

OREGON STATE HOSPITAL

POLICY

SECTION 1: Administration **POLICY: 1.017**

SUBJECT: Committees

POINT PERSON: Deputy Superintendent

APPROVED: Jim Diegel  **DATE: SEPTEMBER 14, 2026**
James Diegel (Sep 16, 2026 09:47:23 PDT)
Interim Superintendent

SELECT ONE: ☒ New Policy ☐ Policy Revision
☐ Reaffirmation of Existing Policy

I. PURPOSE AND APPLICABILITY

- A. This policy establishes standards for the creation, operation, oversight, and dissolution of Oregon State Hospital (OSH) committees to ensure effective governance, compliance, and accountability.
- B. This policy applies to all OSH departments, programs, and staff that form committees.

II. GUIDELINES

- A. Committees may only be established with approval from the Superintendent, or the Medical and Allied Health Professional Staff (MAHPS) Executive Committee in accordance with MAHPS bylaws, and need to address a regulatory, strategic, or operational need.
- B. Each committee should have an executive sponsor and/or oversight body accountable for its effectiveness and compliance.
- C. Committees must have a clearly defined purpose that aligns with OSH's mission, strategic goals, and regulatory requirements.
- D. Every committee is to maintain an approved charter (See Attachment A) that includes clearly defined:
 - 1. Purpose,
 - 2. Authority,
 - 3. Scope,
 - 4. Membership,

5. Meeting protocols,
 6. Decision-making parameters,
 7. Organizational placement.
- E. Changes to the charter need to be approved by the Superintendent, or designee, as described in the committee procedures or through the process defined in MAHPS bylaws, as applicable.
- F. Committees should maintain an active and updated workplan for the calendar year that identifies, at a minimum:
1. Committee goals,
 2. Work that should be performed by committee members to support the achievement of those goals,
 3. Reporting deliverables and deadlines.
- G. Committee members will disclose competing interests and recuse themselves from related decisions.
- H. Committees must keep minutes and retain them in accordance with established document retention standards. These minutes or a summary of the meeting need to be accessible in accordance with public records law.
- I. Committees should undergo annual review to assess progress towards committee goals, effectiveness in executing committee responsibilities, and continued relevance to hospital operations.
1. All newly established committees should be chartered for one year and should undergo a formal review before rechartering.
- J. Committees may establish subcommittees, with approval from their executive sponsor or designated oversight body, to address specific aspects of the committee's scope.
1. Workgroups may be established by committees or subcommittees to complete defined, short-term objectives.
- K. Committees may be dissolved when objectives are met or no longer aligned with OSH priorities, as decided by the Superintendent or by revision to the MAHPS bylaws
- L. 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.

M. Failure to comply with this policy or related policy attachments or protocols may be subject to disciplinary action.

III. DEFINITIONS (SEE GLOSSARY)

IV. PROCEDURES

Procedures A Committee Governance

V. ATTACHMENTS

Attachment A Charter Template

Attachment B OSH Committee Roster

Attachment C Charter Change Request Form

Policy 1.017 - Committees

Final Audit Report

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