



Accreditation Program: Long Term Care  
Performance Improvement

**Standard PI.01.01.01**

The organization collects data to monitor its performance.

**Elements of Performance for PI.01.01.01**

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|--------------|---|----------|
| 1.           | The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)  | <b>A</b> |
| 2.           | The organization identifies the frequency for data collection.  | <b>A</b> |
| <b>M</b> 3.  | The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)   | <b>C</b> |
| 9.           | The organization collects data on the following: The use of restraints. (See also LD.04.04.01, EP 2)  | <b>A</b> |
| 12.          | The organization collects data on the following: Behavior management and treatment. (See also LD.04.04.01, EP 2)  | <b>A</b> |
| 13.          | The organization collects data on the following: Quality control activities.<br>Note: Examples of topics for quality control activities include the delivery and content of food trays and laundry services.  | <b>A</b> |
| 14.          | The organization collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)   | <b>A</b> |
| 15.          | The organization collects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)  | <b>A</b> |
| <b>M</b> 16. | The organization collects data on the following: Resident (and, as needed, the family) perception of the safety and quality of care, treatment, and services.   | <b>C</b> |
| 30.          | The organization considers collecting data on the following:<br>- Staff opinions and needs<br>- Staff perceptions of risk to individuals<br>- Staff suggestions for improving resident safety<br>- Staff willingness to report adverse events<br>Note: If the organization has not collected data on this topic, consideration can be demonstrated through methods such as interviews or meeting minutes. | <b>A</b> |

**Standard PI.02.01.01**

The organization compiles and analyzes data.

**Elements of Performance for PI.02.01.01**

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|-------------|---|----------|
| <b>M</b> 1. | The organization compiles data into formats that enable them to be analyzed.        | <b>C</b> |
| 2.          | The organization identifies the frequency for data analysis.                        | <b>A</b> |
| <b>M</b> 3. | The organization uses statistical tools and techniques to analyze and display data. | <b>C</b> |

**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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|----|---|----------|
| 4. | The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.       | <b>A</b> |
| 5. | The organization compares data with external sources, when available.   | <b>A</b> |
| 8. | The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1) | <b>A</b> |

**Standard PI.03.01.01**

The organization improves performance.

**Elements of Performance for PI.03.01.01**

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|----|---|----------|
| 1. | Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8) | <b>A</b> |
| 2. | The organization takes action on improvement priorities.                                  | <b>A</b> |
| 3. | The organization evaluates whether action(s) taken resulted in improvement.               | <b>A</b> |
| 4. | The organization takes action when it does not achieve or sustain planned improvements.   | <b>A</b> |

**Standard PI.04.01.01**

The organization uses clinical/service and human resource indicators to assess the effectiveness of staff in meeting resident needs.

Note: This standard is not in effect at this time.

**Elements of Performance for PI.04.01.01**

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|----|--|----------|
| 1. | The organization identifies two or more inpatient populations/settings for which data on staffing effectiveness are to be collected.<br>Note: This element of performance is not in effect at this time.   | <b>A</b> |
| 2. | The organization identifies the inpatient populations/settings for staffing effectiveness data collection based on an assessment of relevant information or risk including the following:<br>- Type of setting<br>- Resident population served<br>- Knowledge about staffing issues likely to affect resident safety or quality of care<br>- Existing data (for example, incident logs, sentinel event data, performance improvement reports)<br>- Input from clinical staff who provide resident care<br>Note 1: If the organization has only one population/setting, it need not apply these criteria.<br>Note 2: This element of performance is not in effect at this time. | <b>A</b> |
| 3. | A minimum set of four indicators is selected for each of the identified inpatient populations/settings.<br>Note 1: Organizations may choose the same set, the same set in part, or completely different measure sets for each identified population/setting.<br>Note 2: This element of performance is not in effect at this time.   | <b>A</b> |

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4. Of the four indicators required for each population/setting, two must be clinical/service indicators and two must be human resource indicators. **A**  
 Note: This element of performance is not in effect at this time.
5. One of the human resource indicators and one of the clinical/service indicators for each population/setting must be selected from The Joint Commission's list of approved indicators. (Refer to the "Staffing Effectiveness Indicators" (SEI) chapter.) **A**  
 Note 1: Additional indicators may be selected from among the organization's own indicators.  
 Note 2: The Joint Commission's list of approved screening indicators consists of National Quality Forum (NQF)–endorsed voluntary consensus standards for nursing home care and Joint Commission consensus measures.  
 Note 3: This element of performance is not in effect at this time.
6. The organization selects the indicators for each population/setting based on an assessment of relevant information or risk including the following: **A**  
 - Type of setting  
 - Resident population served  
 - Knowledge about staffing issues likely to affect resident safety or quality of care  
 - Existing data (for example, incident logs, sentinel event data, performance improvement reports)  
 - Input from clinical staff who provide resident care  
 Note: This element of performance is not in effect at this time.
7. The human resource indicators for all identified populations/settings include all nursing staff (including registered nurses, licensed practical nurses, and nursing assistants or aides). **A**  
 Note 1: Decisions regarding stratification of data by discipline are left to the organization. When the organization chooses to include other practitioner groups in addition to nursing staff, this decision is based on the impact such care/service providers have on resident outcomes.  
 Note 2: This element of performance is not in effect at this time.
8. When the organization chooses indicators for staffing effectiveness, it performs the following: **A**  
 - Defines the numerator and denominator  
 - Standardizes the data element definitions for each indicator, including those indicators applied in more than one setting  
 - Determines acceptable ranges, parameters, or trigger levels  
 Note 1: Acceptable ranges, parameters, or trigger levels may be reflective of past performance, expert opinion, expert literature, or a combination of these. The ranges, parameters, or trigger levels should be reasonable goals that are possible to attain. When desired ranges, parameters, or trigger levels are not met, an investigation into the cause(s) is needed.  
 Note 2: This element of performance is not in effect at this time.
9. For each inpatient population/setting selected the organization analyzes the collected data for all indicators, investigates to identify any staffing effectiveness issues when data varies from expected, and takes action to improve. **A**  
 Note: This element of performance is not in effect at this time.

10. The organization reports to the leaders at least annually on the status of staffing effectiveness and any actions taken to resolve identified problems.

**A**

Note: This element of performance is not in effect at this time.

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