

October 1, 2024

To all OSH staff,

This Administrative Directive modifies and adds to Oregon State Hospital policy number 1.003, "Incident Reporting" and 6.054 "Critical Values or Results." This directive is in follow-up to the email sent September 12, 2024, with information about random urine drug screening procedures for patients which went into effect on September 16, 2024. Additional requirements, including specific requirements for Psychiatry staff, are highlighted in yellow.

To more effectively identify illicit and diverted substances which have reached OSH patients with the goal of supporting prevention efforts, and to improve investigative documentation and reporting expectations, it is my directive that, **effective Thursday October 3, 2024**, OSH will implement random patient urine drug screening every business day as follows:

Patient Randomized Urine Drug Screening (UDS) Procedures

See attachment 1 for the Random Urine Drug Screen process overview.

Patient Selection

- The Data & Analysis (DA) Department will generate the random patient selection for drug screening. This list is sent to the lab for awareness.
 - The number of samples are as follows:
 - 10 random samples will be selected in Salem
 - 3 random samples will be selected in Junction City
 - DA must send the list to the OSH Psychiatry all staff email (OHA-OSH-Psychiatry-Department-allstaff@odhsoha.oregon.gov) the day before the random UDS.
 - Attending or covering practitioners for selected patients must write orders for urine drug screens to be obtained the following day.
 - DA must add the list of patients generated into the morning communication tool for the appropriate unit.

Sample Collection & Processing

- The unit will receive the orders on the unit printer on the day of the UDS.
- Staff must inform the patient of the random UDS. Patient will be restricted to the unit until the sample is collected or for 72 hours, whichever is earlier. The only exception is scheduled medical/dental appointments or hearings which must occur off the unit.
- Nursing staff must follow guidance outlined in Nursing standard work “Urine Drug Screen Collection with Direct Observation” located in the I: Drive (I: Drive> OSH Nursing Services Standard Work Manual> Standard Work Processes) for proper sample collection, handling, and response.
 - All patients providing a urine sample for a randomized UDS must be directly observed during sample collection.
- After the sample is collected, unit staff or OS2s must bring the sample to the Laboratory as soon as possible. If the sample was collected outside of laboratory hours (Monday – Friday, 0630-1500), contact the Program Nurse Manager (PNM).

Results Review

- Psychiatry practitioners must review all urine drug screen results daily to identify any unexpected results.
 - This includes **confirmed unexpected positive tests** (from the reference lab, reflecting the confirmed presence of a non-prescribed drug) and **unexpected negative screens** (reflecting the absence of a prescribed drug expected to show up on the urine drug screen).
 - Psychiatry practitioners must cross reference all results with patient prescribed medications.
 - Psychiatry practitioners must check the morning communication tool daily.
- Staff must do the following in response to a non-negative urine drug screen result awaiting confirmation:
 - The patient’s IDT must monitor the patient while awaiting confirmed results.
 - Behaviors to monitor may include unexpected sedation, change in behaviors, contraband concerns, and other notable behaviors outside of baseline. Patient is to remain on morning communication tool until confirmation test results are received.

Response to Alert Values

Alert Values refer to confirmed positive results following a non-negative screening. Confirmed results may take up to 10 days.

Notification

- Lab staff must document any Alert Value and notify the unit during business hours. If any results are received outside of business hours, Lab must confirm the receipt of the result to the unit as soon as possible.
- Upon the receipt of results, staff who receive the result on the unit must notify the unit RN.
- The unit RN must notify the attending or covering psychiatry practitioner (psychiatrist or psychiatric mental health nurse practitioner).
- Within 30 minutes of receiving the results, the psychiatry practitioner must determine if the result is an unexpected confirmed positive result (either an illicit drug, a medication not prescribed at OSH, or an OSH-prescribed medication which is not prescribed to that patient).
 - If the result is an unexpected confirmed positive, the psychiatry practitioner must notify the Nurse manager or Unit Administrator.
- The Nurse Manager (NM) or Unit Administrator (UA) must notify the following of the result:
 - The Program Director,
 - The Director of Nursing Services (DNS),
 - The Director of Security, and
 - The unit Treatment Care Plan Specialist (TCPS) or designee.

If the confirmed positive result is for an illicit drug or a medication not prescribed at OSH, staff must follow OSH policy 8.019 “Staff Response to Alleged Criminal Acts and Contraband.”

Documentation & Reporting

- Psychiatry practitioners must do the following in response to any confirmed unexpected positive test or unexpected negative screening result:

- Complete an incident report per OSH policy 1.003 “Incident Reporting.” Practitioners must indicate if a positive result is for an OSH-prescribed medication or a substance not prescribed at OSH.
 - Convey the result and the completion of the incident report in the morning report so the morning communication tool is updated.
- Units must track progress of the screening and confirmation testing results in the morning communication tool.

1.003 Investigative Requirements

Reportable UDS results will be investigated as follows:

- Unexpected negatives: Level 1
- Confirmed unexpected positive for a drug prescribed at OSH: Level 1
- Confirmed unexpected positive for a drug not prescribed at OSH: Level 2

This directive will remain in effect until OSH Policies and Procedures are updated or the directive is otherwise rescinded.

Sincerely,



Sara C. Walker, MD
Chief Medical Officer/Interim Superintendent