



Oregon State Hospital Regulatory Compliance

November 17, 2025
Senate Judiciary Committee



Oregon State Hospital



- OSH provides the highest level of psychiatric care in the state to adults. Under the federal court order, OSH can only admit persons committed to OSH by local court order or who are civilly committed and meet expedited admissions criteria.
- OSH provides psychiatric, medical and psychosocial treatment and skill-building to help patients successfully return to their communities.

OSH Oversight Bodies

- OSH is:
 - Accredited by The Joint Commission (TJC), and
 - Certified by Centers for Medicare and Medicaid Services (CMS), due to OSH receiving some funds via Medicare (not Medicaid).
- Both agencies survey the hospital on a routine basis.
- They also may conduct a survey when a complaint is made or there is a sentinel event.

Overview of Sentinel Event Reporting

Sentinel Event

- A “sentinel event” is a patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity of harm).

Survey

- OSH is a self-reporter of sentinel events to CMS and TJC.
- Surveyors from each body may make an unannounced visit to the hospital.

Findings

- After the surveys, CMS and TJC may issue findings.
- CMS and TJC findings focus on the issues that led to the survey, along with reviewing leadership and hospital governance.
- OSH makes changes as needed to address the findings, subject to review and approval by CMS and TJC.

Timeline of Hospital Changes

- **April to August 2025:** Significant hospital leadership changes. Corrective actions implemented in response to CMS and TJC findings.
- **September 2025:** CMS resurveyed. New Plan of Correction developed to refine corrective actions around seclusion and falls.
- **October 2025:** TJC resurveyed and found OSH in compliance. Accreditation maintained.
- **November 2025:** OSH awaiting CMS revisit.
- **Ongoing:** Plan of Correction implementation continues and progress is monitored through weekly audits.
- **Ongoing:** Audit data is used to revise training and education.

Plan of Correction

A Plan of Correction is the detailed plan that addresses and corrects any survey findings.

- Corrective actions are monitored through audits.
- Implementation is supported by in-person training and on-unit coaching.

The current Plan of Correction focuses on two key areas:

- Seclusions or restraints
- Falls

Key Takeaways

- Clinicians able to identify and escalate concerns for action when they observe a change in the patient's condition.
- High risk case consultation occurs at all levels of hospital leadership.
- Treatment care plans are modified when a change in patient condition is reported.
- Incident management used to find and focus efforts to build skills and knowledge in staff about the proper use of interventions.

Seclusion or Restraint

OSH Policy 6.003: OSH will provide for the safe and appropriate use of seclusion or restraint when clinically justified by behavior that presents an immediate danger of harm to self or others.

Seclusion or restraint may be used:

- When less restrictive means are not sufficient to protect the physical safety of patients or others.
- To manage violent behavior.
- Secure transport restraints may be used if transporting patients outside the hospital.

Key Changes Related to Seclusion or Restraint

Implementation of a seclusion or restraint consult team.

Team collaborates with staff and the patient to bring the seclusion or restraint event to a safe and timely conclusion.

Updated nursing assessments to clearly articulate release criteria.

Provides more clear guidance on when a patient can be safely released.

Updated chart logs to track room cleanliness and emergency response.

Tracking room cleanliness and emergency response is transparent for monitoring staff and management.

Medical response protocols for patients in seclusion or restraint.

Provides clarity for staff to know how to enter the room if there is a medical emergency.

Time in Seclusion or Restraint

Comparing **October 2024** to **October 2025**:

- Downward trend for seclusion events, in numbers and duration
- Upward trend for the number of restraint events
- Downward trend for average hours per event and total duration hours of restraint events

Seclusion	October 2024	October 2025	Trend
Number of events	156	146	Down
Average duration (in hours) per event	28.92	5.47	Down
Total duration (in hours)	4,512.23	798.30	Down
Restraint	October 2024	October 2025	Trend
Number of events	50	82	Up
Average duration (in hours) per event	6.88	3.30	Down
Total duration (in hours)	344.04	270.84	Down

Key Changes Related to Falls

Enhanced processes around patient assessment post-fall

New process has an electronic record template that requires all fall aspects are addressed.

Improved treatment care planning to mitigate or prevent future falls

New Treatment Care Plan Addendum is specific to falls and helps staff identify mitigating techniques/tasks.

More timely clinical assessments by physical/occupational therapists and pharmacists

New electronic record template automatically notifies physical/occupational therapists and pharmacists so they can work with the patient.

Patient Falls Response

Patient care documentation related to falls response is audited daily. The compliance goal is 90%.

Audit Question	Average Weekly Compliance (July 2 – Oct. 14)
Was the patient assessed for injury ? (vitals and neurological status)	95%
Was the provider notified ?	92%
Were provider orders carried out by the RN and documented ?	88%

Thank you

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Oregon State Hospital
2600 Center St. NE
Salem, OR, 97301

osh.oregon.gov

