

PERFORMANCE IMPROVEMENT TERMINOLOGY

Action: The steps taken to improve care or service, which may be to write a policy or procedure, educate staff, acquire of new equipment or facilities, etc. A complete action plan includes what will be done, when it will be done, and who will do it.

Adverse Event: A patient safety event that resulted in harm to a patient.

Assess: To transform data into information by analyzing the data.

Assess Effectiveness: The follow-up evaluation to see if the action taken has corrected the problem observed. This follow-up also requires a plan of what will be rechecked to establish improvement, who will do it, and when.

Assessment: The systematic collection and review of individual-specific data necessary to determine individual/patient care needs.

Authenticate: To prove authorship – for example, by written signature, identifiable initials, or computer key.

Benchmark: The comparison of your institution or department with other similar institutions or departments using any deviation as an indication of the quality of care delivered.

Best Practice: Clinical, scientific, or professional practices recognized by a majority of professionals in a particular field as being exemplary – typically evidence-based and consensus-driven.

Bylaws: A governance framework that establishes roles and responsibilities of a body and its members.

Care: Includes patient care, treatment, services, rehabilitation, or programs instituted for the individual served by the organization.

Clinical Indicator of Care: Level of care expected if care is appropriate, e.g., antibiotic given matches sensitivity testing.

Clinical Privileges: Authorization by the governing body to provide specific patient care and treatment services in the organization, within well-defined limits, based on an individual's license, education, training, experience, competence, health status, and judgment.

Close Call: A patient safety event that did not reach the patient; also called a near miss or good catch.

Communication of Results: Telling everyone who needs to know what actions were taken and how effective the actions were in bringing about change, etc.

Competence or Competency: An individual's capability to perform; a prospective determination.

Compliance: To act in accordance with stated requirements, such as standards, as in "compliance with a standard."

Comprehensive Systematic Analysis: A process for identifying basic or causal factors underlying variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis is one type of comprehensive systematic analysis.

Conclusions: Decisions reached after analysis of findings i.e., within or outside standard of care.

Concurrent Review: Evaluation of activities conducted while the patient is undergoing active care.

Continuity of Care: A component of patient care quality consisting of the degree to which the care needed by a patient is coordinated among practitioners and across organizations and time.

Continuum of Care: Matching the patient's needs with the appropriate level and type of medical, psychological, health, or social services.

Coordination of Care: Integration of the components of care.

Criteria: Expected levels of achievement or specifications against which performance can be assessed.

Data: The information collected from reviewing a process.

Deemed Status: Status conferred by the Centers for Medicare and Medicaid Services (CMS) for an organization whose standards and survey process are determined by CMS to be equivalent to those of the Medicare programs or other federal laws.

Discharge: The point at which the patient's active involvement with an organization/program is terminated and the organization/program no longer maintains active responsibility for the care of the person.

Endemic: The habitual presence of a disease within a geographic area; may also refer to the usual prevalence of a given disease within such an area.

Expectation: The care goals you set. Individual levels, patterns, trends, ranges, benchmarks, or thresholds predetermined by you to be the quality of care you expect to provide.

Evaluate Care: When a threshold is exceeded in data collected, the care is reviewed in detail to decide if there is really a problem or a statistical aberration.

Evidence of Standards Compliance (ESC): A report submitted by a surveyed organization, which details the actions(s) that it took to bring itself into compliance with an accreditation requirement or clarifies why the organization believes that it was in compliance with the accreditation requirement for which is received a Requirement for Improvement. An ESC report must address compliance at the element of performance level.

Findings: Results of data collection.

Follow-Up: How will the success or failure of the action taken be evaluated for success or failure in achieving desired results, i.e., what, who, when. What else will be done to ensure that results remain stable?

Formulary: A catalog of the pharmaceuticals approved for use in an organization; a list of the names of the drugs and information regarding dosage, contraindications, and unit dispensing size.

Generic Screen: A non-specific event that may reveal a problem in care or an opportunity to improve quality of care, e.g., unanticipated death. This may also be called occurrence screen or event report.

Guardian: A parent, trustee, conservator, committee, or other individual or agency empowered by law to act on behalf of, or exercise responsibility for an applicant or patient.

Important Aspects of Care: Those types of care warranting review for quality of care provided as identified by one or more of the following:

High Volume – You do a lot of it, e.g., prescribing medications, providing post-operative services, etc.

High Risk – The procedure or diagnosis is inherently risky, e.g., care of medically fragile patients, etc.

Problem Prone – You have already established that a problem exists or have a high suspicion of this being problematic, e.g., timeliness of lab reports, keeping appointments, etc.

Immediate Threat to Health or Safety: A threat that represents the most immediate risk and has or may potentially have serious adverse effects on the health or safety of the patient. These threats are identified on site by the surveyor.

Improve: To take actions that result in the desired measurable change in the identified performance dimension.

Indicator: The item selected to identify the care, i.e., how you will know it when you see it, e.g., appointment missed without follow-up note.

Infection: An illness produced by an infectious agent.

Infection Control: The continuous scrutiny of aspects of the occurrence and transmission of infections that is pertinent to effective control.

Information: Looking at data comparatively, i.e. trends over time, trends year-to-year, study events (numerator) compared to all events (denominator).

Intracycle Monitoring: A process to help accredited organizations at various touch points in the triennial accreditation cycle with their continuous compliance efforts.

Licensed Independent Practitioner: Any individual who is permitted by law and by the agency to provide patient care services without direction or supervision, within the scope of their license and in accordance with individually granted clinical privileges.

Measure: To collect quantifiable data about a dimension of performance of a function or process.

Medical Record: The account compiled by health care professionals, of an individual patient's history, present illness or status, findings on examination, details of treatment, and notes on progress.

Monitor: The topic/process being reviewed, e.g., documentation adequacy, medication administration.

Outcome: The result of the performance (or nonperformance) of a function or process(es).

Patient Safety Event: An event, incident, or condition that could have or did result in harm to a patient. See also adverse event, close call, sentinel event.

Performance Improvement: The systematic process of detecting and analyzing performance problems, designing and developing interventions to address the problems, implementing the interventions, evaluating the results, and sustaining improvement.

Performance Measure: A quantitative tool, e.g., rate, ratio, index, or percentage that provides an indication of an organization's performance in relation to a specified process or outcome.

Plan: To formulate or describe the approach to achieving the goals related to improving the performance of the organization.

Process: A goal-directed, interrelated series of actions (events), mechanisms, or steps.

Quality of Care: The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Dimensions of quality include the following: consumer perspective issues, safety of the environment of care, and accessibility, appropriateness, continuity, effectiveness, efficacy, efficiency, and timeliness of care.

Quality Patient Care: The degree to which patient care services increase the probability of desired outcomes and reduce the probability of undesired outcomes, given the current state of knowledge.

Quarterly: Every three months, plus or minus 10 days.

Responsibility: Who a task is assigned to.

SAFER Matrix: The Survey Analysis for Evaluating Risk™ (SAFER™) matrix gives a visual representation of the risk level of each Requirement for Improvement (RFI). Each observation reported by a surveyor is plotted on the SAFER matrix according to the risk level of the finding. The risk level is determined according to two factors: 1. the likelihood of the finding to cause harm to patient(s), staff, and/or visitors, and 2. the scope of which the finding was observed.

Scope of Services: The entire spectrum of care the clinic, department, subcontractor can perform; can be categorized by diagnosis, procedure, age group served, socioeconomic groups served, or places care is delivered.

Sentinel Event: A patient safety event (not primarily related to the natural course of a patient's illness or underlying condition) that reaches a patient and results in death, permanent harm, or severe temporary harm. These events are a subcategory of adverse events.

Standard: A statement of expectation that defines the structures and processes that must be substantially in place in an organization to enhance the quality of care.

Tracer Methodology: A process surveyors use during the on-site survey to analyze an organization's systems, with particular attention to identified priority focus areas by following an individual patient, resident, or individual served through the organization's care process in the sequence experienced by each individual. Depending on the setting, this process may require surveyors to visit multiple care programs and services within an organization or within a single program or service to trace the care rendered.

Waived Testing: Tests that meet the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA) for waived tests and are cleared by the U.S. Food and Drug Administration for home use. These tests employ methodologies that are so simple and accurate that the likelihood of erroneous results is negligible, or they pose no risk of harm to the patient, resident, or individual served if the test is performed incorrectly. See also Clinical Laboratory Improvement Amendments of 1988 (CLIA).