

Performance Improvement Chapter Revisions

Nursing Care Center (NCC) Accreditation Program

Performance Improvement (PI) Chapter

PI.01.01.01

Current Requirement Text:

The organization collects data to monitor its performance.

PI.01.01.01

Current EP Text:

The leaders 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 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, EP 2; PI.02.01.01, EP 1)

EP: 2

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PI.02.01.01

Current Requirement Text:

N/A

Revision Type: New

PI.02.01.01

New Requirement Text:

The organization has a performance improvement plan.

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 organization 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)

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.

EP: 2

PI.02.01.01

Current Requirement Text:

The organization compiles and analyzes data.

Revision Type: Moved

PI.03.01.01

New Requirement Text:

The organization compiles and analyzes data.

PI.02.01.01

Current EP Text:

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

EP: 3

Revision Type: Moved

PI.03.01.01

New EP Text:

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

EP: 3

PI.02.01.01

Current EP Text:

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

EP: 4

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PI.02.01.01 **EP: 8**
Current EP Text: **Revision Type:** Moved
 The organization uses the results of data analysis to identify improvement opportunities. (See also PI.03.01.01, EP 2)

PI.03.01.01 **EP: 8**
New EP Text:
 The organization uses the results of data analysis to identify improvement opportunities.
 (See also PI.04.01.01, EP 2)

PI.02.01.01 **EP: 12**
Current EP Text: **Revision Type:** Moved
 When the organization 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, organizations 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: Organizations 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 organization 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, organizations 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: Organizations may find value in using the staffing effectiveness indicators (which include National Quality Forum Nursing Sensitive Measures) to help identify potential staffing issues.

PI.02.01.01 **EP: 13**
Current EP Text: **Revision Type:** Moved
 When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the organizationwide patient or resident 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)

PI.03.01.01 **EP: 13**
New EP Text:
 When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the organizationwide patient or resident 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)

PI.02.01.01 **EP: 14**
Current EP Text: **Revision Type:** Moved
 At least once a year, the leaders responsible for the organizationwide patient or resident 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)

PI.03.01.01 **EP: 14**
New EP Text:
 At least once a year, the leaders responsible for the organizationwide patient or resident 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)

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<p>PI.02.01.01 Current EP Text: The organization analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients or residents (for example, percent of patients/residents with complete assessment/reassessment data and percent of patients/residents meeting treatment goals).</p>	<p>EP: 18 Revision Type: Moved</p>	<p>PI.03.01.01 New EP Text: The organization analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients or residents (for example, percent of patients/residents with complete assessment/reassessment data and percent of patients/residents meeting treatment goals).</p>	<p>EP: 18</p>
<p>PI.02.01.01 Current EP Text: The organization monitors the use of opioids to determine if they are being used safely (for example, tracking of adverse events such as over-sedation). (See also LD.01.06.01, EP 16; LD.04.03.13, EP 1)</p>	<p>EP: 19 Revision Type: Moved</p>	<p>PI.03.01.01 New EP Text: The organization monitors the use of opioids to determine if they are being used safely (for example, tracking of adverse events such as over-sedation). (See also LD.01.06.01, EP 16; LD.04.03.13, EP 1)</p>	<p>EP: 19</p>
<p>PI.02.01.01 Current EP Text: The organization provides incidence data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians on multidrug-resistant organisms (MDRO).</p>	<p>EP: 21 Revision Type: Moved</p>	<p>PI.03.01.01 New EP Text: The organization provides incidence data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians on multidrug-resistant organisms (MDRO).</p>	<p>EP: 21</p>
<p>PI.03.01.01 Current Requirement Text: The organization improves performance.</p>	<p>Revision Type: Moved</p>	<p>PI.04.01.01 New Requirement Text: The organization improves performance.</p>	
<p>PI.03.01.01 Current EP Text: The organization takes action on improvement priorities. (See also MM.08.01.01, EP 6; PI.02.01.01, EP 8)</p>	<p>EP: 2 Revision Type: Moved and Revised</p>	<p>PI.04.01.01 New EP Text: The organization acts on improvement priorities. (See also MM.08.01.01, EP 6; PI.03.01.01, EP 8)</p>	<p>EP: 2</p>
<p>PI.03.01.01 Current EP Text: N/A</p>	<p>EP: Revision Type: New</p>	<p>PI.04.01.01 New EP Text: The organization uses improvement tools or methodologies to improve its performance.</p>	<p>EP: 3</p>

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PI.03.01.01

EP: 4

Current EP Text:

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

Revision Type: Moved and Revised

PI.04.01.01

EP: 5

New EP Text:

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