

OREGON STATE HOSPITAL

POLICIES AND PROCEDURES

SECTION 1: Administration

POLICY: 1.001

SUBJECT: Policy System at Oregon State Hospital

POINT PERSON: DIRECTOR OF STANDARDS & COMPLIANCE

APPROVED: JOHN SWANSON

DATE: DECEMBER 27, 2017

INTERIM ADMINISTRATOR

I. POLICY

- A. Policies are established at Oregon State Hospital (OSH) to direct health care personnel (HCP) in the performance of assigned duties and to serve as a guide for decisions and actions. The OSH policy system consists of OSH-level policies, administrative directives, and department-level protocols. The only policies at OSH are those which are established by the Policy Review Panel and approved by the Superintendent.
- B. The OSH Policy Review Panel and the Superintendent may establish, abolish, or revise policies to maintain quality patient care and treatment through orderly management of OSH. The Superintendent may establish or revise policies on an emergency or temporary basis as needed.
- C. As required by Oregon Administrative Rule (OAR) 333-505-0030, each active policy must be formally reviewed and evaluated at least every three years.
- D. 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 which apply to HCP in multiple departments. This policy also authorizes the Emergency Preparedness Committee to maintain an Emergency Operations Plan (EOP) which applies to all HCP in an emergency situation involving OSH. HCP must follow infection control, Pharmacy, and Laboratory protocols and the EOP when applicable.
- E. Federal statutes, federal rules, state statutes, state rules, Department of Administrative Services policies, and Oregon Health Authority policies supersede OSH policies unless an OSH policy is more restrictive. Policies supersede department protocols, unless a specific protocol is more restrictive.
- F. Policies, including directives and protocols, are binding on all HCP in the performance of assigned duties. HCP are responsible for knowing and complying with all applicable policies, directives, and protocols. Failure to comply with a policy,

directive, or protocol may result in disciplinary action — up to and including dismissal.

II. DEFINITIONS

- A. "Administrative correction" means a minor policy correction to the final policy version which can be made by the policy coordinator for reasons indicated in this policy and which does not need to be reviewed and approved by Policy Review Panel or the Superintendent.
- B. "Department" for the purposes of this policy refers to disciplines, departments, and programs of OSH.
- C. "Health care personnel (HCP)" for the purposes of this policy means the population of health care workers working in healthcare settings. HCP might include, but is not limited to: physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, students and volunteers, trainees, contractual staff not employed by the facility, and persons not directly involved in patient care (e.g., clerical, dietary, housekeeping, maintenance).
- D. "Point person" refers to the person assigned responsibility for the accuracy and completeness of a policy or protocol.
- E. "Policy" means a document which defines a principle, course, or plan of action approved by the Superintendent to guide HCP in decision-making and conduct. A policy directs processes that involve HCP in more than one department and relate to core hospital processes. In this policy, the term "policy" refers to both policy and procedure housed in the OSH Policy and Procedure Manual.
- F. "Policy coordinator" refers to the person designated to coordinate policy updates.
- G. "Protocol" means a set of steps approved by hospital leadership that guides a user toward a specific outcome. For the purposes of this policy, a "protocol" means a department-level procedure.

III. PROCEDURES

- A. Policy reviews must follow the established review process outlined in Attachment A unless the Superintendent deems a policy review to be emergent. Policy reviews deemed emergent by the Superintendent will proceed according to an alternative review process as directed by the Policy Review Panel chairperson.
 - 1. A request for a new policy, policy amendment, or policy change must be submitted to the policy coordinator to present to the Policy Review Panel chair or the Policy Review Panel. The policy coordinator will coordinate policy reviews.
 - 2. A policy may be proposed by any OSH employee, committee, or hospital stakeholder.
 - 3. Policies must be reviewed and approved by OSH's Policy Review Panel prior to being approved and signed by the Superintendent.

4. The assigned point person is responsible for soliciting information for a policy under review from internal OSH stakeholders. The point person must consider or incorporate applicable input, and return the updated policy to the policy coordinator as indicated in Attachment A.
 5. Once a policy has been deleted or made obsolete, it will no longer be included in the policy review schedule. A reinstated policy must be reviewed according to the established policy review process and schedule.
- B. Policies will be maintained in a standardized format and issued and according to standardized criteria established by the policy coordinator and Policy Review Panel.
1. Current OSH policies and department protocols must be made available to staff in a central, accessible location.
 2. The policy coordinator will notify HCP of updated or new OSH policies.
- C. The Superintendent, or Chief Medical Officer (CMO) with the Superintendent's approval, may occasionally make a temporary change to an existing policy or establish a new policy via a directive for an urgent circumstance.
1. Unless otherwise specified in the directive, a directive will remain effective until the applicable policy change is implemented.
 2. An approved Superintendent or CMO directive must be circulated hospital-wide. A copy must be filed with the OSH Policy and Procedure manual.
 3. The Assistant to the Superintendent or designee must maintain a permanent file of all issued, signed policies.
- D. A department protocol may only instruct staff in one department. A protocol may not contain procedures for staff in another department.
1. Each department must establish and follow a set review schedule. Department directors must evaluate department protocols and update as necessary, at least every three years, or more frequently if required by another external regulation.
 2. Each department is responsible to update their protocols in a timely manner and to maintain a record of those updates. The department director or designee must align and promptly update each protocol in accordance with appropriate OSH-level policies or other external regulations.
- E. The policy coordinator and Policy Review Panel chair may make an administrative correction to an OSH policy if the change is solely for the purpose of:
1. updating a name of a person, position, or organization, if the change does not substantially impact the entity;
 2. correcting spelling, references, addresses, or telephone numbers;
 3. correcting a grammatical mistake in a manner that does not alter the scope, application, or meaning of the policy.
- F. The policy coordinator will retain a record of policy revisions.

- G. Policy Review Panel may identify policies requiring further HCP review or education. HCP must review and complete education requirements communicated by Policy Review Panel.

IV. ATTACHMENTS

Attachment A Policy Review Processes

V. REFERENCES

Oregon Administrative Rule §§ 333-505-0030 – 333-505-0040

Oregon Revised Statute § 179.040

Oregon Revised Statute § 179.360

Oregon State Hospital Policy Review Process: Scheduled Review

Oregon State Hospital Policy Review Process: Scheduled Review															
Pre-review			Input (10-30 days)		Revision (30 days)		Review (1 to 30 days)				Finalize			Approval	Distribution
Policy Coordinator	<ul style="list-style-type: none"> Prepares annual review schedule Maintains policy files, Policy Review Database, intranet, I:drive, resources 	<ul style="list-style-type: none"> Tracks policy information Distributes scheduled policies Analyzes draft, provides direction 	<ul style="list-style-type: none"> Alerts point person, staff of scheduled review Sends instructions with policy analysis to point person 	<ul style="list-style-type: none"> Reminds point person of due scheduled review (monthly, until complete) Provides assistance as needed 	<ul style="list-style-type: none"> Edits document Verifies document accuracy Researches regulations Returns analysis, recommendations to point person 	<ul style="list-style-type: none"> Solicits input from stakeholders Updates document, files, database Facilitates meetings 	<ul style="list-style-type: none"> Prepares document for Policy Review Panel (PRP) Coordinates PRP Updates document Communicates with point person, PRP, stakeholders 	<ul style="list-style-type: none"> Edits, prepares final draft version Writes Executive Summary, Tier training 	<ul style="list-style-type: none"> Requests approval from PRP Chair, Legal Affairs Director 	<ul style="list-style-type: none"> Incorporates final input Returns to PRP if needed Sends final to Assistant to Superintendent 	<ul style="list-style-type: none"> Communicates with Assistant to Superintendent, others as needed 	<ul style="list-style-type: none"> Updates database, I:drive, intranet Sends update notice to OSH 			
Policy Review Panel Chair						<ul style="list-style-type: none"> Requests point person response, if necessary 	<ul style="list-style-type: none"> Leads PRP meeting Provides input, policy rulings as needed 		<ul style="list-style-type: none"> Reviews, approves final version, Executive Summary 						
Policy Review Panel							<ul style="list-style-type: none"> Reviews document(s), provides input as needed Approves document(s) Determines training Tier level 								
Point Person		<ul style="list-style-type: none"> Completes all policy review instructions 	<ul style="list-style-type: none"> Solicits stakeholder input Communicates with persons who send in feedback 	<ul style="list-style-type: none"> Solicits stakeholder feedback Updates draft Verifies accuracy Requests Policy Coordinator assistance 	<ul style="list-style-type: none"> Sends updated document to Policy Coordinator Responds with accurate, complete, timely answers to questions 		<ul style="list-style-type: none"> Attends PRP as needed to address questions, concerns 		<ul style="list-style-type: none"> Reviews, approves final document Approves Executive Summary 						
OSH Staff/ Stakeholders	<ul style="list-style-type: none"> If policy changes are needed, stakeholders alert the Policy Coordinator or point person 		<ul style="list-style-type: none"> Reviews document as needed Sends input to point person 	<ul style="list-style-type: none"> Participates in policy discussions as needed Responds promptly to requests for input, information 								<ul style="list-style-type: none"> Reviews policy Completes additional Tier training as indicated 			
Assistant to Superintendent										<ul style="list-style-type: none"> Gives policy, Executive Summary to Superintendent to sign 	<ul style="list-style-type: none"> Files signed policy 				
Superintendent										<ul style="list-style-type: none"> Reviews, signs final policy document(s) 					

Oregon State Hospital Policy Review Process: Unscheduled Review

		Pre-review	Input (10-30 days)	Revision (30 days)	Review (1 to 30 days)			Finalize			Approval	Distribution
Policy Coordinator		<ul style="list-style-type: none"> Reviews policy change request Discusses proposed change with Policy Review Panel (PRP) Chair 	<ul style="list-style-type: none"> Alerts point person, of unscheduled review Sends instructions with policy analysis to point person 	<ul style="list-style-type: none"> Reminds point person of review (monthly, until complete) Provides assistance as needed 	<ul style="list-style-type: none"> Edits document Verifies document accuracy Researches regulations Returns analysis, recommendations to point person 	<ul style="list-style-type: none"> Solicits input from stakeholders Updates document, files, database Facilitates meetings 	<ul style="list-style-type: none"> Prepares document for PRP Coordinates PRP Updates document Communicates with point person, PRP, stakeholders 	<ul style="list-style-type: none"> Edits, prepares final draft version Writes Executive Summary, Tier training 	Requests approval from PRP Chair, point person	<ul style="list-style-type: none"> Incorporates final input Returns to PRP if needed Sends final to Assistant to Superintendent 	Communicates with Assistant to Superintendent, others as needed	<ul style="list-style-type: none"> Updates database, I:drive, intranet Sends update notice to OSH
Policy Review Panel Chair		Determines whether policy input necessitates an unscheduled review, or to file for scheduled review				Requests point person response, if necessary	<ul style="list-style-type: none"> Leads PRP meeting Provides input, policy rulings as needed 		Reviews, approves final version, Executive Summary			
Policy Review Panel							<ul style="list-style-type: none"> Reviews document(s), provides input as needed Approves document(s) Determines training Tier level 					
Point Person			<ul style="list-style-type: none"> Completes all policy review instructions Communicates with person who requested change 	<ul style="list-style-type: none"> Solicits stakeholder feedback Updates draft Verifies accuracy Requests Policy Coordinator assistance 	<ul style="list-style-type: none"> Sends updated document to Policy Coordinator Responds with accurate, complete, timely answers to questions 		Attends PRP as needed to address questions, concerns		<ul style="list-style-type: none"> Reviews, approves, signs final document Approves Executive Summary 			
OSH Staff/ Stakeholders	Stakeholder sends inquiry regarding proposed policy change to the Policy Coordinator and/or point person		<ul style="list-style-type: none"> Reviews document as needed Sends input to point person 	<ul style="list-style-type: none"> Participates in policy discussions as needed Responds promptly to requests for input, information 								<ul style="list-style-type: none"> Reviews policy Completes additional Tier training as indicated
Assistant to Superintendent										Gives policy, Executive Summary to Superintendent to sign	Files signed policy	
Superintendent										Reviews, signs final policy document(s)		

Oregon State Hospital Policy Review Process: Proposed New

		Pre-review		Input	Revision	Review			Finalize			Approval	Distribution
Policy Coordinator	<ul style="list-style-type: none"> Provides policy information, instructions to person proposing policy Establishes target date 	<ul style="list-style-type: none"> Tracks policy information Analyzes draft, provides direction 	<ul style="list-style-type: none"> Alerts point person, staff of scheduled review Sends instructions with policy analysis to point person 	<ul style="list-style-type: none"> Reminds point person of due scheduled review (monthly, until complete) Provides assistance as needed 	<ul style="list-style-type: none"> Edits document Verifies document accuracy Researches regulations Returns analysis, recommendations to point person 	<ul style="list-style-type: none"> Solicits input from stakeholders Updates document, files, database Facilitates meetings 	<ul style="list-style-type: none"> Prepares document for Policy Review Panel (PRP) Coordinates PRP Updates document Communicates with point person, PRP, stakeholders 	<ul style="list-style-type: none"> Edits, prepares final draft version Writes Executive Summary, Tier training 	Requests approval from PRP Chair, Legal Affairs Director	<ul style="list-style-type: none"> Incorporates final input Sends final to Assistant to Superintendent 	Communicates with Assistant to Superintendent, others as needed	<ul style="list-style-type: none"> Updates database, I:drive, intranet Sends update notice to OSH 	
Policy Review Panel Chair						Requests point person response, if necessary	<ul style="list-style-type: none"> Leads PRP meeting Provides input, policy rulings as needed 		Reviews, approves final version, Executive Summary				
Policy Review Panel							<ul style="list-style-type: none"> Reviews presented policies, provides input as needed Approves document(s) Determines training Tier level 						
Point Person	Sends inquiry regarding proposed policy or subject to Policy Coordinator	Completes all proposed policy instructions	<ul style="list-style-type: none"> Solicits stakeholder input Communicates with persons who send in feedback 	<ul style="list-style-type: none"> Solicits stakeholder feedback Updates draft Verifies accuracy Requests Policy Coordinator assistance 	<ul style="list-style-type: none"> Sends updated document to Policy Coordinator Responds with accurate, complete, timely answers to questions 		Attends PRP as needed to address questions, concerns		<ul style="list-style-type: none"> Reviews, approves final document Approves Executive Summary 				
OSH Staff/ Stakeholders		Stakeholders communicate with the Policy Coordinator or point person	<ul style="list-style-type: none"> Reviews document Sends input to point person 	<ul style="list-style-type: none"> Participates in policy discussions as needed Responds promptly to requests for input, information 								<ul style="list-style-type: none"> Reviews policies Completes additional Tier training as indicated 	
Assistant to Superintendent										Distributes policy, Executive Summary to Superintendent to sign	Files signed policy		
Superintendent										Reviews, signs final document			