

# Performance Improvement Chapter Revisions

## Hospital (HAP) Accreditation Program

### Performance Improvement (PI) Chapter

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#### PI.01.01.01

**Current Requirement Text:**

The hospital collects data to monitor its performance.

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**PI.01.01.01****Current EP Text:**

The leaders (including the governing body) set priorities for and identify the frequency of data collection. (See also LD.03.07.01, EP 2)

**EP: 1****Revision Type:** Consolidated**LD.03.07.01****New EP Text:**

As part of performance improvement, leaders (including the governing body) do the following:

- Set priorities for performance improvement activities and patient health outcomes
- Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities
- Identify the frequency of data collection for performance improvement activities
- Reprioritize performance improvement activities in response to changes in the internal or external environment

(See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 10, 12, 13; PI.02.01.01, EP 1)

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**EP: 2**

## Hospital (HAP) Accreditation Program

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### PI.02.01.01

**Current Requirement Text:**

N/A

**Revision Type:** New

### PI.02.01.01

**New Requirement Text:**

The hospital has a performance improvement plan.

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### PI.02.01.01

**Current EP Text:**

N/A

**EP:**

**Revision Type:** New

### PI.02.01.01

**New EP Text:**

Performance improvement priorities established by hospital leaders are described in a written plan that includes the following:

- The defined process(es) needing improvement, along with any stakeholder (for example, patient, staff, regulatory) requirements, project goals, and improvement activities
- Method(s) for measuring performance of the process(es) identified for improvement
- Analysis method(s) for identifying causes of variation and poor performance in the process(es)
- Methods implemented to address process deficiencies and improve performance
- Methods for monitoring and sustaining the improved process(es)

(See also LD.03.07.01, EP 2)

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**EP: 1**

### PI.02.01.01

**Current EP Text:**

N/A

**EP:**

**Revision Type:** New

### PI.02.01.01

**New EP Text:**

Leadership reviews the plan for addressing performance improvement priorities at least annually and updates it to reflect any changes in strategic priorities and in response to changes in the internal or external environment.

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**EP: 2**

### PI.02.01.01

**Current Requirement Text:**

The hospital compiles and analyzes data.

**Revision Type:** Moved

### PI.03.01.01

**New Requirement Text:**

The hospital compiles and analyzes data.

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### PI.02.01.01

**Current EP Text:**

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

**EP: 3**

**Revision Type:** Moved

### PI.03.01.01

**New EP Text:**

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

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**EP: 3**

### PI.02.01.01

**Current EP Text:**

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

**EP: 4**

**Revision Type:** Moved

### PI.03.01.01

**New EP Text:**

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

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**EP: 4**

# Hospital (HAP) Accreditation Program

**PI.02.01.01**

**EP: 6**

**Current EP Text:**

**Revision Type:** Moved

The hospital reviews and analyzes incidents where the radiation dose index (computed tomography dose index [CTDIvol], dose length product [DLP], or size-specific dose estimate [SSDE]) from diagnostic CT examinations exceeded expected dose index ranges identified in imaging protocols. These incidents are then compared to external benchmarks.

Note 1: While the CTDIvol, DLP, and SSDE are useful indicators for monitoring radiation dose indices from the CT machine, they do not represent the patient's radiation dose.

Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

**PI.03.01.01**

**EP: 6**

**New EP Text:**

The hospital reviews and analyzes incidents where the radiation dose index (computed tomography dose index [CTDIvol], dose length product [DLP], or size-specific dose estimate [SSDE]) from diagnostic CT examinations exceeded expected dose index ranges identified in imaging protocols. These incidents are then compared to external benchmarks.

Note 1: While the CTDIvol, DLP, and SSDE are useful indicators for monitoring radiation dose indices from the CT machine, they do not represent the patient's radiation dose.

Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

**PI.02.01.01**

**EP: 7**

**Current EP Text:**

**Revision Type:** Moved

The hospital analyzes its organ procurement conversion rate data as provided by the organ procurement organization (OPO). (See also TS.01.01.01, EP 1)

Note: Conversion rate is defined as the number of actual organ donors over the number of eligible donors defined by the OPO, expressed as a percentage.

**PI.03.01.01**

**EP: 7**

**New EP Text:**

The hospital analyzes its organ procurement conversion rate data as provided by the organ procurement organization (OPO).

Note: Conversion rate is defined as the number of actual organ donors over the number of eligible donors defined by the OPO, expressed as a percentage. (See also TS.01.01.01, EP 1)

**PI.02.01.01**

**EP: 8**

**Current EP Text:**

**Revision Type:** Moved

The hospital uses the results of data analysis to identify improvement opportunities.

**PI.03.01.01**

**EP: 8**

**New EP Text:**

The hospital uses the results of data analysis to identify improvement opportunities.

**PI.02.01.01**

**EP: 12**

**Current EP Text:**

**Revision Type:** Moved

When the hospital identifies undesirable patterns, trends, or variations in its performance related to the safety or quality of care (for example, as identified in the analysis of data or a single undesirable event), it includes the adequacy of staffing, including nurse staffing, in its analysis of possible causes.

Note 1: Adequacy of staffing includes the number, skill mix, and competency of all staff. In their analysis, hospitals may also wish to examine issues such as processes related to work flow; competency assessment; credentialing; supervision of staff; and orientation, training, and education.

Note 2: Hospitals may find value in using the staffing effectiveness indicators (which include National Quality Forum Nursing Sensitive Measures) to help identify potential staffing issues.

**PI.03.01.01**

**EP: 12**

**New EP Text:**

When the hospital identifies undesirable patterns, trends, or variations in its performance related to the safety or quality of care (for example, as identified in the analysis of data or a single undesirable event), it includes the adequacy of staffing, including nurse staffing, in its analysis of possible causes.

Note 1: Adequacy of staffing includes the number, skill mix, and competency of all staff. In their analysis, hospitals may also wish to examine issues such as processes related to work flow; competency assessment; credentialing; supervision of staff; and orientation, training, and education.

Note 2: Hospitals may find value in using the staffing effectiveness indicators (which include National Quality Forum Nursing Sensitive Measures) to help identify potential staffing issues.

## Hospital (HAP) Accreditation Program

<p><b>PI.02.01.01</b> <b>Current EP Text:</b></p> <p>When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the hospitalwide patient safety program (as addressed at LD.03.09.01, EP 1) are informed, in a manner determined by the safety program, of the results of this analysis and actions taken to resolve the identified problem(s). (See also LD.03.05.01, EP 3)</p>	<p><b>EP: 13</b> <b>Revision Type:</b> Moved</p>	<p><b>PI.03.01.01</b> <b>New EP Text:</b></p> <p>When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the hospitalwide patient safety program (as addressed at LD.03.09.01, EP 1) are informed, in a manner determined by the safety program, of the results of this analysis and actions taken to resolve the identified problem(s). (See also LD.03.05.01, EP 3)</p>	<p><b>EP: 13</b></p>
<p><b>PI.02.01.01</b> <b>Current EP Text:</b></p> <p>At least once a year, the leaders responsible for the hospitalwide patient safety program review a written report on the results of any analyses related to the adequacy of staffing and any actions taken to resolve identified problems. (See also LD.03.09.01, EP 10)</p>	<p><b>EP: 14</b> <b>Revision Type:</b> Moved</p>	<p><b>PI.03.01.01</b> <b>New EP Text:</b></p> <p>At least once a year, the leaders responsible for the hospitalwide patient safety program review a written report on the results of any analyses related to the adequacy of staffing and any actions taken to resolve identified problems. (See also LD.03.09.01, EP 10)</p>	<p><b>EP: 14</b></p>
<p><b>PI.02.01.01</b> <b>Current EP Text:</b></p> <p>The hospital analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients.</p>	<p><b>EP: 18</b> <b>Revision Type:</b> Moved</p>	<p><b>PI.03.01.01</b> <b>New EP Text:</b></p> <p>The hospital analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients.</p>	<p><b>EP: 18</b></p>
<p><b>PI.02.01.01</b> <b>Current EP Text:</b></p> <p>The hospital monitors the use of opioids to determine if they are being used safely (for example, the tracking of adverse events such as respiratory depression, naloxone use, and the duration and dose of opioid prescriptions). (See also LD.04.03.13, EP 1)</p>	<p><b>EP: 19</b> <b>Revision Type:</b> Moved</p>	<p><b>PI.03.01.01</b> <b>New EP Text:</b></p> <p>The hospital monitors the use of opioids to determine if they are being used safely (for example, the tracking of adverse events such as respiratory depression, naloxone use, and the duration and dose of opioid prescriptions). (See also LD.04.03.13, EP 1)</p>	<p><b>EP: 19</b></p>
<p><b>PI.02.01.01</b> <b>Current EP Text:</b></p> <p>For hospitals that provide fluoroscopic services: The hospital reviews and analyzes instances where the radiation exposure and skin dose threshold levels identified by the organization are exceeded. Note: Radiation exposure thresholds may be established based on metrics such as reference-air kerma, cumulative-air kerma, kerma-area product, or fluoroscopy time. (See also PC.02.01.01, EP 30)</p>	<p><b>EP: 20</b> <b>Revision Type:</b> Moved</p>	<p><b>PI.03.01.01</b> <b>New EP Text:</b></p> <p>For hospitals that provide fluoroscopic services: The hospital reviews and analyzes instances where the radiation exposure and skin dose threshold levels identified by the organization are exceeded. Note: Radiation exposure thresholds may be established based on metrics such as reference-air kerma, cumulative-air kerma, kerma-area product, or fluoroscopy time. (See also PC.02.01.01, EP 30)</p>	<p><b>EP: 20</b></p>

# Hospital (HAP) Accreditation Program

**PI.02.01.01** **EP: 21**  
**Current EP Text:** **Revision Type:** Moved

The hospital provides incidence data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians on the following:

- Multidrug-resistant organisms (MDRO)
- Central line–associated bloodstream infections (CLABSI)
- Surgical site infections (SSI)

**PI.03.01.01** **EP: 21**  
**New EP Text:**

The hospital provides incidence data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians on the following:

- Multidrug-resistant organisms (MDRO)
- Central line–associated bloodstream infections (CLABSI)
- Surgical site infections (SSI)

**PI.03.01.01**  
**Current Requirement Text:** **Revision Type:** Moved

The hospital improves performance.

**PI.04.01.01**  
**New Requirement Text:**

The hospital improves performance.

**PI.03.01.01** **EP: 2**  
**Current EP Text:** **Revision Type:** Moved and Revised

The hospital takes action on improvement priorities. (See also MM.08.01.01, EP 6; MS.05.01.01, EPs 1–11)

**PI.04.01.01** **EP: 2**  
**New EP Text:**

The hospital acts on improvement priorities. (See also MM.08.01.01, EP 6; MS.05.01.01, EPs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11)

**PI.03.01.01** **EP:**  
**Current EP Text:** **Revision Type:** New

N/A

**PI.04.01.01** **EP: 3**  
**New EP Text:**

The hospital uses improvement tools or methodologies to improve its performance.

**PI.03.01.01** **EP: 4**  
**Current EP Text:** **Revision Type:** Moved and Revised

The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1–11)

**PI.04.01.01** **EP: 5**  
**New EP Text:**

The hospital acts when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11)

**PI.03.01.01** **EP: 11**  
**Current EP Text:** **Revision Type:** Moved

For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses the data it collects on the patient’s perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following:

- Patient experience and satisfaction related to access to care, treatment, or services and communication
- Patient perception of the comprehensiveness of care, treatment, or services
- Patient perception of the coordination of care, treatment, or services
- Patient perception of the continuity of care, treatment, or services

**PI.04.01.01** **EP: 11**  
**New EP Text:**

For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home uses the data it collects on the patient’s perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following:

- Patient experience and satisfaction related to access to care, treatment, or services and communication
- Patient perception of the comprehensiveness of care, treatment, or services
- Patient perception of the coordination of care, treatment, or services
- Patient perception of the continuity of care, treatment, or services