



Code of Conduct

Updated October 2023

Safety Culture

The product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety.

– The Joint Commission

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Letter from the Superintendent

To Oregon State Hospital Personnel:

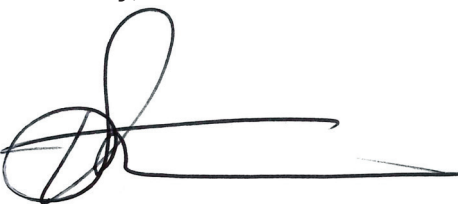
Welcome to the Oregon State Hospital (OSH) Code of Conduct. This Code of Conduct has been created to provide us an opportunity to document our commitment to the mission, vision and values of our community. It is important to remember that the ability of our hospital to achieve its mission requires that we continually strive to deliver quality patient care. This means, as a community, we are called to:

- Conduct ourselves in a way that is compliant with our professional, legal and ethical responsibilities.
- Observe how we conduct our work and adopt behaviors that create a culture of safety.
- Take responsibility for our actions and how they impact others.

Every year, we will ask all OSH staff to review and agree to follow the Code of Conduct. This code recognizes that in conducting our work we have accountability to our patients, peers, partners, and the health care community that we serve. An annual review and recommitment demonstrate our dedication to quality patient care and safety and a healthy environment for all.

My hope is that you see this Code of Conduct as a guide to responsible decision-making as it provides resources and easy alignment to policies that promote hospital-wide integrity and demonstrates what we do every day. This Code of Conduct is our map towards our culture of safety goals; it orients and directs us in our day-to-day work and in our dealings with others. Our work is not easy; and it is also both professionally and personally rewarding. I thank you for how you show up in your work and I encourage you to be mindful of this Code of Conduct and of your role in striving to inspire hope, promote safety and support recovery for all.

Sincerely,



Dolly Matteucci
Superintendent
Oregon State Hospital



To instill a culture of safety it is paramount to strive to do the right thing. If you're unsure what the right thing is, use this code of conduct as your guide to responsible safety-related decision making.

Purpose, Vision, Mission & Values

This Code of Conduct has been adopted by the Oregon State Hospital Executive Team to provide standards that guide hospital personnel in conducting themselves to protect and promote hospital-wide safety practices to enhance the hospital's culture of safety.

Vision Statement

We are a psychiatric hospital that inspires hope, promotes safety and supports recovery for all.

Mission Statement

Our mission is to provide therapeutic, evidence-based, patient-centered treatment focusing on recovery and community reintegration all in a safe environment.

Values

Humanity

We see all people for who they are and seek to treat everyone with respect, dignity and compassion. We are mindful that no matter how we came to OSH, we are all humans.

Equity

We understand that people have different needs and face different obstacles to wellness. We take an individualized approach that focuses on helping people have what they need to be successful.

Wellness

We strive for everyone at OSH to achieve the best health, safety and well-being possible for them – physical, mental, emotional, and social.

Partnership

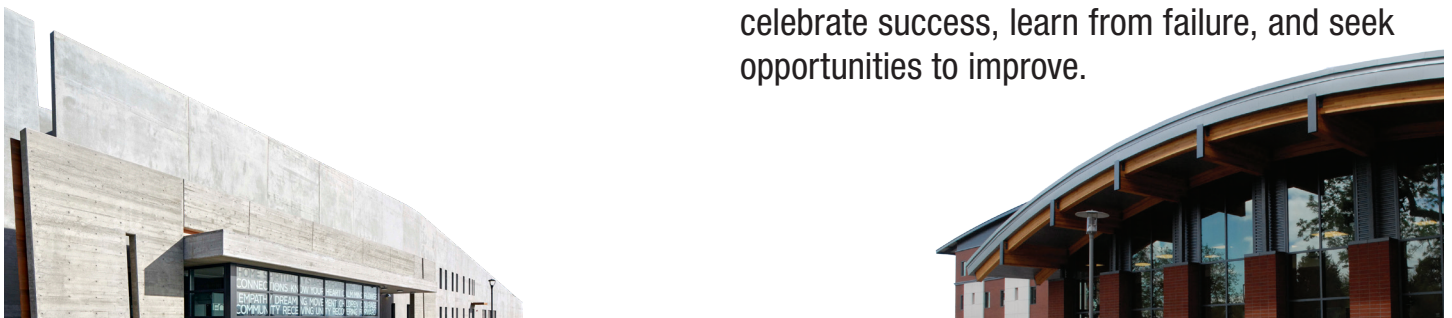
We recognize that everyone at OSH has something valuable to contribute to our community. To achieve the best possible patient outcomes, we collaborate with each other and with those outside OSH whose work also touches the lives of our patients.

Transparency

We are honest and upfront in our actions and communication. We seek input from those impacted by our decisions.

Performance Excellence

We take pride in doing our best work. We hold ourselves and each other accountable. We celebrate success, learn from failure, and seek opportunities to improve.



Introduction and Definitions

This Code of Conduct contains principles which articulate the broad policy goals of OSH and standards which set forth guidance for behavior of all personnel. The principles set forth in this Code of Conduct shall be distributed and available to all OSH employees. All OSH personnel shall ensure that their behaviors and activities are consistent with this Code of Conduct, and as applicable, with OSH, Oregon Health Authority and State Human Resource policies.

Oregon State Hospital Locations

Includes the Salem and Junction City campus locations.

Oregon State Hospital Personnel

Includes the terms “employees”, “staff”, “personnel”, “contractor”, “interns”, “agency staff”, “OHA employee” and certain partnerships and/or collaborators.

Oregon State Hospital Employee

Refers to the terms “employees”, “staff”, “personnel” but not “contractors, agency staff, visitors or independent agents.”

Culture of Safety Principles

Principle 1: Define and Understand a Culture of Safety

A culture of safety is the sum of what an organization is and does in the pursuit of safety. The culture of safety is the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the hospital’s commitment to quality and patient safety.

A good resource that demonstrates a culture of safety is **The Joint Commissions 11 Tenets of a Safety Culture**. These tenets include:

1. Apply a transparent, nonpunitive approach to reporting and learning from adverse events, close calls and unsafe conditions.
2. Use clear, just, and transparent risk-based processes for recognizing and distinguishing human errors and system errors from unsafe, blameworthy actions.
3. CEOs and all leaders adopt and model appropriate behaviors and champion efforts to eradicate intimidating behaviors.
4. Policies support safety culture and the reporting of adverse events, close calls and unsafe conditions. These policies are enforced and communicated to all team members.
5. Recognize care team members who report adverse events and close calls, who identify unsafe conditions, or who have good suggestions for safety improvements. Share these “free lessons” with all team members.



6. Determine an organizational baseline measure on safety culture performance using a validated tool.
7. Analyze safety culture survey results from across the organization to find opportunities for quality and safety improvement.
8. Use information from safety assessments and/or surveys to develop and implement unit-based quality and safety improvement initiatives designed to improve the culture of safety.
9. Embed safety culture team training into quality improvement projects and organizational processes to strengthen safety systems.
10. Proactively assess system strengths and vulnerabilities and prioritize them for enhancement or improvement.
11. Repeat organizational assessment of safety culture every 18 to 24 months to review progress and sustain improvement.

See Principle 5: Safety Activities & Practices that outlines how OSH has systematically addressed many of these tenets to improve the culture of safety.

Principle 2: Workplace Conduct & Employment Practices—Acceptable Behavior & Behaviors that Undermine a Culture of Safety

OSH is committed to providing a work environment that values diversity among its employees. All Human Resource policies are intended to create a welcoming, respectful and inclusive workplace consistent with a culture of safety where every individual can reach their highest potential. OSH improves patient care with the diversity of our staff, enhancing our ability to deliver culturally and linguistically centered care. When we value the contributions of each employee, we encourage the development of individual capabilities, and emphasize the importance of employee well-being and success. OSH has a strong commitment to cultural diversity and inclusion.

To achieve a culture of safety it is imperative to understand acceptable behavior and behaviors that undermine a culture of safety. Furthermore, this principle is outlined in The Joint Commissions Leadership standard (LD.03.01.01); Elements of Performance (Eps) 4: “Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.”

Workplace conduct includes how we treat patients. Patient abuse, which includes physical abuse, psychological/emotional abuse, sexual abuse, financial abuse and neglect will not be tolerable for OSH personnel. Any type of patient abuse is subject to investigation which may result in disciplinary action, ranging from reprimands to termination of employment.

Patients best thrive in an environment when they receive continuity of care from personnel. Attendance is essential to deliver services that meet our patients’ needs. Therefore, unauthorized leave or unapproved absences are not acceptable. This behavior will lead to investigation which may result in disciplinary action, ranging from reprimands to termination of employment.

There are two core policies that apply to OSH employees that define acceptable behavior and behaviors that undermine a culture of safety. These policies are outlined below:

Professionalism in the Workplace

Oregon State Hospital policy 5.025—Maintaining A Professional Workplace states that Oregon State Hospital adopts the Department of Administrative Services policy 50.010.03, “Maintaining a Professional Workplace.” This policy applies to all employees and contractors which outlines many of the acceptable behaviors and behaviors that undermine a culture of safety. Below are excerpts from the policy that provide further insight into expectations for employee behavior:

- **Policy statement:** Mutual respect between and among managers, employees, temporary employees and volunteers is integral to the efficient conduct of business within Oregon state government. All individuals work together to create and maintain a work environment that is respectful, professional and free from inappropriate workplace behavior.
- **Definitions:**
 - ▶ **Professional Workplace Behavior:** Supporting the values and mission of Oregon state government and the agency, building positive relationships with others, communicating in a respectful manner, holding oneself accountable and pursuing change within the system.
 - ▶ **Inappropriate Workplace Behavior:** Unwelcome or unwanted conduct or behavior that causes a negative impact or disruption to the workplace or the business of the state, or results in the erosion of employee morale and is not associated with an employee’s protected class status.¹ (Refer to State HR Policy 50.010.01, Discrimination and Harassment Free Workplace, for guidance on issues involving protected class status.)
- Examples of inappropriate workplace behavior include, but are not limited to, comments, actions or behaviors of an individual or group that embarrass, humiliate, intimidate, disparage, demean, or show disrespect for another employee, a manager, a subordinate, a volunteer, a customer, a contractor or a visitor in the workplace.
- Inappropriate workplace behavior does not include actions of performance management such as giving supervisory instructions, setting expectations, giving feedback, administering disciplinary actions, or conducting investigatory meetings.
- Inappropriate workplace behavior does not include assigned, requested or unsolicited constructive peer feedback on projects or work.

This policy further outlines how to address inappropriate workplace behavior, reporting inappropriate workplace behavior, responding to a report of inappropriate workplace behavior, consequences, retaliation, and policy notification.



Discrimination and Harassment Free Workplace

Oregon State Hospital policy 5.008—Equal Opportunity Employment or Non-Discrimination states that Oregon State Hospital adopts the Department of Administrative Services policy 50.010.01, “Discrimination and Harassment Free Workplace.” This policy applies to all employees and contractors which outlines many of the acceptable behaviors and behaviors that undermine a culture of safety. Below are excerpts from the policy that provide further insight into expectations for employee behavior:

- **Policy Statement:** Oregon state government as an employer is committed to a discrimination and harassment free work environment. This policy outlines types of prohibited conduct and procedures for reporting and investigating prohibited conduct.
- **Definitions:**
 - ▶ **Workplace Harassment (Discrimination), Sexual Harassment, Sexual Assault, and Workplace Intimidation.** Oregon state government provides a work environment free from workplace harassment (unlawful discrimination) or workplace intimidation based on or because of an employee’s protected class status. Additionally, Oregon state government provides a work environment free from sexual harassment. Employees at every level of the organization, including state temporary employees and volunteers, must conduct themselves in a business-like and professional manner at all times and not engage in any form of discrimination, workplace harassment, workplace intimidation, sexual assault, or sexual harassment.

This policy further outlines that managers/supervisors are held to a higher standard, designated individuals for receiving reports of prohibited conduct, reporting, investigations, documentation, penalties, prohibited employment or settlement agreements, resources, retaliation clause and policy notification to employees.

OSH’s policies are organized into functional sections. Section 5 are the Human Resource policies which further describe acceptable behaviors for employees.

Principle 3: Workplace Violence Prevention

In December 2021 OSH initiated a Workplace Violence Prevention Program (WVPP). This program was established to reduce workplace violence knowing that OSH strives to provide a safe and healthy work environment for staff, patients, and visitors to enhance productivity and quality of patient care. The WVPP is a comprehensive multi-disciplinary safety program that requires staff be responsible to work in a safe manner, follow hospital policies and procedures, and eliminate or report workplace violence hazards, and provide education and training based on job roles and responsibilities.

The WVPP outlines the following, all with the focus to prevent and mitigate workplace violence hazards:

- Leadership & Reporting Process
- Staff Education & Training
- OSH Safety Programs – including policy, committee structure and responsibilities, assessment tools, protocols, definitions for types of violence and how OSH obtains assistance with law enforcement.

For further detailed information regarding the WVPP, please [visit the OWL intranet page here.](#)

Principle 4: Compliance with Accreditation Standards

This code of conduct was created in alignment with The Joint Commissions standards as described in the Leadership (LD) accreditation requirements. Standard LD.03.01.01 states: “Leaders create and maintain a culture of safety and quality throughout the hospital.”

Additionally, it is most important to understand the rationale, or rather the why, related to the importance of a culture of safety. Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of position in the hospital. Leaders demonstrate their commitment to quality and set expectations for those who work in the hospital. Leaders should always evaluate the culture on a regular basis. Leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish. The following are the elements of performance within the LD.03.01.01 standard that are in place to evaluate the culture of safety within our hospital:

- Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
- Leaders prioritize and implement changes identified by the evaluation.
- Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.
- Leaders create and implement a process for managing behaviors that undermine a culture of safety.
- The hospital’s WVPP is led by a designated individual and developed by a multidisciplinary team that includes the following:
 - ▶ Policies and procedures to prevent and respond to workplace violence
 - ▶ A process to report incidents in order to analyze incidents and trends
 - ▶ A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
 - ▶ Reporting of workplace violence incidents to the governing body (See also HR.01.05.03, EP 29)

Principle 5: Safety Activities & Practices

Hospital leadership continues to evaluate activities, practices and programs that are in place related to safety. The commitment to provide a safe work environment for all OSH employees continues to be the highest priority for the OSH Executive Team. As an employer, OSH adheres to applicable laws, regulations, rules and guidelines to ensure we strive towards an environment free from recognized hazards that might cause harm to employees. Safety consciousness must be a key part of all employees thinking and planning.

To achieve the target of zero harm, and align with the vision and mission of promoting safety in a safe environment, below are the safety activities, practices, initiatives and/or programs that relate to building a culture of safety across the hospital:

- **Workplace Violence Prevention Program** (see Principle 3 for more details)
 - ▶ Programmatic way that OSH addresses prevention of workplace violence.
 - ▶ Annual Worksite Assessment with a focus in workplace violence prevention.

- **Culture of Safety Assessment** – An annual assessment that captures key outcomes to improve the culture of safety at OSH.
- **Central Safety Committee** and sub-committee’s – OSH utilizes a Central Safety Committee (CSC) and sub-committees to complete hospital-wide culture of safety work. OSH maintains the CSC to encourage and foster a culture of safety. The CSC provides a forum that fosters commitment to develop and maintain a safe workplace in all areas of the hospital’s operations. This committee shall operate as a place to bring safety concerns forward for discussion, evaluation, and escalation. The CSC has four sub-committees/workgroups—Workplace Violence Prevention sub-committee, Assault Mitigation Workgroup, Clinical Workgroup, and the Accident and Incident Review Workgroup. All four of these sub-committees/workgroups are chartered and have specific deliverables to help meet the purpose of the CSC.
- **Direct Connect** – Platform for empowering staff to speak-up and executive leadership to respond.
- **Incident Reporting** – Policy 1.003 Incident Reporting provides policy direction and guidance for employees to report safety-related reportable incidents.
- **Broset method for patient evaluation** – Methodology is an evidence-based practice and valid risk assessment tool that assists in determining potentially dangerous patient behaviors.
- **Safety Policies, Protocols, Assessment Tools & Tactics** – The following are policies, protocols, assessment tools and tactics related to safety:
 - ▶ The following are active policies related to workplace violence prevention and response:
 - 1.003 Incident Reporting
 - 5.012 Injury or Illness Reporting
 - 5.024 HEART Trauma Response Program
 - 8.009 OSH Safety Program
 - 8.033 Workplace Violence Response
 - 8.045 Injured Staff Transportation
 - ▶ The following are assessment tools currently used by the Safety Department:
 - Annual Environmental & Suicide Risk Assessment (ESRA)
 - Job Safety Analysis
 - Monthly Safety Inspection Checklist
 - Product Risk Assessment
 - Safety Consultation Form
 - Worksite Hazard Assessment
 - ▶ The following are Security Protocols related to workplace violence prevention:
 - 3.012 OSH Notifications and Critical Incident Process
 - 4.009 Campus Eye Process
 - 5.001 Security Response to Emergencies
 - 5.004 Campus Patrol
 - 5.005 Security Investigations and Referral

- 5.006 Evidence Handling and Chain of Custody
 - 5.007 Communication and Security Activity Log
 - 7.001 Worksite Hazard Assessment
- ▶ The following are additional tactics, responses or training, that OSH uses related to reducing patient behavioral challenges and workplace violence:
- Patient Engagement Plans (structured behavior management plans)
 - Positive Reinforcement Plans
 - Voluntary Movement Restriction (staff request for a patient to take a “time out” in a seclusion room, without the door locked, wherein patients may leave the room at will)
 - Dialectical Behavioral Therapy
 - Training & Support Department – this department teaches Collaborative Problem Solving (CPS) and SAFE Together to leverage coaches in assisting staff to respond to behavioral challenges.
 - Acuity tools to increase staffing numbers to meet patient care needs.
 - Enhanced supervision at four levels: patient checks 3x/hour (unobtrusive) or 5x/hour (close), or continuous supervision at staff to patient ratios of 1:1.
 - Patient transfers to units that can better manage patient complexity.
 - Seclusion and/or restraint
 - Soft and hard shields for use when a weapon is present.
- **Labor Management Meetings** – Management engages with labor to discuss patient and staff safety on a regular basis.
 - **Patient Environmental Surveillance Surveys (PESS)** – Process to keep patients’ rooms clean, remove contraband, and provide patients with new methods to obtain products.
 - **Safety Fair** – Infection Prevention puts on an annual Safety Fair for employees to create a ‘one-stop shop’ for staff, offering information and services related to safety at the hospital. This is in alignment with Oregon’s workplace safety initiative called the Oregon Safety Break in which organizations across the state take time to discuss and identify safety concerns in their places of work. The initiative aligned with OSH’s efforts and the fair focuses on safety trainings like CPR and N95 fit testing. The fair also gives Infection Prevention the opportunity to offer vaccines, donning/doffing trainings, Safe Together sign ups, and information about Code Blues, as well as hand hygiene practice.



Administration & Application

OSH expects each person to whom this Code of Conduct applies to abide by the principles set forth herein and to conduct their work in a manner consistent with the general statement of principles and in all OSH policies and procedures.

Contractor/Partner Responsibilities:

- Understand and comply with the Code of Conduct.
- Prevent compliance violations and protect the reputation of the hospital.
- Report if you believe or suspect a violation has occurred.

Employee Responsibilities

- Ensure employees providing services read, understand, and comply with this code.

Leadership Responsibilities

- The OSH Executive Team and all managers will assume a leadership role in the promotion of ethical conduct and ensuring all employees are familiar with this Code of Conduct.
- Create an open environment to support employees in asking questions and making ethical decisions.

Failure to abide by this Code of Conduct, the guidelines for behavior that the Code of Conduct stipulates, or the other policies referenced herein may lead to disciplinary action. For alleged violations, OSH shall weigh relevant facts and circumstances, including, but not limited to, the extent to which the behavior was contrary to the express language or general intent of the Code of Conduct or other relevant policies, the egregiousness of the behavior, the employee's history with the organization, and other factors which OSH deems relevant. Discipline may, at OSH's discretion, range from reprimands to termination of employment. If any OSH employee is covered by the terms of a collective bargaining agreement, discipline shall be in accordance with the provisions of that agreement.

Nothing in this Code of Conduct or in other policies referred to herein is intended to or shall be construed as providing any additional employment or contract rights to the OSH employee or other persons. While it generally attempts to communicate policy changes concurrent with or prior to the implementation of such changes, OSH reserves the right to modify, amend or alter this Code of Conduct and its related policies at any time it deems necessary.

Getting Help and Reporting Safety Violations

When a question arises over the ethics of a particular safety-related scenario, all OSH personnel are encouraged to make decisions consistent with this code and with maintaining the integrity of OSH. The hospital's reputation relies on the strength of each individual's conduct. Should any questions about this Code of Conduct arise, the Occupational Health and Safety Director should be contacted.

Reporting of Potential Violations

All personnel are expected to report potential safety-related violations of this Code of Conduct as follows:

- File an incident report
- Report the incident to your supervisor
- If it is a Human Resources-related issue contact Human Resources
- If it is a discrimination and/or harassment issue, contact the Equity & Inclusion Division
- If the matter is related to an environmental concern, contact Facilities Operations Director
- If the matter is related to a general safety concern, contact the Director of Occupational Health and Safety
- All other compliance related matters to the Quality Management Director

OSH has a non-retaliation policy which prohibits any punishment from good faith reporting of a concern about compliance with policy or legal requirements.

If any requirements in this Code of Conduct directly conflicts with applicable law, the applicable law shall govern.

Thank you from the Executive Team

From all members of the Executive Team, we say thank you. Thank you for your commitment to ethical behavior, leading with honesty and integrity, and for your continued dedication to uphold the standards and principles set forth in this Code of Conduct.