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|  <p>Policies and Procedures</p> | <p>Policy</p> | <p>Document #: LGL.4.1.001 Revision: 1 Approval Date: 22/May/2022 Page 1 of 1 Effective Date: 22/May/2022</p> |
| <p>Hearsay Evidence</p> | | |

1.0 Purpose

This policy establishes FACT’s proper course of action when any personnel associated with FACT receive information related to an inspector, applicant facility, accredited facility, and/or their responsible personnel via third party information (i.e., hearsay).

2.0 Scope

This policy applies to all FACT personnel and individuals affiliated with the FACT accreditation process who are responsible for or may influence an organization’s FACT accreditation status.

3.0 Responsibility

- 3.1 It will be the responsibility of the Chief Medical Officer, Quality Manager, and/or the Grievance Committee to ensure that the guidelines herein are followed.

4.0 References

- 4.1 [Accreditation Process Policy](#), ACC.6.1.001
- 4.2 [Initial FACT Inspector Qualifications](#), INS.7.1.001

5.0 Definitions and Abbreviations - NA

6.0 Policy

- 6.1 In the event third party information is received related to an inspector, applicant facility, accredited facility, and/or their responsible personnel, the matter will be investigated, and such action as is deemed necessary by the Chief Medical Officer and/or Grievance Committee will be taken.
- 6.2 The FACT Board of Directors will be informed of any significant reports that have an impact on accreditation and/or applicant status.
- 6.3 Any and all third-party information and related investigations will be kept confidential.
- 6.4 Written documentation will be maintained only as long as necessary to conduct business.
- 6.5 Any legal action affecting FACT will be immediately handled by legal counsel.

Approved by (date):

Heather Conway (Quality Manager) (22/May/2022), Linda Miller (Chief Operating Officer) (21/May/2022), Phyllis Warkentin (Chief Medical Officer) (21/May/2022)