

BOARD MANUAL

SUBJECT: Whistleblower Policy		NO.: 2-D-48
SECTION: Board Process		
APPROVED BY: Board of Directors		DATE: December 3, 2025

This policy is identical to Corporate Manual Policy 2-340

Policy:

Cambridge Memorial Hospital (“Hospital”) is committed to open, accountable, ethical, and transparent governance which encourages a culture of integrity and honesty. An important aspect of accountability and transparency is a mechanism to enable the Individuals, as defined in this policy, to voice concerns when they discover information which may be unethical or illegal.

Every Individual shall have the responsibility to promptly report Whistleblower matters in accordance with this policy.

The purpose of this policy shall be:

- To establish procedures for the receipt, retention and handling of complaints and concerns that the Hospital receives relating to, among other things, alleged or suspected violations of the Code of Conduct (see [Policy #9-257: Respectful Workplace Program](#)), Conflict of Interest Policy (see [Policy #9-40: Conflict of Interest](#)), other internal policies and guidelines, or any applicable law or regulation.
- To encourage and enable the reporting of violations of Hospital policy relating to ethical behaviour and business conduct, including the Code of Conduct, Conflict of Interest Policy.
- To encourage and enable reporting of concerns relating to:
 - financial, internal accounting controls, or audit practices
 - quality of care
 - environmental issues
 - health and safety
 - human resource policies and legislation
 - breach of contract and negligence
 - privacy
 - violations of any other relevant provincial and/or federal legislation
 Refer to **Appendix A – Reporting Categories, Definitions, and Additional Questions**
- To ensure there is no retaliation against those Individuals who make reports in Good Faith under this policy.
- To protect the confidentiality of those making reports to the maximum extent possible, consistent with the need to conduct an adequate investigation

Definitions:

Bad Faith: includes malicious conduct, improper motive, dishonesty, recklessness and gross negligence. Bad faith is more than just “being wrong” about an event. A bad faith complaint is one where the Individual makes and steadfastly maintains as a complaint that

the Individual knows or ought to know is a false claim.

Board: means the Board of Directors of the Hospital.

Designated Investigator(s): The Designated Investigator(s) is/are assigned by the Director, Human Resources and CHRO; or Audit Committee; or President & Chief Executive Officer (CEO); or Chief of Staff (COS), as the case may be, to review and investigate the complaint, where appropriate. The Administrative Assistant, People & Strategy shall be notified of report submissions and shall support the Director, Human Resources and CHRO from an administrative capacity.

Disclosing/Discloses/Disclosure: means communicating or providing information, as described in this policy.

Good Faith: means to act honestly or with sincere intention. The legal test for determining whether the complaint is made in good faith is objective.

Individual: Any Board Director, non-director committee member, employee, medical/professional staff member, contractor, consultant, student and/or volunteer, patient, or community member.

Vexatious: refers to a situation, communication or information presented which is lacking sufficient grounds for action and, when viewed objectively, is serving only to annoy or harass.

Whistleblower: An Individual who discloses information that the Individual, in Good Faith, has reasonable grounds for believing is evidence of a violation of any law, rule, regulation or policy; a gross mismanagement; a gross waste of funds; an abuse of authority; a substantial and specific danger to public health and/or a substantial and specific danger to public safety.

Standards:

- This policy does not supersede any other reporting mechanisms covered by hospital policy or legislation.
- This policy is intended to be used in cases where the standard Hospital reporting mechanisms do not result in an outcome acceptable to the complainant or in cases where the complainant chooses to use this method for raising a complaint.
- The Hospital maintains high standards of business and ethical conduct, as expressed in its codes of conduct. The Hospital applies these standards to all matters of business.
- The Hospital expects all Individuals to observe these standards while fulfilling their responsibilities to the Hospital.
- This policy shall be posted on the Hospital's intranet.
- The Hospital shall, at least annually, communicate reminders to Individuals of the process for reporting complaints. This may be accomplished by electronic or other means (i.e. email, written memos and Hospital newsletters).
- To the best of its ability based on the information supplied, the Hospital shall conduct an investigation when it receives a complaint.
- The Hospital shall maintain records and issue reports in accordance with this Policy.

Procedure:**1. Reporting:**

There are several channels at CMH through which concerns may be reported. Consideration should be given to the nature of the concern in choosing the most appropriate channel. CMH reporting mechanism include an Individual's leader, Human Resources, Report Link, What's on Your Mind, etc.

The Whistleblower Policy provides a comprehensive approach to disclosure complaints that can be submitted confidentially and/or anonymously.

- a. Any Individual who is aware of a real or perceived conflict of interest that has not been appropriately mitigated
- b. Any Individual who is aware of or suspects a breach of the codes of conduct or matters of concern or wrongdoing is responsible for disclosing the breach or concern promptly using either standard reporting mechanisms as referred to in existing policies, or this policy.
- c. Members of the public who are aware of or suspect a breach of the codes of conduct or matters of concern or wrongdoing are encouraged to disclose the breach or concern using the reporting mechanisms referred to in this policy.
- d. It is expected that matters of concern shall be reported in a timely manner and within one year of when the issue became known to the Individual.
- e. A concern may be disclosed to an external third-party provider. (Clearview Connects). Cambridge Memorial Hospital has established a mechanism for confidential and anonymous submissions through a secure website. Complaints may be reported online at <http://www.clearviewconnects.com/>.
- f. All whistleblower submissions are routed to the Director, Human Resources and CHRO. If the submission is regarding the Administrative Assistant, People and Strategy, the Director of Human Resources and CHRO, the Vice President, People and Strategy, the CEO and/or the COS, the concern shall be routed to the Chair of the Audit Committee.

2. Matters of concern or wrongdoing:

- a. Examples of concerns relating to financial, accounting and auditing practices may include, but are not limited to, situations such as:
 - i. The appearance of fraud, including falsification of records;
 - ii. Unauthorized dealings with contractors for personal benefit, including receiving kickbacks or gifts which breach the hospital's procurement policies;
 - iii. Unethical or illegal practices, including misappropriation of funds or abuse of expense accounts;
 - iv. Violation or circumvention of the hospital's financial policies or accounting practices.
- b. Examples of concerns relating to quality of care may include, but are not limited to, situations such as:
 - i. Abuse of patients by any party;
 - ii. Negligence of patient care in violation of Hospital policies.
- c. Examples of environmental issues may include, but are not limited to, situations such as:
 - i. Disposal or destruction of dangerous goods or products in violation of legislated requirements;
 - ii. Failure to appropriately report disposal or destruction of dangerous

- goods or products in accordance with Federal or Provincial legislation.
- d. Examples of violations of human resources policies and legislation may include, but are not limited to, situations such as:
 - i. Cultural, racial and sexual harassment;
 - ii. Discrimination of any kind as outlined in legislation;
 - iii. Workplace safety and harassment violations.
 - e. Examples of breach of contract and negligence may include, but are not limited to, situations such as:
 - i. Danger to health and safety;
 - ii. Inappropriate release of confidential information.
 - f. Criminal offences of any kind.

3. No Retaliation:

- a. No one shall be penalized for making a Good Faith Disclosure. The Hospital shall not retaliate and shall not allow any retaliation or discrimination by its Individuals of any kind against any Individual who submits a Good Faith complaint. Specifically, the Hospital shall not discharge, demote, suspend, threaten, harass or in any other manner discriminate or retaliate against any Individual submitting a Good Faith complaint.
- b. Bad Faith and/or Vexatious complaints shall not be tolerated, and appropriate disciplinary measures shall be taken by the Hospital if they are initiated up to and including termination or loss of privileges.

4. Confidentiality:

- a. All Board Directors and management shall keep Whistleblower reports confidential, subject to any legal obligations to disclose. There may be certain circumstances where confidentiality cannot be guaranteed such as: a court order requiring disclosure; and/or any other legal requirement for disclosure such as a statute or case law; or where disclosure is required for the hospital to conduct an effective investigation.
- b. No one shall in any manner attempt to identify an Individual who reports in Good Faith on a confidential basis and any such action may result in disciplinary action up to and including termination or loss of privileges.
- c. In the interest of ensuring accountability and responsibility in reporting, anonymous complaints are discouraged as they may create limitations to the investigation and resolution procedures available. Notwithstanding, anonymous complaints shall be reviewed and addressed to the extent possible.

5. Procedure for Investigation of a Complaint:

- a. It is anticipated that in the ordinary course, the Director, Human Resources and CHRO shall complete their assessment of the complaint and assign the investigation of such complaint to a Designated Investigator generally within ten business days of receiving such complaint.

- b. In matters involving the Director, Human Resources and CHRO, the President & CEO shall determine the process to be utilized based on the nature of the complaint.
- c. The Designated Investigator shall assess the seriousness of the complaint promptly and determine, in consultation with others, if necessary, the manner in which the complaint shall be investigated, using internal and/or external resources, and shall determine who shall lead such investigation. When the investigation relates to the CEO or COS, the Audit Committee may also request additional resources (including external experts) to facilitate an investigation.
- d. The Designated Investigator assigned for the investigation of the complaint shall:
 - i. Notify the complainant that the Hospital has received the complaint and that it shall be investigated;
 - ii. Treat the complaint, as well as its investigation and disposition on a confidential basis;
 - iii. Involve, in the investigation, only those persons who need to be involved in order to properly carry out such investigation;
 - iv. Ensure appropriate support to staff by allowing union representation or legal counsel as applicable;
 - v. Conduct the investigation in a timely manner to a maximum of 3 weeks from the date of assignment. Any extension of this time period requires approval of the Director, Human Resources and CHRO, CEO, COS or the Audit Committee, as the case may be;
 - vi. Document the investigation and subsequent follow up (including issuing a report to the complainant) in a manner consistent with hospital investigations;
 - vii. Retain the records of the investigation consistent with the Personal Health Information - Retention and Destruction policy.

6. Monitoring the Investigation:

- a. The investigation of a complaint shall be monitored on an ongoing basis by the Audit Committee, Director of Human Resources and CHRO, CEO, COS or delegate, as appropriate

7. Acting upon the Investigation's Findings/Conclusions:

- a. Once completed, the report shall be reviewed, and appropriate corrective action shall be taken by the Hospital.

8. Report to the Audit Committee and Board:

- a. A report of all complaints filed shall be presented by the CEO or delegate to the Audit Committee of the Board at least annually.
- b. The report shall include:
 - i. The total number of complaints;
 - ii. A description of each complaint;
 - iii. How the complaint was received;
 - iv. The relevant category of the complaint;
 - v. Whether contact information was provided by the Individual registering the complaint;
 - vi. Whether the complaint could be substantiated;
 - vii. Who was involved in the investigation;
 - viii. The resolution to the complaint, any policy changes implemented

- and/or any actions taken;
- ix. The status of the complaint.
- c. The Audit Committee shall share the report with the Board.
- d. In the event that the Audit Committee or the Board, as the case may be, is not satisfied with the report of the investigation, the Board may require that a further investigation be completed.

References:

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Developed in consultation with:

1. Audit Committee of the Board of Directors
2. Board of Directors
3. Clearview Connects
4. President & CEO
5. Director, Patient Experience, Quality & Risk, IPAC and Chief Privacy Officer

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