



## Long Term Care Participation Agreement

In accordance with chapter 686, Oregon Laws 2003, partially codified at ORS 442.820 - 442.835, and OAR 325, Division 20:

\_\_\_\_\_ (hereinafter “long term care facility participant”) agrees to participate with the Oregon Patient Safety Commission (hereinafter “Commission”) in the Oregon Patient Safety Reporting Program.

By signing this agreement, the long term care facility participant acknowledges that it has reviewed chapter 686, Oregon Laws 2003, partially codified at ORS 442-820 - 442.835, and OAR 325, Division 20, and understands its obligations as a long term care facility participant as that term is defined in OAR 325-020-0001(3). Specifically, the long term care facility participant agrees to:

1. Report to the Commission all *reportable serious adverse events*, as defined in OAR 325-020-0001(8);
2. Provide the Commission with complete, thorough, and credible information about each reportable serious adverse event within 30 calendar days of discovery, using the Commission’s reporting template (OAR 325-020-0025);
3. Have adopted written policies and procedures describing patient safety activities (OAR 325-020-0005), including:
  - a. how it triages adverse events;
  - b. how it investigates adverse events;
  - c. how it provides notice of adverse events to a patient and/or the patient’s personal representative;
4. Share its patient safety policies and procedures with the Commission if asked to do so (OAR 325-020-0005 (4));
5. Provide timely written notification to each patient affected by a reportable serious adverse event, or if necessary, to the patient’s personal representative (OAR 325-020-0040);

6. Designate a manager with clear organizational responsibility for patient safety as a contact person to the Commission (OAR 325-020-0005);

The Commission will maintain the confidentiality of “patient safety data” as that term is defined in Section 1(3), Chapter 686, Oregon Laws 2003 and OAR 325-020-0001(7), in accordance with chapter 686, Oregon Laws 2003, partially codified at ORS 442.820 - 442.835 and OAR 325. Division 20.

This agreement may be terminated by the long term care facility participant upon written notice delivered to the Commission. Termination will be deemed effective upon receipt of the notice by the Commission.

If the Commission determines that the long term care facility participant has substantially failed to comply with the participation requirements, or has failed to pay its required annual fee, and the Commission has complied with OAR 325-020-0015(3), the Commission may suspend or revoke the long term care facility participant’s certificate in accordance with OAR 325-020-0015.

The confidentiality provisions of this agreement remain in effect after the agreement is terminated.

This agreement may be amended. Amendments shall become effective when produced in writing and signed by all parties.

The Commission and long term care facility participant are the only parties to this agreement and are the only parties entitled to enforce its terms. Nothing in this agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly, or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this agreement.

Consistent with and to the extent provided in Section 12, Chapter 686, Oregon Laws 2003, for patient safety activities undertaken or made in good faith in accordance with this agreement, none of the provisions of this agreement should be deemed or construed to create, provide or serve as a basis for any action for breach of contract, tort liability, regulatory enforcement or any other claim of any kind or nature in connection with these patient safety activities.

This agreement constitutes the entire agreement between the parties.

**Long term care facility**

**Participant:** \_\_\_\_\_

**Designated Contact Person:** \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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In accordance with OAR 325-020-0005(3), this agreement must be co-signed by the long term care facility's Administrator, principal owner or Chairperson of the Board of Directors, and the Director of Nursing Services, or their equivalents.

In witness thereof, the parties hereto have caused this agreement to be executed as of the date set forth herein by their duly authorized representatives.

\_\_\_\_\_  
Administrator Date

*Printed Name:* \_\_\_\_\_

**Administrator Email Address:** \_\_\_\_\_

\_\_\_\_\_  
Principal owner/Chair, Board of Directors Date

*Printed Name:* \_\_\_\_\_

\_\_\_\_\_  
Director of Nursing Services Date

*Printed Name:* \_\_\_\_\_

**Oregon Patient Safety Commission**

\_\_\_\_\_  
Administrator Date

*Printed Name:* Jim Dameron