

HARRISHEALTH SYSTEM

POLICY AND REGULATIONS MANUAL

Policy No: 3466.01
Page Number: 1 of 6
Effective Date: 7/2018
Board Motion No: N/A
Last Revised: 07/10/2018
Due for Review: 07/2021

TITLE: RED RULES

PURPOSE: To clearly delineate the Harris Health System Red Rules and the consequences for noncompliance.

POLICY STATEMENT:

All Harris Health System (Harris Health) Workforce Members shall be required to follow and be in strict compliance at all times with the Harris Health Red Rules.

POLICY ELABORATIONS:

I. DEFINITIONS:

- A. **ADVANCED PRACTICE PROFESSIONALS (APP):** An individual who holds a state license in their profession as well as other educational credentials attesting to training and qualifications to provide services in one or more of the following categories: Physician Assistant (PA), Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), Optometrist (OD), Certified Nurse Midwife (CNM), Clinical Psychologist, Registered Dietician, and Clinical Pharmacist.
- B. **AT-RISK BEHAVIOR:** Behavioral choice where risk is not recognized, or is mistakenly believed to be justified: Unintentional risk taking, Believing the risk to be justified.
- B. **JUST CULTURE:** A culture that recognizes:
1. Competent professionals make mistakes and develop unhealthy norms;
 2. The ability to recognize that errors may result from system factors;
 3. Individuals should not be treated punitively for system defects and promotes an atmosphere where Workforce members can freely discuss Safety Events without the fear of reprisal, through an objective assessment of events, which in turn promotes system modifications; and
 4. Reckless Behavior, gross misconduct, or willful violations will not be tolerated.

- C. **RECKLESS BEHAVIOR:** Behavioral choice to consciously disregard a substantial and unjustifiable risk: Choosing an action that knowingly puts people in harm's way.
- D. **RED RULE:** An act that has the highest level of risk or consequence to patient or employee safety if not performed exactly, each and every time.
- E. **TIME-OUT PROCEDURE:** *(See Harris Health Policy 7.20 Universal Protocol)*
1. *Pre-Procedure Verification Process:* An ongoing process of information gathering and verification, beginning with the decision to perform a procedure, continuing through all settings and interventions involved in the pre-procedure preparation of the patient, up to and including the Time Out just before the start of the procedure.
 2. *Site Mark:* Identification of the intended site of incision with the word "yes," using a marker that is sufficiently permanent to remain visible on skin after completion of the skin prep. Other methods such as lines may be used in addition to, but not in place of, the word "yes."
 3. *Time Out/Verification:* Confirmation of the correct patient (using two (2) patient identifiers), procedure, position, side/ site, and availability of implants, special equipment, or special requirements. Confirmation should be done with surgical consent in hand, excluding emergent procedures. It involves participation among all members of the Surgical/Procedure Team. It is conducted in the location where the procedure will be performed and it occurs just before starting the procedure. In emergency or urgent proceeding, the healthcare provider performing the procedure is most likely in continuous attendance to the patient and site marking is not necessary. In these emergent cases, a modified Time Out shall be performed.
- F. **TWO (2) PATIENT IDENTIFIERS:** Refers to the patient's name and date of birth. In the event of multiple patients with the same name and date of birth, the patient's medical record number, address, or other information will be used as additional patient identifiers. *(See Harris Health Policy 7.11 Patient Identification).*
- G. **WORKFORCE MEMBERS:** Employees (permanent or temporary), Harris Health Board of Trustees, volunteers, trainees, medical staff, and other persons whose

conduct, in the performance of work for Harris Health, is under the direct control of Harris Health, whether or not they are paid by Harris Health.

II. GENERAL PROVISIONS:

The following two (2) acts have been adopted and defined by Harris Health as Red Rules:

- A. Use of two (2) patient identifiers, as defined and outlined in Harris Health policy 7.11 Patient Identification; and
- B. Time-Out procedure, as defined and outlined in Harris Health policy 7.20 Universal Protocol.

III. BREACH OF A RED RULE:

- A. Any breach of a Red Rule must be reported:
 - 1. To the person next in the chain of command of the reporting individual; and
 - 2. Via the electronic reporting system (eIRS) before the individual goes home for that day.
- B. Within seventy-two (72) hours of the notification, all Red Rule breaches shall be investigated by a team, minimally comprised of the following:
 - 1. The Team Lead:
 - Administrative Director of Risk Management/Patient Safety or her/his designee;
 - 2. The department leaders where the breach occurred physician, nursing, and department leaders as indicated by the breach; and
 - 3. A strategic Human Resources business partner.
- C. The team lead shall notify the Pavilion Administrator, the Pavilion Chief of Staff, and the system Chief Medical Officer of the breach.

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D. The investigating team shall utilize the Just Culture principles and process using the Just Culture Algorithms outlined and attached to Harris Health policy 3466 Just and Accountable.

E. If the investigation and review of the breach lead to a finding of At-Risk or Reckless Behavior:

1. For Non-Medical Staff or APP Workforce Members:

The Workforce Member's supervisor(s), in consultation with the Human Resources Department, must determine the appropriate disciplinary action, which **must**, at a minimum, consist of a documented intervention, and may include other disciplinary action, up to and including termination.

2. For Medical Staff Members and APPs:

The Medical Staff member's or APP's supervisor(s) or other individual(s) designated in the Medical Staff Bylaws will determine the appropriate disciplinary action, in accordance with the Medical Staff Bylaws, which **must**, at a minimum, consist of a documented invention, and may include other disciplinary action, up to and including termination of clinical privileges.

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Harris Health System Policy and Procedure 3.63 Incident Reporting

Harris Health System Policy and Procedure 3466 Just and Accountable Culture

Harris Health System Policy and Procedure 6.20 Employee Discipline

Harris Health System Policy and Procedure 7.11 Patient Identification

Harris Health System Policy and Procedure 7.20 Universal Protocol

Harris Health System Policy and Procedures 227 Chain of Command

Harris Health System Medical Staff Bylaws

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Senior Vice President Human Resources

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REVIEW/REVISION HISTORY:

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	1.0	06/12/2018	Structure and Organizational Standards Committee
07/10/2018		07/10/2018	Interdisciplinary Clinical Committee