	Title: Red Rule Policy		Page 1 of 2
	Effective Date: October 2013 Revised/Reviewed Date: October 2023	Contact: Director of Perioperative Services Chief Medical Officer Chief Nursing Officer	

Purpose:

The Red Rule Policy is an example of our highest commitment to MacNeal Hospital’s core value of patient safety. A Red Rule focuses our attention on an action or process that is critical to the safety of our patients and employees. This policy outlines the Red Rule process to advance the culture of safety at MacNeal Hospital.

Policy:

- It is the responsibility of every person and position to whom this policy applies to clearly understand the process of compliance for each Red Rule and to comply exactly and at all times, except when precluded by lifesaving emergent care.
- The Medical Staff with a majority vote by active members, has the sole authority to institute and enforce a Red Rule pertaining to members of the Medical Staff.
- Red Rules applicable to employees will be implemented and managed by human resources.
- No individual leader or department has the authority to create a new or modify an existing Red Rule.

A. Red Rule Universal Protocol / Time-Out Policy

(For a complete explanation of this policy, please see the Universal Protocol Policy located in Policy Manager).

1. This Red Rule focuses on MacNeal Hospital’s policy and process for a “Time-Out” – a deliberate pause – immediately prior to beginning **any** inpatient or outpatient surgery or invasive procedure for which informed consent is obtained. *(For a detailed listing of procedures requiring informed consent, please see the Informed Consent Policy located in Policy Manager).*
2. The Time-Out must include all aspects of the process including, but not limited to:
 - a. involvement from every member of the healthcare team, and
 - b. performing the correct and complete patient identification including:
 - (1) identification band review using two patient identifiers
 - c. confirmation of the procedure to be performed
 - d. clarification of correct side, site and level
 - e. correct patient positioning
 - f. ensuring all relevant documents are in clear view
 - g. labeled diagnostic and radiology test results are properly displayed
 - h. appropriate antibiotic administration
 - i. the necessary blood products, equipment and implantable devices are available

B. Consequences for Red Rule Non-Compliance:

1. Medical Staff:
 - a. Any allegation of a Red Rule violation will be investigated by the Medical Staff Peer Review Committee. The peer review committee conducting the investigation will make a formal determination as to whether the Red Rule was violated.

b. Any recommendations for administrative suspension, privilege revision, or termination of medical staff privileges must be approved by the Medical Executive Committee as per the medical staff peer review process.

c. A first time violation of a Red Rule for a physician will result in an administrative suspension of clinical privileges for three consecutive days, with a 24 hour grace period for the proper hand-off of patient care. Administrative suspension is not reportable to the National Practitioner Data Bank.

d. Any allegation of a repeat Red Rule violation will be investigated by the pertinent medical staff department peer review committee and may result in termination of medical staff privileges. The peer review committee conducting the investigation will make a formal determination as to whether the Red Rule was violated. Any recommendations for termination of medical staff privileges must be approved by the Medical Executive Committee as per the medical staff peer review process. If the recommendation is for privilege termination, there would be a 24 hour grace period to permit proper patient handoff. This action would be reportable to the National Practitioner Data Bank.

3. Non-Physician Employees:

a. A root cause analysis will be performed by the department of Human Resources or their designee to investigate any employee violation of the Red Rule policy.

b. A first time violation of a Red Rule for an employee will result in a three-day suspension without pay.

c. A repeat Red Rule violation may result in termination of employment for an employee.

4. Resident Physicians:


a. Should a resident violate the Red Rule policy, an investigation will be performed by the resident's program director or academic director, or his/her designee (see Graduate Medical Education Committee Red Rule policy).

b. A confirmed first time violation of a red rule for a resident will result in administrative suspension for three consecutive days, with a 24 hour grace period to permit proper patient hand-off.

c. A confirmed repeat incident of violating a Red Rule may result in termination of a resident from a MacNeal residency program. With non-MacNeal sponsored residents, they may be terminated from their current and any future rotations at MacNeal Hospital. If the recommendation is for termination, there would be a 24 hour grace period to permit proper patient hand-off.

References:

- Universal Protocol Policy
- Informed Consent Policy
- Peer Review Policy
- Graduate Medical Education Committee Red Rule Policy

	Title: Physician Code of Conduct Policy		Page 1 of 7
	Effective Date: May 2006 Revised/Reviewed Date: March 2024	Contact: Chief Medical Officer Medical Staff Office Manager	

Purpose:

Members of the MacNeal Medical Staff play an important role in patient care as both leaders and members of the multidisciplinary healthcare team. As team members, physicians should always engage in professional and collegial communication with all team members. Professional communication is essential for safe patient care. As healthcare leaders, physicians must remain cognizant as to how the delivery and content of their communication, and interactions with the team affects the ability of the team to deliver safe patient care. This policy describes the medical staff process for addressing unprofessional conduct by medical staff members.

Scope:

All Medical Staff members practicing at the Hospital or in its off-site locations.

Policy:

- A. All Medical Staff members practicing at the Hospital or in its off-site locations must treat others with respect, courtesy, and dignity and conduct themselves in a professional manner.
- B. The objective of this policy is to assure optimum patient care by promoting a safe, cooperative, professional healthcare environment, and to prevent or eliminate conduct that:
 - 1. Puts the safety of patients at risk.
 - 2. Interferes with an individual's ability to practice competently.
 - 3. Disrupts the operation of the hospital or affects the ability of others to do their jobs through intimidation.
 - 4. Creates a "hostile work environment" for hospital employees or other medical staff members.
 - 5. Adversely affects or impacts the community's confidence in the Medical Staff or hospital's ability to provide quality patient care.
- C. This Policy outlines the collegial and educational efforts to be used by Medical Staff Leaders (the President, Vice President and Secretary of the Medical Staff and the Chief Medical Officer, Past President and, or their designees) to prevent or rapidly address any episode of an inappropriate conduct by a member of the medical staff. The Medical Staff's goal is to prevent disruptive behaviors, and to promote voluntary and responsive actions by the involved practitioner, in a collegial and professional manner.
- D. Implementation of this policy is considered a peer review activity as defined in the Medical Staff Peer Review Policy. As such, the documentation, deliberations, communications, and actions of Medical Staff Leaders implementing this policy shall be afforded the protections of peer review.

DEFINITION AND EXAMPLES OF INAPPROPRIATE CONDUCT

Examples of "inappropriate conduct" include, but are not limited to:

- A. Verbal attacks or unwanted physical contact leveled at medical staff, healthcare personnel, hospital personnel, patients, or patients' families, that are personal or are beyond the bounds of professional conduct.
- B. Impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents that impugn or attack particular physicians, nurses, the hospital, or hospital policies.
- C. Criticism of any individual that it is intended to intimidate, undermine confidence, belittle, or imply stupidity or incompetence.
- D. Sexual harassment, which is any verbal and/or physical conduct of asexual nature that is unwelcome and considered offensive by those individuals who are subjected to it or who witness it, or unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:
 - 1. Submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of an individual's employment,
 - 2. Submission to or rejection of such conduct by an individual is used as the basis for professional advancement decisions affecting such individual, or
 - 3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
 - 4. Making or threatening retaliation as a result of an individual's report of sexual harassment shall be considered sexual harassment in and of itself.
- E. Please also see the Trinity Health "Code of Conduct - Supplement for Medical Staff" for further details regarding the standards expected of all clinical professionals who work in Trinity Health.

GENERAL GUIDELINES/PRINCIPLES

- A. Conduct by members of the Medical Staff ("Practitioners") will be addressed in accordance with this Policy and in accordance with the Bylaws and Rules and Regulations of the Medical Staff.
- B. Hospital employee conduct will be addressed in accordance with the Hospital's Human Resources Policies.
- C. In general, there should be an attempt to resolve the conflict and eliminate the inappropriate behavior in a collegial and collaborative fashion. However, there may be a single incident of inappropriate conduct, or series of episodes, that is so unacceptable as to make such collegial steps inappropriate and that requires immediate disciplinary action. Therefore, nothing in this Policy precludes either an immediate referral to the Medical Executive Committee for a corrective action or the elimination of any particular step in the Policy when the conduct is deemed to be egregious by Medical Staff Leadership.
- D. The Medical Staff leadership and Hospital Administration shall provide orientation and education to inform employees, members of the Medical Staff, and other personnel in the Hospital regarding this Policy prohibiting inappropriate conduct. The Medical Staff Leadership and Hospital Administration shall institute the following procedures to facilitate prompt reporting of conduct which may violate this Policy.

PROCEDURE WHEN A BEHAVIORAL CONCERN IS RAISED

- A. Physicians, residents, medical students, nurses and other hospital employees who observe, or who are

subjected to inappropriate conduct by a practitioner shall notify their supervisor or department chair about the incident. If their supervisor or department chair's behavior is at issue, or there is no direct supervisor or department chair available, the individual shall notify one of the Medical Staff Leaders.

- B. The Medical Staff Leaders, department chair, or the supervisor will document the incident in writing or request that the individual reporting the incident document it in writing. The documentation will then be reviewed by the Medical Staff Leadership.
- C. The documentation should include:
 - 1. Date and time of the incident;
 - 2. Factual description of the questionable behavior;
 - 3. Any circumstances that precipitated the incident;
 - 4. Name of any patient(s)/ patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident;
 - 5. Names of other witnesses to the incident;
 - 6. Consequences, if any, of the behavior relating to patient care, personnel, or Hospital operations;
 - 7. Any action taken to intervene in, or remedy, the incident; and
 - 8. The name of the individual reporting the complaint of inappropriate conduct. This shall remain confidential.
- D. The Medical Staff Leaders will review the report and meet in a timely fashion with:
 - 1. The individual who prepared it and/or any witnesses to the incident to investigate the details of the incident; and
 - 2. The Practitioner about whom the report has been filed.
- E. The Medical Staff Leaders should also review any and all information related to any prior complaints or incidents involving the practitioner.
- F. After thorough review, the Medical Staff Leader(s) may:
 - 1. Indicate that no evidence of disruptive behavior was found, and/or
 - 2. Recommend guidance about the incident, and/or
 - 3. Send the practitioner a letter of warning or reprimand with specific recommendations, and/or
 - 4. Refer the practitioner for further evaluation and/or counseling and/or education.
 - 5. If the Medical Staff Leaders cannot reach a consensus in their deliberations, then the matter shall be referred to the MEC for investigation and recommendations.
- G. The findings of the committee shall be documented in writing and communicated to the practitioner.
- H. The findings of the Medical Staff Leaders and all documentation related to the incident will be filed in the practitioner's confidential quality file. The practitioner shall be apprised of that documentation and given an opportunity to respond in writing. Any such response shall then be kept in the practitioner's confidential file along with the original concern and the Medical Staff Leaders' documentation.
- I. The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the practitioner during these efforts, unless the Medical Staff Leaders agree in advance that it is appropriate to do so. In any case, the practitioner shall be advised that any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, may be grounds for corrective action pursuant to the Medical Staff Bylaws.

- J. If additional complaints are received concerning a practitioner, the Medical Staff Leaders may continue to follow this Policy and Procedure if there is a reasonable likelihood that those efforts will resolve the concerns. At any point in this process, however, the Medical Staff Leaders may refer the matter to the Medical Executive Committee for review and action in accordance with the Medical Staff Bylaws.
- K. Because of the unique legal implications surrounding sexual harassment, a single reported episode requires further evaluation and action as described in this policy.

COMMUNICATIONS TO MEC:

All proceedings of the Medical Staff Leadership that address physician code of conduct complaints shall be communicated to the Medical Executive Committee. This report should describe in a summary, anonymous fashion, the number of complaints referred, their dispositions, and any pending actions or recommendations.

TRINITY HEALTH

Code of Conduct – Supplement for Medical Staff

As a member of the medical staff of a Trinity Health hospital, you serve as a trusted partner in the delivery of health care services to our patients and community. The Trinity Health Mission Statement calls us to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Guided by our Core Values, we are committed to the delivery of people-centered care that leads to better health care, improved health outcomes, and overall lower costs for our patients, residents, members and communities we serve.

Trinity Health has established a system wide Integrity & Compliance Program to support all who work in our health care ministry in understanding and following the laws, regulations, professional standards, and ethical commitments that apply. The Trinity Health Code of Conduct describes behaviors and actions expected of all who work in Trinity Health - colleagues, physicians, suppliers, board members and others. This Supplement describes those areas of the Code of Conduct that have particular application to our relationship with you as a member of the hospital's medical staff. If you have any questions regarding this Information, please contact your Medical Staff Office or the Integrity & Compliance Officer at your Ministry. The complete Code of Conduct is available online at <http://www.trinity-health.org/assests/documents/codeofconduct.pdf>.

The following standards are expected of all clinical professionals who work in Trinity Health, Including members the medical staff:

Professionalism

- Deliver people-centered, quality health care services with compassion, dignity and respect for each individual.
- Deliver services without regard to race, color, religion, gender, sexual orientation, marital status, national origin, citizenship, age, disability, genetic information, payer source, ability to pay, or any other characteristic protected by law.
- Maintain a positive and courteous customer service orientation.
- Demonstrate the highest levels of ethical and professional conduct at all times and under all circumstances.
- Speak professionally and respectfully to those with whom you work and whom you serve.
- Respond to requests for information or assistance in a timely and supportive manner.
- Behave in a manner that enhances a spirit of cooperation, mutual respect, a supportive team environment and trust among all members of the team.
- Deliver services in accordance with all professional standards that apply to your position.
- Create and maintain complete, timely and accurate medical records consistent with medical staff bylaws.
- Protect the privacy and confidentiality of all personal health information - electronic, paper, or verbal.
- Maintain appropriate licenses, certifications and other credentials required of your position.
- Abstain from inappropriate physical contact or inappropriate behavior with others.
- Report any harassment, intimidation or violence of any kind.
- Maintain a safe work environment by performing your duties and responsibilities free from the influence of drugs or alcohol.
- Protect the confidentiality of all peer review information.

Commitment to Providing Quality Care that Is Safe and Medically Appropriate

- Commit to safety: every patient, every time.
- Speak up when you see a quality or safety issue and discuss mistakes with others so we can learn how to prevent future mistakes.
- Adhere to clinical guidelines and protocols that reflect evidence-based medicine.
- Actively engage and support efforts to improve the quality of care, including organization-approved technology advancements.
- Actively participate in Initiatives to improve care coordination between and among caregivers, community support agencies and other providers.
- Actively participate in initiatives to improve the health of the community as a whole.

Advocating for Our Patient's Need

- Provide comfort for our patients, including prompt and effective response to their needs.
- Communicate clinical information to patients and their designees in a clear and timely manner.
- Discuss available treatment options openly with patients, or their designees, and involve them in decisions regarding their care.
- Provide care to all patients who arrive at your facility in an emergency, as defined by law, regardless of their ability to pay or source of payment.
- Clearly explain the outcome of any treatment or procedure to patients, or their designees, especially when outcomes differ significantly from expected results.
- Respect patient advance directives.
- Address ethical conflicts that may arise in patient care, including end-of-life issues, by consulting your organization's medical ethics committee or Mission Officer.
- Provide care that is consistent with the *Ethical and Religious Directives for Catholic Health Care Services*.

Stewardship of Resources

- Properly use and protect all resources including materials and supplies, equipment, staff time and financial assets.
- Respect the environment and follow your organization's policies for the handling and disposal of hazardous materials and infectious waste.

Corporate Citizenship

- Act with honesty and integrity in all activities.
- Actively participate in training programs offered by your organization.
- Follow your organization's policies requiring the disclosure of outside activities or relationships that could represent a conflict of interest with your medical staff membership or role and any other responsibilities.
- Follow all requirements of Medicare, Medicaid, other federal and state health care programs, as well as those of commercial insurance companies and other third-party payers. These requirements generally involve:
 - Delivering high-quality medically necessary and appropriate services.
 - Creating and maintaining complete and accurate medical records.
 - Submitting complete and accurate claims for services provided.
 - Protecting the privacy and security of health information we collect.

- Conduct all medical research activities consistent with the highest standards of ethics and integrity and in accordance with all federal and state laws and regulations, and your organization institutional review board policies.
- Immediately notify the Medical Staff Office if you have been excluded or debarred from participation in federal or state health care programs.

Where to Find Help

- If you have a question or concern about possible violations of law, regulation, or the Code of Conduct you are encouraged to seek answers by contacting one of the following resources:
 - Your Chief Medical Officer or Medical Staff Office
 - Another member of your organization's senior management team
 - Your Ministry's Integrity & Compliance Officer
 - The Trinity Health Integrity and Compliance Line at 1-866-477-4661 or you may file a written report online at www.mycomplancereport.cgm using access code "THO"

Thank You!

We appreciate your taking time to review this information and our commitment to carrying out our Mission with the highest standards of ethical behavior, your dedication and support is critical to this important effort.