



## MINISTRY OF HEALTH

# POLICY COMMUNIQUÉ

---

# COMMUNIQUÉ

TO: All Health Authorities

TRANSMITTAL DATE: NOV 28 2012

COMMUNIQUÉ NUMBER: 2012-11

CLIFF NUMBER: 939407

SUBJECT: Safe Reporting/Whistleblowing Policy Standards

DETAILS: See attached

EFFECTIVE DATE: Immediately

MINISTRY CONTACT: Executive Director, Patient Safety & Care Quality  
Branch, Health Authorities Division



---

Graham Whitmarsh  
Deputy Minister  
Ministry of Health

## MINISTRY OF HEALTH POLICY

### SAFE REPORTING/WHISTLEBLOWING POLICY STANDARDS

#### POLICY OBJECTIVE

- This Communiqué will ensure that appropriate structures exist to support the broader goal of enhancing early identification and correction of issues that may be undermining high quality health care and effective organizational management.
- While open dialogue at the point of service is the preferred way to resolve concerns, this Communiqué will ensure that an alternative avenue is available for persons to raise concerns confidentially and without fear of reprisal.
- The requirements outlined in this Communiqué will provide greater consistency across current organizational safe reporting policies in accordance with identified best practice standards.
- This Communiqué provides support for enhancing a just and trusting organizational culture where individuals feel safe and encouraged to report allegation of wrongdoing.
- Although the term “whistleblowing” is commonly understood, it may carry negative connotations. The term “safe reporting” is preferred and will be used throughout this Communiqué to promote a more positive culture around reporting.

#### DEFINITIONS

- Safe Reporting: Reporting of alleged/perceived wrongdoing that has occurred or is occurring in connection with the organization, using any formal mechanism available in the organization for receiving these reports.
- Wrongdoing: Behaviour that:
  - Undermines the quality of care;
  - Is a danger to health and safety;
  - Is unlawful or unethical; and/or
  - Is against organizational policy, contracts, or other obligatory standards.
- Dedicated safe reporting process: A process established by a health authority to receive and investigate reports of alleged/perceived wrongdoing that are outside the scope of specialized investigation mechanisms. The dedicated safe reporting process is not intended to supersede the jurisdiction or authority of specialized investigation mechanisms or any requirement established by statute.
- Specialized investigation mechanism: A process that exists to receive and investigate reports of wrongdoing on a specific topic area. Examples include Patient Care Quality Offices, WorkSafeBC, Medical Health Officers, and processes established by collective agreements.
- Just and trusting culture: An approach to investigating and correcting wrongdoing that effectively balances accountability with system learning and improvement, so that individuals can be active participants in system improvement without fear of punitive consequences.

#### SCOPE

- This Communiqué applies to all health authorities<sup>1</sup>.

#### POLICY

##### *Scope of Organizational Policies*

1. Health authority safe reporting policies shall apply to:
  - 1.1. All individuals who provide services on behalf of the health authority, 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;
  - 1.2. Patients and the public; and,

<sup>1</sup> Providence Health Care, United Church Health Services Society, St. Joseph's General Hospital and other denominational or "affiliated" sites are included within the definition of "health authority".



1.3. All other parties associated with the health authority.

### ***Dedicated Safe Reporting Process***

2. Health authorities shall ensure that a dedicated safe reporting process is in place, consistent with the requirements of this Communiqué.
3. The dedicated safe reporting process must be clearly described in the health authorities' safe reporting policies so that potential reporters can gain a clear understanding of what to report, how to report, and what to expect after making the report.
4. The dedicated safe reporting process shall be available for receiving reports of any type of alleged wrongdoing, even if the subsequent investigation would be handled by a specialized investigation mechanism.
5. The person(s) responsible for the dedicated safe reporting process shall:
  - 5.1. Evaluate the nature and merit of the report;
  - 5.2. Conduct a preliminary assessment of the reporter's safety and risk of retaliation;
  - 5.3. Assess the degree of risk to the health system and/or the health and safety of any individual or the public; and
  - 5.4. Determine the appropriate response to the report, including the extent of collaboration required and/or referral of the complaint to a specialized investigation mechanism.
    - 5.4.1. If a report of alleged wrongdoing is made via the dedicated safe reporting process on a matter for which there is a specialized investigation mechanism available, the report may be directed to the appropriate mechanism, either by forwarding the information directly or by providing guidance to the reporter on how to contact the appropriate mechanism.
    - 5.4.2. The person(s) responsible for the dedicated safe reporting process may use discretion in determining if there is sufficient reason (and legal ability) to bypass the specialized investigation mechanism and investigate the report via the dedicated safe reporting process. Sufficient reason may include, but is not limited to, a potential conflict of interest between the specialized investigation mechanism and the nature of the alleged wrongdoing. Special investigation mechanisms that have statutory obligations cannot be bypassed (for example, Medical Health Officers have a statutory obligation to investigate alleged contraventions of the *Community Care and Assisted Living Act*).
6. The dedicated safe reporting process shall:
  - 6.1. Provide several options for the allowable format of reports (e.g., telephone, mail, email) and the options shall not reasonably prevent a person from being able to make a report;
  - 6.2. Not require persons reporting alleged wrongdoing to identify themselves, although providing contact information is encouraged to assist with the investigation process;
  - 6.3. Provide a dedicated point of contact for receiving reports in the allowable formats (e.g., a phone number, email address, and mailing address);
  - 6.4. Treat all persons contacting the dedicated safe reporting process in a supportive manner that assists the reporter in raising the concern;
  - 6.5. Ensure that the person or group receiving and/or investigating reports has sufficient independence from the management structure of the organization to avoid a conflict of interest and maintain the integrity of the dedicated safe reporting process; and
  - 6.6. Provide the person or group receiving the reports with the ability to communicate directly with the Board of Directors.
7. Investigations conducted under the dedicated safe reporting process must follow an administratively fair process<sup>2</sup> and support the principles of a just and trusting culture in the organization (see definition section). In addition, the investigation process shall:

<sup>2</sup> The key elements of administrative fairness are the right to an unbiased decision maker and the right to be heard. The procedures required to satisfy administrative fairness may vary depending the nature of the case being investigated. Examples of procedures that promote fairness include: notifying the accused that an investigation is taking place; providing an explanation of the case against the accused; providing an opportunity for the accused to make submissions relating to the case; and providing reasons for a decision. See, for example: <http://www.ombudstoronto.ca/some-ombudsman-terms>.



- 7.1. Be carried out by a person or group that is not associated with the program or individual under investigation;
- 7.2. Be conducted in a consistent manner;
- 7.3. Preserve confidentiality to the greatest possible extent; and
- 7.4. Be initiated and completed in a timely manner;

### ***Preventing Retaliation***

8. Safe reporting policies shall provide protections from retaliation against reporters and anyone else involved in the investigation process within the health authority's scope of influence, regardless of whether the report was made and investigated via the dedicated safe reporting process or a specialized investigation mechanism.
9. Safe reporting policies shall specify that 'retaliation' includes both direct and indirect forms of retaliation.
10. Safe reporting policies shall indicate that, within the health authority's scope of influence, disciplinary action will be taken when a person retaliates against a reporter or person involved in an investigation.
11. Safe reporting policies shall provide a mechanism for any person to report an allegation of retaliation against a reporter or person involved in an investigation.
12. Persons who knowingly make false reports shall not be protected from disciplinary action under the health authority's safe reporting policy.

### **IMPLEMENTATION**

- Health authorities shall ensure that a dedicated safe reporting process is in place, consistent with the requirements of this Communiqué.
- Each health authority shall develop a communications plan for persons listed in section 1.1 of this Communiqué in order to raise awareness of:
  - The existence of the safe reporting policy and the protections it provides; and
  - The mechanisms available to report alleged wrongdoing, including the dedicated safe reporting process and specialized investigation mechanisms.
- Each health authority shall develop a communications plan for patients and the public to raise awareness that they are protected from negative consequences for reporting a concern. This information can be integrated into other relevant communications materials for patients and the public.
- The communication plan shall consider how to sustain awareness of the safe reporting policy over the long term. For example, acknowledgement of the policy could be part of the organization's code of conduct and annual performance review sign-offs.

### **ACCOUNTABILITY**

- The Ministry of Health will review each health authority's safe reporting policy and communication plan by June 1, 2013 to ensure full implementation of this Communiqué.