

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 1: Administration

POLICY: 1.001

SUBJECT: Policies and Procedures

POINT TED FICKEN

PERSON: DIRECTOR OF STANDARDS & COMPLIANCE

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT 

DATE: August 1, 2012

I. POLICY

- A. Policies and procedures are established to direct the activities of Oregon State Hospital (OSH) personnel in the performance of their duties and to serve as a guide for decisions and actions.
- B. The Superintendent shall establish, abolish, or revise Oregon State Hospital (OSH) policies and procedures to assure quality patient care and treatment through orderly management of Oregon State Hospital. The Superintendent may establish or revise policies and procedures on an emergency or temporary basis, as needed.
- C. Policies and procedures are binding on OSH personnel in the performance of their duties. Failure to comply with OSH policies and procedures as approved by the Superintendent and set forth in the OSH Policy and Procedure Manual may result in disciplinary action.
- D. Policies and procedures may be proposed by any OSH employee, committee, or hospital stakeholder. This proposal must be directed to the Policy Review Panel, and it should cover an area of policy and procedure which affects all areas of the hospital in a significant way.
- E. All OSH policies and procedures shall be formally reviewed every three years to evaluate any need for revision. The review date shall be a minimum of 36 months from the date of last approval.
- F. OSH policies and procedures shall not take precedence over Oregon law, Oregon Revised Statutes, Administrative Rules, Oregon Health Authority, or Department of Human Services policies.

II. DEFINITIONS

- A. "Policy" means a statement which defines a principle, course, or plan of action approved by the Superintendent which is established to guide OSH personnel in decision-making and action.
- B. "Procedure" means the methods approved by the Superintendent to carry out policy and operate OSH.

III. PROCEDURES

- A. Policies and procedures shall be issued by the Superintendent in the following categories:

1.000 Administration	6.000 Patient Care
2.000 Clinical Support Services	7.000 Patient Rights
3.000 Environmental Support Services	8.000 Safety, Security, and Emergency Management
4.000 Fiscal	9.000 Training and Development
5.000 Human Resource Management	10.000 Research
- B. Policies and procedures shall be numbered consecutively within the above categories and shall be effective on the date approved by the Superintendent. In the interim between approval and distribution, the approved policy and procedure shall be in effect.
- C. New policies and procedures, amendments, or requests to abolish existing policies and procedures shall be submitted to the Policy Review Panel for review. An amended policy shall bear the same number as the original policy.
- D. Only four hard copies of all policy and procedure manuals shall be maintained in the following locations: Administration, Standards & Compliance, the Salem Command Center, and the Portland campus (four total sets). All departments, disciplines, programs, and the hospital Policy Review Panel shall be responsible for updating their policy manuals in these four locations, and to maintain a record of those updates.
- E. The Assistant to the Superintendent, or designee, shall issue a revised Table of Contents each time a new policy is issued.

- F. There shall be two indexes in the OSH Policy and Procedure Manual including:
1. Numeric Index (Table of Contents)
 2. Alpha Index

The indexes shall be updated every six months (as needed) by the Assistant to the Superintendent, or designee.

- G. The Assistant to the Superintendent, or designee, shall maintain a file of the current originals of policies and procedures. The Assistant to the Superintendent, or designee will define any electronic word processing requirements necessary to maintain the OSH Policy and Procedure Manual.
- H. The Assistant to the Superintendent, or designee, shall maintain a permanent file of all policies and procedures issued. As three-year reviews and approvals occur, the new policies and procedures shall be issued to manual holders, and the old policies (from the current file in item G.) shall be filed in the archive file. A revision date list will be included on the last page of each policy and procedure. Only approved policies and procedures will be listed.
- I. The Policy Review Panel shall maintain a review schedule for any proposed policy and procedure or revisions to existing policies and procedures.
- J. All departmental, discipline, program, and hospital-wide policy and procedure manuals shall be available on the I:drive, in a single folder titled, "Policy and Procedure Manuals." This folder shall be searchable by policy number, policy title, policy subject, and key word. A duplicate set may be kept in department, discipline, program, and/or OSH folders.
- K. All departments, disciplines, programs, and the hospital Policy Review Panel shall be responsible for updating their manuals on the I:drive, in both the master folder and any secondary folder, and to maintain a record of those updates.
- L. When available, all policy and procedure manuals shall be available on the hospital's Intranet site.
- M. The Policy Review Panel shall identify OSH policies requiring the development of e-courses to educate staff about the policies. Point

persons for the identified OSH policies and procedures shall be responsible for working with EDD to develop these e-courses.

N. New Policies

1. New policies shall be reviewed in the Policy Review Panel, using the same time frames as existing policies (see the flowsheet in Attachment A).

O. Existing Policies

1. The Chair of the Policy Review Panel, or designee, shall maintain a schedule for existing policies and procedures. This schedule shall be reviewed quarterly at the Policy Review Panel meeting.
2. The Assistant to the Chair of the Policy Review Panel or designee shall send the point person a reminder of the review 60 days prior to the date the policy is to be reviewed by the Policy Review Panel. Additional reminders shall be sent electronically as needed.
3. All existing policies shall be updated in the following manner:
 - a. The person responsible for the policy shall review the policy with all interested parties for feedback and then shall send the policy to the Policy Review Panel. The Policy Review Panel will consist of staff from Medicine, Nursing, Program Directors, Education and Development, and Standards & Compliance.
 - b. The person responsible for the policy shall then review the policy with the Policy Review Panel. The Policy Review Panel shall meet weekly to review and edit all policies before forwarding them to the Superintendent for approval.
 - c. The Superintendent may review the updated policy with the Superintendent's Cabinet.

The procedures outlined herein are summarized in the attached flowsheet.

OSH Policy Review Panel Process Flowsheet

