### Performance Improvement (PI) Chapter

<table>
<thead>
<tr>
<th>PI.01.01.01</th>
<th>PI.01.01.01</th>
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<tbody>
<tr>
<td><strong>Current Requirement Text:</strong></td>
<td><strong>New Requirement Text:</strong></td>
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<tr>
<td>The hospital collects data to monitor its performance.</td>
<td>The hospital collects data to assess its performance in providing safe, quality care, treatment, and services to patients.</td>
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<thead>
<tr>
<th>PI.01.01.01</th>
<th>EP: 1</th>
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<tbody>
<tr>
<td><strong>Current EP Text:</strong></td>
<td><strong>Revision Type:</strong> Consolidated to LD.03.07.01, EP 2</td>
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<tr>
<td>The leaders (including the governing body) set priorities for and identify the frequency of data collection. (See also LD.03.07.01, EP 2)</td>
<td><strong>Revision Type:</strong></td>
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</table>
### PI.02.01.01

**Current Requirement Text:**
N/A

<table>
<thead>
<tr>
<th>Revision Type:</th>
<th>New</th>
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**New Requirement Text:**
The hospital has a written plan that describes quality measurement and performance improvement activities.

### EP: PI.02.01.01

**Current EP Text:**
N/A

<table>
<thead>
<tr>
<th>Revision Type:</th>
<th>New</th>
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**EP: 1**

**New EP Text:**
Leadership-established priorities for quality measurement and performance improvement activities are described in a written plan and include the following:
- Measurement strategy (measure topic, measure type [process or outcome], measure associated definitions, frequency of data collection, data source(s))
- Data analysis approach, including statistical tools and techniques used to display data and identify levels of performance, patterns, trends, and variations, and reporting frequency
- Individual(s), multidisciplinary team, or department(s) responsible for tracking measures
- Goals for performance
- Improvement opportunities and interventions, when applicable

### EP: PI.02.01.01

**Current EP Text:**
N/A

<table>
<thead>
<tr>
<th>Revision Type:</th>
<th>New</th>
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**EP: 2**

**New EP Text:**
Leadership reviews the plan at least annually and updates it to reflect any changes in strategic priorities and in response to changes in the internal or external environment.

### PI.03.01.01

**New Requirement Text:**
The hospital compiles and analyzes data according to its written plan on quality measurement and performance improvement activities.

### EP: 3

**Revision Type: Moved and Revised**

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

**EP: 3**

**New EP Text:**
As described in its written plan, the hospital uses statistical tools and techniques to analyze and display data.
<table>
<thead>
<tr>
<th>PI.02.01.01</th>
<th>Current EP Text:</th>
<th>Revision Type:</th>
<th>New EP Text:</th>
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<tbody>
<tr>
<td><strong>EP: 4</strong></td>
<td>The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.</td>
<td>Moved and Revised</td>
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</table>

**PI.02.01.01**

**EP: 6**

The hospital reviews and analyzes incidents where the radiation dose index (computed tomography dose index [CTDvol], 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 CTDvol, 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**

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.02.01.01**

**EP: 8**

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

**PI.03.01.01**

**EP: 4**

**New EP Text:**

As described in its written plan, the hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.

**PI.03.01.01**

**EP: 6**

**New EP Text:**

The hospital reviews and analyzes incidents where the radiation dose index (computed tomography dose index [CTDvol], 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 CTDvol, DLP, and SSDE are useful indicators for monitoring radiation dose indices from the CT machine, they do not represent the patient’s radiation dose.
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**PI.03.01.01**

**EP: 7**

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- **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: 8**

As described in its written plan, the hospital uses the results of data analysis to identify improvement opportunities and interventions.
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.

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)

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)

The hospital analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients.

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)
### PI.02.01.01
**Current EP Text:**
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)

**Revision Type:** Moved and Revised

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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)

### PI.03.01.01
**Current 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)

**Revision Type:** Moved

**New EP Text:**
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- Central line–associated bloodstream infections (CLABSI)
- Surgical site infections (SSI)

### PI.04.01.01
**Current Requirement Text:**
The organization improves performance.

**Revision Type:** Moved

**New Requirement Text:**
The hospital improves performance.

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

**Revision Type:** Moved and Revised

**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)

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

**Revision Type:** Moved and Revised

**New EP Text:**
The hospital acts when it does not achieve or sustain planned improvements according to established goals for performance. (See also MS.05.01.01, EPs 1–11)
(See also MS.05.01.01, EPs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11)
### PI.03.01.01

**Current 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

**Revision Type:** Moved

### PI.04.01.01

**Current EP Text:** 
N/A

**Revision Type:** New

**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

**New Requirement Text:**

The hospital improves performance.

### PI.04.01.01

**Current Requirement Text:**  
N/A

**Revision Type:** New

**New Requirement Text:**

The hospital uses evidence-based improvement methodologies to achieve improved performance. Examples include Lean, Six Sigma, change management, or other methodologies and tools such as Define-Measure-Analyze-Improve-Control (DMAIC), Plan-Do-Check-Act (PDCA), and Plan-Do-Study-Act (PDSA).