

KINGSTON GENERAL HOSPITAL

ADMINISTRATIVE POLICY MANUAL

Subject: Business Conduct

Number: 01-217

Prepared/Reviewed by: Director, Healthy Workplace, VP&CHRO,
Finance and Audit Committee, Board of Directors

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Introduction

The Business Conduct policy documents the expectations of business conduct and business ethics to be followed by persons employed, appointed (i.e. physicians and residents), and affiliated with Kingston General Hospital.

Policy Statement

The Business Conduct policy clarifies expectations and provides guidance for honest and ethical business conduct, including the ethical handling of actual or perceived conflicts of interest between personal and professional business relationships, usage of hospital equipment and data and protection and reporting of information. It will ensure compliance with applicable legislation, regulations, the hospital's by-law and policies. The Business Conduct policy provides procedures and clarification to eliminate conflicts of interest, including reporting to an appropriate person any material transaction or relationship that reasonably could be perceived to create such a conflict.

Aligning with the hospital's guiding principles of transparency and accountability are mechanisms to report unethical and inappropriate business conduct; and provide prompt internal reporting of violations.

This policy is not intended to replace existing policies and resolution processes outlined in the Related Documents Section.

Policy Definitions

Affiliate: an individual who is not employed by the hospital but performs specific tasks at the hospital, including: learners, volunteers, contractors or employees of contractors who may be members of a third-party contract or under direct contract to the hospital, and individuals working on the hospital premises, but funded/employed through an external source (i.e. research and university staff on site).

Arbitrary: Behaviour governed or characterised by impulse or whim rather than by planned action, necessity or reason.

By-Law: the by-law of the hospital.

Business Conduct: Way of acting, personal behaviour or how a person manages oneself related to non-clinical activities while performing duties for the Hospital.

Conflict of Interest: A divergence between an individual's private interests and their general professional obligations such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise.

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Credentialed Staff: Physicians, dentists, midwives, extended class nurses.

Disclosure: Report of a wrongdoing made in good faith by person(s) in accordance with this policy.

Employee: An individual who is employed by the hospital and is on the hospital's payroll.

Extended Family Member: Includes grandparents, parents-in-law, brothers-in-law, sons-in-law, daughters-in-law, aunts, uncles, nieces, nephews, first cousins, grandchildren, and great grandchildren. Any other relationships that may call into question this definition are to be discussed with the leader for clarification.

Good Faith: Honestly and without deception. Good faith is evident when the report is made without malice or consideration of personal benefit, and that there is a reasonable basis to believe the report is true; however, a report does not have to be proven to be true to be in good faith. Good faith is lacking when the report is known to be malicious or false.

Governing Legislation: All legislation governing the hospital, including but not limited to the Public Hospitals Act and related Regulations, Health Care Consent Act, Quality of Care Information Protection Act, Local Health System Integration Act, Substitute Decisions Act, Excellent Care for All Act, Public Sector Compensation Restraint to Protect the Public Services Act, Occupational Health and Safety Act and related Regulations, Regulated Health Professions Act, Transparency in Public Matters Act, Personal Health Information Protection Act, Criminal Code of Canada, and Human Rights Code.

Immediate Family Member: Includes/partner (and same sex equivalent), parent, step parent, legal guardian, child, step child, and sibling, and any other member of the person's household. Any other relationships that may call into question this definition are to be discussed with the leader for clarification.

Leader: A non-union supervisor, manager, director, executive, credentialed staff (i.e. physicians and residents) who provides supervision to employees, including residents.

Management: Those who have responsibility to hire, terminate, reorganize the workplace and provide supervision for others.

Nominal Gift: Includes logo items, pens, calendars, caps, shirts and mugs.

Officer of the Hospital: Executive

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Perquisites: or perks, refers to a privilege that is provided to an individual or to a group of individuals, provides a personal benefit, and is not generally available to others.

Persons: Includes the Board of Directors and officers of the hospital, credentialed staff (i.e. physicians and residents), employees, management, contracted services, and people who do business at and on the premises of the hospital.

Policies: The Board, hospital and medical policies in place at the hospital.

Primary Hospital Contact: Volunteers: the Director of Volunteer Services; Credentialed Staff: Director, Medical Affairs or Executive Vice President and Chief of Staff; Students: Instructor or hospital educational supervisor, Contractors: the applicable hospital liaison and/or overseer of the contract.

Protected disclosure: A report about a wrongdoing. It is an admission or revelation that, when fulfilling certain requirements, entitles the person who made the disclosure to support and protection from reprisals, retaliation, victimization, or even prosecution.

Unsafe Work: Work that is likely to endanger a worker. However, a worker cannot refuse unsafe work when those unsafe work conditions are a part of the work, or a normal work condition. For example, a health care worker who provides care to an infectious patient.

Wrongdoing: A breach of the bylaw, practices, policies including without limitation, the Business Conduct policy, the contravention of an Act of Parliament or of the legislation of the province, the misuse of public funds or assets, an act or omission that creates a substantial and specific danger to the life, health and safety of persons or the environment, other than danger that is inherent in the performance of the duties or functions of an employee, credentialed staff (i.e. physicians and residents) and affiliate. (Judgment calls that result from a balance and informed decision-making process are not considered wrongdoing in the scope of this policy).

Workplace: All hospital premises, work assignments that occur off hospital property, off site work-related social events and functions, work-related seminars, conferences, travel and training, and other locations where work related responsibilities are carried out. Phone calls, communications, faxes, and electronic mail that are related to workplace activity made with communication devices are considered an extension of the workplace.

Policy

1. Application

The hospital will expect all persons to comply and act in accordance, at all times, with the policy statement and the more detailed provisions provided hereinafter.

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The hospital will interpret the application of the legislation, regulations, by-law, policies and this Business Conduct policy in a manner that is consistent with the hospital's guiding principles.

One or more violations of this Business Conduct policy by a person may be grounds for disciplinary action up to and including termination of privileges, employment, and relationship with the hospital or the board directorship.

Persons who are members of a profession and/or discipline which is governed by standards and codes specific to their profession will be expected to adhere to those professional codes and standards in addition to the hospital's policies, codes and by-law.

2. Workplace Environment

This policy shall apply to persons as identified in this policy including hospital's suppliers and any person working on the hospital premises. The hospital will take such actions as are necessary to ensure that persons comply with the Business Conduct policy, including if necessary, requesting the individual to leave the premises or legal action and disciplines, up to and including termination.

2.1 Substance Use in the Workplace. The hospital is committed to maintaining a safe and healthy work environment free of substance abuse (including illicit drugs, over use of prescribed and over-the-counter medication and alcohol). All persons are required to perform their responsibilities in a professional manner and to be free from the effects of substance abuse.

2.2 Research and Teaching Workplace. The hospital's Affiliation Agreement with Queen's University (the "University") jointly and individually recognizes their shared objectives relating to patient care, education and training, research, fiscal responsibility and accountability, ethical standards, and their respective mission, vision and principles. All research; academic and teaching activities will be conducted in a manner consistent with the University's and other teaching organizations' affiliation agreements and contracts, and their respective policies on ethical conduct of research and teaching.

3. Environment, Health and Safety

3.1 Environment. The hospital is committed to sustainable and sound environmental management. It is the intent of the hospital to minimize its ecological footprint in partnership with the local community as a responsible and caring corporate citizen. The hospital is committed to managing all phases of its business in a manner that minimizes and mitigates any adverse effects of its operations on the environment while balancing its obligations to sound financial decisions.

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3.2 Health and Safety. The hospital is committed to providing a healthy, safe and psychological safe workplace in compliance with applicable legislation, regulations and standards for the elimination of all harm to patients and staff. Persons are required to adhere to hospital safety policies and procedures at all times, take corrective action to fix a hazard if possible or report the unresolved hazard and injury to their supervisor or hospital primary contact. Leaders must be aware of the hazards workers are exposed to, implement corrective actions where incidents/injuries occur, and train workers on performing their jobs safely. Leaders, upon learning of any circumstances affecting the health and safety of the workplace or the community, must act immediately to investigate the situation with assistance from representatives from the hospital's Occupational Health, Safety and Wellness team. Leaders must take every reasonable precaution in the circumstances to protect worker health, safety and psychological wellness. Employees, including residents must immediately advise their leader of any workplace injury or circumstance presenting a dangerous, unsafe situation to them, other co-workers or the community in general, so that timely corrective action can be taken. Employees, including residents, have the right to refuse unsafe work, the right to know about safety matters, and the right to participate in safety related activities.

4. Third Party Relationships

4.1 Employment or Appointing of Family Members in the Workplace. Employment or appointing of more than one immediate or extended family member at the hospital is permissible but the direct or indirect supervision of an immediate or extended family member is not permitted. This includes participating in the appointment, hiring, promotion, supervision and/or evaluation of the individual.

4.2 Conflict of Interest. A person's position or knowledge gained through their employment, appointment or affiliation is not to be used in a manner that creates a real or perceived conflict of interest. Objectivity must be maintained in both appearance and in fact. The rules and examples that follow do not exhaust the possibilities for conflict of interest, but they identify obvious situations covered by the Business Conduct policy.

A person shall not have an undisclosed financial or personal interest in an external business with which the hospital deals.

A person (individually, through a partnership, corporation or other business vehicle) shall not conduct a new private practice/business at the Hospital unless prior written approval from the Hospital has occurred.

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A person must examine his/her own activities and those of his/her immediate family to be sure that no such obligation or relationship creates (or appears to create) a conflict of interest.

A person must disclose to their leader or hospital's primary contact (if not an employee) any kind of known financial or personal obligation/relationship or interest that affects (or may appear to affect) their judgement in the transaction of business with outside firms/healthcare organizations, individuals, on behalf of the Hospital. If employees or their immediate family members have a personal or financial interest that might present a real or perceived conflict or bias in connection with their duties as hospital employees, they must report this in writing to their leader.

Where a conflict of interest develops with an immediate or extended family member due to organization restructuring or factors beyond one's control that puts the individual into a supervisory and reporting relationship, immediate disclosure to your leader or primary hospital contact is required. Examples of how this can be eliminated or managed are: make a change in reporting relationship or reassignment within the organization; apply for postings that meet his/her qualifications, and which would resolve the conflict of interest.

4.3 Gifts and Entertainment. Persons or their immediate family members shall not use their position/relationship with the Hospital to solicit any cash, gifts or free services from any Hospital or Foundations' associated with the hospital, customer, donor, supplier or contractor for their or their immediate family members personal benefit. Gifts or entertainment from others should not be accepted if they exceed the dollar value listed below, or otherwise improperly influence the Hospital's business relationship with or create an obligation to a customer, supplier or contractor.

4.3.1 Nominal gifts of up to \$100.00 value are acceptable. The frequency of gifts received should be considered in all circumstances and, in some cases, discretion to seek approval by an employee's leader or hospital primary contact (if not an employee) may be required.

4.3.2 Invitations to social, cultural or community, events may be accepted if the cost is within the nominal gift value of \$100.00 and attendance serves a customary business purpose such as networking; it is disclosed and approved by the employee's leader or hospital primary contact (if not an employee).

4.3.3 Gifts and gratuities may vary depending upon the circumstance. Discretion must be used when determining whether a gift or gratuity is acceptable or not. If unsure, refer to your leader or hospital's primary contact (if not an employee). See Appendix A for examples.

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4.4 Competitive Practices. The Hospital firmly believes that fair competition is fundamental to the continuation of the free enterprise system. The Hospital complies with and supports laws which prohibit restraints of trade, unfair practices, or abuse of economic power.

The hospital will not enter into arrangements that unlawfully restrict its ability to compete with other businesses, or the ability of any other business organization to compete freely with the hospital. The hospital's policy also prohibits persons from entering into or discussing any unlawful arrangement or understanding on behalf of the hospital that may result in unfair business practices or anticompetitive behaviour.

4.5 Supplier and Contractor Relationships. The hospital selects its suppliers and contractors in a non-discriminatory manner based on the quality, price, service, delivery and supply of goods and services. Decisions must never be based on personal interests or the interests of family members or friends.

4.6 Exclusivity of Employment. Employees will devote their entire time and attention to the performance of the business and affairs of the hospital as the "employer" and do not conduct any other business for material gain or represent the business interests of any other employer or business venture at the hospital without the prior consent of their leader. This includes using hospital resources (including equipment, supplies, and services). A conflict may also arise if undertaking outside employment which interferes with the performance of the employee's duties and responsibilities or carrying work for an outside employer, or for an employee's own family business or professional association.

4.7 Media Relations. Unless specifically authorized by the Strategy Management and Communications Department to represent the Hospital to the media, persons may not respond to inquiries or requests for information. (Refer to KGH Media Policy 07-010). This includes newspapers, magazines, trade publications, radio and television, online publications (internet) as well as any other external sources requesting information about the Hospital. For any media questions relating to patient care, including patient confirmation or patient condition, person(s) and/or the media outlet must contact the Strategy Management and Communications Department.

Persons will not disclose confidential, personal or business information through public or casual discussions to the media or others. Persons are not restricted from conveying their opinions publicly but persons must not identify themselves as being affiliated with the hospital. For any questions relating to media relations, contact the hospital's Strategy Management and Communications Department directly.

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Credentialed staff (i.e. physicians and residents) may not speak of the hospital's programs/services etc. to the media without authorization from the hospital's Strategy Management and Communications Department with the caveat that they may speak of work outside of KGH purview, such as that conducted with Queen's university or other teaching/research initiatives and in accordance with those organization's policies.

- 4.8 Government Relations. Persons may participate in the political process as private citizens. It is important to separate personal political activity and the hospital's political activities, if any, in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials. The hospital's political activities, if any, shall be subject to the overall direction of the Board.

The hospital will not reimburse employees for money or personal time contributed to political campaigns. In addition, employees may not work on behalf of a candidate's campaign while at work or at any time use the hospital's facilities for that purpose unless approved by an officer of the hospital.

In addition, the hospital, and all persons are strictly prohibited from attempting to influence any person's testimony in any manner whatsoever in courts of justice or any administrative tribunals or other government bodies

- 4.9 Director or Officership Roles. An employee is required to disclose his/her appointment or proposed appointment as a director or officer of any other corporate entity or organization, public or private, to their leader. The leader will determine if such appointment is contrary to the interest of the hospital and create a conflict related to the employee's job at the hospital.

5. Legal Compliance

- 5.1 Compliance with Laws, Rules and Regulations (including Perquisites Directive, Insider Trading Laws and Timely disclosure). All persons are expected to comply in good faith at all times with all applicable laws, rules and regulations. Existing legislation supersedes any element of this policy.

All persons should also cooperate fully with the independent auditors in their audits and in assisting in the preparation of financial disclosure.

- 5.2 A perquisite is not allowed if it is not a business-related requirement. To be allowable, an approved perquisite must be a business-related requirement for the effective performance of an individual's job and must be approved by the officer of the hospital responsible for human resources and people practices. The following perquisites are not allowed under any circumstance: club membership for personal recreation or

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socializing purposes, seasons tickets to cultural or sporting events, clothing allowances not related to health and safety or special job requirements, access to private health clinics, and professional advisory services for personal matters.

6. Information And Records

6.1 Confidential and Proprietary Information and Trade Secrets. Persons may be exposed to certain information that is considered confidential by the hospital, or may be involved in the design or development of new procedures related to the business of the hospital. The following are examples of confidential information: employee wage and salary data, financial data, planned new projects, patient information; and any other matter that has not been publicly disclosed. All such information, whether or not the subject of copyright or patent, is the sole property of the hospital, subject to any written agreements the hospital may have with third parties such as Queen's University. Persons shall not disclose such information to persons outside the hospital, including immediate family members. Persons should share information only with other persons who have a need to know for legitimate business purposes in accordance with legislation governing the disclosure to third parties.

All persons are responsible and accountable for safeguarding the hospital documents and information to which they have direct or indirect access as a result of their employment, relationship, or directorship with the hospital.

6.2 Privacy Rights of Patients, Credentialed Staff, Affiliates and Employees of the Hospital. The hospital is committed to maintaining the privacy rights of its patients, and all persons. The hospital requires all persons to maintain the confidentiality and correctness of all personal health information in a manner consistent with the *Personal Health Information Protection Act, 2004* ("PHIPA"). Persons will access and/or disclose personal health and employee information only for legitimate reasons. Personal health information will be used with patient consent only within the "circle of care" for continuity of care purposes. For further information concerning issues of privacy, confidentiality of personal health and employee information, PHIPA or other privacy related Acts, please contact the Hospital's Privacy Officer and review the Personal Health Information Protection policy 09-055, and other privacy related policies.

6.3 Financial Reporting and Records. The hospital maintains a high standard of accuracy and completeness in its financial records. These records serve as a basis for managing our business and are crucial for meeting obligations to employees, credentialed staff, affiliates, customers, and others, as well as for compliance with regulatory, tax, financial reporting and other legal requirements. Any person who makes entries into business records or who issues regulatory or financial reports has a responsibility to fairly present all information in a truthful, accurate and timely manner. No person shall

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exert any influence over, coerce, mislead or in any way manipulate or attempt to manipulate the independent auditors of the hospital.

6.4 Business Record Retention. The hospital maintains all records in accordance with laws and regulations regarding retention of business records. The term "business records" covers a broad range of records, including but not limited to files, reports, business plans, receipts, policies and communications, including hard copy, electronic, audio recording, and microfiche and microfilm files whether maintained at work or at a person's home. The hospital prohibits the unauthorized destruction of or tampering with any records, whether written or in electronic form, where the hospital is required by law or government regulation to maintain such records or where it has reason to know of a threatened or pending government investigation or litigation relating to such records.

6.5 Reporting to Local Health Integration Network and Ministry of Health and Long-Term Care. The hospital maintains a high standard of accuracy and completeness in its reporting obligations to provincial and federal agencies including the Local Health Integration Network, the Ministry of Health and Long-Term Care, and the Canadian Institute for Health Information.

7. Hospital Assets

7.1 Use of Hospital Property. The use of hospital property for individual profit or benefit as well as any unlawful, unauthorized personal or unethical purpose is prohibited. The hospital's clinical records including but not limited to information, technology, research data, intellectual property, buildings, land, equipment, machines, software and cash must be used only for business purposes except as provided by the hospital policy.

7.1.1 Destruction of Property and Theft. No person shall intentionally damage or destroy the property of the hospital or commit theft.

7.1.2 Intellectual Property of Others. Persons may not reproduce, distribute or alter copyrighted materials without permission of the copyright owner or its authorized agents. Software used in connection with the hospital's business must be properly licensed and used only in accordance with that license.

7.2 Information Technology. The hospital's information technology systems, including but not limited to portable and non-portable computers, e-mail, intranet and internet access, telephones, cellular devices, text messaging and voice mail are the property of the hospital and are to be used primarily for business purposes. Personal usage must be kept at a minimum and be in compliance with the hospital's policies. Individuals forfeit rights to privacy of personal information stored on these systems. Persons cannot allow others to gain access to the hospital's information technology systems through the use of their password or other security codes. Electronic transmission of identifiable personal information must comply with current privacy legislation.

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The hospital is committed to creating a positive working environment that is respectful of individuals, and the diversity of the workforce. As such, email, text messaging and future social networking modalities (including but not limited to websites, online forums, blogs, wikis, Facebook, Myspace, LinkedIn, Tumblr, Twitter, Flickr, Skype and YouTube) are not to be used for information and messaging about the hospital and members of the hospital community and the public that:

- Violate provincial or federal laws, professional codes of ethics or standards.
- Contain confidential information related to KGH, the persons that work and learn at KGH, KGH patients, families and guests, or any community partners. This includes discussion or revelation of the names or personal information of co-workers, managers or supervisors, as well as discussion or revelation of incidents or operational activities that are not generally known outside of the organization.
- Contain vexatious, discriminatory or offensive comments and information that are known or ought to have reasonably been known to be offensive or unwelcome, including those in violation of the Ontario Human Rights Code or the Occupational Health and Safety Act and Regulations.
- Contain malicious or threatening intent or material, irrespective of whether there is intent to cause offence.
- Contain potentially defamatory statement(s) of KGH or any person, firm or company.
- Solicit commercial purposes that have not been sanctioned by the hospital, i.e. for personal business usage.
- Involve chain messages that encourage the receiver to forward the message on to others.
- Involve the impersonation of another email users\messages in which the original content has been altered without the original author's approval.
- Send copyrighted documents that are not authorized for reproduction.

The hospital conducts random searches and monitors use of its information technology systems. Software used in connection with the hospital's business must be properly licensed and used only in accordance with that license.

8. Using This Policy, Waivers and Reporting Violations

8.1 Persons Accountability. It is the responsibility of all persons to understand and comply with this Business Conduct policy.

8.2 Board Accountability. The Board of Directors is ultimately responsible, acting through the Finance and Audit Committee, for this Business Conduct policy and monitoring compliance with it. Any waivers of the provisions of this Business Conduct policy may

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be granted only by the Board of Directors, for the Chief Executive Officer. Waiver for all other persons shall be granted exclusively by the Chief Executive Officer.

8.3 Reporting Accountability. If a person observes or becomes aware of an actual or potential violation of this Business Conduct policy or of any legislation or regulation, whether committed by person(s) associated with the Hospital, it is the person's responsibility to report the circumstances per Administrative Policy 01-218 Reporting of Inappropriate Business Conduct and Whistleblower Protection.

8.4 Investigation Accountability. Following the receipt of any complaints submitted hereunder, matters will be investigated pursuant to the Reporting of Inappropriate Business Conduct and Whistleblower Protection and this policy.

8.5 Accountability and Consequences. Persons, who violate this policy or associated policies, will be subject to progressive disciplinary action, up to and including termination or removal of privileges.

Persons, who bring forth concerns and complaints in an arbitrary or vexatious manner or in bad faith, will be subject to progressive disciplinary action per Policy 01-218 Reporting of Inappropriate Business Conduct and Whistleblower Protection.

9. Non-Retaliation for Reporting of Inappropriate Business Conduct and Protected Disclosures

9.1 Protection for Reporting of Inappropriate Business Conduct and Whistleblowing. Each person has an obligation to report any good faith concern about a wrongdoing. The hospital is committed to protecting a person from interference when reporting, or from retaliation for having reported if deemed protected disclosure. (See Policy 01-218 Reporting of Inappropriate Business Conduct and Whistleblower Protection).

10. General

The Finance and Audit Committee shall review and assess the adequacy of this policy every three years and submit any proposed amendments to the Board for approval. An officer of the hospital may identify proposed revisions at any time as required.

Authorizing Signature

Leslee J. Thompson
President and Chief Executive Officer

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Related Documents: 01-218 Reporting of Inappropriate Business Conduct and Whistleblower Protection
02-143 Workplace Violence Prevention
01-146 E-mail Use
01-145 Internet Use
01-132 BlackBerry Usage
01-151 Social Media
12-320 Code of Behaviour (Be Real)
12-300 Workplace Harassment & Discrimination
12-140 Diversity
06-043 Accessibility
07-010 Media
11-009 Physician Behaviour
01-141 User Responsibilities of Electronic Data & Information
01-139 Security of and Access to Hospital Electronic Data & Information
09-140 Access to Personal Health Information
09-055 Personal Health Information Protection

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