

CORPORATE CONDUCT

1. INTRODUCTION

- (1) The Interior Health Authority (“the Authority”) is committed to exemplary standards of organizational behaviour and standards of practice. It holds that only by a consistent focus on this goal can it earn and maintain the confidence and trust of those it serves, the staff and medical staff, those with whom it does business, and the public in general.
- (2) This requires that the Board of Directors (the “Board”) establish clear policy objectives and where necessary, management support these objectives with practical, well-defined policies and guidelines governing medical and non-medical staff in the discharge of their individual roles.
- (3) The policy objectives in respect to service delivery to patients, clients and residents are clearly articulated in the Authority’s *Vision, Mission, Values And Strategic Goals*. These are supported by separate policies on *Clinical Ethics* and *Research and Research Ethics*.
- (4) This policy also addresses other corporate issues that are central to the measure of the Authority’s performance and how it is perceived by stakeholders.
- (5) This policy is not intended to abridge statutory rights, rights conferred by a Collective Agreement, or the obligations arising from a professional designation. Their purpose is solely to promote an enterprise-wide commitment to standards of personal conduct that earns the Authority a reputation for integrity.

2. POLICY SCOPE

- (1) This policy embraces:
 - (a) general staff behaviour;
 - (b) confidential information;
 - (c) conflict of interest;
 - (d) workplace conduct; and
 - (e) conduct of the Authority’s business affairs.

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3. GENERAL STAFF BEHAVIOUR

- (1) Authority staff and medical staff recognize that their personal conduct should be such as to instil public confidence and trust in the Authority and should not bring into disrepute the Authority, its Mission or the dedication and commitment of their fellow staff members.
- (2) Management will ensure there are in place appropriate policies, guidelines and standards in respect to, but not necessarily limited to:

 - (a) comments or entering into public debate regarding Ministry of Health and Authority policies;
 - (b) use of the association with the Authority to lend credence to expressions of personal opinion, or to lead others to perceive that they are speaking on behalf of the Authority unless authorized to do so as part of their job duties;
 - (c) engagement in remunerative employment with another employer or other business interests;
 - (d) service as a Board Director of another organization;
 - (e) involvement in legal proceedings as a result of the association with the Authority;
 - (f) acceptance of gifts, hospitality and other benefits;
 - (g) political donations and active political involvement;
 - (h) charitable campaigns and donations;
 - (i) insider trading and the use of non-public information relating to a company that has issued securities for personal gain or for the advantage of others; and
 - (j) use of corporate assets.

4. CONFIDENTIAL INFORMATION

- (1) Confidential information pertaining to third parties is to be handled with care and discretion and in accordance with applicable legislation relating to freedom of information and protection of privacy.
- (2) Management will ensure that there are in place appropriate policies, guidelines and standards in respect to, but not necessarily limited to:

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- (a) communication of confidential information, except with the consent of the party that is the subject of the information, to anyone other than those who are authorized to receive it;
- (b) use, where required, of formal confidentiality agreements and the monitoring thereof;
- (c) proper handling and storing of confidential materials;
- (d) reasonable safeguards for the protection of personal and other confidential information including management of access to patient health records in either electronic or paper based form;
- (e) prohibition against the use of information staff and medical staff members receive through their association with the Authority to further personal interests or as a means of making personal gains; and
- (f) disclosure outside the Authority, ensuring that the obligations with respect to caution and discretion in handling confidential information continue to apply after the association with the Authority ends.

5. CONFLICTS OF INTEREST

- (1) All staff and medical staff members shall protect themselves from becoming involved in conflicts of interest and ensure that they perform their duties and arrange their private affairs in a manner that displays the objectivity and impartiality of the Authority and its staff.
- (2) Management will ensure that there are in place appropriate policies, guidelines and standards in respect to, but not necessarily limited to:
 - (a) careful definition of, and examples of, conflict of interest - real, potential and perceived - matched to specific activities and needs;
 - (b) availability of competent counsel in respect to whether conflicts of interest exist;
 - (c) provisions for disclosure and recognition of possible conflict of interest; and
 - (d) requirements that where a conflict does arise between an individual's private interests and their duties and responsibilities as a member of the Authority's staff and medical staff, the conflict is resolved in favour of the interests of the Authority.

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6. WORKPLACE CONDUCT

- (1) The Authority will provide and maintain a workplace that provides a professional working environment where staff, medical staff, volunteers and students working within the Authority's facilities and programs are treated with respect and dignity.
- (2) Management will ensure that there are in place appropriate policies, guidelines and standards in respect to, but not necessarily limited to:
 - (a) application of this policy to all staff and medical staff members as a priority for the broad spectrum of personal contacts and relationships generated by the Authority's operations;
 - (b) internal standards that define acceptable conduct;
 - (c) related staff education programs, renewed as necessary;
 - (d) confidential reporting and investigation system; and
 - (e) a sensitive, flexible process for resolving complaints which includes access to trained counsellors.
- (3) Management will make clear the role of supervisory personnel, medical and non-medical, in the enforcement of the guidelines and standards in respect to workplace conduct and, where necessary, take managerial education initiatives.

7. CONDUCT OF THE AUTHORITY'S BUSINESS DEALINGS

- (1) The Authority will earn and maintain a reputation for organizational integrity, honest practices, and transparency in all of its external business relationships.
- (2) Management will ensure that there are in place appropriate policies, guidelines and standards in respect to, but not necessarily limited to:
 - (a) compliance with all applicable laws and regulations;
 - (b) fair, defensible purchasing practices;
 - (c) straightforward dealings with contractors, suppliers and the business community as a whole;
 - (d) respectful relations with Government and its representatives; and
 - (e) sound community and public relations.

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8. COMPLIANCE WITH THESE POLICIES

- (1) Management will:
 - (a) ensure that specific standards established are clearly communicated to all staff and medical staff members and that any updates are communicated to those affected on a timely basis;
 - (b) inform all staff and medical staff members as to where they can obtain information needed in respect to the interpretation of these standards in respect to their individual circumstances;
 - (c) make it clear that compliance with the approved standards is considered to be a condition of continued association with the Authority;
 - (d) maintain established internal and management controls designed to prevent or detect failures to apply corporate standards;
 - (e) ensure that reports of non-compliance by other staff and medical staff members are regarded, except as otherwise dictated by Legislation, as confidential and that no penalties are imposed on those reporting alleged violations in good faith;
 - (f) lead by example and consistently exhibit high standards of personal conduct in dealing with staff and medical staff and others with whom they may be in contact in the discharge of their duties; and
 - (g) deal with known and proven breaches in an appropriate manner including discipline where justified.

9. POLICY REVIEW

- (1) The content and practical application of this Policy will be reviewed from time to time or as required by specific events.