

Glossary

A

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

Acceptable (as a characteristic of a clinical audit measure) — key stakeholders are interested in the measure and the aspect of care being measured is clinically important, for example, it represents an aspect of care that has a significant effect on patients

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

Acceptable standard (in a clinical audit measure) — a percentage cited in the literature or found as a benchmark in best practice services, used to express the level of compliance expected and accepted for quality improvement purposes

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

Accountability — the duty of an individual or an organization to account to others for activities and results, accept responsibility for them, and disclose the results of the activities in a transparent way. In healthcare organizations, accountability for the quality and safety of patient care is both by individual healthcare professionals for the care or service they provide directly and by the corporate body.

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

All-or-none measurement — performance on the provision of care consistent with all clinical audit measures is reported at the individual case level. A percentage is determined by applying an all-or-none rule at the case level. The numerator is the number of cases for which all of the care for which they were eligible was actually provided and the denominator is the number of cases eligible to receive the care specified in at least one of the measures in the audit. 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 patients' problems and about the treatment or service needed, given current evidence from valid research or professional consensus and the active involvement of patients in sharing decisions to the greatest extent possible

Asking why five times — a technique for getting past the symptoms of a problem to identify its root cause by systematically analysing a cause-and-effect chain backwards from the problem to what led to the problem

Astronomical or freak value (in a run chart) — a point that is blatantly different from all other points around it

A-TEAM — a model of 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, for example, staff, patients, carers or others, about an improvement, a way of working or making any change

B

Behaviour — the way someone acts or responds to a situation or circumstance

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 (quality-of-care) 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 group intends to achieve by carrying out a clinical audit; includes the intention for doing the clinical audit, the features of quality to be measured in the audit, and the subject of 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, that is, maintain and improve health and secure the greatest health gain from the available resources

Clinical (also healthcare) 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. The structures, processes and culture needed to ensure that healthcare organizations — and all individuals within them — can assure the quality of the care they provide and are continuously seeking to improve it.

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

Cluster sampling — a list of all clusters, that is, natural groups or clusters within a population, is created. Simple, stratified or systematic random sampling is used to select one or more clusters. Then, all people, events or things or a random sample of people, events or things in each of the clusters is selected

Commercial Aviation Safety Team (CAST) model — an approach to setting priorities for action using two 7-point rating scales, one on the effectiveness of a possible action in addressing a problem and one on the confidence that the action can be implemented in the organization, multiplying the ratings for each action and using the total ratings to identify the actions that are most likely to be effective and realistic to achieve in the work environment

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

Complex exception (in a clinical audit measure) — a combination of clinical circumstances that together create an exception to the evidence of quality of care used in a measure. A complex exception tends to be a patient 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 the provision of care consistent with 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 (as a characteristic of a clinical audit measure) — the findings of measurement are understandable for the users 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 the delivery of the care being measured

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

Consecutive sampling — a series of consecutively occurring people, events or things in a population is selected as a sample

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 (of a clinical audit measure) — when an aspect of quality that is not easy to define operationally is being measured, such as quality of life, using a tool that measures each of the individual attributes considered to be part of the explanatory concept or construct and then measuring the degree to which the individual attributes identified account for overall results

Content validity (of clinical audit measures) — the measures include all the key aspects of practice that relate to the clinical audit objective and don't omit any key aspects that are capable of measurement

Convenience sampling — people, events or things for inclusion in a 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-based audit (evaluation) — an approach to evaluation that focuses on whether individual performance meets a predetermined standard and does not consider performance of others being evaluated. Good performance is defined as meeting a predetermined standard. Poor performance is defined as not meeting a predetermined standard.

Criterion-related validity (of a clinical audit measure) — the correlation between a result or outcome of an aspect of the quality of care and specific measures that are believed to represent that aspect of quality. Criterion-related validity can be predictive or concurrent. Predictive validity indicates the extent to which a future level of performance on an outcome can be predicted from prior or current performance. Concurrent validity indicates the extent to which an outcome estimates present performance in relation to a measure.

Critical management (for a clinical audit measure related to a complication) — key aspects of the processes of care that will inform healthcare professionals if appropriate and effective actions were taken to prevent, promptly recognize and treat a complication

D

Database interrogation (as a data collection method for clinical audit) — an interrogator identifies, sorts, filters and collates data held on an existing 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, that is, details on how data for a clinical audit are to be collected. It documents the decisions on the following: definitions of terms and instructions for data collection for the measures to be used in the audit; data sources; data collectors or abstractors; data acquisition methods if data are being retrieved from an electronic system; case selection methods; data collection form and how to complete it,

including directions on how to make decisions; timing of data collection; coding data to protect anonymity; and acting to ensure confidentiality of patient data.

Definitions of terms (in a clinical audit measure) — the exact meaning of key terms that are used in a clinical audit measure. They describe how each key idea in a measure could be expressed in the data sources for the audit, including exact wording in reports, synonyms, symbols, abbreviations, laboratory values or findings of investigations that might be recorded in a patient record or other data source. Complete and accurate definitions 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, used for the purpose of changing attitudes and/or behaviours or developing knowledge or skills

Effective (quality of care) — care or service is provided to patients in the right way, that is, consistent with scientific knowledge and expert opinion about best practice

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 patients are achieved, that is, patients experience the benefits of care that the treatment is supposed to provide

Efficient (as a characteristic 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 sources needed 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

Ethics — the inquiry into certain situations and into the language employed to describe them; the kind of situations referred to are those that have led or may lead to harms or benefits to others

Event-based clinical audit measure — measures and ‘flags’ an individual, important or serious 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 and taking into account patient values and circumstances, 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, or the criterion of quality of care, specified in the measure

Exclusion — a case for which a clinical audit measure is not relevant or does not apply and therefore is not included in the calculation of compliance with 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 (of a clinical audit measure) — the measure relates to the aspect of quality in the clinical audit objective 'on the face of it' in the opinion of relevant clinical staff. Face validity also includes consideration of whether or not the measures are good measures of quality for the audit subject. Face validity can be very closely related to content validity where there is an evidence base available to identify measures for a clinical audit and when clinicians are familiar with and believe in the evidence base.

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)

Final compliance (with a clinical audit measure) — the compliance with a clinical audit measure that was calculated following data collection and following clinician review of any individual cases that were not consistent with the clinical audit measure. Final compliance represents the number or percentage of cases that were consistent with the evidence of quality or any exception specified in the clinical audit measure, as determined through data collection or acquisition, plus the number or percentage of cases not consistent with the measure but found by implicit clinician review to be clinically justified

Financial or regulatory incentives (as a strategy for achieving improvement) — providing financial or other rewards for achieving target levels of compliance with targeted processes of care

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 in a structured way multiple potential causes of a problem such as those related to how key processes, procedures or systems work currently; issues with equipment, facilities, materials or the work environment; the culture of a service or organization which acts to constrain change in the way things are done; the availability of sufficient numbers of skilled staff; or recordkeeping or IT system issues.

Forgotten exception (in a clinical audit measure) — a common exception to the evidence of quality of care that you simply overlooked in drawing up a measure for a clinical 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 a service is asked to see patients, conditions or problems treated frequently; the procedures, treatments, therapies, interventions or activities done most frequently; or the services provided most frequently

G

H

I

Implementation science (knowledge translation) — the study of the processes and methods for implementing evidence-based practice, that is, getting the findings of research into everyday clinical practice through focusing on identifying the processes and methods that work best under what circumstances to achieve effective and sustained implementation with sufficient fidelity, incorporating targeted planning, implementation strategies and specification of specific activities to be carried out

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 an action process

IMPROVES — an acronym representing a model for achieving and maintaining improvement which includes identifying the specific needed improvement; moulding opinion to favour the improvement; preparing for a new way; redesigning or designing the new way; operating the new way; verifying that the new way works; eliminating unwanted variation in the new way; and stabilizing the new way.

Instructions for making decisions about compliance (in a clinical audit measure) — the directions that anyone specifying data to be collected or acquired needs to provide to enable making decisions about compliance with a clinical audit measure, including: the data sources to be used for looking for evidence of actual practice and the sequence of looking at sources when more than one data source is specified; how to make a decision about what has been observed, that is, whether or not the information in the data source complies or does not comply with an audit measure; how to record or capture the decision

about compliance with a measure; what to do if two designated data sources have different information about compliance and which data source has priority in making a decision; and what to do if there is incomplete information in the data source to make a decision.

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 for the same cases using the same data collection tool and the same directions for making decisions. It is measured as the percentage of agreement when either several people collect the same data from the same sources for the same cases using the same data collection tool and directions, or one person collects the same data from the same sources for the same cases using the same data collection tool and directions twice at different times.

Interview (as a data collection method for clinical audit) — an interviewer meets with each person in a population or a 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 (measure-by-measure) measurement — performance on the provision of care consistent with each clinical audit measure is reported separately as a percentage. The numerator is the total number of cases for which the evidence of quality or any exception was present in the data sources for the audit and the denominator is the total number of cases to which the measure was applied.

J

K

L

M

Measure — see **Clinical audit measure**.

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.

Normative-based evaluation — an approach to evaluation that focuses on comparing individual performance to the performance of a representative group. Good performance is defined by having better performance relative to others in the group. Poor performance is defined by having worse performance relative to others in the group. This approach does not focus on absolute levels of performance that are expected to be achieved, but whether performance is better or worse than the performance of others being evaluated.

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 care provided was consistent with the evidence of quality or any exception.

O

Objective — see **Clinical audit objective**.

Observation (as a data collection method for clinical audit) — a non-participant observer watches carefully 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

Organizational change (as a strategy for achieving improvement) — using case management, disease management and quality improvement approaches and methods to improve processes or outcomes of care

Outcome (as an approach to measuring quality of care) — what happens (or does not happen) to a patient in response to care or service provided. 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.

Patient safety — a discipline in the healthcare sector that applies safety science methods toward the goal of achieving a trustworthy system of healthcare delivery; the prevention of harm to patients through application of a system of care delivery that prevents errors, learns from errors that do occur, minimizes the incidence and impact of, and maximizes recovery from, adverse events and builds on a culture of safety that involves healthcare professionals, organizations and patients; also the freedom from accidental injury due to medical care or from medical error

Patient safety practice — a type of process or structure whose application reduces the probability of adverse events resulting from exposure to the healthcare system across a range of diseases and procedures

P–D–S–A cycle — an approach to quality improvement described by Shewhart and Deming. The letters P–D–S–A stand for Plan–Do–Study–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 studied 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 in a clinical audit measure, 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

Pilot test (of a clinical audit) — a mini-audit in which the design, the clinical audit measures, the data collection protocol, the data collection forms, the

data collation and the data analyses are tried out in a formal test for feasibility, efficiency and effectiveness. The findings of the trial are reviewed and changes are made in any aspect of the audit that has not worked as intended.

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, depending on the time period referred to or the number of clinical services included. Also see **Study population** and **Target or reference population**.

Preliminary compliance (with a clinical audit measure) — the compliance with a clinical audit measure that was calculated following data collection. Preliminary compliance represents the number or percentage of cases that were consistent with the evidence of quality or any exception specified in the measure, as determined through data collection or acquisition.

Problem or shortcoming in care (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 (as an approach to measuring quality of care) — care or service provided for a patient by one or more healthcare professionals or services; a series of linked activities or steps carried out to achieve an objective

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; also called a flow chart

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 an electronic system allowing the original data to be reconstituted as and when required, that is, reversible anonymization

Purposive sampling — people, events or things for inclusion in a 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) — systematic data-guided activities designed to bring about immediate, positive changes in the delivery of health care in particular settings; systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups; better

patient experience and outcomes achieved through changing provider behaviour and organization through using a systematic change method and strategies; the combined and unceasing efforts of everyone to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning). Improvement is shown by the statistically significant or clinically important effects of change in an aspect of quality being addressed.

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 a sample. Then, people, events or things are included 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 that account for a clinical audit measure not being followed. 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, for example, equipment, staffing levels or supplies, and the processes involved in the event to understand how the rate can be improved.

Redesign — see **Process or system redesign (as a strategy for achieving improvement)**.

Reliability — the extent to which data are the same no matter who collects the data or when a person collects the data. Data are reliable if either (a) different people, collecting the same data for the same cases from the same data sources using the same data collection tools, have exactly or almost exactly the same findings, and/or (b) the same person, collecting the same data for the same cases from the same data sources using the same data collection tools twice 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 or how data are retrieved from an electronic system. A clinical audit measure with clear, complete and accurate operational definitions of terms 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

Repeating or cyclic pattern (in a run chart) — points that appear in a pattern with such regularity that chance alone cannot explain the pattern

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 or transferable new knowledge to answer or refine questions with scientifically sound 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 nature and level of risk expressed in terms of the combination of the consequences and their likelihood of identified risk events, situations or circumstances, given current practice and 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 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 — comparing the results of risk analysis with risk criteria to determine if the risk and its magnitude are acceptable or tolerable and identifying the priorities for handling risk

Risk handling or treatment — modifying the risk through acting such as avoiding the risk, removing the source of the risk, changing a process or system in order to reduce the likelihood or consequences thereby controlling the risk, sharing the risk with others or retaining the risk

Risk identification — finding, recognizing and describing risks, in a healthcare setting, the events, situations or circumstances that cause or have the potential of causing harm or suffering to people or damage in or to the organization

Risk management — coordinated activities to direct and control an organization with regard to risk

Risk monitoring — checking, supervising, critically observing or determining the status in order to identify change in the level of risk (likelihood and magnitude) expected or required

Risk review — determining the appropriateness, adequacy and effectiveness of risk management processes in place in an organization

Run chart — a display of data points plotted in chronological order, that is, 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, and therefore, the type of action needed to manage the variation

S

Safe (quality-of-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 resources to support clinical audit

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

Scientifically sound (as a characteristic of a clinical audit measure) — the evidence supporting the measure can be stated explicitly and the aspect of care covered by the measure is strongly supported by evidence, that is, is important for improving the quality of care

Screening cases (for a clinical audit) — observing data sources and deciding if each case complies with a clinical audit measure

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 collection will automatically ‘flag’ every case that isn’t consistent with a clinical audit measure. The clinical team should look at these cases in depth to determine if each 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 a 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.

Shift (in a run chart) — eight or more consecutive points that are either all above or all below the median or mean of values in a run chart. Points that are exactly on the median or mean do not make or break a shift and are ignored when counting points.

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 usually carried out and for which special or specific 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.

Stakeholders (in a clinical audit) — the individuals or services involved in or that might be affected by a clinical audit, particularly if the findings show the need for improvement. Stakeholders in a clinical audit can include the healthcare professionals who provide the care or service the audit is about, who refer patients for the care or service, or who provide follow-up care for patients who have had the service; patients and/or carers; those with detailed knowledge about

how the care or service involved currently works; those whose help will be needed to carry out the audit or to implement a change in current practice; and those who may be affected by a potential change in practice.

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 evidence supporting generally accepted 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 they share such as age, diagnosis, medication, clinic or day of the week. Then a random sample is selected from each group.

Structure (as an approach to measuring quality of care) — a resource that facilitates the provision of care or provides the capacity for care

Study population — the population from which you draw cases and to which conclusions can be legitimately applied (see **Target or reference population**)

System — an interdependent group of processes with an overarching common purpose

Systematic random sampling — a fixed interval in a sequence of people, events or things is specified. The people, events or things are arranged in a sensible order such as date of a procedure. 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 or apply conclusions (see **Study population**)

Target standard (in a clinical audit measure) — the percentage that those involved in providing care are aiming to achieve, used to express the level of compliance expected and accepted for quality improvement purposes. 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 improvement, which may include preparing one or more individuals to lead a team and/or the work on the intended improvement

Timely (quality-of-care) — care or service is provided to patients when it is needed, that is, avoiding potentially harmful delays

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

Trend (in a run chart) — six lines between consecutive points all of which are going up or down. If the value of two or more consecutive points is the same, the lines connecting the points are ignored when counting. Identical points do not make or break a trend.

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 is capable of giving 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 evidence-based international or national guidelines, and that are directly relevant to the audit objective and to the care setting are likely to be valid.

Valuable (as a characteristic of a clinical audit measure) — there is room for improvement in the aspect of care being measured and findings from measurement can be turned into actions that are known to be feasible and that can lead to improvement

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

Variation — differences among events or individuals in a population or a sample that can be observed or measured or a deviation from a standard

W

X

Y

Z

Zigzag (in a run chart) — lines between consecutive points alternatively going up and down 13 times. If the value of two or more consecutive points is the same, it breaks the zigzag.