Tenet Health	Administrative Policy	No.	AD 1. 12
	Title: REPORTING TO DATA REGISTRIES	Page:	1 of 2
		Effective Date:	09-27-11
		Retires Policy Dated:	08-01-08
		Previous Versions Dated:	12-21-06

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 greater than 50%; 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:

The purpose of this policy is to establish a process for reporting to data registries in order that information may be readily available to guide quality decisions by senior leadership and the Quality, Compliance and Ethics Committee.

III. POLICY:

Tenet participates in selected national benchmarking projects to meet both regulatory requirements as well as internal quality improvement initiatives. This participation, which is conducted through data abstraction at the hospital-level and data submission at the corporate-level, enables analysis of comparative data and identification of performance improvement opportunities.

IV. PROCEDURE:

A. Corporate Implementation

- 1. Tenet will participate in data registries that are mandatory. For external agencies that are voluntary, the Senior Vice President of Clinical Operations in consultation with regional Chief Medical Officers will be responsible for determining the external agencies that will receive the clinical data.
- 2. The Clinical Analysis Group (CAG) will be responsible for timely submission and accuracy of data reported to the data registries that are required by the Clinical Operations department.
- 3. The capture rate for data at each individual hospital will be determined by comparing billing data to the data submitted by the facility when the requested data is related to billing data. If issues are identified related to the completeness of the data, the hospital is contacted for resolution. Incomplete data is not transmitted to the data registry.

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- 4. Test submissions will be performed and all error messages addressed prior to the final submission of the production data.
- 5. Routine calls are held with the vendors to facilitate effective communication and timely resolution of any identified concerns.
- 6. Facilities with significant variance from others may receive additional support from the CAG and the Director of Clinical Quality Improvement in the Clinical Operations department to assist with improving performance.

B. Facility Implementation

- 1. Each Tenet Facility required to perform data abstraction for a specific data registry will establish processes to ensure competency of the data abstraction staff via Inter-Rater Reliability.
- 2. Data abstraction will be performed timely as required by the CAG team.
- 3. The Clinical Operations Department's National Directors of Clinical Quality Improvement and Education and Development will be available to act as a resource to the Tenet Facilities to assist in establishing a process for competency of appropriate staff.
- 4. Education materials will be made available to the Tenet Facilities to assist with implementing an effective competency process.
- 5. The availability of public reports has a time lag of several months. Tenet Facilities may use their internal concurrent reports to compare their progress and to validate if improvement in performance is occurring.