

Glossary

A

Abstracting data (as a data collection method for a clinical audit) — an abstractor reads documents, eg, patient records, looking for specific information, makes decisions about the content and records information required by a structured or unstructured questionnaire or form

Acceptable (quality of care) — patients and their carers are satisfied with their care or service and the way the care or service was or is being given

Acceptable quality-of-care measure — key stakeholders are interested in using the measure and the aspect of care being measured is clinically important, for example, it represents a significant effect on patients

Acceptable standard — in a clinical audit measure, the percentage cited in the literature or found as a benchmark in best practice services

Accessible (quality of care) — patients can get access to the care or service they need reasonably promptly and conveniently

Action (in the clinical audit process) — what has to happen to eliminate or minimize the effect of the cause of a problem that is affecting the quality or safety of patient care – a process that has to take place

All-or-none measurement — performance on the provision of all clinical audit measures is reported at the individual case level. A percentage is determined by applying an all-or-none rule at the patient level. The denominator is the number of cases eligible to receive the care specified in at least one of the measures in the audit and the numerator is the number of cases for which all of the care for which they were eligible was actually provided. Because no partial credit is given, the all-or-none approach is a better measure of the overall reliability of patient care.

Appropriate (quality of care) — the right decisions are made about the patient's problem and about the treatment or service needed, given current evidence from valid research or professional consensus – and these decisions are shared with the patient to the greatest extent possible

Asking 'why' five times — a way to identify the true or root cause of a problem, particularly when a sequence of actions, a process flow or a chain reaction is involved. It encourages thinking beyond the first obvious cause of a problem that may come to mind.

A-TEAM — a model for the quality improvement process in which members of a team agree on an aspect of care or service to improve and the objectives of the improvement; test commitment to achieving the improvement; establish a baseline by describing or measuring the way things work now and the effects on patients or others; analyse how things can be improved and act to achieve improvements; and measure again to compare the way things work after action and to demonstrate benefits to patients or others

Attitude — view or opinion held by people involved, eg, staff, patients, carers or others, about an improvement, a way of working or making any change

B

Behaviour — the overt tasks, steps or actions that someone carries out in doing work

C

Cause (of a problem revealed by a clinical audit) — the reason for the occurrence of a problem. A cause is like a diagnosis. It represents a conclusion of observation and investigation and it enables the development of a plan of action.

Clinical audit — a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit measures and the implementation of changes in practice if needed. Aspects of the structure, processes and outcomes of care are selected and systematically compared with explicit measures of good practice. Where indicated, changes are implemented at an individual, team or service level and further measurement is carried out to confirm improvement in healthcare delivery.

Clinical audit measure — a way of quantifying quality of patient care for the purpose of comparing actual care with care that should be provided. A clinical audit measure describes the cases, events, situations or circumstances that tell you if quality of care is being provided and the desired level of occurrence of the cases, events, situations or circumstances. Such a measure expresses expectations of quality of patient care for quality improvement purposes. A measure can become a 'screen' through which the quality of care can be evaluated and it can 'flag' cases, situations or circumstances that should be subject to more intense clinical team review because actual care was not what should have been provided.

Clinical audit objective — a statement of what a clinician or a team carrying out a clinical audit intends to achieve by doing the audit

Clinical effectiveness — the extent to which specific clinical interventions, when deployed in the field for a particular patient or population, do what they are intended to do, ie, maintain and improve health and secure the greatest health gain from the available resources

Clinical governance — a system through which a healthcare organization is accountable for continuously improving the quality of its services and safeguarding high standards of care creating an environment in which excellence in clinical care will flourish

Clinical guideline (as a strategy for achieving improvement) — a systematically developed statement to assist healthcare professionals and patients make decisions about appropriate health care for specific circumstances

Common cause variation — variation in a process that results from the way a process is designed and that occurs at random

Complex exception (in a clinical audit measure) — a combination of circumstances that together create an exception to the evidence of quality of care. A complex exception tends to consist of patients with several diagnoses or problems in which the management of one condition may influence management of another.

Complication — refers to various conditions or circumstances such as the following:

- a condition that develops concomitantly with a particular disease and may represent the natural progression of the disease, for example, retinopathy in a person who has diabetes. Some of these conditions can be prevented or forestalled with proper medical management and some cannot. For some, prompt recognition and appropriate management of symptoms prevents or delays the development of a further more serious stage of the disease.
- a side effect of a specific treatment or procedure. Some side effects can be prevented and some require prompt recognition and appropriate management when they occur.
- an iatrogenic illness associated with a specific treatment or hospital stay. Such an illness may be preventable and should be recognized promptly and treated effectively.

Composite measurement — performance on several clinical audit measures is reported by computing a percentage across all cases and measures. A composite percentage can be computed by summing the numerators for each measure across the cases included in the audit to create a composite numerator (all the care that was given), summing the denominators for each measure to form a composite denominator (all the care that should have been given) and reporting the ratio (the percentage of all the needed care that was given). This approach gives partial credit for incomplete care of an individual patient.

Comprehensible quality-of-care measure — the findings of measurement are understandable for the user(s) who will be acting on the findings

Concurrent data collection — data are collected on episodes or events as they occur or for patients who are still receiving care or services – data collection is concurrent with actual practice

Confidentiality — the principle of keeping secure and secret from others information given by or about an individual in the course of a professional relationship; not revealing information about someone else

Consensus building (as a strategy for achieving improvement) — working directly with those involved to reach agreement on the practices or processes to be carried out

Construct validity — validity that is demonstrated by investigation of the attributes that are involved in a measurement tool through determining the degree to which certain explanatory concepts or constructs account for performance on the measurement tool

Content validity — validity that is concerned with the relationship between an overall idea being measured and the individual measures being used to judge the presence of the overall idea. Content validity is demonstrated by showing how well the content of a measurement tool being used samples the aspects of the idea being measured.

Convenience sampling — people, events or things for inclusion in the sample are selected because you can get them relatively easily

Costly aspects of service (as a criterion for setting priorities for clinical audits) — the aspects of care or service with the highest cost

Criterion-related validity — validity that is concerned with the relationship between the results of measurements of an overall idea and specific criteria that are believed to represent the overall idea. Criterion-related validity is demonstrated by comparing scores on a measurement tool with one or more external values (called criteria) that are considered to provide a direct measure of the attribute or behaviour under study. Criterion-related validity can be predictive or concurrent. Predictive validity indicates the extent to which a future level of performance on the criterion is predicted from prior or current performance. Concurrent validity indicates the extent to which scores estimate present performance in relation to the criterion.

D

Database (as a data collection method for clinical audit) — an interrogator identifies, sorts, filters and collates data held on a database to get needed information

Data collection protocol — a description for data collectors and other stakeholders of how a clinical audit design and measures are being operationalized, ie, details on how data for a clinical audit are to be collected. It documents the decisions on the following: definitions and instructions for data collection for the measures to be used in the audit, data source(s), case selection method(s), data collection form(s) and how to complete it(them), timing of data collection, coding data to protect anonymity, and storing data.

Definitions and instructions for data collection — In a clinical audit measure, definitions include clear and objective terms to be used to judge compliance with the evidence of quality of care or any exceptions specified in the measure, including synonyms or numerical values. Instructions specify the most reliable data source for the evidence or any exceptions and provide directions to the data collector(s) on how to make decisions on whether or not an individual case is consistent with the evidence being sought or any exceptions. Complete and accurate definitions and instructions are essential to get reliable data, especially if more than one person is involved in collecting data for an audit, and to ensure reliability in repeat data collection.

Denominator — the bottom part of a fraction; the number below the line in calculating a percentage. For a clinical audit measure, the denominator represents all the patients, events, situations or cases in the time period covered by the measure.

Detailed process map — a picture that shows all or most of the steps in a process in detail, including decision points and loops in which steps may have to be repeated

E

Education (as a strategy for achieving improvement) — a variety of interventions including educational workshops, meetings, lectures, educational outreach visits or the distribution of educational materials

Effective (quality of care) — care or service is provided to the patient in the right way, that is, consistent with scientific knowledge and refraining from providing services that are unlikely to benefit patients

Effectiveness-associated aspects of service (as a criterion for setting priorities for clinical audits) — the aspects of care or service for which effectiveness can be improved in comparison to an accepted international or national standard or guideline

Efficacious (quality of care) — the right outcomes for the patient are achieved, that is, the patient experiences the benefits of care that the treatment is supposed to provide

Efficiency of a clinical audit measure — a clinical audit measure is efficient if it is feasible to identify reasonably easily, within a reasonable amount of time, patients or events that do or do not meet quality expectations. A clinical audit measure is efficient if the data source(s) needed is(are) available, accessible and timely and the cost of abstracting and collating data is justified by the potential for improvement in care.

Efficient (quality of care) — the desired effect is achieved with a minimum of effort, expense or waste of equipment, supplies, ideas or energy

Event-based clinical audit measure — measures and ‘flags’ an individual, important or serious event (sometimes called sentinel event). If the event occurs (or doesn’t occur when it should), each and every case in which it happened (or didn’t happen) should be subject to review by a clinical team. Event-based measures identify clinically important situations or circumstances that happened (or didn’t happen) to individual patients. The clinical team needs to understand how or why the event happened (or didn’t happen when it should) to prevent or minimize (or ensure or increase) its occurrence in the future.

Evidence-based practice — the conscientious, explicit and judicious use of current best evidence, based on a systematic review of all available evidence, in making and carrying out decisions about the care of individual patients

Evidence of quality of care or service — in a clinical audit measure, the minimum essential or most important evidence that would satisfy those involved that quality care or service is being provided; a criterion of quality of care

Exception — in a clinical audit measure, a clinically acceptable reason or circumstance that would account for not complying with the evidence of quality of care or service specified in the measure

Explicit (quality-of-care) measure — describes with clear and complete operational definitions what is to be observed and how a judgement is to be made, as the basis for judging quality

Express consent (by a patient) — agreement by a patient (or parent or guardian for a child) that is expressed orally or in writing (except where patients cannot write or speak, when other forms of communication may be sufficient)

F

Face validity — validity that is demonstrated by showing a perceived ‘on the face of it’ relationship between the idea being measured and the measure(s) and measurement tool being used

Feedback (as a strategy for achieving improvement) — providing information to those involved in an aspect of care on their current performance (sometimes in comparison to others)

Fishbone (Ishikawa) diagram — a cause-and-effect diagram used to facilitate the identification of factors (causes) contributing to an outcome or result (effect). The diagram is useful for identifying and analysing multiple potential causes of a problem.

Forgotten exception (in a clinical audit measure) — a common exception to the evidence of quality of care that you simply overlooked in drawing up the measure for the audit, such as the patient declined the treatment

Frequency or volume of service (as a criterion for setting priorities for clinical audits) — the most frequent reasons for seeing or treating patients, for example, diagnoses, reasons for referral, conditions or problems treated frequently; the procedures, treatments, therapies, interventions or activities done most frequently; or the services provided most frequently

G

H

I

Implicit (quality-of-care) measure — relies on judgements of clinicians who review and analyse cases, without explicit guidance, as the basis for judging quality

Implied consent (by a patient) — agreement by a patient (or parent or guardian for a child) that is inferred from a patient's conduct in the light of facts and matters which they are aware of, or ought reasonably to be aware of, including the option of saying no

Improvement (in the clinical audit process) — the expected or desired performance to be achieved and maintained – an outcome of the action process

Inter-rater reliability — the degree of agreement among people collecting data or making observations on what they decide when collecting the same data from the same data sources using the same directions

Interview (as a data collection method for clinical audit) — an interviewer meets with each person in a population or sample and asks questions, listens to the responses and records them. Interviews can be structured in which the interviewer is given the exact questions and response formats to be followed and/or unstructured in which the interviewer is given the subjects to be covered in the interview and decides how to phrase questions and note responses.

Item-by-item measurement — performance on each clinical audit measure is reported separately as a percentage. The denominator is the total number of cases to which the measure was applied and the numerator is the total number of cases for which the evidence of quality or any exception was present in the data source(s) for the audit.

J

K

L

M N

Non-representative (or non-probability) sample — a sample that does not attempt to ensure that the sample contains cases that represent the population. A non-representative sample is used when it is not feasible, desirable or economical to use a representative sample.

Numerator — the top part of a fraction; the number above the line in calculating a percentage. For a clinical audit measure, the numerator represents the number of patients, events, situations or cases in the time period covered by the measure where the case provided was consistent with the evidence of quality or any exception.

O

Observation (as a data collection method for clinical audit) — a non-participant observer observes each person or situation in a population or sample and records information in a structured or unstructured questionnaire or form

Opinion leader (as a strategy for achieving improvement) — using a credible individual to influence colleagues to change their practice; sometimes called outreach visit when the individual tries to influence practice in another service or organization

Outcome — what happens (or does not happen) to a patient in response to care or service. The result may be desirable or undesirable.

P

Patient education, self-management or reminders (as a strategy for achieving improvement) — teaching patients directly, individually or in a group, or using educational materials developed for patients. Self-management approaches are intended to enhance patients' ability to manage their conditions. Reminders are intended to encourage patients to keep appointments or follow other aspects of the self-management of their conditions.

P-D-C-A cycle — an approach to quality improvement described by Shewhart and Deming. The letters P-D-C-A stand for Plan-Do-Check-Act. The approach means that an intended change is planned in detail, then it is carried out. Progress on and effectiveness of the change is checked and the findings are acted on.

Percentage — a way of expressing a quantity of something, usually expressed as a number out of 100. In clinical audit, a percentage describes the proportion of cases, events or situations that received quality of care, as described in the evidence of quality or an exception, out of all the cases, events or situations that the clinical audit measure was applied to.

Personal health information — any personal information relating to the physical or mental health of any person from which that person can be identified

Population — all, the entire collection of, the patients, events or things in which you are interested. A population can range from a relatively small number to a large but finite number to an infinite number. Also see **Sampled Population** and **Target or reference population**.

Problem (revealed by a clinical audit) — current actual practice that does not represent good practice or is not acceptable. A problem is like a symptom. It suggests that something is not right but it doesn't identify what's wrong.

Problem- or concern-associated aspects of service (as a criterion for setting priorities for clinical audits) — the aspects of care or service that have generated problems or that patients, carers, staff or others have expressed concern about how well the service is being provided

Process — a care or service provided for a patient by one or more healthcare professionals or services; the way work itself is usually organized and carried out in an organization

Process map — a picture of a process that shows in sequence every major activity or step in the process and the relationships among the activities or steps

Process or system redesign (as a strategy for achieving improvement) — changing (usually substantially) the way work is done now through a process or system

Prospective data collection — When data needed for a clinical audit don't exist, the data needed are agreed and steps are taken to ensure that the data will be available in the future. Then, in the future, either retrospective or concurrent data collection is carried out.

Pseudonymization — data in which the true identity of a patient is retained in a secure part of a computer system allowing the original data to be reconstituted as and when required, ie, 'reversible anonymization'

Purposive sampling — people, events or things for inclusion in the sample are selected for specific purposes, particularly to provide data related to the purposes

Q

Quality impact analysis — a systematic way to set priorities for clinical audit by agreeing on criteria for analysing a service and then generating ideas for a clinical audit and rating the ideas generated under each criterion

Quality improvement (QI) — applying knowledge, tools and techniques from several disciplines – organizational leadership and development, systems analysis, statistics, group behaviour, psychology or marketing – for the purpose of accomplishing substantial improvements in patient care and service. Improvement is shown by a statistically significant or clinically important change in an aspect of quality being addressed. QI often involves the continuous study and improvement of processes involved in providing services to meet the needs of patients and/or others and achieve desired outcomes.

Quota sampling — subgroups or strata of a population are identified and a desired number of people, events or things from each subgroup is set for inclusion in the sample. Then, people, events or things are sought in a non-random way until the quota for each subgroup is achieved.

R

Rare exception (in a clinical audit measure) — an exception to the evidence of quality of care that occurs so rarely that you would not ordinarily think of including it in a clinical audit measure. Rare exceptions tend to consist of

unusual patient diagnoses or conditions. It is more efficient to identify rare exceptions during review of cases than to determine all the possible rare exceptions when drawing up measures.

Rate-based clinical audit measure — measures the rate at which certain patient care events occur in a defined group. The rate would be subject to clinical team analysis only if the overall rate of occurrence is not consistent with the rate that was established in advance as acceptable or is not consistent with the rate of clinicians practising in equivalent circumstances. When the rate is not acceptable, the clinical team needs to analyse the inputs to the event, eg, equipment, staffing levels or supplies, and the processes involved in the event to understand how the rate can be improved.

Reliability — the extent to which data are the same no matter who collects the data. Data are reliable if either (a) different people, collecting data from exactly the same sources, have exactly or almost exactly the same findings, and/or (b) the same person, collecting the same data twice from the same data sources at different times, has exactly or almost exactly the same findings. Reliability is about the level of error in the measurement process.

A clinical audit measure is reliable to the extent that audit data are the same no matter who collects the data or when a person collects the data. A clinical audit measure with clear, complete and accurate operational definitions and instructions for data collection is more likely to enable the collection of reliable data.

Reminder system (as a strategy for achieving improvement) — any patient- or clinical encounter-specific information, provided verbally, in writing, or by computer, to prompt a clinician to recall information or consider a specific process of care

Representative (or probability) sample — a sample that attempts to ensure that the sample contains cases that represent the population

Research — the attempt to derive generalizable new knowledge by addressing clearly defined questions with systematic and rigorous methods

Retrospective data collection — data are collected on episodes or events that occurred in the past or for patients who have been discharged or for whom the episode of care is completed – data collection is going back in time

Risk analysis — determining the relative frequency and seriousness of identified risk events, situations or circumstances, given current systems

Risk-associated aspects of service (as a criterion for setting priorities for clinical audits) — the patient groups, circumstances, situations and events that represent inherently high risk in a service; the diagnostic or treatment procedures or therapies that represent high risk, eg, if the service is not provided or is not provided appropriately or properly; or the staff circumstances or situations that represent high risk

Risk evaluation — deciding on the risks that need to be handled and the priorities for managing risk

Risk handling or treatment — deciding what type of action to take to prevent or minimize the occurrence of at least the most serious risk events, situations or circumstances

Risk identification — finding out about events, situations or circumstances that cause or have the potential of causing injury or loss

Risk management — a formal systematic programme of clinical and management activities undertaken to assess risk and act to reduce the risk of injury and loss to patients, staff and the healthcare organization

Risk monitoring — evaluating continuously to see if risks are being identified, analysed, evaluated and handled appropriately and effectively

Run chart — a display of data points plotted in chronological order, ie, the data points are plotted in the order in which the events they represent occurred, for the purpose of identifying patterns and data points that indicate the amount and type of variation in a process

S

Safe (care) — the way care or service is provided avoids injuries to patients from care that is intended to help them

SAMBA — an acronym representing key concepts to use to evaluate a proposed clinical audit. SAMBA stands for scientifically sound, action-oriented, measurable, beneficial to patients or others, and achievable within available clinical audit resources

Sample — some, a specific collection, of the patients, events or things that are drawn from a population in which you are interested

Sampled population — the population from which you draw cases (see **Target or reference population**)

Scientifically sound quality-of-care measure — the evidence supporting the measure can be stated explicitly and the aspect of care covered by the measure is strongly supported by evidence, ie, is important for improving the quality of care

Screening standard — in a clinical audit measure, the percentage expressing how many cases, events, situations or circumstances should be consistent with the evidence of quality is set at 100% or 0%. 100% is used for evidence of quality of care or service that applies to all patients or events – an always event. 0% is used for evidence of quality of care or service that applies to no patients or events – a never event. The purpose for using a screening standard is that the data collector(s) will automatically ‘flag’ every case that isn’t consistent with an audit measure. The clinical team should look at these cases in depth to determine if the case represents or doesn’t represent good care and if it doesn’t, find out why good care was not provided and act to prevent such cases in the future. A screening standard does not necessarily express a realistic standard for day-to-day practice. However, it helps clinicians establish empirically safe standards for day-to-day practice.

Self-completed questionnaire (as a data collection method in clinical audit) — people in a population or sample are given a questionnaire and asked to complete it themselves. The questions can be open-ended, allowing people to say things in their own words, or closed, requiring people to select one answer from a choice of answers.

Sensitivity (of a quality-of-care measure) — the likelihood that a case will be identified as representing poor care given that it really is poor care, where quality of care is measured for all eligible cases. A clinical audit measure is sensitive if it ‘flags’ all or almost all cases in the audit for which there is a problem about the quality of care provided and doesn’t miss cases in which care was poor.

Simple random sampling — a given number of people, events or things is selected from a complete list of people, events or things eligible for inclusion (the population) in such a way that each has an equal chance of being included in the sample

Special cause variation — variation in a process that results from factors that are not related to the way a process is designed and for which special or assignable causes can be identified

Specificity (of a quality-of-care measure) — the likelihood that truly good care will be identified, that is, that a case identified as representing good care really is good care. A clinical audit measure is specific if it doesn't flag cases or flags few cases for review when the care is clinically acceptable.

Standard — in a clinical audit measure, the percentage or proportion of cases for which those involved expect and accept compliance with the evidence of quality of care or service, for quality improvement purposes. A standard is a defined level or degree of compliance or non-compliance that will serve as a 'trigger' for more intensive analysis of the quality of care.

State-of-the-art exception (in a clinical audit measure) — patient conditions for which there is no generally accepted effective prevention or treatment or for which the evidence is in conflict

Stratified random sampling — all people, events or things eligible for inclusion (the population) are divided into groups or strata on the basis of certain characteristics which they share such as age, diagnosis, medication, clinic or day of the week. Then a random sample is selected from each group.

Structure — a resource that facilitates the provision of care or provides the capacity for care

System — an interdependent group of processes with a common purpose

Systematic random sampling — a fixed interval is specified. The people, events or things are arranged in a sensible order such as date of receipt of referral. The first person, event or thing eligible for inclusion is selected at random and then every person, event or thing that falls at the fixed interval thereafter is selected for the sample.

T

Target or reference population — the population about which you want to make inferences (see **Sampled population**)

Target standard — in a clinical audit measure, the percentage that those involved in providing care are aiming to achieve. A target standard can range from 0% to 100%.

Team building and/or leadership (as a strategy for achieving improvement) — helping individuals involved to form an effective team and use teamwork to achieve an intended change, which may include preparing one or more individuals to lead a team and/or the work on the intended change

Timely (care) — care or service is provided to patients when it is needed, ie, avoiding sometimes harmful delays for patients

Top-down process map — a picture that is limited to the major activities in a process in order to provide an overview of the essential activities and the flow of the activities

Type 1 error (in analysing variation in a process) — concluding that special cause variation exists in a process when it does not (false positive)

Type 2 error (in analysing variation in a process) — concluding that special cause variation does not exist when it does (false negative)

U

V

Validity — the extent to which a measure has the capability to give a true picture of what is being studied. Validity is concerned with the confidence you have that you will draw the right conclusions based on the measures used. Validity is about the relevance of the measures being used in relation to the objectives.

A clinical audit measure is valid if it gives a true picture of what is being measured about the quality of care. Clinical audit measures that are based on current valid evidence, including systematic reviews and international or national guidelines, and that are directly relevant to the care setting are likely to be valid.

Valuable quality-of-care measure — there is room for improvement in the aspect of care being measured and findings from measurement can be turned into actions by the clinical team, which will lead to improvements that are known to be feasible

Value — a basic belief that shapes the way someone approaches a situation, eg, work or possible changes in a way of working

W

X

Y

Z