

OREGON STATE HOSPITAL

POLICY ATTACHMENT

PROCEDURES A: Policy System Document Proposals and Reviews **POLICY: 1.001**

POINT PERSON: Director of Standards and Compliance

APPROVED: Superintendent **DATE: MAY 25, 2023**

SELECT ONE:

<input type="radio"/> New policy attachment	<input type="radio"/> Minor/technical revision of existing policy attachment
<input type="radio"/> Reaffirmation of existing policy attachment	<input checked="" type="radio"/> Major revision of existing policy attachment

I. INITIAL SCREENING

- A. Staff must contact the Policy Coordinator for consultation prior to starting work on a policy, policy attachment, or project that may affect policy system documents. Staff must contact the Department Head prior to starting work on a protocol. OSH Rules must be consulted for changes or projects that may affect Oregon Administrative Rules.
- B. Suggestions for new or revised policy system documents may be submitted at any time.
1. Suggestions for revised policy and new/or revised policy attachments must be submitted to the Policy Coordinator and Point Person of the applicable policy via email. The Point Person and Policy Coordinator, in consultation appropriate with vested parties, shall review suggestions and determine next steps.
 2. Suggestions for new policy must follow the new policy proposal process per these procedures.
 3. Suggestions for new or revised protocols must follow the protocol review process per these procedures.
- C. The Policy Coordinator screens policy and policy attachments to determine the appropriate review process. Policies and policy attachments may qualify for:
1. Automatic renewal, if changes are limited to administrative corrections and all qualifications for automatic renewal are met;
 2. Regular review; or

3. Emergent review, as directed by the Superintendent or their designee. Reviews deemed emergent by the Superintendent or their designee shall proceed according to an alternate review process designated by the Policy Coordinator.

D. Medical record forms are subject to the OSH medical record form review process per OSH policy 2.009, "Medical Record Forms Management."

II. AUTOMATIC RENEWAL PROCESS

A. Policy and policy attachments may renew automatically if all of the following qualifications are met:

1. The policy or policy attachment has not been automatically renewed since its last regular review. Documents may only automatically renew once between full, regular reviews; and
2. The Point Person, in consultation with the appropriate vested parties and Policy Coordinator, agrees there are no needed changes to policy system document text beyond administrative corrections.
 - a. Any change to text that alters the intention or direction of the policy or policy attachment disqualifies the document from automatic renewal.
 - b. Policies with administrative directives do not qualify for the automatic renewal process.

B. Policies and policy attachments that qualify for automatic renewal do not need to be presented to PRP prior to Superintendent approval.

C. The Policy Coordinator tracks policy and policy attachment automatic renewal schedules.

III. REGULAR REVIEW PROCESS

A. Regular policy and policy attachment reviews must follow the established regular review process outlined in Attachment A unless the Superintendent deems a review to be emergent.

1. The Point Person must:
 - a. Consider and incorporate applicable vested party input;
 - b. Return updated document drafts to the Policy Coordinator per policy system document review timelines; and

- c. Submit a completed Executive Summary document to the Policy Coordinator indicating changes, reasoning for changes, and vested party consultation.
 2. The Policy Coordinator coordinates policy and policy attachment review meetings with the PRP as document drafts are completed and per policy system document review timelines.
 3. In the regular review process, policies and policy attachments must be reviewed at least once by PRP before being approved and signed by the Superintendent. The Policy Coordinator shall communicate any outstanding PRP concerns or comments to the Superintendent or their designee for consideration before final approval of the policy or policy attachment.
- B. The PRP may recommend to the Superintendent policies requiring further staff review or education. Staff must review and complete education requirements as approved by the Superintendent and communicated by the Policy Coordinator.

IV. EMERGENT REVIEW PROCESS

- A. Policy and policy attachments that do not qualify for automatic renewal and cannot go through regular review processes due to extenuating circumstances may proceed through emergent review processes as directed by the Superintendent or their designee.
- B. Protocol reviews that cannot go through regular review processes due to extenuating circumstances may proceed through emergent review process as directed by the Department head.
- C. Emergent review processes shall be established in on a case-by-case basis as appropriate for the situation in consultation with the Policy Coordinator.

V. PROTOCOL REVIEWS

- A. A new protocol or protocol revision suggestion must be submitted to the appropriate Department Head and department protocol coordinator, if applicable.
- B. Department Heads must consult with appropriate vested parties and oversee incorporation of feedback as appropriate. If the new protocol or protocol revision is appropriate and approved by the Department Head and vested parties, staff must follow the process for a regular protocol review.
- C. Regular protocol reviews must follow the established regular review process outlined in Attachment A unless the appropriate Department Head deems a protocol review to be emergent.

- D. Each department must establish and follow a protocol review schedule and maintain a record of all updates consistent with policy requirements.
- E. The appropriate Executive Leadership member must evaluate department protocols and ensure updates are completed as necessary or as required for alignment with OSH policies and other external regulations.

VI. NEW POLICY PROPOSAL

- A. To request a new policy, staff must submit a completed new policy proposal form (Attachment B) to the Policy Coordinator prior to starting work.
- B. The Policy Coordinator shall review submitted requests to determine if the proposal:
 - 1. Is compliant with all applicable laws and regulations;
 - 2. May be incorporated into existing policy; or
 - 3. Would be better served as a policy attachment, protocol, or administrative rule rather than a policy.
- C. The Policy Coordinator shall forward submitted requests to the PRP for review and approval as appropriate.
- D. The Policy Coordinator shall communicate next steps to the requestor.