OREGON STATE HOSPITAL

POLICY ATTACHMENT

PROCEDURES A:	Proposal Process	**POLICY: 2.016**
POINT PERSON:	President of MAHPS	
APPROVED:	Interim Superintendent	**DATE: JULY 25, 2024**
SELECT ONE:	○ New policy attachment	○ Minor/technical revision of existing policy attachment
	◉ Reaffirmation of existing policy attachment	○ Major revision of existing policy attachment

I. CLINICAL PRACTICE PROPOSALS

A. Any MAHPS member, MAHPS committee, or the Governing Body may identify an evidence-based practice and propose its implementation, in the form of a clinical practice guideline, to the MAHPS Executive Committee, clinical leaders, and the Governing Body.

1. Proposed clinical practice guidelines must be referred initially to the President of MAHPS.
2. Proposed clinical practice guidelines must contain the following elements:
    a. Rationale: a brief description of the clinical process or problem which aims to be improved by implementation of the proposed guideline.
    b. Affected Disciplines/Departments: identification of all disciplines or departments affected by the proposed guideline. At least one of these must include a MAHPS discipline.
    c. Proposal: detailed description of the proposed guideline, including procedural requirements for all affected staff.
    d. Evidence Base: summary of the evidence used to develop the proposed guideline, together with supporting documents, including whether the guideline is recognized for inclusion by the National Guideline Clearinghouse of the Agency for Healthcare Research and Quality or a similar body.
    e. Metrics: proposed data to be collected to assess efficacy, including proposed process and personnel responsible for data collection and analysis.
    f. Implementation Plan: procedure for implementation of the proposed guideline, including recommendations for education and communication of the guideline to affected staff.

B. Proposals which meet the above criteria must be reviewed by the MAHPS Executive Committee, the Chief Medical Officer, and the Superintendent. Review by other stakeholders may be requested by the President of MAHPS before the proposal is deemed ready for consideration by MAHPS.
    1. Proposals must be reviewed with all of the following factors in mind:
        a. scope of impact on patient care, patient safety, and patient satisfaction within OSH
        b. quality of evidence base
        c. applicability to more than one discipline or department within OSH, including members of MAHPS
        d. feasibility of implementation, ongoing practice, and enforcement within OSH
    2. Clinical practice guidelines may be implemented only if approved by the MAHPS Executive Committee, the Chief Medical Officer, and the Superintendent.

C. Clinical practice guidelines must be implemented initially per the proposal as approved. At a minimum, this must include education of and communication to all affected staff, a specific set of steps or interventions to be performed or taken, a monitoring process to identify whether the guideline is being followed, and a process to identify whether the use of the guideline improves care to patients.
    1. Clinical practice guidelines must be published in a centrally accessible, electronic location:

        I:\OSH Protocols\Clinical Practice Guidelines
    2. Published clinical practice guidelines must include all of the required elements of the proposal in their approved form, except the implementation plan.
    3. Metrics must be collected and reported per the guideline requirements, at a minimum to the MAHPS Executive Committee and the appropriate clinical discipline chief or chiefs.

D. On a regular basis (at least once every two years), the MAHPS Executive Committee must review all existing clinical practice guidelines or delegate this review to the appropriate body.
    1. Review must include analysis of any relevant metrics and feedback from stakeholders.
    2. Based on this review, recommendation must be made to the MAHPS Executive Committee to revise or discontinue the guideline, as appropriate.
        a. MAHPS Executive Committee may approve revisions to existing guidelines.
        b. MAHPS Executive Committee and the Chief Medical Officer must both approve discontinuation of a guideline.