Performance Improvement (PI) Chapter

PI.01.01.01

Current Requirement Text:
The organization collects data to monitor its performance.

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

LD.03.07.01  EP: 2
New EP Text:
In support of assessing and improving safety and quality throughout the organization, 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, which could include an information technology system designed to improve patient safety and quality of care
- 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, 12, 13)

PI.02.01.01

Current Requirement Text:  Revision Type: Moved
The organization compiles and analyzes data.

New Requirement Text:
The organization compiles and analyzes data.

PI.03.01.01

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

New EP Text:
The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.
## Assisted Living Community (ALC) Accreditation Program

### PI.02.01.01
**Current EP Text:**
The organization uses the results of data analysis to identify improvement opportunities.  
(See also PI.03.01.01, EP 2)
**Revision Type:** Moved
**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
**Current EP Text:**
At least once a year, the leaders responsible for the organizationwide 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)
**Revision Type:** Moved
**New EP Text:**
At least once a year, the leaders responsible for the organizationwide 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.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).
**Revision Type:** Moved
**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).

### 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).
**Revision Type:** Moved
**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).

### PI.03.01.01
**Current Requirement Text:**
The organization improves performance.
**Revision Type:** Moved
**New Requirement Text:**
The organization improves performance.

### 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)
**Revision Type:** Moved and Revised
**New EP Text:**
The organization acts on improvement priorities.  
(See also MM.08.01.01, EP 6; PI.03.01.01, EP 8)
### 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

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### PI.04.01.01

**EP:** 5  

**New EP Text:**  
The organization acts when it does not achieve or sustain planned improvements.