

HÔPITAL NOTRE-DAME HOSPITAL CODE OF CONDUCT & ETHICS

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HÔPITAL NOTRE-DAME HOSPITAL (HEARST)

TO: Governance/Board

CODE:
GOV-BOA-ETH-1

CATEGORY: Ethics

DATE OF APPROVAL:
September 27, 2007

SUBJECT: Code of Conduct & Ethics

APPROVAL:
BOARD CHAIR

NOTE: This document is a CONTROLLED document. Any documents in paper form must be used for reference purposes only. The on-line copy must be considered the current documentation.

DATE	REVIEWED	REVISED
May 08		LGM
October 08		LGM
April 2014		Ethics Committee
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July 2019		LGM

DATE	REVIEWED	REVISED
March 2021	L. Fortier	
January 2024	J. Zorzetto	
September 2024		Board

Surge Learning/Policy Professional/Forms/General (rev. 21-05-2024)

OUR MISSION

Working together to continuously improve the quality and safety of our services to patients

OUR VISION

Collaborating for exceptional healthcare

OUR VALUES

Caring, listening, inclusion, transparency and teamwork

INTRODUCTION

The Code of Conduct and Ethics (Code) sets forth the standards of conduct through which we will achieve the mission and vision of HNDH.

HNDH's Compliance and Ethics Program promotes adherence to these standards, as well as to applicable laws and regulations and HNDH's policies and procedures. The Code supports a values-centric culture; sets expectations for individual accountability, transparency, integrity, and service excellence; and mandates a high standard for achieving clinical quality and patient safety.

Each individual must adhere to the standards of the Code and the requirements of the Compliance and Ethics Program in order to foster an environment of collaboration and accomplishment, to promote quality of care, and to preserve public trust and confidence in HNDH. It is essential that any person in a supervisory, management, or executive position

(Leader) diligently follow and promote the provisions of the Code and the Compliance and Ethics Program and maintain a work environment whereby individuals can comfortably ask questions or raise concerns.

Leaders will be held accountable to (1) provide appropriate and timely response to questions or concerns presented to them; (2) seek help as needed; (3) include an individuals adherence to the Code in the evaluation of performance; and (4) keep the Ethics Committee timely informed of emerging compliance and ethics concerns, or other concerns that are not being resolved in a timely manner through normal reporting and/or operating channels.

The Code is approved and supported by HNDH Board and Leadership Team. The Ethics Committee is assigned responsibility to facilitate periodic review of the Code and to present proposed updates to the Board for adoption, as needed, to sustain accuracy and relevancy.

QUALITY OF CARE AND PATIENT RIGHTS

Standard of Conduct: We are committed to providing high quality health care and services to our patients, their families, visitors, and the community. All patients have the right to safe care, quality services, transparency, and privacy as outlined in our Patient's Rights and Responsibilities and Patient Declaration of Values.

- 1) We will treat our patients with dignity and respect at all times.
- 2) We will listen to our patients, families, and visitors to understand any concerns or complaints and will involve patients in the decision-making process about their care.
- 3) We will recognize the right of our patients to receive appropriate services provided by competent individuals in an efficient, cost effective, and safe manner.
- 4) We will provide services that are based on current standards of practice.
- 5) We will continually monitor the clinical quality of our services and strive to improve the quality of the services provided.
- 6) We will protect our patients from real or perceived mental, physical, sexual or verbal abuse, neglect, or exploitation from anyone, including staff, other patients, visitors or family members. We will immediately report any alleged abuse, neglect or exploitation to a supervisor.
- 7) We will respond to patient questions, concerns, and needs in a timely and sensitive manner.
- 8) We will respond to patients and/or families who are involved in or witness intimidating and/or disruptive behaviours and will thank them for sharing their concerns.

- 9) We will apply our admission, treatment, transfer, and discharge policies to all patients based upon identified patient needs, our statutory mission, and appropriate business practices (including guidelines for payment and financial classification).
- 10) We will provide treatment and medical services without discrimination based on race, age, religion, national origin, sex, gender, sexual orientation, or disability.
- 11) We will maintain licensure and credentialing standards to further the provision of clinical services by properly trained and experienced practitioners.
- 12) We will promptly report incidents that compromise our patient's care or safety.

HEALTH AND SAFETY

Standard of Conduct: We are committed to promoting a culture of safety and assuring quality for the health and safety of our patients and their families, visitors, employees, physicians, and other service providers.

- 1) We will take all reasonable precautions and will comply with and abide by applicable environmental, health, and safety laws and regulations and **HNDH** policy or procedure to maintain a safe and secure environment.
- 2) We will encourage patients and their families to report their observations and complaints of unsafe conditions to a health professional, supervisor and/or the ombudsman.
- 3) We will strive to provide an environment for all individuals that is free from any form of verbal, physical, sexual, or other unlawful harassment or intimidation.
- 4) We will quickly and efficiently respond to patients' safety concerns, questions and needs.
- 5) We are committed to providing a safe work environment and will implement and monitor policies and procedures for workplace safety compliant with federal and **provincial** safety laws, regulations, and workplace safety directives.
- 6) We will strive to provide an environment that is free from violence. Unauthorized weapons of any kind are strictly prohibited.
- 7) We will promptly report any accidents involving injury to an employee, physician, or other service provider, applicable third party or visitor through the event reporting process.
- 8) We will alert the appropriate departments and personnel if unsafe conditions or practices are observed in the work environment.
- 9) We will adhere to all regulations and procedures for disposing of medical waste and hazardous material.

- 10) We will promptly report all spills or accidents involving medical waste or hazardous materials to a supervisor and take immediate action to help prevent harm and/or further damage.
- 11) We will immediately advise our supervisor if, as a result of work, we are injured or contract an occupational illness.
- 12) We will safely store, secure, and count all drugs and pharmaceuticals. Missing or diverted drugs will be promptly reported to the appropriate supervisor.

CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION

Standard of Conduct: We are committed to honouring our patients' right for Protected Health Information Under the legislation PHIPA¹ and FIPPA² to be kept confidential and will take the appropriate measures to protect the privacy and security of our patients'.

- 1) We will safeguard our patients' personal health information in a manner that is reasonable and appropriate to avoid intentional or unintentional use or disclosure.
- 2) We will respect the privacy of our patients and abide by all applicable laws and regulations and HNDH Personal Health Information Protection policy.
- 3) We will limit the amount of personal health information (written, spoken or electronic) to the minimum amount needed to accomplish the intended purpose when accessing, using, disclosing or requesting personal health information.
- 4) We will limit access to personal health information based strictly on a legitimate clinical or business need that is appropriate for the role or function performed in the organization. We will not reveal or discuss patient-related information except with health care personnel involved in the patient's care and others authorized to review patient information in the course of treatment, payment, and/or healthcare operations.
- 5) We will release personal health information and patient records in accordance with ***the PHIPA and the FIPPA legislations*** as posted in hospital
- 6) We will obtain properly completed authorization forms prior to disclosing personal health information for any request outside of normal treatment, payment, and/or healthcare operations purposes or for disclosures required by law.
- 7) We will protect the privacy and security of patient medical, billing, and claims information, and other personal health information through sufficient and reasonable physical, technical, and administrative measures to prevent unauthorized access to or use or disclosure of patient information.

¹ PHIPA – Personal Health Information Protection Act

² FIPPA – Freedom of Information and Protection of Privacy Act

- 8) We will seek advice when in doubt about privacy and confidentiality requirements surrounding personal health information from our supervisor or the HNDH Privacy Officer.

WORKPLACE ENVIRONMENT

Standard of Conduct: We recognize that accomplishing HNDH's mission is dependent upon our people, a team that includes many diverse individuals with varied skills and competencies. Every member of the team is important.

- 1) We will treat everyone with fairness, dignity and respect.
- 2) We will engage in practices that promote personal and professional advancement.
- 3) We will hold each other accountable for modeling desirable behaviours which include, but are not limited to:
 - maintaining high levels of professionalism
 - respecting all patients, family members, staff and visitors
 - working as a team member
 - communicating openly and honestly
 - maintaining patient confidentiality
 - reporting patient safety concerns promptly
- 4) We will provide equal employment opportunities to employees and applicants for employment and require that all employment actions be made without regard to race, color, religion, sex, gender, sexual orientation, national origin, marital status, political belief, age, veteran status, or disability in accordance with applicable laws and regulations.
- 5) We will comply with all applicable laws and regulations and HNDH policies and procedures that govern employment matters.
- 6) We will prohibit unauthorized sales and solicitation of orders for any type of product or service to anyone on HNDH premises unless specifically authorized by HNDH.
- 7) We will promote diversity with respect to individuals with disabilities and will make reasonable accommodations to any individual as required by law.
- 8) We will follow all laws and policies regarding the manufacture, sale, possession, distribution, or use of illegal drugs or alcohol, which are strictly prohibited at HNDH. Reporting to work while under the influence of illegal drugs or alcohol will not be tolerated.

- 9) We will strive to ensure that our actions contribute to performing our HNDH duties in an ethical and effective manner.
- 10) We will not tolerate intimidating or disruptive behaviours (whether overt or passive). Such behaviours have the potential to adversely affect team moral and interfere with providing safe, compassionate, and quality care. Examples of prohibited overt and passive behaviours include (but are not limited to) verbal outbursts and physical threats; refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities (such as not returning calls or not responding to pages).
11. We will fully investigate reports of unacceptable, intimidating or disruptive behaviour in the work environment. If a report of such behaviour is substantiated we will apply the provisions of the applicable Respectful Workplace Policy (HUM-OHS-GEN-13)

PROTECTION AND USE OF INFORMATION, PROPERTY, AND ASSETS

Standard of Conduct: We are committed to protecting HNDH information and other property against loss, theft, destruction, and misuse.

- 1) We will correctly use and care for all property and equipment entrusted to us.
- 2) We will appropriately maintain inventory and keep all supplies secure.
- 3) We will comply with software licensing agreements.
- 4) We will prohibit the making of unauthorized copies of computer software or the use of personal software on HNDH computer equipment.
- 5) We will safeguard and protect confidential HNDH information and not use or reveal such information except in the proper performance of our duties and in accordance with applicable laws and regulations and HNDH policy.
- 6) We will maintain all information, whether medical, financial or business, in accordance with all applicable laws and regulations and organizational policies.
- 7) We will not falsify or inappropriately alter information on any record or document.
- 8) We will establish retention periods and protocols for business, financial, and patient records in our system in accordance with HNDH's Record Retention Guidelines.
- 9) We will promote the accurate, detailed, and complete documentation of all business, financial, and patient transactions.
- 10) We will control and monitor access to HNDH's communications systems, electronic mail, Internet access and voicemail to ensure that such systems are accessed appropriately and used in accordance with HNDH policy.

- 11) We understand that the use of technology to send offensive, discriminatory, or harassing messages is prohibited.
- 12) We will not knowingly communicate or transfer any information or documents to any unauthorized persons.
- 13) We will safeguard the personal and human resources information of our employees, including the information retained within the Human Resources Department, as required by law.
- 14) We will provide clear guidelines for employee's use of personal cell phones / electronic communication devices within the workplace to ensure the safety and security of the Hospital environment and to ensure patient and employee privacy / confidentiality.
 - Personal cell phones/electronic communication devices are to be used only at break or meal times only in the following public areas: the cafeteria, outdoors and staff lounges.
 - In exceptional circumstances, the use of the cell phone can be approved by the manager.
 - Any use of the cell phones/electronic communication devices to record or take still or video pictures of the facility, employees, patients or property is strictly prohibited.
 - Any unauthorized release/communication of Hospital confidential information to any party through the use of cell phones/electronic communication is strictly prohibited.

CONFLICT OF INTERESTS

Standard of Conduct: We are committed to conducting business in an honest and fair manner that is free from undue outside influence.

A conflict of interests exists when an outside activity, financial interest, relationship, or loyalty influences, appears to influence, or reasonably could evolve to influence an individual's ability to make objective decisions on behalf of HNDH.

- 1) We will avoid all conflict of interests (whether actual, apparent, or potential) between our own private interests and our HNDH duties.
- 2) We will not use our position, or knowledge gained in our position, in any way that we could receive personal benefit.

- 3) We (inclusive of any family member, member of household, or domestic partner) will not accept any substantial special preferences from a person or organization that, to the best of our knowledge, conducts or seeks to conduct business with HNDH or is a competitor of HNDH.
- 4) We will make decisions about the purchase of outside services and goods based on the supplier's ability to best satisfy HNDH's needs and not based on personal financial interests or personal relationships.
- 5) We will prohibit the giving or receiving of inappropriate gifts:

An inappropriate gift is any object, money or other things, which is given in order to influence the judgement or the decision of the person who receives it.

The health care team should not solicit or accept inappropriate gifts in the performance of their duties or responsibilities on behalf of Hôpital Notre-Dame Hospital.

The health care team should not offer or give inappropriate gifts in the performance of their duties or responsibilities at Hôpital Notre-Dame Hospital.

If a questionable situation exists with regards to the offer or acceptance of a gift, the general manager should be consulted.

- 6) We will direct donations, grants, or contributions (whether in cash or non-cash) to the HNDH Foundation to assure that gifts are properly received, recorded and acknowledged in accordance with applicable law.
- 7) We will maintain unbiased relationships with actual and potential HNDH vendors and contractors.
- 8) We will exercise good faith and fair dealing in all transactions that involve our responsibilities to HNDH.
- 9) We will not use any HNDH assets or resources for personal gain.
- 10) We will not use any proprietary or non-public information acquired as a result of a relationship with HNDH for personal gain or for the benefit of another business opportunity.
- 11) We will not have a business relationship with a family member, member of our household, or domestic partner without following applicable HNDH policy and procedure.
- 12) We will not engage in any outside employment, consultation, or other activities, which might compromise HNDH's strategic position or affect our objectivity,

independence of judgment, or conduct in carrying out our duties and responsibilities to HNDH.

- 13) We will immediately report actual, apparent, or potential conflict of interests to our supervisor and refer to procedure to follow for non-compliance with the code of conduct.

LEGAL AND REGULATORY COMPLIANCE

Standard of Conduct: We are committed to upholding high standards of business and professional ethics and integrity and will continuously and vigorously promote full compliance with applicable laws and regulations, HNDH policies and procedures and the Corporate Integrity Agreement.

- 1) We will conduct our activities in compliance with all applicable laws and regulations, HNDH policies and procedures.
- 2) We will continuously study our legal obligations and create policies and procedures that facilitate compliance with such legal obligations.
- 3) We will promptly report to management any potential violation of law, regulation, or HNDH policy.
- 4) We will not tolerate any retaliation by HNDH employees against an individual who, in good faith, reports a suspected violation or acts as a whistleblower
- 5) We will expect our colleagues to understand their basic legal obligations and job responsibilities.
- 6) We will accept patient referrals and admissions based on the patient's clinical needs, our statutory mission, appropriate business practices (including guidelines for payment and financial classification), and our ability to render the needed services.
- 7) We will not offer, provide, solicit, or accept inducements, kickbacks, bribes, rebates, or anything else of value with the intent to influence the referrals of patients.
- 8) We will ensure that all employees, medical staff, and applicable third parties who are providers of patient services are properly licensed and trained prior to administering patient care.
- 9) We will cooperate with internal investigations, audits, reviews or directions from HNDH's legal counsel in connection with lawsuits or governmental investigative proceedings.

RESEARCH COMPLIANCE

Standard of Conduct: We will undertake scientifically meritorious research, adhere to the ethical principles of respect for persons, beneficence and justice in all research involving human subjects and promote full compliance with applicable laws, regulations and HNDH policies and procedures.

- 1) We will support research that we expect to benefit the community we serve, provided such anticipated benefits are commensurate with any foreseeable risks to our patients.
- 2) We will safeguard the health, welfare, privacy, and dignity of our patients who participate in research.
- 3) We understand our patients who participate in research are entitled to all of the rights and protections afforded to our patients generally.
- 4) We will comply with regulations for the conduct of research involving human subjects, regardless of funding source or “exempt” status under the regulations governing the protection of human subjects in research.
- 5) We expect colleagues who engage in research to be qualified for their roles, to understand and abide by human subjects protection principles and good clinical practices for research, and to adhere to the approved study protocol, applicable laws and regulations, and HNDH policies and procedures.
- 6) We recognize that research participants are entitled to special protections under PHIPA.

RESPONSIBILITIES FOR REPORTING CONCERNS AND VIOLATIONS

Standard of Conduct: We will report any suspected violation of HNDH’s Code of Conduct and Ethics; HNDH’s policy or procedure; and any applicable laws and regulations.

HÔPITAL NOTRE-DAME HOSPITAL COMPLIANCE PROGRAM

The compliance program has been established in order to prevent any illegal or immoral behaviour, to put an end to this behaviour as soon as possible after it has been discovered, to discipline those involved (including those who were aware of the violations but have reported nothing), and to recommend all necessary changes to policies and procedures in order to prevent any other violations.

No member of the health care team will be subject to reprimand, discrimination or to actions that violate his or her rights as an employee for having reported, in an honest manner, a suspected violation of policy or of any other applicable law.

Procedure to Report the Non-Compliance to Standards: (See schema at the end of policy).

The members of the health care team of the Notre-Dame Hospital must have access to an efficient method of obtaining a timely response to all the questions they may have regarding the performance of their duties. The members of the health care team must report any known or suspicious incident that may be in violation of the code of conduct. Each report will be investigated and appropriate disciplinary action will be taken if such a violation is found to exist.

In a situation where a member of the health care team thinks or is concerned that or believes that the person behaves in a way that violates the code of conduct or violates the Hospital's policies, it is preferable that the member of the health care team first discusses the matter with his or her own supervisor. It may be that the member of the health care team is not satisfied with the supervisor's response or is not at ease to discuss it with him or her. In these cases, a member of the health care team should contact the Human Resources Department or the Chief Executive Officer. All these discussions may be kept confidential.

Non-Retaliation Policy

HNDH recognizes that a critical aspect of its Compliance & Ethics Program is the establishment of a culture that promotes prevention, detection, and resolution of instances that do not conform to requirements, as well as the organization's ethical and business policies.

No disciplinary action or retaliation will be taken against you when you report in good faith a perceived issue, problem, concern, or violation (by others) to management and/or Human Resources. In "good faith" means an employee actually believes that the information reported is true.

You have the right to be treated fairly and with respect. HNDH's policies protect individuals who report in good faith. Submitting a report of wrong-doing does not exempt the reporting individual from the consequences of his or her own misconduct. The action of having self-reported may be taken into consideration when determining disciplinary action.

Corrective/Disciplinary Action

Any employee who violates any law, regulation, HNDH policy, procedure, or the Code of Conduct and Ethics will be subject to corrective or disciplinary action as prescribed by HNDH policies and the HNDH Compliance and Ethics Program.

You should be aware that certain actions prohibited by HNDH policy or procedure may also violate laws that result in criminal or civil prosecution against the individual who committed the offense.

Please refer to document *Droits et responsabilités des patients - Patients' Rights and Responsibilities*: \\HERCULES\Pol_ & Proc\FORMS~ F NETWORK

Procedure to Follow for Non-Compliance with the Code of Conduct

Non-Compliance Area	Reported to / Discussed with	Reported to
Accounting, departmental audit and account audit <ul style="list-style-type: none"> ▶ Business ▶ Finance 	<ul style="list-style-type: none"> ▶ Chief Financial Officer 	<ul style="list-style-type: none"> ▶ CEO/Chair of the Finance Committee/ Board of Directors
Administration and business office <ul style="list-style-type: none"> ▶ Business office activities <ul style="list-style-type: none"> – Offering or accepting gifts – Conflict of interest with suppliers ▶ Political affiliation or activities ▶ Utilization of Hospital resources/property <ul style="list-style-type: none"> – Computer system/information technology – Intellectual property of software 	<ul style="list-style-type: none"> ▶ Chief Financial Officer ▶ Chair of the Board of Directors and Chair of Finance Committee (if non-compliance implicates the Vice-President and the Chief Financial Officer and/or the CEO) 	<ul style="list-style-type: none"> ▶ CEO/Chair of the Finance Committee/ Board of Directors ▶ Board of Directors
Complaints regarding Hospital obligations <ul style="list-style-type: none"> ▶ Provincial and federal laws <ul style="list-style-type: none"> – environment – Personal Health Information Protection Act (PHIPA) – Freedom of Information & Protection of Privacy Act (FIPPA) – accounting 	<ul style="list-style-type: none"> ▶ Chief Ancillary Officer ▶ Privacy Officer ▶ Chief Financial Officer 	<ul style="list-style-type: none"> ▶ CEO/Board of Directors
Patient related problems <ul style="list-style-type: none"> ▶ Level of treatment <ul style="list-style-type: none"> – unanticipated result – present or possible claim ▶ Patient file maintenance <ul style="list-style-type: none"> – Confidentiality – Falsification/omission` – safety 	Depending on the problem <ul style="list-style-type: none"> ▶ Chief Nursing Officer ▶ CEO ▶ Chief of Medical Staff ▶ President of the Quality Control Committee ▶ Privacy Commissioner 	<ul style="list-style-type: none"> ▶ CEO/Chief of Medical Staff/MAC/Board of Directors
Human resources/Interpersonal problems <ul style="list-style-type: none"> ▶ Harassment <ul style="list-style-type: none"> – patient – team member ▶ Discrimination ▶ Professional conduct ▶ Occupational Health & Safety (OHS) 	<ul style="list-style-type: none"> ▶ Human Resources Coordinator ▶ Chief of Medical Staff 	<ul style="list-style-type: none"> ▶ CEO/Board of Directors

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**CODE OF CONDUCT & ETHICS POLICY
ACKNOWLEDGMENT**

I acknowledge that I have read and understood Hôpital Notre-Dame Hospital's Code of Conduct & Ethics policy.

Name: _____ Signature: _____
(Please Print)

Date: _____

Return to Human Resources Coordinator