

OREGON STATE HOSPITAL

POLICY

SECTION 1: Administration **POLICY: 1.003**

SUBJECT: Incident Reporting

POINT PERSON: Director of Quality Management

APPROVED: Jim Diegel

Interim Superintendent

DATE: NOVEMBER 3, 2025

SELECT ONE: ☒ New policy

☐ Minor/technical revision of existing policy

☐ Reaffirmation of existing policy

☒ Major revision of existing policy

I. PURPOSE AND APPLICABILITY

- A. This policy establishes Oregon State Hospital's (OSH) incident reporting system, incident review requirements, incident management expectations, and sentinel event reporting.
- B. This policy applies to all staff.

II. POLICY

- A. OSH staff must accurately report incidents and sentinel events in accordance with Attachment A and related procedures. These are the minimum requirements for reporting, and staff are encouraged to report near misses and events that they believe are relevant.
- B. OSH will conduct thorough investigations according to severity levels. Staff must engage in the incident response process, including Incident Response Systems Investigations (IRSI), Root Cause Analysis (RCA), Human Resources (HR), Diversity Equity and Inclusion (DEI), Quality Safety Oversight Committee (QSOC), Incident Management (IM), Safety, Security, and sentinel event reviews.
- C. Incident review timelines, expectations for documentation, and committee participation are outlined in Procedures A (Incident Response and Reporting an Incident), Procedures B (Incident Review Process), and Procedures C (Required Response to a Sentinel Event or other Qualifying Event).

- D. When the hospital is uncertain that a patient safety event is a sentinel event, the event will be presumed not to be a sentinel event unless determined otherwise through further investigation or presentation of relevant information. An RCA may be requested even in non-sentinel events. Managers must accommodate this request to support the OSH incident reporting investigative process. This includes making staff available to meet with investigative teams.
- E. When a potential sentinel event has occurred, OSH staff must do the following:
- i. Stabilize the involved patient, notify the patient and patient's contacts (if applicable per ORS 192.567) of the event, and complete proper documentation per Procedures A;
 - ii. Identify short-term actions to mitigate the risk of a similar event occurring again per Procedures B;
 - iii. A complete, comprehensive systemic analysis resulting in a corrective action plan per Procedures C and D;
 - iv. Implement improvements to reduce risk; and
 - v. Monitor the effectiveness of the improvements as part of its ongoing performance improvement efforts.
- F. 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.

III. DEFINITIONS (SEE GLOSSARY)

IV. PROCEDURES

Procedures A	Incident Response and Reporting an Incident
Procedures B	Incident Review Process
Procedures C	Required Response to a Sentinel Event or other Qualifying Event
Procedures D	Root Cause Analysis (RCA) Process
Procedures E	IRSI Investigation Process

V. ATTACHMENTS

Attachment A	Reportable Incidents
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Attachment B Incident Severity Scoring Matrix

Attachment C IRSI New Process Map

Attachment D Sentinel Event Examples

VI. RELATED OSH POLICIES AND PROTOCOLS

1.001 Policy System at Oregon State Hospital

5.001 Drug and Alcohol-Free Workplace

5.012 Reporting of Injuries and Illnesses

6.003 Seclusion or Restraint

6.005 Patient Death

6.016 Sexual Activity Between Patients

6.046 Patient Fall Program

7.008 Patient Abuse Allegation Reporting

8.001 Video Surveillance

8.004 Criminal Offender Information Access

8.009 OSH Safety Program

8.018 Unauthorized Leave Events

8.019 Staff Response to Alleged Criminal Acts

8.024 Tool and Sharp Security

8.033 Workplace Violence Response

8.038 Medical Emergency (Code Blue)

8.040 Acute Milieu Emergency

8.044 Contraband, Prohibited Items, Limited Access Items

Medical Department Protocol 1.003 Psychiatry notes

Safety and Security Department Protocol 3.012 OSH Notification and Critical Incident Process

Safety and Security Department Protocol 5.007 Communications Log

Nursing protocol 2.020 Continuous Rounds, Census, and Milieu (RCM) Management

VII. REFERENCES

Condition of Participation: *Patient's Rights*, 42 CFR §482.13.

(CMS) 482.21(a)(2)

Condition of Participation: *Physical Environment*, 42 CFR §482.41.

Condition of Participation: *Quality Assessment and Performance Improvement Program*, 42 CFR §482.21.

Condition of Participation: *Radiologic Services*, 42 CFR §482.26.

Joint Commission Resources, Inc. (2025). The joint commission comprehensive accreditation manual for hospitals, EC.04.01.01. Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2025). The joint commission comprehensive accreditation manual for hospitals, LD.03.02.01. Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2025). The joint commission comprehensive accreditation manual for hospitals, LD.03.09.01. Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2025). The joint commission comprehensive accreditation manual for hospitals, PI.02.01.01. Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2021). *The joint commission comprehensive accreditation manual for hospitals*, EC.02.01.01. Oakbrook Terrace, IL: Author.

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Joint Commission Resources, Inc. (2021). *The joint commission comprehensive accreditation manual for behavioral healthcare*, PI.01.01.01 Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2021). *The joint commission comprehensive accreditation manual for behavioral healthcare*, PI.02.01.01 Oakbrook Terrace, IL: Author.

The Joint Commission Sentinel Event policy (hospital)

The Joint Commission Sentinel Event policy (Behavioral Health)

The Joint Commission Sentinel Event policy (Lab)

Oregon Administrative Rules §§ 325-010-0025— 325-010-0050

Oregon Administrative Rule § 407-007-0420.

Oregon Administrative Rule 437-001-0015.

Oregon Administrative Rule § 437-001-0706.

Oregon Administrative Rule § 943-0450-0260.

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Oregon Health Authority. Report and response to privacy incidents, OHA-100-014. Author.

Oregon Revised Statute § 163.305.

Oregon Revised Statute § 163.115

Oregon Revised Statute §192.567

Oregon Revised Statute § 430.735.

Oregon Revised Statute § 442.837

Oregon Revised Statute § 442.844.

Oregon Revised Statute § 442.846

Oregon Revised Statute § 654.416. United States. Department of Justice. Civil Rights Division.
(2008, January 9) *CRIPA Investigation of the Oregon State Hospital, Salem and Portland, Oregon*. Washington, DC: Author.