

Juggling the Jargon

Definitions of Common Acronyms and Terms at the NICHQ Forum

Access

Potential and actual entry of population into the healthcare delivery system.

Accreditation

A process of evaluating an institution to see if it meets standards set by the accrediting body. Generally refers to the evaluation by the Joint Commission on Accreditation of Health Care Organizations. (see JCAHO.)

Acute Care

Generally refers to inpatient hospital care of a short duration as opposed to ambulatory or long-term care for the chronically ill.

Adverse Event

Any injury caused by medical care. Identifying something as an adverse event does not imply error, negligence, or poor quality of care. It simply indicates that an undesirable clinical outcome resulted from some aspect of diagnosis or therapy, and not by the disease process.

Agency for Healthcare Research and Quality (AHRQ)

www.ahrq.gov/about/whatis.htm

AHRQ is the health services research arm of the U.S. Department of Health and Human Services (HHS), complementing the biomedical research mission of its sister agency, the National Institutes of Health. 'Health services research' examines how people get access to health care, how much care costs, and what happens to patients as a result of this care.

Ambulatory Care

Ambulatory care is any medical care delivered on an outpatient basis, including primary care, same-day surgery and outpatient diagnostic services. A physician's office is the most common site for the delivery of ambulatory care, but other non-medical institution-based settings provide ambulatory care such as schools and prisons.

American Academy of Pediatrics (AAP)

www.aap.org

A member organization of 60,000 pediatricians committed to the physical, mental, and social health and well-being of all infants, children, adolescents and young adults.

Association of Maternal and Child Health Programs (AMCHP)

www.amchp.org

The association represents state public health administrators and managers who implement maternal and child health (MCH) programs funded by Title V block grants.

Benchmarking

Benchmarking is the process of comparing the cost, time or quality of what one organization does against what another organization does. The result is often a business case for making changes in order to make improvements.

Best Practice

Best practice is an idea that there is a process that is more effective at delivering a particular outcome than any other process.

Case Management

A system of assessment, treatment planning, referral and follow-up that ensures the provision of services, according to the patient's needs, and the coordination of payment and reimbursement for care. A case manager acts as a patient advocate, monitoring the patient's progress through the system.

Case Mix

A measure of patient acuity reflecting different patients' needs for hospital resources. There are many ways of measuring case mix; some are based on patients' diagnosis or the severity of their illnesses, and some on their utilization of services. A high case mix index refers to a patient population more ill than average.

Centers for Medicare and Medicaid Services (CMS)

www.cms.hhs.gov

A part of the Department of Health and Human Services, CMS is responsible for administering Medicare, Medicaid, SCHIP (State Children's Health Insurance), and other health-related programs.

Child Health Corporation of America (CHCA)

www.CHCA.com

A business alliance of 43 children's hospitals, CHCA provides a range of programs and services designed to improve the performance of children's hospitals by reducing costs and improving revenue.

Children with Special Health Care Needs (CSHCN)

A child with special health care needs is defined as a child that has or is at risk for: chronic physical, developmental, behavioral, or emotional conditions and requires health and related services of a type or amount beyond that required by children generally. 14% of all children in the US, approximately 10 million children, fit this definition.

Clinical medicine

Having to do with the examination and treatment of patients.

Comprehensive Healthcare

Services that meet the total healthcare needs of a patient.

Computerized Provider Order Entry (CPOE)

Refers to a computer-based system of ordering medications and often other tests. Physicians directly enter orders into a computer system that can have varying levels of sophistication. A CPOE reduces errors caused by poor handwriting and ambiguous abbreviations.

Continuous Quality Improvement

Used by JCAHO to describe its “Agenda for Change.” The concept at heart of the Total Quality Management philosophy is that quality is never static, but is a constantly moving target, constantly open to improvement.

Continuum of Care

A comprehensive system of long-term care services and support system in the community, as well as in institutions.

Critical Pathway

Treatment regimen agreed on by a consensus of clinicians. It includes only those few vital elements proven to affect patient outcomes.

Culture of Safety

Used as shorthand, the term describes an environment in which teamwork, clear communication, and openness about errors (both to other healthcare professionals and to patients) are operative.

Dashboard

A variety of indicators displayed visually, much like a car’s dashboard. It is easy to read, and indicates areas of success and those that need improvement. Dashboards often cover clinical quality, revenue, full time employees, patient satisfaction, etc.

Department of Health and Human Services (HHS)

www.hhs.gov

HHS is the federal government’s principle agency for providing essential health services such as Medicaid, Medicare and about 300 other health-related programs. The total budget for the department in 2008 was \$700 billion, or about \$2,315 per person.

DRG(s)

Diagnosis-related group(s). A system for classifying hospital patients based primarily on their clinical condition. A predetermined price is set for each of over 500 DRGs, and are used by the federal government for Medicare’s pricing system.

Error

An act of commission (doing something wrong) or omission (failing to do the right thing) that leads to an undesirable outcome or significant potential for such an outcome.

Evidence-based Practice

Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. For example, a health care provider recommends acetaminophen to treat arthritis pain in a patient who has recently had stomach bleeding. The health care provider makes this recommendation because research shows that acetaminophen is associated with less risk for stomach bleeds than other common pain relievers. The health care provider's recommendation is an example of *evidenced-based practice*.

Family-centered Health Care

Please see 'Patient-and Family-centered Health Care'

Family Voices

www.familyvoices.org

A national non-profit that provides families with the tools they need to make informed decisions on healthcare; advocates for improved public and private policies; builds partnerships among professionals and families; and serves as a trusted source on healthcare.

Health Insurance Portability and Accountability Act (HIPAA)

The 1996 federal regulations intended to increase privacy and security of patient information during electronic transmission or communication of 'protected health information' among providers or between providers and payers or other entities.

Health Literacy

Individuals' ability to find, process, and comprehend the basic health information necessary to act on medical instructions and make decisions about their health and/or their family's health.

Health Outcomes

Health outcomes research looks beyond the clinical success or failure of a particular clinical treatment, and defines success by the effects the treatment has on various areas of a patient's life and feelings of well-being.

Health Resources and Services Administration (HRSA)

www.hrsa.gov

An agency of the U.S. Department of Health and Human Services, HRSA is the nation's 'access agency,' providing access to health care services for people who are uninsured, isolated, or medically vulnerable. The agency's budget for 2008 is \$7 billion.

Institute for Healthcare Improvement (IHI)

www.ihl.org

The Institute for Healthcare Improvement is an independent not-for-profit organization helping to lead the improvement of health care throughout the world. The organization launched two successful safety-related campaigns to 'save a 100,000 lives' in 2005, and to 'prevent 5 million cases of harm' in 2006.

Institute of Family Centered Care (IFFCC)

www.familycenteredcare.org

The Institute for Family-Centered Care is a non-profit organization that provides information to providers and patient and family leaders to advance the understanding and practice of patient-and family-centered care in hospitals and other health care settings.

Institute of Medicine (IOM)

www.iom.edu

A part of the National Academy of Sciences, the IOM provides independent, objective, evidence-based advice to policy makers, health professionals, the private sector, and the public. The IOM published two influential studies: ‘To Err is Human’ and ‘Crossing the Quality Chasm.’

Joint Commission (JCAHO)

www.jointcommission.org

An independent, non-profit organization, the Joint Commission is the nation’s predominant standards-setting and accrediting body in health care. It evaluates and accredits more than 15,000 health care organizations and programs in the United States.

Just Culture

A set of principles that aim to achieve a culture in which frontline personnel feel comfortable disclosing errors – including their own – while maintaining professional accountability. Traditionally, healthcare’s culture has held individuals accountable for all errors or mishaps that befall patients under their care. By contrast, a just culture recognizes that individuals should not be held accountable for system failings over which they have no control.

Learning Collaborative

A learning collaborative is a social network for change. A collaborative brings together groups of practitioners and consumers from different healthcare organizations to work in a structured way to improve the quality of their services. It involves them in a series of meetings to learn about best practice in the area chosen, about quality methods and change ideas, and to share their experiences of making changes in their own local setting.

Maternal Child Health Bureau (MCHB)

www.mchb.hrsa.gov

A part of the Health Resources and Services Administration (HRSA), MCHB administers about \$700 million annually in Title V programs, which focuses on improving maternal and child health (MCH). Most of the money goes to the states in the form of block grants.

Medicaid

Medicaid is an assistance program. Medical bills are paid from federal, state and local tax funds. It serves low-income people of every age. Patients usually pay no part of costs for covered medical expenses. A small co-payment is sometimes required. Medicaid is a federal-state program. It varies from state to state. It is run by state and local governments within federal guidelines.

Medical Home

A Medical Home is an approach to primary care where primary providers, families and patients work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities. It is a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.

Medicare

Medicare is an insurance program. It serves people over 65 primarily, whatever their income; and serves younger disabled people and dialysis patients. Patients pay part of costs through deductibles for hospital and other costs. A federal program run by the Centers for Medicare & Medicaid Services, it is basically the same everywhere in the United States.

Medication Reconciliation

Medication reconciliation refers to a process of avoiding unintended inconsistencies in medication regimens across transitions in care (e.g. from home to the hospital, or from an ICU to a general ward) by reviewing the patient's complete medication regimen at time of admission, transfer and discharge.

Morbidity and Mortality Conferences (M&M)

M&M conferences are traditional, recurring conferences held by medical services at academic medical centers and by most large private medical and surgical practices. They are essential peer reviews of mistakes occurring during the care of patients.

National Association of Children's Hospitals and Related Institutions (NACHRI)

www.nachri.org

A member organization of 181 children hospitals in the United States and Canada, NACHRI supports children's hospitals and health systems that are committed to excellence in providing health care to children.

National Initiative for Children's Healthcare Quality (NICHQ)

www.nichq.org

NICHQ is an independent, action-oriented nonprofit organization solely dedicated to improving the quality of healthcare provided to children, youth and families.

National Quality Forum (NQF)

www.qualityforum.org

The National Quality Forum (NQF) is a not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. The organization developed a list of 28 'never events,' events that should never occur under any circumstances. Examples of 'never events' include surgery performed on the wrong body part; surgery performed on the wrong patient; and patient death associated with a fall.

Outcome Measure

An outcome measure is measure of the result of a system, relative to the aim. An outcome measure is used to measure the success of a system. For example, the outcome measure could be the percentage of people who do not get polio.

Patient and Family Advisory Council listserv (PFAC)

The PFAC network is made up of over 350 patient and family advisory councils around the world who share information and resources on how best to implement family-centered care policies and programming in healthcare settings. To join, please email: pfacnetwork@listserve.com

Patient- and Family-centered Health Care

Patient- and family-centered care is an innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care patients, families, and providers. Patient- and family-centered care applies to patients of all ages, and it may be practiced in any health care setting.

The core concepts are:

- **Dignity and Respect.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration.** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Patient Safety

Freedom from accidental or preventable injuries produced by medical care.

Pay for Performance (P4P)

Refers to a general strategy promoting quality improvement by rewarding providers who meet certain performance expectations with respect to quality or efficiency (e.g. the percentage of patients admitted to the hospital with pneumonia who receive antibiotics within 4 hours.)

Plan-Do-Study-Act

Commonly referred to as the PDSA cycle, it refers to the cycle of activities advocated for achieving process or system improvement. It is one of the cornerstones of continuous quality improvement.

Primary Care

Primary care refers to the first contact a patient has with the health care system, before being referred elsewhere. Family doctors and emergency departments are common sites for primary care.

Primary Care Physician (PCP)

A PCP is a medical doctor who is a patient's first contact for medical help. In a managed care organization, a PCP is accountable for the total health services of enrollees including referrals, procedures and hospitalization.

Provider

A hospital or healthcare professional who provides healthcare services to patients. May be an entity (hospital, nursing home, or other) or a person, such as a physician or nurse.

Quality of Care

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. The IOM advanced six aims for a quality healthcare system: patient safety, patient-centeredness, effectiveness, efficiency, timeliness, and equity.

Quality Measurement

Quality measurement typically focuses on structures or processes of care that have a demonstrated relationship to positive health outcomes and are under the control of the health care system. Quality measures can be used to evaluate a hospital, a health care practitioner, a health plan or program, or a managed care organization. For instance, a quality measure for a pediatrician's office would be the percentage of patients who are on time with recommended immunizations.

Rapid Response Team (RRT)

The new 'code blue' team. Not only can it be called for cardiac arrest, but a wider range of worrisome, acute changes in a patient's clinical status, such as low blood pressure, difficulty breathing or altered mental status. It de-emphasizes the traditional hierarchy in patient care in that anyone can initiate the call, including patients and family members.

Request for Proposal (RFP)

An RFP lists project specifications and application procedures for contracts or grant programs. Used most frequently by local, state and federal agencies, RFPs are sent to organizations that might be qualified to participate in the grant program.

Root Cause Analysis (RCA)

A structured process for identifying the contributing factors underlying adverse events. The key advantage of RCA over traditional clinical case reviews is that it identifies all factors (e.g. personnel, training, equipment, protocols, scheduling, etc) rather than just the first error one finds.

Sentinel Event

An adverse event in which death or serious harm to a patient had occurred; usually used to refer to events that are not at all expected or acceptable – for example, an operation on the wrong patient or body part.

Standard of Care

What the average, prudent clinician would be expected to do under certain circumstances. The care expected of a reasonable practitioner with similar training practicing in the same location under the same circumstances.

State Children's Health Insurance Program (SCHIP)

www.schip-info.org

A federal government program that gives matching funds to states in order to provide health insurance to families with children. The program was designed to cover uninsured children in families with incomes that are modest but too high to qualify for Medicaid.

Tertiary Care

Medical care that is highly technological and specialized in nature, and is provided in a medical center or teaching and research institution for patients with severe, complicated or unusual medical problems.

Title V

<ftp://ftp.hrsa.gov/mchb/titlevtoday/UnderstandingTitleV.pdf>

Enacted in 1935 as part of the landmark Social Security Act, Title V is the largest block grant program of its kind. Title V block grants provides matching funds to state health departments to run programs that improve the health of mothers and children. In 2008, almost \$700 million was appropriated for Title V programs.

Transparency

Having care providers and recipients open and honest about health care practices, including full disclosure of adverse events and full disclosure to patients of any information relevant to care.