

# History Tracking Report: 2010 to 2009 Requirements

## Accreditation Program: Long Term Care

### 2010 Chapter: Performance Improvement

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#### Standard PI.01.01.01

##### 2010 Standard Text:

The organization collects data to monitor its performance.

#### Standard PI.1.10

##### 2009 Standard Text:

The {jc}organization{/2} collects data to monitor its performance.

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**2010 Standard:** PI.01.01.01

**2010 EP:** 1

##### 2010 EP Text:

The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)

**2009 Standard:** PI.1.10

**2009 EP:** 1

##### 2009 EP Text:

The {jc}organization{/2} collects data for priorities identified by leaders (see standard LD.4.50).

**Revision Code:** Split

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**2010 Standard:** PI.01.01.01

**2010 EP:** 2

##### 2010 EP Text:

The organization identifies the frequency for data collection.

**2009 Standard:** PI.2.10

**2009 EP:** 2

##### 2009 EP Text:

Data are aggregated at the frequency appropriate to the activity or process being studied.

**Revision Code:** Split

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**2010 Standard:** PI.01.01.01

**2010 EP:** 3

##### 2010 EP Text:

The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)

**2009 Standard:** PI.1.10

**2009 EP:** 1

##### 2009 EP Text:

The {jc}organization{/2} collects data for priorities identified by leaders (see standard LD.4.50).

**Revision Code:** Split

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**2010 Standard:** PI.01.01.01

**2010 EP:** 9

##### 2010 EP Text:

The organization collects data on the following: The use of restraints. (See also LD.04.04.01, EP 2)

**2009 Standard:** PI.1.10

**2009 EP:** 6

##### 2009 EP Text:

The {jc}organization{/2} collects data that measure the performance of each of the following potentially high-risk processes, when provided: Restraint use.

**Revision Code:** Retain

<p><b>2010 Standard:</b> PI.01.01.01                      <b>2010 EP:</b> 12</p> <p><b>2010 EP Text:</b></p> <p>The organization collects data on the following: Behavior management and treatment. (See also LD.04.04.01, EP 2)</p>	<p><b>2009 Standard:</b> PI.1.10                      <b>2009 EP:</b> 8</p> <p><b>2009 EP Text:</b>                      <b>Revision Code:</b> Retain</p> <p>The {jc}organization{/2} collects data that measure the performance of each of the following potentially high-risk processes, when provided: Behavior management and treatment.</p>
<p><b>2010 Standard:</b> PI.01.01.01                      <b>2010 EP:</b> 13</p> <p><b>2010 EP Text:</b></p> <p>The organization collects data on the following: Quality control activities. Note: Examples of topics for quality control activities include the delivery and content of food trays and laundry services.</p>	<p><b>2009 Standard:</b> PI.1.10                      <b>2009 EP:</b> 15</p> <p><b>2009 EP Text:</b>                      <b>Revision Code:</b> Retain</p> <p>Relevant information developed from the following activities is integrated into performance improvement initiatives. This occurs in a way consistent with any {jc}organization{/2} policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law:Quality control.</p>
<p><b>2010 Standard:</b> PI.01.01.01                      <b>2010 EP:</b> 14</p> <p><b>2010 EP Text:</b></p> <p>The organization collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)</p>	<p><b>2009 Standard:</b> PI.2.20                      <b>2009 EP:</b> 6</p> <p><b>2009 EP Text:</b>                      <b>Revision Code:</b> Retain</p> <p>An analysis is performed for all significant medication errors, if applicable and as defined by the {jc}organization{/2}.</p>
<p><b>2010 Standard:</b> PI.01.01.01                      <b>2010 EP:</b> 15</p> <p><b>2010 EP Text:</b></p> <p>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)</p>	<p><b>2009 Standard:</b> PI.2.20                      <b>2009 EP:</b> 5</p> <p><b>2009 EP Text:</b>                      <b>Revision Code:</b> Retain</p> <p>An analysis is performed for all serious adverse drug events, if applicable and as defined by the {jc}organization{/2}.</p>
<p><b>2010 Standard:</b> PI.01.01.01                      <b>2010 EP:</b> 16</p> <p><b>2010 EP Text:</b></p> <p>The organization collects data on the following: Resident (and, as needed, the family) perception of the safety and quality of care, treatment, and services.</p>	<p><b>2009 Standard:</b> PI.1.10                      <b>2009 EP:</b> 3</p> <p><b>2009 EP Text:</b>                      <b>Revision Code:</b> Retain</p> <p>The {jc}organization{/2} collects data on the perceptions of care, treatment, and services* of {jc}patient{/1}s including the following:Their specific needs and expectations How well the {jc}organization{/2} meets these needs and expectationsHow the {jc}organization{/2} can improve {jc}patient{/1} safety The effectiveness of pain management, when applicable *The Joint Commission is moving from the phrase satisfaction with care, treatment, and services toward the more inclusive phrase perception of care, treatment, and services to better measure the performance of {jc}organization{/2}s meeting the needs, expectations and concerns of {jc}patients{/6}. By using this term, the {jc}organization{/2} will be prompted to assess not only {jc}patients{/6}' and/or families' satisfaction with care, treatment, or services, but also whether the {jc}organization{/2} meets their needs and expectations.</p>

**2010 Standard:** PI.01.01.01**2010 EP:** 30**2010 EP Text:**

The organization considers collecting data on the following:

- Staff opinions and needs
- Staff perceptions of risk to individuals
- Staff suggestions for improving resident safety
- Staff willingness to report adverse events

Note: If the organization has not collected data on this topic, consideration can be demonstrated through methods such as interviews or meeting minutes.

**2009 Standard:** PI.1.10**2009 EP:** 2**2009 EP Text:****Revision Code:** Retain

The {jc}organization{/2} considers collecting data in the following areas: Staff opinions and needs Staff perceptions of risks to individuals and suggestions for improving {jc}patient{/1} safety Staff willingness to report unanticipated adverse events

**Standard PI.02.01.01**

**2010 Standard Text:**

The organization compiles and analyzes data.

**2010 Standard:** PI.02.01.01

**2010 EP:** 1

**2010 EP Text:**

The organization compiles data into formats that enable them to be analyzed.

**2010 Standard:** PI.02.01.01

**2010 EP:** 2

**2010 EP Text:**

The organization identifies the frequency for data analysis.

**2010 Standard:** PI.02.01.01

**2010 EP:** 3

**2010 EP Text:**

The organization uses statistical tools and techniques to analyze and display data.

**2010 Standard:** PI.02.01.01

**2010 EP:** 4

**2010 EP Text:**

The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.

**2010 Standard:** PI.02.01.01

**2010 EP:** 4

**2010 EP Text:**

The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.

**Standard PI.2.10**

**2009 Standard Text:**

Data are systematically aggregated and analyzed.

**2009 Standard:** PI.2.10

**2009 EP:** 1

**2009 EP Text:**

Collected data are aggregated and analyzed.

**Revision Code:** Split

**2009 Standard:** PI.2.10

**2009 EP:** 2

**2009 EP Text:**

Data are aggregated at the frequency appropriate to the activity or process being studied.

**Revision Code:** Split

**2009 Standard:** PI.2.10

**2009 EP:** 3

**2009 EP Text:**

Statistical tools and techniques are used to analyze and display data.

**Revision Code:** Retain

**2009 Standard:** PI.2.10

**2009 EP:** 1

**2009 EP Text:**

Collected data are aggregated and analyzed.

**Revision Code:** Split

**2009 Standard:** PI.2.10

**2009 EP:** 4

**2009 EP Text:**

Data are analyzed and compared internally over time and externally\* with other sources of information when available. \*External sources of information include recent scientific, clinical, and management literature, including sentinel event alerts; well-formulated practice guidelines or parameters; performance measures; reference databases; other organizations with similar processes, and standards that are periodically reviewed and revised.

**Revision Code:** Split

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**2010 Standard:** PI.02.01.01**2010 EP:** 5**2010 EP Text:**

The organization compares data with external sources, when available.

**2009 Standard:** PI.2.10**2009 EP:** 4**2009 EP Text:****Revision Code:** Split

Data are analyzed and compared internally over time and externally\* with other sources of information when available. \*External sources of information include recent scientific, clinical, and management literature, including sentinel event alerts; well-formulated practice guidelines or parameters; performance measures; reference databases; other {jc}organizations{/14} with similar processes, and standards that are periodically reviewed and revised.

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**2010 Standard:** PI.02.01.01**2010 EP:** 8**2010 EP Text:**

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)

**2009 Standard:** PI.2.10**2009 EP:** 5**2009 EP Text:****Revision Code:** Retain

Comparative data are used to determine if there is excessive variability or unacceptable levels of performance when available.

**Standard PI.03.01.01****2010 Standard Text:**

The organization improves performance.

**2010 Standard:** PI.03.01.01

**2010 EP:** 1

**2010 EP Text:**

Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8)

**2010 Standard:** PI.03.01.01

**2010 EP:** 2

**2010 EP Text:**

The organization takes action on improvement priorities.

**2010 Standard:** PI.03.01.01

**2010 EP:** 2

**2010 EP Text:**

The organization takes action on improvement priorities.

**2010 Standard:** PI.03.01.01

**2010 EP:** 2

**2010 EP Text:**

The organization takes action on improvement priorities.

**2010 Standard:** PI.03.01.01

**2010 EP:** 3

**2010 EP Text:**

The organization evaluates whether action(s) taken resulted in improvement.

**2010 Standard:** PI.03.01.01

**2010 EP:** 4

**2010 EP Text:**

The organization takes action when it does not achieve or sustain planned improvements.

**Standard LD.4.50****2009 Standard Text:**

The leaders set performance improvement priorities and identify how the {jc}organization{/2} adjusts priorities in response to unusual or urgent events.

**2009 Standard:** LD.4.50

**2009 EP:** 1

**2009 EP Text:**

**Revision Code:** Split

The leaders set priorities for performance improvement for organizationwide activities, staffing effectiveness, and {jc}patient{/1} health outcomes.

**2009 Standard:** PI.3.10

**2009 EP:** 1

**2009 EP Text:**

**Revision Code:** Split

The {jc}organization{/2} uses the information from data analysis to identify and implement changes that will improve the quality of care, treatment, and services.

**2009 Standard:** PI.3.10

**2009 EP:** 2

**2009 EP Text:**

**Revision Code:** Consolidate

The {jc}organization{/2} identifies and implements changes that will reduce the risk of sentinel events.

**2009 Standard:** PI.3.10

**2009 EP:** 3

**2009 EP Text:**

**Revision Code:** Consolidate

The {jc}organization{/2} uses the information from data analysis to identify changes that will improve {jc}patient{/1} safety.

**2009 Standard:** PI.3.10

**2009 EP:** 4

**2009 EP Text:**

**Revision Code:** Retain

Changes made to improve processes or outcomes are evaluated to ensure that they achieve the expected results.

**2009 Standard:** PI.3.10

**2009 EP:** 5

**2009 EP Text:**

**Revision Code:** Retain

Appropriate actions are undertaken when planned improvements are not achieved or sustained.

**Standard PI.04.01.01****2010 Standard Text:**

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.

**2010 Standard:** PI.04.01.01

**2010 EP:** 1

**2010 EP Text:**

The organization identifies two or more inpatient populations/settings for which data on staffing effectiveness are to be collected.

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

**2010 Standard:** PI.04.01.01

**2010 EP:** 2

**2010 EP Text:**

The organization identifies the inpatient populations/settings for staffing effectiveness data collection based on an assessment of relevant information or risk including the following:

- 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 1: If the organization has only one population/setting, it need not apply these criteria.

Note 2: This element of performance is not in effect at this time.

**2010 Standard:** PI.04.01.01

**2010 EP:** 3

**2010 EP Text:**

A minimum set of four indicators is selected for each of the identified inpatient populations/settings.

Note 1: Organizations may choose the same set, the same set in part, or completely different measure sets for each identified population/setting.

Note 2: This element of performance is not in effect at this time.

**Standard HR.1.30****2009 Standard Text:**

The {jc}organization{/2} uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness.

**2009 Standard:** HR.1.30

**2009 EP:** 1

**2009 EP Text:**

**Revision Code:** Retain

The {jc}organization{/2} identifies no fewer than two inpatient populations/settings for which data on staffing effectiveness are to be collected.

Note: If the {jc}organization{/2} has only one population/setting, the {jc}organization{/2} may collect data for that single population/setting.

**2009 Standard:** HR.1.30

**2009 EP:** 2

**2009 EP Text:**

**Revision Code:** Retain

The {jc}organization{/2} identifies the populations/settings (no less than two) based on assessment of relevant information or risk, including Knowledge about staffing issues likely to impact {jc}patient{/1} safety or quality of care {jc}Patient{/1} population served Type of setting Review of existing data (e.g., incident logs, sentinel event data, performance improvement reports) Input from clinical staff who provide {jc}patient{/1} care Note: If the {jc}organization{/2} has only one population/setting, the {jc}organization{/2} need not apply these criteria.

**2009 Standard:** HR.1.30

**2009 EP:** 3

**2009 EP Text:**

**Revision Code:** Retain

A minimum set of four indicators are selected for each of the identified inpatient populations/settings. Note: {jc}Organizations{/14} are free to choose the same set, the same set in part or completely different measure sets for each identified population/setting.

**2010 Standard:** PI.04.01.01

**2010 EP:** 4

**2010 EP Text:**

Of the four indicators required for each population/setting, two must be clinical/service indicators and two must be human resource indicators.  
 Note: This element of performance is not in effect at this time.

**2009 Standard:** HR.1.30

**2009 EP:** 5

**2009 EP Text:**

**Revision Code:** Retain

Of the four indicators required for each population/setting, two must be clinical/service indicators and two must be human resource indicators.

**2010 Standard:** PI.04.01.01

**2010 EP:** 5

**2010 EP Text:**

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.)

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.

**2009 Standard:** HR.1.30

**2009 EP:** 6

**2009 EP Text:**

**Revision Code:** Retain

One of the human resource indicators and one of the clinical/service indicators must be selected from the Joint Commission’s list of approved indicators\*.Note: Additional indicators may be selected from among the {jc}organization{/2}’s own indicators. \*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.

**2010 Standard:** PI.04.01.01

**2010 EP:** 6

**2010 EP Text:**

The organization selects the indicators for each population/setting based on an assessment of relevant information or risk including the following:

- 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.

**2009 Standard:** HR.1.30

**2009 EP:** 4

**2009 EP Text:**

**Revision Code:** Retain

The {jc}organization{/2} determines the indicators for each population/setting based on assessment of relevant information or risk, including the following:Knowledge about staffing issues likely to impact {jc}patient{/1} safety or quality of care {jc}Patient{/1} population servedType of settingReview of existing data (e.g., incident logs, sentinel event data, performance improvement reports)Input from clinical staff who provide {jc}patient{/1} care

**2010 Standard:** PI.04.01.01**2010 EP:** 7**2010 EP Text:**

The human resource indicators for all identified populations/settings include all nursing staff (including registered nurses, licensed practical nurses, and nursing assistants or aides).

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.

**2010 Standard:** PI.04.01.01**2010 EP:** 7**2010 EP Text:**

The human resource indicators for all identified populations/settings include all nursing staff (including registered nurses, licensed practical nurses, and nursing assistants or aides).

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.

**2010 Standard:** PI.04.01.01**2010 EP:** 8**2010 EP Text:**

When the organization chooses indicators for staffing effectiveness, it performs the following:

- 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.

**2009 Standard:** HR.1.30**2009 EP:** 8**2009 EP Text:****Revision Code:** Consolidate

When the {jc}organization{/2} chooses to include other practitioner groups (in addition to nursing staff in the human resource indicators for the identified populations/settings, this decision is based on the impact the absence of such care/service providers would be expected to have on {jc}patient{/1} outcomes.

**2009 Standard:** HR.1.30**2009 EP:** 7**2009 EP Text:****Revision Code:** Consolidate

The human resource indicators for all identified populations/settings include all nursing staff (including registered nurses, licensed practical nurses, and nursing assistants or aides) . Note: Decisions regarding stratification of data by discipline are left to the {jc}organization{/2}.

**2009 Standard:** HR.1.30**2009 EP:** 9**2009 EP Text:****Revision Code:** Retain

The {jc}organization{/2} does the following: Defines the numerator and denominator for indicators chosen Standardizes the data element definitions for each indicator, including those indicators applied in more than one setting Determines acceptable ranges/parameters/trigger levels\* for the indicators\*Acceptable ranges/parameters/trigger levels may be reflective of past performance, expert opinion, expert literature, or a combination of these. The ranges/parameters/trigger levels should be reasonable goals that are possible to attain. When desired ranges/parameters/trigger levels are not met, an investigation into the cause(s) is needed.

**2010 Standard:** PI.04.01.01

**2010 EP:** 9

**2010 EP Text:**

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.

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

**2009 Standard:** HR.1.30

**2009 EP:** 10

**2009 EP Text:**

**Revision Code:** Retain

The {jc}organization{/2} does the following for each populations/settings selected:Collects data for all indicatorsAnalyzes data for all indicatorsReviews all indicator data together when analyzing variation from desired performance for additional information that may assist in identifying any potential causes of variationInvestigates to identify any staffing effectiveness issues when indicator data varies from expectedTakes appropriate action in response to analyzed data

**2010 Standard:** PI.04.01.01

**2010 EP:** 10

**2010 EP Text:**

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

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

**2009 Standard:** HR.1.30

**2009 EP:** 11

**2009 EP Text:**

**Revision Code:** Retain

The {jc}organization{/2} reports at least annually to the leaders on the results of data analyses related to staffing effectiveness (see PI.1.10 and PI.2.20) and any actions taken to resolve identified problems.