	Administrative Policy	No. AD 1.006
	Title: CLINICAL QUALITY AUDIT PROCESS FOR TENET PROGRAMS	Page: 1 of 3
		Effective Date: 08-01-08
		Retires Policy Dated: 12-21-06*
		Previous Versions Dated:

I. SCOPE:

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

II. PURPOSE:

To outline the process for the Clinical Quality department audits of Tenet programs to ensure a consistent methodology and outcome, in compliance with the requirements contained within the [Corporate Integrity Agreement](#) (CIA) dated September 27, 2006 between Tenet Healthcare Corporation and the Office of Inspector General (OIG) of the Department of Health and Human Services.


III. POLICY:

Quality audits will be performed periodically to evaluate Tenet’s programs’ ability to adhere to key Federal, State and Joint Commission quality standards and to meet the company’s objective to provide quality services to our patients.

The following types of quality audits will be performed:

- Comprehensive Clinical Audits
- Behavioral Health Audits
- Inpatient Rehabilitation Audits
- Skilled Nursing Audits
- Employed Physician Coding Audits
- Contractually Required Quality Audits
- Focused Quality Audits for Identified Concerns or Risks

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Priorities will be established based upon the following indicators:

- Areas that are high risk, high-volume or problem-prone
- Consideration will be made for the prevalence, the incidence and severity of problems
- Areas that affect health outcomes, patient safety and quality of care

IV. PROCEDURE:

A. Corporate Implementation

1. Standards and related elements of performance will be developed for each quality audit. On an annual basis, the standards and related elements of performance will be reviewed and revised for the next calendar year.

2. Focus audits will be developed as issues are identified.

3. As part of the annual review process, the number of locations to be audited and any revisions to the audit process will be determined.

4. The audit will:

a. Review adherence to the quality standards on the audit

b. Identify opportunities for improvement

c. Provide recommendations for improvement

d. Validate corrective action has occurred for key concerns identified on the previous audit


5. The findings of the audit will be posted in the applicable electronic audit reporting system. All hospital action plans will be posted in the same reporting system. Action plans will include:

a. Actions to be taken by the hospital to correct identified issues

b. Responsible position

c. Date of completion

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6. Upon receipt of the completed corrective action plan, a determination will be made of needed next steps. Some additional steps that may be considered include:

- a. Accept plan as written
- b. Require submission of supporting documents to confirm completion
- c. Return site visit to review implementation of the plan

7. Significant issues identified during an audit will be:

- a. Communicated on the Executive Summary
- b. Entered into the Corporate Incident Tracking system (CITS)

It will be the responsibility of the Hospital Compliance Officer (HCO) to track and close all such CITS entries.

8. A CITS issue will also be entered for key concerns that continued to be identified during an audit and sustainable corrective action does not occur.

9. The Vice President of Quality Management will receive periodic reports on the status of the audit process. Based upon company priorities and development of new high risk factors, the audit process may be altered or revised to ensure that quality of services is maintained.

B. Enforcement

All employees whose responsibilities are affected by this Policy are expected to be familiar with the basic procedures and responsibilities created by this Policy. Failure to comply with this Policy will be subject to appropriate disciplinary action pursuant to all applicable policies and procedures, up to and including termination. Such disciplinary action may also include modification of compensation, including any merit or discretionary compensation awards.

V. REFERENCES:

- [Corporate Integrity Agreement Between The Office Of Inspector General Of The Department of Health and Human Services And Tenet Healthcare Corporation, signed September 27, 2006](#)

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