	Administrative Policy	No.	AD 1.01
	POLICY DEVELOPMENT	Page:	1 of 6
		Revised Date:	5-24-2007
		Reviewed Dates:	3-20-07
		Original Date:	07-28-04

I. SCOPE:


This policy applies to (1) Tenet Healthcare Corporation (“Tenet”) and its wholly-owned subsidiaries and affiliates; (2) any other entity or organization in which Tenet or its affiliate owns a direct or indirect equity interest of 50% or more; and (3) any hospital or healthcare facility in which Tenet or an affiliate either manages or controls the day-to-day operations of the facility (a “Tenet Facility”).

II. PURPOSE:

To establish a consistent format for all corporate policies by setting forth content, naming and numbering conventions, and distribution processes.

III. POLICY:

- A. A corporate department or committee may draft or revise Tenet corporate policies.
- B. The corporate department or committee must identify whether there are existing policies and procedures that addresses the issue in question. If a policy or procedure exists, ascertain if it is valid (approved by appropriate committee/individual) and current (reflects current laws and regulations, requirements and/or standard of practice). If the policy or procedure is not current or valid, proceed with policy development or revisions. If the existing policy needs revision, coordinate the revisions with the department or committee owner and remove any duplicated or superceded policies from eTenet.
- C. Policies mandated by or relating to the Corporate Integrity Agreement must be reviewed annually (or more frequently, if appropriate) and updated as necessary. The reviews and updates must be documented.
- D. For all other policies, the owning department must develop a process for periodic review and be able to produce documentation of such review. Policies should be reviewed as frequently as the owning department determines is appropriate. However, the time period between such reviews should not be longer than three years.
- E. The corporate policy format set forth in Attachment A must be used for all corporate policies.
- F. All approved corporate policies must be posted on eTenet under the Policies & Procedures tab.


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- G. Owning corporate departments or committees are encouraged to develop and distribute additional materials relevant to the policy at the same time a new or revised policy is distributed. These additional materials should be designed to help those affected by the policy implement its requirements. Recommended additional materials include Frequently Asked Questions, any forms or data gathering materials, and training or educational materials (such as PowerPoint slides). In addition, the owning department or committee should schedule Webcast or live trainings, as appropriate.
- H. Hospitals and facilities must implement corporate policies as written without any changes to the format or content, unless otherwise instructed. In the event a corporate policy (e.g., corporate developed clinical policies) may be amended by the hospital or facility, (e.g., insert hospital logo, or insert facility specific information) instructions for amendment will be distributed along with the policy.


IV. PROCEDURE:

A. Corporate Implementation

1. The Policy/Procedure Worksheet (Attachment B) is optional and may be used by the corporate department or committee to identify the target audience for the policy, track communication and policy approval by other departments or committees, and otherwise document the work performed to draft or revise a policy.
2. The policy header shall be seen on each page of the policy and include the following:
 - a) Tenet's Logo – the Tenet logo shall only be utilized for corporate policies. The hospital logo shall be utilized for policies that vary from hospital to hospital such as clinical safety policies.
 - b) Name of Department or committee responsible for drafting
 - c) Title of the policy
 - d) Number of the policy, including department acronym (e.g., HR 101) (See Attachment C)
 - e) Page x of y

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- f) Reviewed and revised dates (for the last five years) of the policy in sequential order
 - g) Original date of the policy
3. The policy content shall consist of the following:
- a) Scope of the policy – general statement describing the application of the policy (i.e., does the policy apply only to corporate office, only to hospitals, to both, to Regional Billing Offices, etc.). Special scope language may be required for policies relating to or affected by Tenet’s Corporate Integrity Agreement.
 - b) Purpose of the policy – general statement describing the intent of the policy. This may include some explanatory or background statements or a brief explanation of the underlying regulation or law.
 - c) Definitions (recommended, but optional)
 - (i) Define unfamiliar, unusual, or policy-specific acronyms.
 - (ii) Provide useful definitions to clarify for the reader.
 - (iii) Include definitions as defined in the reference materials.
 - (iv) Define terms that may be specific to Tenet.
 - d) Policy statement(s) – general statement describing the goals to be met by the policy
 - e) Procedure – a description of the principal tasks associated with the policy to include the following sections as appropriate:
 - (i) Corporate implementation, as appropriate
 - (ii) Hospital implementation, as appropriate
 - (iii) General discussion, as indicated

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- f) References – a list of all supporting documentation that validate, underlie, affect, or are mentioned in the policy, such as laws, regulations, other policies, forms, etc.
- (i) Pertinent references are listed at the end of the policy in the reference section. References may also be cited within the policy, if necessary. If a specific law, regulation or other document issued by a federal or other regulatory agency underlies or drives a policy, this law, regulation or document must be referenced.
 - (ii) Provide links when possible for references (See Attachment D – Creating Hyperlinks).
 - (iii) Provide documents associated with the policy as an attachment or a link (e.g., forms, checklists).

4. The policy format shall conform to the following text and page format:

- a) Times New Roman in 12 font
- b) Use outline format (e.g., Roman numeral, capital letters, numbers, small letters, etc.) for easy reference. Minimize the use of bullets.
- c) Margins – Top – 0.5, Bottom – 0.5, Left – 1, Right – 1
- d) Bold Titles
- e) Bold for emphasis
- f) Underline for linked documents
- g) For policies that may be amended by the hospital or facility, include “insert fields” to identify specific areas for custom editing.

5. Approval process

- a) At the corporate level, see [Corporate Developed Policy Approval Process policy \(AD 1.16\)](#).
- b) If applicable and as appropriate, corporate policies shall be approved within each hospital according to that hospital’s approval requirements


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(e.g., medical staff, governing board, as appropriate and as specified in the hospital's Medical Staff Bylaws and/or policy).

- c) From time to time Tenet may develop model clinical quality policies that include minimally expected standards. The hospital shall use the policy as a model but is responsible for specifically customizing the policy to the hospital. These are hospital policies, and the hospital logo shall appear on these policies. The scope statement shall be specific to the hospital that developed the policy. In addition, the hospital may, where so indicated in the policy, insert hospital-specific requirements, provided such requirements are as stringent as those required by the corporate policy or as required to meet state-specific requirements. Such policies shall be approved within each hospital according to that hospital's approval requirements (i.e., medical staff, governing board, as specified in the hospital's Medical Staff Bylaws and hospital policy).

6. Distribution


- a) After the corporate policy has been completed, approved, and is ready for posting on eTenet, a notification must be sent to corporate, regional, and hospital leaders informing them of the new policy (See Attachment E). In addition, affected individuals should also be notified. Notifications must be sent to all affected employees regarding changes to certain relevant policies, such as those required by the Corporate Integrity Agreement.
- b) The Department that developed the policy shall post it on eTenet under the Policies & Procedures tab in a format that prevents alteration, unless the policy may be revised by the hospital. If the policy may be revised, the developing Department shall post a master version of the policy on eTenet in a format that prevents alteration, along with a second version in Microsoft Word format.
- c) The corporate department or committee should identify the appropriate individuals to be included in the notification distribution list, which includes those corporate/hospital departments affected by the policy.
- d) The facility CEO/Administrator (and/or designee) or the facility compliance officer (as appropriate for the newly distributed policy) shall be responsible for policy distribution, implementation, and enforcement in his or her hospital.

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7. Policy revisions by corporate department

- a) In recommending a revision to an existing policy, the originator should clearly indicate the proposed revisions to the policy in a redline format. Redline format in Microsoft Word tracks changes to the policy by indicating deletions and insertions. Documentation of major changes to a policy must be maintained by the originating department.
- b) When policy numbers are changed to the current numbering convention, the new policy must include the former number in the header (e.g., previously titled 2.7 Write-offs).
- c) Upon the revision or retirement of a policy, the owning corporate department or committee must maintain a copy of the original policy in its archive files.
- d) When policies are revised, they should be placed into the corporate format as set forth in this policy. It is not necessary to reformat existing policies until revisions are indicated. When a policy is revised, it must go through the policy development process as described in this policy and sent to the Director of Policies and Procedures Management for presentation to the Management Quality Compliance & Ethics Committee, in accordance with the [Corporate Developed Policy Approval Process policy \(AD 1.16\)](#).

ATTACHMENT A
USE ONLY FOR CORPORATE POLICIES – NOT MODEL HOSPITAL
POLICIES

	[Department or Committee] Policy	No.
	[TITLE OF POLICY] DRAFT	Page:
		Revised Date:
		Reviewed Dates:
		Original Date:

I. SCOPE:

Language for general corporate policies:

This policy applies to Tenet, its consolidated subsidiaries, and all hospitals and other healthcare operations owned or operated by Tenet’s consolidated subsidiaries (Tenet) [add clarifying language as indicated (e.g., that provides outpatient physical therapy services)].

Language for policies required or affected by the Corporate Integrity Agreement:

This policy applies to (1) Tenet Healthcare Corporation (“Tenet”) and its wholly-owned subsidiaries and affiliates; (2) any other entity or organization in which Tenet or its affiliate owns a direct or indirect equity interest of 50% or more; and (3) any hospital or healthcare facility in which Tenet or an affiliate either manages or controls the day-to-day operations of the facility (a “Tenet Facility”).

II. PURPOSE:

The purpose of this policy is to...

III. DEFINITIONS: (RECOMMENDED)

IV. POLICY:

A. [Insert Policy Statement # 1]


1. [insert]

2. [insert]

a) [insert]

b) [insert]

ATTACHMENT A
USE ONLY FOR CORPORATE POLICIES – NOT MODEL HOSPITAL
POLICIES

	[Department or Committee] Policy	No.
	[TITLE OF POLICY] DRAFT	Page:
		Revised Date:
		Reviewed Dates:
		Original Date:

B. [Insert Policy Statement # 2]

1.
 - a)
 - (i)
 - b)
- 2.
3.
 - a)

V. PROCEDURE:

A. Corporate/Hospital Implementation

- 1.
- 2.
- c)
 - (i)

B. [Insert Other Procedure Point]

VI. REFERENCES:

- 1.

OPTIONAL POLICY/PROCEDURE WORKSHEET

INSTRUCTIONS:

The intent of this optional worksheet is to provide guidance for corporate departments or committees that develop policies or procedures (development team).

This worksheet stays with the policy owner development team.

Scope of the policy is the general statement describing the application of the policy. The development team must decide range of application (e.g., corporate wide, only to hospitals, or to both). Note that special scope language may be required in a policy required or affected by the Corporate Integrity Agreement.

The Category of the policy means the section on eTenet where the policy will be posted.

The Owner is the department, committee, or work group that develops the policy. The name of owner by name should be entered here.

Target audience means the functional area(s) to which the policy has the greatest application (e.g., clinical areas, patient financial services, accounting).

If the policy involves matters that affect other departments or committees, those departments or committees must be given the opportunity to conduct a review of the policy. Revisions requested by the affected department or committee should be considered and incorporated, to the extent possible. Check the boxes corresponding to all affected departments. If approval is necessary, check the approval box and indicate the date of approval.

Policy name: _____

Scope of policy: _____

Category on eTenet (*means section on eTenet*): _____

Dept/work group "Owner": _____

Target audience (*means functional area to which the policy has the greatest application*): _____

OPTIONAL POLICY/PROCEDURE WORKSHEET

Departments involved (check all that apply):

Department		Approved Y/N Date of approval	Department	Approved Y/N Date of approval
<input type="checkbox"/>	Accounts Payable		<input type="checkbox"/>	Background Screening
<input type="checkbox"/>	Assets		<input type="checkbox"/>	Information Systems
<input type="checkbox"/>	Liabilities		<input type="checkbox"/>	Law
<input type="checkbox"/>	Acquisitions & Development		<input type="checkbox"/>	Learning Services
<input type="checkbox"/>	Administration		<input type="checkbox"/>	Managed Care Operations
<input type="checkbox"/>	Audit Services		<input type="checkbox"/>	Material Resource Management
<input type="checkbox"/>	Background Screening		<input type="checkbox"/>	Operations Finance
<input type="checkbox"/>	Business Development and Marketing		<input type="checkbox"/>	Patient Financial Services
<input type="checkbox"/>	Call Center		<input type="checkbox"/>	Access / Registration
<input type="checkbox"/>	Capital and Property Accounting		<input type="checkbox"/>	Billing
<input type="checkbox"/>	Clinical Quality Department		<input type="checkbox"/>	HIM
<input type="checkbox"/>	Corporate Communications		<input type="checkbox"/>	Follow-up
<input type="checkbox"/>	Controller		<input type="checkbox"/>	Natl MCR Center
<input type="checkbox"/>	Corporate Financial Reporting/Planning		<input type="checkbox"/>	RBOs / Managed Care
<input type="checkbox"/>	Government Relations			
<input type="checkbox"/>	Human Resources			

ATTACHMENT B

OPTIONAL POLICY/PROCEDURE WORKSHEET

Department		Approved Y/N Date of approval	Department	Approved Y/N Date of approval
<input type="checkbox"/>	Ethics & Compliance		<input type="checkbox"/>	Regions
<input type="checkbox"/>	Ethics and Business Conduct		<input type="checkbox"/>	CNE
			<input type="checkbox"/>	SS
<input type="checkbox"/>	Coding		<input type="checkbox"/>	Florida
<input type="checkbox"/>	EMTALA		<input type="checkbox"/>	Texas
<input type="checkbox"/>	General		<input type="checkbox"/>	California
<input type="checkbox"/>	Information Security		<input type="checkbox"/>	Recruitment and Retention
<input type="checkbox"/>	Laboratory		<input type="checkbox"/>	Relocation Services
<input type="checkbox"/>	Patient Privacy		<input type="checkbox"/>	Risk Management
<input type="checkbox"/>	Financial Reporting		<input type="checkbox"/>	Security Operations
<input type="checkbox"/>	Government Programs/ Reimbursement Services		<input type="checkbox"/>	Syndicated Office Systems
<input type="checkbox"/>	Cost Reporting		<input type="checkbox"/>	Target 100
<input type="checkbox"/>	Payroll		<input type="checkbox"/>	Tax Department
			<input type="checkbox"/>	Tenet California – Managed Care
			<input type="checkbox"/>	Tenet Healthcare Corporation Foundation
			<input type="checkbox"/>	Travel Administration

ATTACHMENT C

**Policy Development
Department Acronym**

Department	Acronym sample
Accounts Payable	ACT
Assets	ACT-Asst
Liabilities	ACT-Liab
Acquisitions & Development	ACQ
Administration	AD
Audit Services	AS
Background Screening	BSS
Business Development and Marketing	BDM
Call Center	CAL
Capital and Property Accounting	CPA
Clinical Quality Department	CQ
Corporate Communications	CC
Ethics & Compliance (<i>sub policies below</i>)	EC
Coding	EC-Code
EMTALA	EC-EMT
General	EC –Gen
Information Security	EC –Sec
Laboratory	EC –LAB
Patient Privacy	EC –Priv
Controller	FIN
Corporate Financial Reporting/Planning	CFR
Ethics and Business Conduct	ET
Financial Reporting	FR
Government Programs/ Reimbursement Services	GP
Cost Reporting	GP-CR
Government Relations	GR
Human Resources	HR
Information Systems	IS
Law	L
Learning Services	LS
Managed Care Operations	MCO
Material Resource Management	MRM
Operations Finance	OF
Patient Financial Services	PFS
Billing	PFS-BIL
HIM	PFS–HIM
Follow-up	PFS-F
Medicare	PFS-Medic
Managed Care	PFS-MC
Payroll	PAY
Recruitment and Retention	RR

ATTACHMENT C


**Policy Development
Department Acronym**

Regions	REG
Central/North-East	REG-CNE
Southern States	REG-SS
Florida/Alabama	REG-FLA
Texas	REG-TX
California	REG-CA
Relocation Services	RS
Risk Management	RM
Security Operations	SO
Syndicated Office Systems	SOS
Target 100	T 100
Tax Department	TAX
Tenet California – Managed Care	MCA
Tenet Healthcare Corporation Foundation	THF
Travel Administration	TA

Policy Development Creating a Hyperlink in a Word Document

Corporate policies often reference important documents such as government sources, professional sources, Compliance Guidelines, or other Tenet policies. By creating a hyperlink in the policy, the reader gains easy access to these important reference sources. When viewed online a hyperlink appears in the body of the policy as colored and underlined text. When the reader clicks on this text, the reader is automatically taken to another file, a location in a file, a page on eTenet, or an Internet Web page.

To create a customized hyperlink from the policy to an existing document, file, or Web page do the following:

1. select (highlight) the text you want to display as the hyperlink.
2. click on the Insert Hyperlink button  on the toolbar. The “Insert Hyperlink” window will reveal the selected text showing in the “Text to Display” box.
3. to link to:
 - a Web page, either type in or paste the Web address in the “Address” box and click OK.
 - an existing file or document, click on one of the locations under “Look In,” locate and select the document or file to be linked, click OK.
4. The highlighted text will now appear colored and underlined.
5. Depending on the version of Word used, double-click or press control and click on the linked text, to ensure the links in the policy are “hot.”

**Policy Distribution
Sample E-Mail**

SAMPLE E-MAIL

FOR USE BY CORPORATE DEPARTMENTS/COMMITTEES WHEN DISTRIBUTING NEW/REVISED
POLICIES

Date:

To: [*sample list*]Hospital A-Team Members (includes CEOs, CFOs, COOs, CNOs, HR Directors); Hospital Compliance Officers; Regional Compliance Officers; Regional Directors of Clinical Quality Improvement (RDCQIs); Regional Attorneys; Compliance Dept.; Hospital/Corporate Departments directly affected by policy

From: [Insert name of “owner” department or committee]

Re: Policy Name & Number (New/Revised)

Please find Tenet’s policy [insert name and number] which has been approved by [insert name of department head and/or committee], and is effective [immediately/or insert date]. This policy has been posted on eTenet.

The significant issues addressed in this [policy/revision] include:

- [Insert brief bullet-points description of the policy purpose and/or revisions]

Please note that [this is a corporate policy, and as such should not be changed or reformatted in any way] or [this policy is intended as threshold guidance and may be reformatted to include your hospital’s logo and procedures provided such procedures are as stringent as those set forth in the policy].

Also attached are the following additional materials, which may be used to help implement this policy:

- [Insert list of additional materials with brief description or purpose]

Please notify appropriate departments and personnel of this policy/change. A copy of this memo and policy should be forwarded to [list suggested departments]. For additional information or clarification, you may contact [insert name of policy “owner”] at [contact information].

[ATTACH POLICY]

[ATTACH ADDITIONAL MATERIALS]