	Administrative Policy	No.	1.008
	Title: MONITORING OF THE PEER REVIEW PROCESS	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 define the critical components for peer review that contributes to the preservation and improvement of the quality, performance, effectiveness and efficiency of patient care, in compliance with the requirements contained within the [Corporate Integrity Agreement](#) dated September 27, 2006 between Tenet Healthcare Corporation and the Office of Inspector General of the Department of Health and Human Services.

III. POLICY:


All Tenet healthcare operations will have an effective peer review process.

IV. PROCEDURE:

A. Hospital Implementation

1. The following critical components will be incorporated into the peer review process:
 - a. Consistency
 - b. Confidentiality
 - c. Timeliness
 - d. Comprehensiveness
 - e. Link to the credentialing process
 - f. Standards based
 - g. Quality of technical practice
 - h. Quality of care as compared to peers

*When published in June 2008, this policy displayed an incorrect date in the “Retires Policy Dated” box. The policy was originally effective 12-21-06 and had no revisions until those effective 08-01-08.

	Administrative Policy	No.	1.008	
	MONITORING OF THE PEER REVIEW PROCESS	Title:	Page:	2 of 3
			Effective Date:	08-01-08
			Retires Policy Dated:	12-21-06*
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2. The peer review process will be in accordance with Joint Commission Federal and State Requirements and in conjunction with the hospital’s Medical Staff Bylaws.

3. A system will be implemented to prevent, detect and resolve problems and potential problems through routine monitoring by colleagues.

B. Corporate Implementation

1. Monitoring of the Peer Review process will occur as part of Tenet’s Comprehensive Clinical Audit (CCA) Process. A review will be conducted of hospital peer review processes during routine audits. The review will:

- a. Assess hospital’s practice to Joint Commission Federal and State standards
- b. Review adherence to the hospital’s policy related to peer review
- c. Identify opportunities for improvement
- d. Provide recommendations for improvement
- e. Consider prior performance improvement activities and outcomes

2. The findings of the CCA 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

3. Upon receipt of the completed corrective action plan, a determination will be made about 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

4. Validation of corrective actions will occur during subsequent reviews for significant findings.

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	Administrative Policy	No.	1.008
	Title: MONITORING OF THE PEER REVIEW PROCESS	Page:	3 of 3
		Effective Date:	08-01-08
		Retires Policy Dated:	12-21-06*
		Previous Versions Dated:	

5. Significant issues identified during a Comprehensive Clinical 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.

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

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](#)

- [Medicare Condition of Participation for Medical Staff, 42 CFR §482.22 \(b\)](#)

- Joint Commission Standards MS.4. 40, MS. 4.45, MS 4.70

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