



November 28, 2012

939416

Dear Health Authority Chief Executive Officers:

A robust safe reporting/whistleblowing process is the foundation from which our health care system can pursue the broader, laudable goal of creating a 'just and trusting' organizational culture where individuals feel safe and encouraged to bring forward allegations of potential wrongdoing. Encouraging, supporting, and protecting persons who want to raise concerns allows organizations to take corrective action sooner, reduces future liability, and enhances the overall safety and quality of care.

Attached is the Ministry of Health's (the Ministry) Safe Reporting/Whistleblowing Policy Standards Policy Communiqué (2012-11) (the Communiqué) which establishes provincial minimum standards for health authority safe reporting policies. While open dialogue at the point of service is the preferred way to resolve concerns, this Communiqué ensures that a structured process aligning with identified best practices is available for individuals to raise concerns confidentially and without fear of reprisal. The Communiqué was developed with input from all health authorities, the BC Patient Safety and Quality Council, the Physician Quality Assurance Steering Committee and the Seniors Action Team.

Policy Communiqué 2012-11 is effective immediately. I ask that your organization please become fully compliant with the Communiqué by June 1, 2013. Ministry staff will be following up at that time to ensure policy documents and related processes have been updated.

Please contact Ms. Teri Collins, Executive Director, Patient Safety and Care Quality, at [Teri.Collins@gov.bc.ca](mailto:Teri.Collins@gov.bc.ca) if you have any questions.

Thank you for your support in improving safe reporting/whistleblowing protections across the province.

Sincerely,

Graham Whitmarsh  
Deputy Minister

Attachment

...2

pc: Ms. Teresa Checkley, Director of Internal Audit, Northern Health Authority  
Ms. Givonna de Bruin, Director of Internal Audit, Interior Health Authority  
Mr. Nitin Khare, Director of Internal Audit, Provincial Health Services Authority  
Mr. Jason Russell, Regional Manager, Integrated Risk Management,  
Vancouver Coastal Health Authority  
Mr. Graham Sanderson, Corporate Director of Risk Management & Policy Coordination,  
Vancouver Island Health Authority  
Mr. Ravinder Thind, Manager of Internal Audit, Fraser Health Authority  
Ms. Teri Collins  
Ms. Grace Foran, Secretariat, Ministry of Health/Health Authorities Leadership Council

**From:** [Collins, Teri HLTH:EX](#)  
**To:** [Sagar, Brian HLTH:EX](#)  
**Subject:** FW: Safe Reporting/Whistleblowing Policy Standards Communiqué 2012-11  
**Date:** November 28, 2012 4:11:47 PM  
**Attachments:** [939416.pdf](#)  
[Safe Reporting Whistleblowing Policy Standards Communiqué 2012-11.pdf](#)

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Thanks, Teri

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**From:** DMOFFICE, HLTH HLTH:EX  
**Sent:** Wednesday, November 28, 2012 4:07 PM  
**To:** hlth HA CEOs  
**Cc:** hlth HA CEO Assistants; 'teresa.checkley@northernhealth.ca'; XT:HLTH DeBruin, Givonna; 'nkhare@phsa.ca'; 'jason.russell@vch.ca'; 'graham.sanderson@viha.ca'; 'ravinder.thind@fraserhealth.ca'; Collins, Teri HLTH:EX; Foran, Grace E HLTH:EX  
**Subject:** Safe Reporting/Whistleblowing Policy Standards Communiqué 2012-11

Please find attached a letter and Communiqué from Mr. Graham Whitmarsh, Deputy Minister, Ministry of Health.

Thank you.

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## Restall, Emma HLTH:EX

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**From:** Restall, Emma HLTH:EX on behalf of Hughes, Doug J HLTH:EX  
**Sent:** Tuesday, October 1, 2013 1:03 PM  
**To:** XT:HLTH Murray, Nigel; XT:HLTH Halpenny, Robert; XT:HLTH Ulrich, Cathy; 'carl.roy@phsa.ca'; XT:HLTH Ostrow, David; XT:Dr. Brendan Carr HLTH:IN; 'officeofthecEO@providencehealth.bc.ca'  
**Cc:** XT:HLTH DeBruin, Givonna; 'rferraro@phsa.ca'; 'graham.sanderson@viha.ca'; 'ravinder.thind@fraserhealth.ca'; 'cciarniello@providencehealth.bc.ca'; 'Jason.Russell@vch.ca'; 'david.williams@northernhealth.ca'; 'patricia.garrett@interiorhealth.ca'; 'csyms@bccancer.bc.ca'; 'sandra.parkins@fraserhealth.ca'; XT:Kopetsky, Darren FIN:IN; 'teresa.checkley@northernhealth.ca'; Sagar, Brian HLTH:EX; Helander, Carling HLTH:EX; Collins, Teri HLTH:EX  
**Subject:** 988568 - Compliance with Communiqué 2012-11

988568

Dear Chief Executive Officers:

I am writing to discuss Communiqué 2012-11 "Safe Reporting/Whistleblowing" (the Communiqué), as issued by the Ministry of Health (the Ministry) in November 2012. At the time it was released, the Ministry asked the health authorities to update your respective safe reporting policies in accordance with the best practices outlined in the Communiqué. I am pleased to report that substantial safe reporting policy changes have been implemented in the intervening period and I would like to extend thanks to everyone who played a role in making this happen.

The Ministry remains committed to ensuring care providers, support staff, patients and families feel safe to report suspected wrongdoing in the health system. Reporters have the ability to help an organization identify and mitigate potential wrongdoing sooner than would otherwise be possible. As such, they have a crucial role to play in safeguarding the quality of care and the effective administration of British Columbia's health care system.

Given the general importance of safe reporting and the specific safe reporting-related commitments in the Seniors Action Plan and the Physician Quality Assurance initiative, it is essential that whistleblowing policies meet all the requirements described in Communiqué 2012-11. While significant positive progress has been made to date, a review of recent safe reporting/whistleblowing policy updates shows that some meaningful gaps still exist between current policies and identified best practices required in the Communiqué. As such, it is necessary to ask health authorities to please update your policies to ensure full compliance with the Communiqué. Staff from the Ministry's Patient Safety program area will be contacting your health authority lead shortly to discuss in more detail which aspects of the Communiqué still need to be addressed in your health authority's safe reporting policy.

In order to keep this work moving forward, I ask that your organization please update its safe reporting/whistleblowing policy to become fully compliant with the Communiqué by October 1, 2014. I also ask that your organization please provide the Ministry with a copy of the updated safe reporting policy when it is approved for implementation by your organization.

For your convenience, a copy of the Communiqué can be accessed at this link:

<http://www.health.gov.bc.ca/socsec/pdf/safe-reporting-whistleblowing-policy-standards.pdf>

Thank you for your continued support of this important work.

Sincerely,

Doug Hughes  
Assistant Deputy Minister

pc: Health authority program leads





## MINISTRY OF HEALTH

# POLICY COMMUNIQUÉ

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# 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.

**From:** [Sagar, Brian HLTH:EX](#)  
**To:** ["Sanderson, Graham L."](#)  
**Cc:** [Helander, Carling HLTH:EX](#); [Cheong, Fiona HLTH:EX](#)  
**Subject:** VIHA's Safe Reporting/Whistleblowing Policy  
**Date:** October 31, 2013 4:32:00 PM  
**Attachments:** [Hughes Email.pdf](#)

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Graham,

I'm writing to follow up on an email sent by Assistant Deputy Minister Doug Hughes to your CEO regarding the Safe Reporting/Whistleblowing Communiqué (see attached). As indicated in that email, there has been a lot of progress across the province on safe reporting/whistleblowing policies, but there are still a few aspects of the Communiqué that are not reflected in health authority policies. I am following up to let you know what specific policy updates the Ministry will be looking for in your organization's safe reporting policy. The updates required to bring your organization's policy fully in line with the Communiqué are:

- a) Expand the scope to include reports from patients and the public.
- b) Expand the definition of wrongdoing to include actions that undermine the quality of care.
- c) Clarify that reporters are protected from retaliation regardless of the reporting mechanism used (protection currently applies only to those who report "under this policy").
- d) Include language about investigations following a consistent and administratively fair process.
- e) Include language about reporters being treated in a supportive manner.
- f) Describe a risk assessment process (regarding the reporter's risk of retaliation and the risks related to the report).
- g) Clarify that the person/group receiving the report can communicate directly with the Board and that investigations are conducted by someone who is not associated with the program/individuals involved.
- h) Provide a communication plan for raising patient/public awareness of protection for retaliation when making a report/complaint.

I believe that addressing these items will primarily be a matter of tweaking the language used in the policy. Some items may already be in place in practice but are not specifically described in the policy. It is important that your organization's policy provide as much detail as possible about the safe reporting process in order to reduce any uncertainty that potential reporters may have about what to expect when making a report.

I would be happy to set up a telephone meeting with you to clarify the Ministry's expectations or further discuss your organization's safe reporting policy. If you would like to set up a meeting, please contact Fiona Cheong ([Fiona.Cheong@gov.bc.ca](mailto:Fiona.Cheong@gov.bc.ca) or 250 952-2359) to arrange a time.

Thank you,

Brian

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Brian Sagar, Director of Patient Safety  
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British Columbia Ministry of Health

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