

OREGON STATE HOSPITAL

POLICIES AND PROCEDURES

Executive Summary of Policy Changes

Contact the person noted below with questions about the policy or related procedures.

POLICY :	1.001 POLICY SYSTEM AT OSH	
CONTACT:	DIRECTOR OF QUALITY MANAGEMENT	EFFECTIVE DATE: SEPTEMBER 30, 2026

PURPOSE OF THIS POLICY:

The policy system at Oregon State Hospital (OSH) is established to direct staff in actions, decision-making, and the performance of assigned duties

SUMMARY OF CONTENT CHANGE(S):

- Updated policy to standard policy format.
- Transferred ownership from Director of Compliance to Director of Quality Management
- Clarified the hierarchy of authority for rules
- Moved two procedures to policy standard works
- Clarified responsibilities for parties during the policy review process

REASON FOR CHANGE(S):

Periodic Review

REQUIRED ACTION:

Tier 0 – All staff will read

WHO IS AFFECTED BY THE CONTENT CHANGE(S):

Direct care and operations staff

WORKGROUP PARTICIPANTS AND VALIDATORS:

Department	Individual Rep's Name
Quality Management	Aisha Krebs

NOTE: OSH personnel are responsible to know and abide by all applicable policies as indicated in [OSH Policy and Procedure 1.001, "Policy System at OSH"](#).

Current documents may be found in [I:\OSH Policies & Procedures](#) and on the [OSH Policies and Procedures intranet](#) page.

Email questions to "[OSH Policies and Procedures](#)".