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:	**1.003, "INCIDENT REPORTING"**		
CONTACT:	**DIRECTOR OF QUALITY MANAGEMENT**	**EFFECTIVE DATE:**	August 10, 2026

PURPOSE OF THIS POLICY:

This policy establishes Oregon State Hospital's (OSH) incident reporting system, incident review requirements, and incident management expectations.

SUMMARY OF CONTENT CHANGE(S):

- Clarify what events must be reported in incident reports
- Clarify who must file incident reports
- Outline the Incident Management Meeting Review Panel (IMM) and the review process for the different levels of incident.

REASON FOR CHANGE(S):

To align with new Incident Management practices.

REQUIRED ACTION/SPECIFIED STAFF:

Tier 1- All staff must review, attest, and complete training in Workday.

WORKGROUP PARTICIPANTS AND VALIDATORS:

Dept	Individual Rep's Name
Quality management	Aisha Krebs
IRSI	Rodney Wolverton

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".