



The Joint Commission

Accreditation Program: Laboratory
Performance Improvement

Standard PI.01.01.01

The laboratory collects data to monitor its performance.

Elements of Performance for PI.01.01.01

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| 1. | The laboratory leaders set priorities for data collection. (See also LD.04.04.01, EP 1) | A |
| 2. | The laboratory identifies the frequency for data collection. | A |
| M 3. | The laboratory collects data on the following: Performance improvement priorities identified by laboratory leaders. (See also LD.04.04.01, EP 1) | C |
| 7. | The laboratory collects data on the following: The use of blood and blood components. (See also LD.04.04.01, EP 2) | A |
| 8. | The laboratory collects data on the following: All confirmed transfusion reactions. (See also LD.04.04.01, EP 2) | A |
| M 16. | The laboratory collects data on the following: Patient perception of the safety and quality of laboratory services. Note: The laboratory can use the hospital's patient satisfaction survey as long as it addresses laboratory services. | C |
| 22. | The laboratory collects data on the following: Processes or outcomes related to patient preparation, including the provision of patient instructions and preparatory steps for the procedures. | A |
| 23. | The laboratory collects data on the following: Processes or outcomes related to handling specimens, including specimen collection, labeling, preservation, transportation, and rejection. (See also LD.04.04.01, EP 2) | A |
| 24. | The laboratory collects data on the following: Processes or outcomes related to communication processes, including efficient transfer of information, completeness of test requisition, timeliness of reporting results, and accuracy of reports. | A |
| 25. | The laboratory collects data to determine whether tests it offers meet the needs of the clinical staff and the population served. Note: Data needed to support the review process may include age, disability groups, diagnoses, problems, levels of care, and treatment. | A |
| 26. | To support the review of clinician practices, the laboratory collects data on test utilization. | A |
| 30. | The laboratory considers collecting data on staff opinions and needs. Note: If the laboratory has not collected data on this topic, consideration can be demonstrated through methods such as interviews or meeting minutes. | A |

Standard PI.02.01.01

The laboratory compiles and analyzes data.

Elements of Performance for PI.02.01.01

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| M 1. | The laboratory compiles data into formats that enable them to be analyzed. | C |
| 2. | The laboratory identifies the frequency for data analysis. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| <p>M 3. The laboratory uses statistical tools and techniques to analyze and display data.</p> <p>4. The laboratory analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.</p> <p>5. The laboratory compares data with external sources, when available. Note: Examples of external sources of information include the following: - Recent scientific, clinical, and management literature, including Sentinel Event Alerts - Practice guidelines or parameters - Performance measures - Reference databases - Other organizations with similar processes and standards that are periodically reviewed and revised</p> <p>8. The laboratory uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)</p> | <p>C</p> <p>A</p> <p>A</p> <p>A</p> |
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Standard PI.03.01.01

The laboratory improves performance.

Elements of Performance for PI.03.01.01

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| <p>1. Laboratory leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8)</p> <p>2. The laboratory takes action on improvement priorities.</p> <p>3. The laboratory evaluates actions to confirm that they resulted in improvements.</p> <p>4. The laboratory takes action when it does not achieve or sustain planned improvements.</p> | <p>A</p> <p>A</p> <p>A</p> <p>A</p> |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required