



# Safe Reporting

## 1. Introduction

Providence Health Care (PHC) is committed to supporting early identification and correction of issues that may undermine the delivery of:

- Safe, high-quality health care; and/or
- Effective and fiscally responsible organization management.

### 1.1. Purpose

The purpose of this policy is to define the mechanism, support, and protection available to Staff, patients, residents, families, and members of the general public (referred to hereinafter as “[Person\(s\) or Individual\(s\)](#)”) reporting [Wrongdoing](#) at PHC.

PHC expects all Persons to report Wrongdoing and is responsible for establishing the processes that enable Individuals to safely report their concerns.

PHC is an open and accountable organization which encourages a culture of discussion and which provides channels of communication for Individuals to convey their concerns. In circumstances where there is a fear of reprisal, alternate avenues for reporting confidentially or anonymously will be provided as described in section [2.1. Reporting](#).

Encouraging, supporting and protecting Persons who want to raise concerns allows PHC to take corrective action sooner, reduces future liability, and enhances the overall safety and quality of care.

### 1.2. Scope

This policy applies to all PHC [Staff](#) and all Individuals associated with PHC.

Under this policy, any Individuals who observe alleged Wrongdoing may make use of the provisions of this policy to report such Wrongdoing.

### 1.3. Exceptions

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

This policy is not intended to be the primary mechanism to address matters for which there are other established processes for the reporting and investigation of violations or improper conduct including:



- Labour agreement violations covered by collective agreements;
- Reports on safety hazards and unsafe conditions made in accordance with the provisions of the Workers' Compensation Board's Occupational Health and Safety Regulations;
- Misconduct related to behaviours identified in PHC's Respect at Work Policy, which would be dealt with through the mechanisms identified in that policy;
- Actions or incidents which constitute privacy breaches or unauthorized access to, collection, use or disclosure of personal information, which are handled through the Information Access and Privacy Office and;
- Patient safety or quality of care issues that are handled by PHC's Patient Care Quality Office, or the Ministry of Health's Patient Care Quality Review Boards.

This policy is not intended to address the behaviour or actions of Staff when not working or acting on behalf of PHC unless such behaviour or actions reflect upon their professional judgement or ability to perform their duties.

## **2. Policy**

PHC strives to create a workplace environment in which Individuals feel they can report real or suspected concerns of Wrongdoing without risk of discrimination or other adverse employment actions. PHC takes seriously all reports of Wrongdoing, and where appropriate, conducts objective and impartial investigations in a timely manner.

PHC will not take any direct or indirect reprisal against:

- a Person who, in good faith and based on a reasonable belief, reports a wrongdoing;
- a Person who acts as a witness in an investigation; or
- a Person who carries out an investigation under this policy.

Reporters of Wrongdoing, and those participating in investigations under this policy, will be treated in a supportive manner.

### **2.1. Reporting**

#### **2.1.1. PHC Staff**

Staff are encouraged to first discuss concerns about real or suspected Wrongdoing with their leader. All reports under this policy must be made in good faith and based on reasonable grounds. In order for an allegation of Wrongdoing to be investigated, the reporter should include as much information as possible, including the nature of the Wrongdoing, the name of the person alleged to have committed the Wrongdoing, and other pertinent information. The information provided must be factual.

If a staff member is not comfortable reporting the allegation to their leader because the allegation concerns the conduct of their leader, or they are not satisfied with the leader's



response, then the staff member can present their allegations directly to any member of PHC's Senior Leadership Team (SLT).

Where the allegation concerns a member of the SLT or the Board, or the staff member is not clear where anonymity is desired, allegations of Wrongdoing can be submitted through an anonymous phone line or email:

**(604) 806-9809**

[PHCSafeReport@vch.ca](mailto:PHCSafeReport@vch.ca)

Where a staff member believes that:

- (a) reporting a wrongdoing to management is not appropriate; or
- (b) management has not responded appropriately to a reported wrongdoing,

the staff member may report the Wrongdoing by email, phone or mail to an independent hotline:

The Neutral Zone

[PHCReporting@theneutralzone.ca](mailto:PHCReporting@theneutralzone.ca)

**(888) 999-1689**

The Neutral Zone, 252-2055 Commercial Drive Vancouver, BC V5N 0C7

#### **2.1.2. PHC Patients, Residents, Family Members and the Public**

Patients, residents, family members, and the public can report real or suspected Wrongdoing by PHC staff through the Patient Care Quality Office. The Patient Care Quality Office is accessible by telephone or by mail:

**604-806-8284**

Patient Care Quality Office  
Providence Health Care  
1190 Hornby Street  
Vancouver, BC, V6Z 2K5.

Where anonymity is desired, allegations of Wrongdoing can be submitted through an anonymous phone line or email:

**(604) 806-9809**

[PHCSafeReport@vch.ca](mailto:PHCSafeReport@vch.ca)

#### **2.2. Reporting in Good Faith**

A Person reporting Wrongdoing must do so in good faith and based on reasonable grounds. A report must not be intentionally false, misleading or malicious.

Where an investigation determines that a report was made in bad faith or with malicious intent, appropriate actions will be taken and may include disciplinary proceedings or termination of employment or contractual relations with PHC.



### **2.3. Reporter Protection**

PHC will not dismiss, demote, discipline, suspend, harass, deny treatment or benefit, or otherwise disadvantage a Person that:

- a) acting in good faith and on the basis of a reasonable belief has reported a Wrongdoing;
- b) conducted or participated in an investigation into a Wrongdoing under this policy; or
- c) is believed will do anything described above in paragraphs (a) or (b) in the future.

Any staff member who uses intimidation, threats, force, or duress (direct or indirect) to dissuade a Person from reporting Wrongdoing under this policy will be subject to disciplinary action up to and including dismissal from employment or termination of contractual relations with PHC.

Violations of reporter protections will be considered a serious breach of this policy and will be subject to investigation under this policy. A Person may report a violation of reporter protections in the same manner they would report Wrongdoing under this policy.

Reporter protections will apply to Persons regardless of the mechanism by which the Wrongdoing is reported.

### **2.4. Confidentiality and Anonymity**

To the fullest extent possible, PHC treats the identities of those involved in the reporting and investigation of Wrongdoing as confidential. All information collected during the course of an investigation will remain confidential, except as necessary to conduct a fair investigation and to take corrective or remedial action, and except where disclosure is permitted or required by law.

Reports may be made anonymously as described in section [2.1. Reporting](#), however, providing contact information is encouraged in order to assist with the investigative process.

As required or permitted by law, PHC may disclose information about an investigation to a law enforcement agency and/or may take legal action based on the findings of an investigation.

### **2.5. Investigating**

PHC is committed to the timely, objective and administratively fair investigation of reports under this policy. Investigations will respect the rights of Individuals, support the principles of a [Just And Trusting Culture](#), and follow a consistent process. Investigations will be carried out by someone independent of the Individuals involved.

Reports under this policy will be reviewed by Risk Management/General Counsel or delegate, referred to hereinafter as the Investigator(s).

The Investigator(s) will evaluate the nature and merit of the report, conduct a preliminary assessment of the reporter's safety and risk of retaliation, assess the degree of risk to the



health system and/or the health and safety of any individual or the public and determine the appropriate next steps. Based on the context of the allegation, these steps can include reassigning the investigation to another party such as Human Resources, Finance or the Patient Care Quality Office as appropriate. Depending on the preliminary risk assessment, referral of the complaint to a [Specialized investigation mechanism](#) may be required.

As part of the investigation, the Investigator(s) may confidentially and independently interview the Individuals making the report, the respondent(s) to the allegation, and any Persons who may have information pertinent to the investigation.

The Investigator(s) will report on each allegation to the appropriate member of SLT and to the Board of Directors of PHC.

The report will not proceed to a formal investigation if the Investigator(s) determine that:

- The matter may be resolved effectively through an alternative, informal process with agreement of involved Individuals;
- The matter may be more appropriately handled through another established process as describe in section [1.3 Exceptions](#);
- The report fails to provide sufficient particulars of Wrongdoing; or
- The report was not made in good faith or on the basis of a reasonable belief.

If it is determined that the report will not proceed to a formal investigation, the Investigator(s) will communicate the decision, and the basis for that decision, to the Individual who made the report. Within 30 days of being advised of the decision, the Individual may submit a written request to the Board for a review of the decision not to investigate. The Individual must set out the basis for seeking this review.

Within 60 days of receiving written request for review from an Individual, the Board shall review the Investigator(s)'s decision and provide a response to the Individual who made the report, either confirming or revising the Investigator(s)'s decision.

Staff found to have participated in Wrongdoing, or in any retaliatory activity, will be subject to disciplinary action, up to and including termination of employment and prosecution. These principles apply equally to all staff, regardless of their position, past performance or length of service.

## **2.6. Record Keeping**

The Investigator(s) or delegate will maintain records relating to the investigation and any resulting reports in alignment with the Record Retention/Destruction: Non-Clinical Records policy.



### **3. Responsibilities**

#### **3.1. Staff**

Staff are responsible for complying with this policy.

Staff are expected to report any real or suspected Wrongdoing as described in [2.1. Reporting](#).

#### **3.2. Management**

Management is responsible for supervising Staff compliance with this policy.

Management is required to take reports of real or suspected Wrongdoing seriously and respond appropriately using existing channels for handling issues, incidents, or complaints and escalate reports of Wrongdoing as necessary. Management is also encouraged to report real or suspected Wrongdoing as described in [2.1. Reporting](#).

Management will assist as required in informing the reporter of a Wrongdoing about actions taken in an appropriate and confidential manner.

Management, in consultation with Human Resources, Risk Management, Professional Practice (if appropriate), and other departments as required, will take appropriate action should an investigation determine that a PHC Staff member under their supervision has committed an act of Wrongdoing.

#### **3.3. Investigator(s)**

The Investigator(s) is responsible for the administration and operation of this policy, including:

- referring the report to an already established process;
- assessing the merit of a report;
- determining whether to proceed to a formal investigation;
- conducting an investigation or reassigning the investigation;
- ensuring findings and recommendations are made at the conclusion of an investigation;
- communicating investigation results to parties concerned; and
- ensuring the reporter of the wrongdoing is informed about actions taken and the outcome of the investigation, subject to legal constraints and the confidential nature of the investigation.

#### **3.4. Human Resources**

Human Resources will provide consultation to Management as required to take appropriate action should an investigation determine that a PHC Staff member has committed an act of Wrongdoing.



### 3.5. Risk Management

Risk Management/General Counsel or delegate is responsible for the maintenance and operation of this policy.

Risk Management/General Counsel or delegate will review reports of Wrongdoing under this policy and, unless the investigation is reassigned to another party, will fulfill the role of Investigator(s).

### 3.6. Senior Leadership Team

The Senior Leadership Team is responsible for receiving reports, monitoring the overall risk profile and consolidated impacts of Wrongdoing, and making recommendations to the Board to mitigate enterprise-wide risks.

## 4. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members may warn others if they observe a violation of this policy. Failure by staff to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.

## 5. Supporting Documents

### 5.1. Related Policies

[Conflict of Interest](#)

[Corporate Records Retention](#)

[Information Privacy and Confidentiality](#)

[Respect at Work](#)

[Standards of Conduct](#)

[Theft, Fraud, Corruption, and Extortion](#)

### 5.2. Related Guidelines, Procedures, Forms

There are no related guidelines, procedures, or forms to include with this policy.

## 6. Definitions

**“Just and trusting culture”** is 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.

**“Person(s) or Individual(s)”** refers to all individuals and organizations that will be supported and protected by PHC when reporting on applicable matters covered by this Policy.

**“Staff”** means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care



professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

**“Safe reporting”** is the reporting of real or suspected wrongdoing that has occurred or is occurring in connection with the organisation, using any formal mechanism available in the organization for receiving these reports.

**“Specialized investigation mechanism”** is a process that exists to receive and investigate reports of wrongdoing related to a specific topic area. Examples include WorkSafe BC, Patient Care Quality Offices, Medical Health Officers, and collective agreement processes.

**“Wrongdoing”** is behaviour that:

1. Undermines the safety or quality of care;
2. Is a danger to health and safety;
3. Is unlawful or unethical; and/or
4. Is against PHC policy, contracts or other obligatory standards

## 7. References

Provincial Health Services Authority. (2022). Safe Reporting Policy. (POLICY # C-99-11-20010). [shop.healthcarebc.ca/phsa/PHSAPOD/C-99-11-20010.pdf](https://shop.healthcarebc.ca/phsa/PHSAPOD/C-99-11-20010.pdf)

Vancouver Coastal Health. (2015). Whistleblower Policy. (POLICY # D-00-11-30036). [shop.healthcarebc.ca/vch/VCHPolicies/D-00-11-30036.pdf](https://shop.healthcarebc.ca/vch/VCHPolicies/D-00-11-30036.pdf)

## 8. Appendices

There are no appendices to include with this policy.





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