

OREGON STATE HOSPITAL

POLICY

SECTION 1: Administration **POLICY: 1.001**

SUBJECT: Policy System at Oregon State Hospital

POINT PERSON: Director of Standards and Compliance

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

SELECT ONE: New policy Minor/technical revision of existing policy
 Reaffirmation of existing policy Major revision of existing policy

I. PURPOSE AND APPLICABILITY

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

II. POLICY

Policy System Structure

- A. The OSH policy system consists of administrative directives, OSH-level policies, OSH-level policy attachments, and department-level protocols.
 - 1. All active OSH policy system documents must be compliant with state and federal law, policy, and other relevant accreditation standards.
 - 2. OSH policy system documents cannot violate or contradict law, policy, relevant accreditation standards, or each other. In the event of a contradiction, the hierarchy of authority is in the order as follows:
 - a. The US Constitution
 - b. The Oregon Constitution
 - c. Oregon Revised Statutes (ORS)
 - d. Centers for Medicare and Medicaid (CMS) regulations and requirements

- e. Oregon Administrative Rules (OAR)
 - f. The Joint Commission (TJC) regulations and requirements
 - g. Agency policies
 - i. Department of Administrative Services (DAS)
 - ii. Oregon Health Authority
 - h. Oregon State Hospital administrative directives
 - i. Oregon State Hospital policies and policy attachments
 - j. Oregon State Hospital department-level protocols
- B. OSH policy system documents must be maintained in a standardized format and issued according to standardized criteria established by the Superintendent and the Policy Coordinator.
- 1. The Superintendent may establish, abolish, or revise policy system documents as needed to maintain quality patient care, quality treatment, and orderly management of OSH. Such authority may be delegated per OSH policy 1.016, "OSH Delegation of Authority," as appropriate or necessary.
 - a. Department Heads may establish, abolish, or revise protocols as needed to maintain quality patient care, quality treatment, and orderly management of OSH.
 - 2. As required by Oregon Administrative Rule (OAR) 333-505-0030, each active policy system document must be formally reviewed and evaluated at least every three years, or more frequently if required by external regulation. Reviews are completed per Procedures A.
 - 3. Administrative directives
 - a. Administrative directives remain in effect until affected policy system documents are updated, until the administrative directive is rescinded, or as otherwise specified on the administrative directive, whichever is sooner.
 - b. OSH Executive Leadership is responsible to ensure administrative directive content is compliant with agency policy or state, federal, or accrediting body laws and regulations before an administrative directive is published.
 - c. Administrative directives may be utilized as required and when other proposal or review processes described in this policy may not be

adequate to meet the business need. The Superintendent or their designee are encouraged to coordinate with the Policy Coordinator to issue administrative directives.

4. All current OSH policy system documents must be made available to all staff in a centrally accessible location as determined by the Policy Coordinator.
- C. A new or revised policy, policy attachment, or protocol may be proposed by any OSH staff, committee, or hospital partner per Procedures A.
- D. Administrative corrections may be made to policy system documents by the Policy Coordinator. Administrative corrections may be made to protocol by Department Heads or their designee.
1. Administrative corrections do not need to be reviewed by the PRP or policy system document Point Person.
 2. Administrative corrections must be approved by:
 - a. The Superintendent for administrative directives, policy, and policy attachments. Approval authority may be delegated per OSH policy 1.016, "OSH Delegation of Authority;" or
 - b. The appropriate Department Head for protocols.
- E. Policy system roles, responsibilities, and maintenance are per Procedures B and the Policy Review Panel committee charter.

Authorizations

- F. This policy authorizes and commissions the PRP committee charter. The PRP represents a cross section of OSH's services and is sanctioned by the Superintendent to provide consultation in policy system operation and document review per the established PRP charter and this policy.
- G. This policy authorizes the Infection Prevention Committee, the Pharmacy and Therapeutics Committee, and the Laboratory to maintain protocols on infection prevention, pharmaceuticals, and lab processes. Such protocols apply to staff in multiple departments.
- H. This policy authorizes Safety and Emergency Preparedness to maintain an Emergency Operations Plan (EOP) which applies to all staff in an emergency situation involving OSH.
- I. All staff must follow infection control, Pharmacy, and Laboratory protocols and the EOP when applicable.

- J. Staff are responsible for knowing and complying with all applicable policies, administrative directives, policy attachments, and protocols. Such applicable regulations are binding to all OSH staff in the performance of their assigned duties.
- K. Oregon State Hospital (OSH) follows all applicable regulations, including federal and state statutes and rules; Oregon Department of Administrative Services (DAS), Shared Services, and Oregon Health Authority (OHA) policies; and relevant accreditation standards. Such regulations supersede the provisions of this policy unless this policy is more restrictive.
- L. Staff who fail to comply with this policy or related policy attachments or protocols may be subject to disciplinary action, up to and including dismissal.

III. DEFINITIONS

- A. "Administrative correction" means a minor correction to the final policy system document that does not change the meaning or intent or have any significant impact to the agency. Minor corrections include, but are not limited to, formatting, spelling, grammar, reference or citation updates, etc.
- B. "Administrative directive" is a document authorized and issued by the Superintendent or designee to establish, supplement, augment, and/or clarify operating policies, procedures, and/or protocols. Administrative directives may supersede policy system documents.
- C. "Department" for the purposes of this policy refers to disciplines, departments, and programs of OSH.
- D. "Point persons" refers to the person assigned responsibility for the accuracy and completeness of a policy system document.
- E. "Policy" means a document which defines a principle, course, or plan of action approved by the Superintendent to guide staff in decision-making and conduct. A policy directs processes that involve staff in more than one department and relate to core hospital processes.
- F. "Policy attachments" include, but are not limited to, procedures, forms, process maps, graphics, etc., that are attached to policy.
- G. "Policy Coordinator" refers to the person designated to coordinate policy system operations for OSH.
- H. "Procedure" at OSH means a series of actions approved by hospital leadership that are done in a certain way or order to support implementation of policy. At OSH, a "procedure" guides actions that may cross multiple departments.
- I. "Protocol" means a set of steps approved by hospital leadership that guides a user toward a specific outcome. At OSH, a "protocol" is a step-by-step,

department-level document describing the most effective way of doing a particular action required in procedure. A department protocol may only instruct staff in one department and may not contain instruction for or assign tasks to staff in another department, unless otherwise noted in policy.

- J. “Staff” includes employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at Oregon State Hospital (OSH).
- K. “Vested parties” includes internal or external groups that may have a vested interest or be impacted by a policy system document update. Vested parties include, but are not limited to, union representatives, applicable OSH committees, and external partners such as the Oregon State Hospital Advisory Board (OSHAB).

IV. PROCEDURES

- Procedures A Policy System Document Proposals and Reviews
- Procedures B Policy System Roles, Responsibilities, and Maintenance

V. ATTACHMENTS

- Attachment A Initial Screening and Automatic Renewal Processes
- Attachment B Regular Policy and Policy Attachment Review Process
- Attachment C Regular Protocol Review Process

VI. RELATED OSH POLICIES AND PROTOCOLS

All OSH policy system documents

VII. REFERENCES

- Conditions of Participation for Hospitals, 42 C.F.R. §§ 482.1 (2021) – 482.104 (2021).
- Oregon Administrative Rule §§ 333-505-0030 – 333-505-0040
- Oregon Revised Statute § 127.649
- Oregon Revised Statute § 127.703
- Oregon Revised Statute § 179.040
- Oregon Revised Statute § 179.360
- The Joint Commission. (2021). Leadership (Standard No. LD.01.01.01).
- The Joint Commission. (2021). Leadership (Standard No. LD.01.02.01).
- The Joint Commission. (2021). Leadership (Standard No. LD.04.01.01).
- The Joint Commission. (2021). Leadership (Standard No. LD.04.01.07 EP 1).

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The Joint Commission. (2021). Nursing (Standard No. NR.02.03.01 EP 1).

The Joint Commission. (2021). Nursing (Standard No. NR.02.03.01 EP 9).