health that allows individuals to bring forward information, in good faith, concerning allegations of wrongdoing, without fear of retaliation.

For the purpose of this policy, “**wrongdoing**” is behaviour that:

- May be unlawful or not in compliance with laws of British Columbia and Canada;
- May amount to fraud or other unethical conduct and/or corrupt activity;
- May represent the unauthorized use, misuse or waste of public funds or resources;
- May pose a substantial or specific danger or risk to employees, volunteers, medical staff, patients, residents, clients, public health, safety or the environment and/or undermine Island Health’s quality of care;
- Is against Island Health’s policies, procedures, internal financial controls or audit procedures, contracts, and other obligatory standards; and
- May reflect an actual or perceived conflict of interest.

This policy does not replace other established processes or usual reporting structures nor does it replace or supersede reporting obligations mandated in legislation.

Scope:

All individuals and others associated with Island Health (collectively referred to as “**Individuals**”) including:

- Employees of Island Health, including those on contract, involved with its affiliated programs and agencies, and students;
- The Executive Team and all management and supervisory employees;
- The Board of Directors;
- Volunteers;
- Practitioners holding Medical Staff privileges, including practitioners on contract, residents and clinical trainees;
- Providers of goods and services to Island Health including vendors, contractors, and sub-contractors; and
- Any other individuals who have a relationship or association with Island Health who could be adversely affected, through potential retaliation, should they bring forward concerns or report perceived improper conduct or wrongdoing.

Individuals, patients, residents, clients and members of the public, may make use of the provisions of this policy and the Procedures to safely report allegations or concerns of wrongdoing.

Exceptions to the Scope:

This policy **does not cover** matters for which there are other established processes for reporting and investigating alleged wrongdoing, including:

- Grievances under an existing collective agreement;
- Reporting of safety hazards and unsafe conditions made in accordance with the provisions of the [WorkSafeBC](#) Occupational Health and Safety Regulations;

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- Misconduct related to behaviours identified in Island Health’s [Human Resources](#) policies, Respectful Workplace policy, and any other policies and procedures which would be dealt with through those internal mechanisms;
- Privacy breaches or unauthorized access to, collection, use or disclosure of personal information, which are to be addressed through the [Information Stewardship and Access to Privacy Office](#);
- Patient safety or quality of care issues which are to be addressed by the Island Health [Patient Care Quality Office](#) and the [Patient Care Quality Review Board](#);
- Physician, Dentist, and Midwives’ matters which are to be addressed under the Medical Staff Bylaws, Rules and Island Health Medical Staff policies;
- Matters under the authority or jurisdiction of [Human Rights](#) and [Ombudsperson](#) legislation and processes;
- Litigation or other proceedings addressed through the Courts or other administrative bodies established by statute;
- *Public Interest Disclosure Act (PIDA)* disclosures addressed through Island Health or the Ombudsperson; and
- Matters to be addressed externally through professional regulatory bodies.

Policy

Island Health is committed to receiving and assessing reported allegations of wrongdoing and to conducting an appropriate, objective and impartial investigation, where warranted, in a timely manner.

1.0 Reporting

1.1 Reporting Allegations of Wrongdoing

Island Health encourages all Individuals to report real or suspected wrongdoing to their supervisor, manager, director or, if appropriate, directly to a member of the Executive Team (collectively referred to as “**Management**”).

In situations where an Individual has reason to believe that reporting the information or allegations of wrongdoing to Management would not be appropriate, or if that Individual believes that Management has failed to address the reported wrongdoing, he or she may make a report under this policy and its procedure.

Any member of the public, including Island Health patients, residents, and clients, may also report real or suspected wrongdoing by a member of Island Health staff by following any of the reporting options identified in section 1.1 of the procedure.

Island Health has exclusive authority and discretion to determine if and when a reported wrongdoing warrants an assessment or formal investigation under this policy.

1.2 Good Faith

All reporting under this policy must be done in good faith and based on grounds and information believed to be true and accurate and shall not be intentionally false, misleading or malicious.

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Where a review or an investigation determines that an Individual's report was made in bad faith, falsely or with malicious intent, Island Health will take corrective action as appropriate.

1.3 Safe Reporting Protections

Individuals making a report of wrongdoing in good faith under this policy and anyone else involved in the assessment or investigation process will be protected from direct or indirect retaliation arising from the report of wrongdoing.

Any retaliation by an Individual or other person will be considered a serious breach of this policy. When retaliation is identified, Island Health will take disciplinary action up to and including termination of employment or contractual relationships with Island Health and/or the suspension or termination of medical privileges, if applicable.

1.4 Protection of Confidentiality and Anonymous Reporting

To the fullest extent possible, Island Health will treat as confidential the identities of those involved in the reporting, assessment and investigation processes. All information collected during the course of an assessment or an investigation will be treated as confidential except as is necessary to conduct the assessment or investigation, to take corrective or remedial action, and in accordance with applicable law.

Island Health may take action against any Individual or other person who fails to protect the confidential nature of the investigation process including those who make the report, respondents to the allegation(s) or witnesses. If appropriate, disciplinary proceedings up to and including termination of employment, medical privileges or contractual relationship with Island Health may result.

Individuals and others reporting wrongdoing may remain anonymous but they are encouraged to provide their name and contact information to allow for proper assessment, investigation and follow-up. The assessment and investigation of reported wrongdoing may be limited or impossible to pursue in cases where the source of information is unavailable for further discussion.

2.0 Roles and Responsibilities

2.1 Island Health Employees, Management and Practitioners holding Medical Staff Privileges

- Report any real or suspected wrongdoing to the appropriate management channels, including those described in the Exceptions to the Scope of this policy.
- If required, fully cooperate with any investigation under this policy.

2.2 Executive and Management

- Foster an environment where Individuals feel safe reporting real or suspected wrongdoing through the appropriate management channels.
- When required, support and fully cooperate with any investigations under this policy.

2.3 Safe Reporting Officer

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The Director, Internal Audit Services is the designated Safe Reporting Officer for Island Health. The Director, Internal Audit Services, or his/her designate, is authorized to carry out the work and responsibilities of the Safe Reporting Officer under this policy, including:

- Receiving all reports of wrongdoing submitted under this policy.
- Evaluating reported allegations of wrongdoing to determine whether they fall within the scope of the policy.
- Determining whether reported allegations of wrongdoing that fall outside the scope of this policy should be referred to another established process.
- Conducting an initial assessment of the reported allegations of wrongdoing that fall within the scope of this policy to determine whether an investigation is required.
- Where required, conducting an investigation or appointing an appropriate and qualified investigator, who may be an internal or external party, to investigate the allegations of wrongdoing.
- At the conclusion of an investigation, preparing a report of the findings and any recommendations.
- Where wrongdoing is found, reporting the findings and recommendations to the President and Chief Executive Officer to determine next steps.
- Keeping appropriate records in a secure and confidential manner.
- Providing annual aggregate, anonymous reporting to the Board, including number and nature of reported wrongdoings and action taken in response to them.

2.4 President and Chief Executive Officer

- Where wrongdoing is found, receive the investigation report from the Safe Reporting Officer and determine actions to be taken and report to the Board where appropriate.
- Where warranted, make the facts established in an investigation known to the appropriate enforcement agency or regulatory body and institute legal proceedings to seek resolution and remedies.

2.5 People and Organizational Development

- Provide internal support to any investigations into alleged wrongdoing and support management and employees through the process.

2.6 Legal Counsel

- Provide advice on when and how to engage with enforcement agencies or regulatory bodies.

3.0 **Related Island Health Standards**

- Safe Reporting Procedure 5.5.12PR
- Conflict of Interest Policy 5.5.1 and Procedure 5.5.1PR
- *Public Interest Disclosure Act* Policy
- *Public Interest Disclosure Act* Procedure
- *Public Interest Disclosure Act*: Standard Operating Procedure for Designated Officers
- Respectful Workplace Policy 5.5.2 and Procedure 5.5.2PR
- Theft, Fraud, Corruption and Non-Compliant Activities Policy 5.5.4 and Procedure 5.5.4PR

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