Tag #	Rule	Tag Text	Measure
205	OAR 333-505-0030 Organization, Hospital Policies	(1) A hospital's internal organization shall be structured to include appropriate departments and services consistent with the needs of its defined community. (2) A hospital shall adopt and maintain clearly written definitions of its organization, authority, responsibility and relationships. (3) A hospital shall adopt, maintain and follow written patient care policies that include but are not limited to: (a) Admission and transfer policies that address: (A) Types of clinical conditions not acceptable for admission; (B) Constraints imposed by limitations of services, physical facilities or staff coverage; (C) Emergency admissions; (D) Requirements for informed consent signed by the patient or legal representative of the patient for diagnostic and treatment procedures; such policies and procedures shall address informed consent of minors in accordance with provisions in ORS 109.610, 109.640, 109.670, and 109.675; (E) Requirements for identifying persons responsible for obtaining informed consent and other appropriate disclosures and ensuring that the information provided is accurate and documented appropriately in accordance with these rules and ORS 441.098; (F) A process for the internal transfer of patients from one level or type of care to another; and (G) A plan to share with home health or hospice agencies any known patient history of violence within the last 12 months, when a patient is referred to receive home health or hospice services; (b) Discharge, termination of services, and release from emergency department policies in accordance with OAR 333-505-0055 and OAR 333-520-0070; (c) Patient rights including but not limited to compliance with OAR 333-505-0033; (d) Housekeeping;	The facility has a policy that includes a plan to share with Home Health Agencies and Hospice Agencies any known patient history of violence within the last 12 months when patient is referred to receive those services ___ Yes ___ No The facility has a policy that includes protocols and procedures for implementing and using potential threat or disruptive flagging systems. ___ Yes ___ No The protocols and procedures have been reviewed within the past 365 days. ___ Yes ___ No The protocols and procedures include criteria for: Initiating flags ___ Yes ___ No Continuing flags ___ Yes ___ No Inactivating flags ___ Yes ___ No Reactivating EHR flags and visual flags ___ Yes ___ No <u>EHR Flags</u> Designates which staff or staff type are authorized to initiate an EHR flag ___ Yes ___ No Describes training and education requirements for personnel authorized to initiate EHR flag ___ Yes ___ No

Tag #	Rule	Tag Text	Measure
205 cont.	OAR 333-505-0030 Organization, Hospital Policies	(e) Mandatory use of identification badges for health care practitioners providing direct patient care which must include the practitioner's name and professional title in accordance with ORS 441.096. The policy must also identify the size of badges to be used; (f) All patient care services provided by the hospital; (g) Maintenance of the hospital's physical plant, equipment used in patient care and patient environment; (h) Treatment or referral of acute sexual assault patients in accordance with ORS 147.403; and (i) Identification of patients who could benefit from palliative care in order to provide information and facilitate access to appropriate palliative care in accordance with ORS 413.273.	Training includes: Identifying and preventing bias in the assignment of EHR flags ___ Yes ___ No Instruction on reducing unconscious bias to ensure EHR flags are not unfairly of disproportionately applied to individuals belonging to groups subject to historical and/or contemporary discrimination ___ Yes ___ No <u>EHR Flags cont.</u> Describes provider and personnel responsibilities when EHR flag is present ___ Yes ___ No Describes protocols for evaluating and identifying potential threats of violence of disruptive behavior ___ Yes ___ No Describes protocols for ensuring consistent practices for assigning, tracking, and documenting information the EHR flag ___ Yes ___ No Describes protocols for reviewing EHR flags at least every 12 months ___ Yes ___ No Includes protocols for communication and collaboration about flagged conduct or behaviors recorded in an EHR ___ Yes ___ No Includes protocols for documenting safety protocols and precautions for engaging with patients with an EHR flag ___ Yes ___ No Includes protocols to protect patient privacy when an EHR flag is present ___ Yes ___ No Includes protocols regarding documentation of flag initiation, modification, deactivation, and reactivation ___ Yes ___ No Includes a description of process for patient or person authorised to make health care decisions on behalf of patient, may request review and removal of EHR flag ___ Yes ___ No

Tag #	Rule	Tag Text	Measure
205 cont.	OAR 333-505-0030 Organization, Hospital Policies	(4) In addition to the policies described in section (3) of this rule, a hospital shall, (a) In accordance with the Patient Self-Determination Act, 42 CFR 489.102, ORS 127.649, and ORS 127.652, adopt and maintain written policies and procedures concerning a patient's right to accept or refuse medical or surgical treatment and the right to formulate an advance directive or appoint a health care representative; and (b) In accordance with OAR 333-505-0045, adopt and maintain protocols and procedures for implementing and using potential threat or disruptive flagging systems. These protocols and procedures must be reviewed on an annual basis. (5) A hospital may not condition the provision of treatment on a patient having a physician order or portable order for life-sustaining treatment (POLST) as that term is defined in OAR chapter 333, division 270 and ORS 127.663, an advance directive as defined in ORS 127.505, a form appointing a health care representative under ORS 127.510, or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration. (6) A hospital's transfer agreements or contracts shall clearly delineate the responsibilities of parties involved. (7) Patient care policies shall be evaluated triennially and rewritten as needed, and presented to the governing body or a designated administrative body for approval triennially. Documentation of the evaluation is required. (8) A hospital shall have a system, described in writing, for the periodic evaluation of programs and services, including contracted services. Stat. Auth.: ORS 441.025 Stats. Implemented: ORS 413.273, 441.025, 441.048, 441.051, 441.054, 441.096 & 441.201	<u>Visual Flags</u> Policy reflects provider has made training available on: Identifying circumstances and assessing behaviors and action of patients and other individuals that may increase risk for potential violence or disruptive behavior ___ Yes ___ No Includes protocols for ensuring consistent approaches to initiating a visual flag ___ Yes ___ No Describes safety protocols and precautions to take when encountering patients or other individuals when a visual flag is present ___ Yes ___ No <u>Prohibitions</u> Reflects that providers and personnel may not Deny services based solely on the presence of an EHR flag ___ Yes ___ No Make decisions regarding a patient's access to care based solely on the presence of an EHR flag ___ Yes ___ No Deny or restrict patient's right to access or obtain patient's PHI based solely on the presence of an EHR flag ___ Yes ___ No Contact, report, or disclose information to law enforcement, unless it is necessary to prevent or lesson serious or immient threat to the health or safety of an employee, patient, caregiver, support person, or the public ___ Yes ___ No Deny, restrict, or withhold medical or nonmedical care that is appropriate for the patient ___ Yes ___ No Punish or penalize the patient ___ Yes ___ No

Tag #	Rule	Tag Text	Measure
221	OAR 333-505-0045 Flagging Systems	(1) As used in this rule: (a) "Authorized staff" means the personnel who are responsible for creating and tracking electronic health record flags. (b) "Disruptive behavior" includes physically aggressive, harassing, or destructive behavior. (c) "Electronic health record (EHR) flag" means an alert generated within the electronic health record of a patient that notifies providers that a patient may pose a potential safety risk to themselves or to others due to the patient's history of violent or disruptive behavior. (d) "Flagging system" means a system used to identify, communicate, monitor and manage potential threats of violence or disruptive behavior by patients or other individuals, including caregivers or support persons, who may encounter health care providers and personnel. (e) "Visual flags" means paper-based physical cues, including wristbands, signage, color-coded indicators, symbols and other visible cues built within the care environment to facilitate immediate recognition of potential threats of violence or disruptive behavior without having to access an electronic health record. Visual flags, when used, must communicate essential information in a clear, respectful, and non-stigmatizing manner to promote safety and provide neutral alerts or reminders that guide appropriate action without assigning negative labels or implying violence. (2) Effective May 1, 2026, a hospital shall implement flagging systems with the capabilities and functions to communicate potential threats of violence or disruptive behavior to providers and personnel using EHR flags and visual flags.	Select a sample of 3-5 patients who have EHR or visual flags. For each patient answer the following: Sample patient #_____ <u>EHR Flag</u> Patient has an EHR flag ___ Yes ___ No When was the EHR flag placed? ___/____/_____ If the EHR flag was placed more than 12 months ago, is there documentation of a review of the EHR flag within the past 12 months? ___ Yes ___ No Was the EHR flag placed by a person permitted under facility policy to place EHR flags? ___ Yes ___ No Does the record reflect the reason(s) the flag was placed? ___ Yes ___ No Did the EHR flag include information describing specific threats of violence or disruptive behaviors? ___ Yes ___ No Does the EHR flag indicate provider and personnel responsibilities related to this flag? ___ Yes ___ No Does the EHR flag include safety protocols and precautions for engaging with this patient? ___ Yes ___ No Does the record reflect communication and collaboration about the flagged conduct or behaviors throughout the process? ___ Yes ___ No Has patient or authorized person requested review and/or removal of this EHR flag? ___ Yes ___ No If yes, did the provider follow the protocols in reviewing the request to review and/or remove the EHR flag? ___ Yes ___ No

Tag #	Rule	Tag Text	Measure
221 cont.	OAR 333-505-0045 Flagging Systems	(3) Each hospital must establish and implement written protocols and procedures for implementing and using flagging systems. The flagging system must address, at a minimum, the following: (a) Criteria and process for initiating flags, continuing flags, inactivating flags, and reactivating EHR flags and visual flags. (b) Requirements for new and revised EHR flags and visual flags that include: (A) The reasons for initiating or revising the flag; and (B) Specific recommended actions that hospital providers and personnel should take when interacting with a flagged individual. (c) For EHR flags: (A) Designating authorized staff to initiate an EHR flag. (B) Training and education requirements for personnel authorized to initiate an EHR flag, including training on identifying and preventing bias in the assignment of such flags, and instruction on reducing unconscious bias to ensure that EHR flags are not unfairly or disproportionately applied to individuals belonging to groups subjected to historical and contemporary discrimination. (C) Provider and personnel responsibilities when an EHR flag is present. (D) Evaluating and identifying potential threats of violence or disruptive behavior. (E) Consistent practices for assigning, tracking, monitoring, and documenting information in the EHR flag.	Has the flag been revised? ___ Yes ___ No If yes, when? ___/___/_____ Does the record reflect why the flag was revised? ___ Yes ___ No Has the flag been inactivated? ___ Yes ___ No If yes, when? ___/___/_____ Does the record reflect why the flag was inactivated? ___ Yes ___ No Has the flag been reactivated? ___ Yes ___ No If yes, when? ___/___/_____ Does the record reflect why the flag was reactivated? ___ Yes ___ No <u>Visual Flag</u> Patient has a visual flag ___ Yes ___ No Does patient's record identify circumstances and behaviors that were the basis for the use of a visual flag? ___ Yes ___ No Does patient's record or visual flag include safety protocols and precautions to take as a result of the visual flag? ___ Yes ___ No

Tag #	Rule	Tag Text	Measure
221 cont.	OAR 333-505-0045 Flagging Systems	(F) Reviewing EHR flags every 12 months at a minimum and updating EHR flags, as necessary, for purposes of determining whether to remove or maintain a flag. (G) Communication and collaboration about flagged conduct or behaviors recorded in an EHR. (H) Safety protocols and precautions for engaging with patients with an EHR flag. (I) Patient privacy in relation to personnel safety, including compliance with state and federal privacy laws when communicating information through the electronic health record regarding an EHR flag. (J) Requiring that every flag-related action, including but not limited to initiation or reactivation, be supported by documentation for the action. (K) Establishing a process by which a patient, or a person authorized to make health care decisions on behalf of the patient, such as a caregiver or support person, may request review and removal of an EHR flag. (d) For visual flags, education and training for authorized staff on: (A) Identifying circumstances and assessing behaviors and actions of patients and other individuals that may increase risk for potential violence or disruptive behavior; (B) Consistent approaches to initiating a visual flag; and (C) Safety protocols and precautions to take when encountering patients or other individuals when a visual flag is present. (4) Providers and personnel of a hospital may not take any of the following actions based solely on the presence of an EHR flag:	<u>Prohibitions</u> Does record reflect that patient was denied services based solely on the presence of an EHR flag? ___ Yes ___ No Does record reflect that decisions were made regarding access to care based solely on the presence of an EHR flag? ___ Yes ___ No Prevent or restrict patient's right to file a federal or state complaint? ___ Yes ___ No Deny or restrict patient's right to obtain PHI? ___ Yes ___ No Does record reflect provider contacted law enforcement regarding patient? ___ Yes ___ No Does record reflect patient was punished or penalized? ___ Yes ___ No If answer is yes for any prohibitions, consult with Survey Manager

Tag #	Rule	Tag Text	Measure
221 cont.	OAR 333-505-0045 Flagging Systems	(a) Deny services to which the patient would otherwise be eligible. (b) Make decisions regarding the patient's access to care. (c) Prevent or restrict the right of the patient to file a complaint with the appropriate federal or state agency concerning the patient's right to privacy. (d) Deny or restrict the patient's right to access or obtain the patient's protected health information. (e) Contact, report or disclose information to law enforcement, unless it is necessary to prevent or lessen serious or imminent threat to the health or safety of an employee, patient, caregiver, support person, or the public. (f) Deny, restrict or withhold medical or nonmedical care that is appropriate for the patient. (g) Punish or penalize the patient. Statutory/Other Authority: ORS 413.042 & 441.025 Statutes/Other Implemented: ORS 441.020, 441.025 & 441.201	