HURON PERTH HEALTHCARE ALLIANCE
"Exceptional People, Exceptional Care"

GLOSSARY OF TERMS

(Updated: July-17-19)

This Glossary of Terms provides definitions for commonly used abbreviations that are used by healthcare and encountered by Directors in their governance role. The list of acronyms will be updated as required.

Common Healthcare Acronyms	
ACM	Asbestos Containing Material
ADE	Adverse Drug Event
AE	Adverse Event
AFA	Alternate Funding Agreement
AFHTO	Association of Family Health Teams of Ontario
AFP	Alternate Funding Plan
AGO	Auditor General Ontario
AIO	Acute Inpatient Occupancy
ALC	Alternative Level of Care
ALOS	Average Length of Stay
AODA	Accessibility for Ontarians with Disabilities Act
AOM	Association of Midwives
APP	Alternate Payment Plan
AROs	Antibiotic Resistant Organisms
ASP	Antimicrobial Stewardship Program
ATC	Access to Care
BFI	Baby Friendly Initiative
BMV	Bedside Medication Verification
BPMH	Best Possible Medication History
BPSAA	Broader Public Sector Accountability Act
CAP	Community Acquired Pneumonia
CAPS	Community Accountability Planning Submission
C diff	Clostridium *difficile*
CCAC	Community Care Access Centre
CCC	Complex Continuing Care
CCHL	Canadian College of Health Leaders
CCHSE	Canadian College of Health Service Executives
CCI	Critical Care Indicator

CCO	Cancer Care Ontario
CCPs	Collaborative Care Plans
cMAR	Computerized Medication Administration Record
CCRS	Continuing Care Reporting System
CCU	Critical Care Unit
CCM	Collaborative Care Model
CDI/C-Diff	Clostridium Difficile Infection
CDM	Chronic Disease Management
CFPC	College of Family Physicians of Canada
CHC	Community Health Centre
CHF	Congestive Heart Failure
CHQI	Centre for Healthcare Quality Improvement
CIHI	Canadian Institute for Health Information
CKD	Chronic Kidney Disease
CMA	Canadian Medical Association
cMAR	Computerized Medication Administration Record
CME	Continuing Medical Education
CMHA	Canadian Mental Health Association
CMG	Case Mix Group
CMI	Case Mix Index
CMO	College of Midwives of Ontario
CNE	Chief Nursing Executive
COPD	Chronic Obstructive Pulmonary Disease
COS	Chief of Staff
CPH	Clinton Public Hospital
CPOE	Computerized Provider Order Entry
CPSI	Canadian Patient Safety Institute
CPSO	College of Physicians and Surgeons of Ontario
CR	Current Ratio
CT or CAT	Computer Assisted Tomography
CTAS	Canadian Triage and Acuity Scale
CUPE	Canadian Union of Public Employees
DAD	Discharge Abstract Database
DI	Diagnostic Imaging
DNR	Do Not Resuscitate
ECFAA	Excellent Care for All Act
ED	Emergency Department
EEG	Electroencephalogram
EHR	Electronic Health Record

EKG or ECG	Electrocardiogram
eMAR	Electronic Medication Administration Record
EMG	Electromyogram
EMR	Electronic Medical Record
ENT	Ear, Nose and Throat
EOC	Episode of Care
EOL	End of Life
EPIC	Engaging People, Improving Care
ER	Emergency Room
ESA	Electrical Safety Authority
FAC	Fiscal Advisory Committee
FCG	Family Caregiver
FFS	Fee-For-Service
FHT	Family Health Team
FHO	Family Health Organization
FIPPA	Freedom of Information and Protection of Privacy Act
FOI	Freedom of Information
FTE	Full-Time Equivalent
FY	Fiscal Year
GP	General Practitioner
HR	Human Resources
HAI	Healthcare Associated Infection
HAPS	Hospital Accountability Planning Submission
HBAM	Health-Based Allocation Model
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HEEP	Hospital Energy Efficiency Program
HFO	HealthForceOntario
HHR	Health Human Resources
HIMSS	Healthcare Information and Management Systems Society
HIROC	Healthcare Insurance Reciprocal of Canada
HOCC	Hospital On-Call Coverage
HOOPP	Hospitals of Ontario Pension Plan
HQO	Health Quality Ontario
HPEITS	Huron Perth Enterprise Information Technology Service
H-SAA	Hospital Service Accountability Agreement
HSFR	Health System Funding Reform
HSMR	Hospital Standardized Mortality Ratio

HSP	Health Service Provider/Health System Performance
ICES	Institute for Clinical Evaluative Sciences
ICU	Intensive Care Unit
IDEAS	Improving and Driving Excellence Across Sectors
IHLP	Inter-Hospital Laboratory Partnership
IHSP	Integrated Health Service Plan
IPC	Interprofessional Care
ISEO	Independent Electrical System Operators
ISU	Integrated Stroke Unit
IT	Information Technology
JHSC	Joint Health & Safety Committee
LHIN	Local Health Integration Network
LTC	Long-Term Care
LOS	Length of Stay
MAC	Medical Advisory Committee
MAID	Medical Assistance in Dying
MDRD	Medical Devices Reprocessing Department
MRI	Magnetic Resonance Imaging
MoH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
MOL	Ministry of Labour
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
M-SAA	Multi-Sector Service Accountability Agreement
NACRS	National Ambulatory Care Reporting System
NEER	New Experimental Experience Rating
NRC	National Research Council (Canada)
NRS	National Rehabilitation Reporting System
OBS	Obstetrics
OBSP	Ontario Breast Screening Program
OCCI	Ontario Case Costing Initiative
OCFP	Ontario College of Family Physicians
ODP	Ontario Drug Benefits
OHA	Ontario Hospital Association
OHIP	Ontario Health Insurance Plan
OHQC	Ontario Health Quality Council
OHRS	Ontario Hospital Reporting System
OHT	Ontario Health Team
OLTCA	Ontario Long-Term Care Association

OMA	Ontario Medical Association
ONA	Ontario Nurses Association
OPSEU	Ontario Public Service Employees Union
OR	Operating Room
OT	Occupational Therapy
P4R	Pay for Results
PACS	Picture Archiving and Communication System
PCOP	Post Construction Operating Plan
PDSA	Plan Do Study Act
PFCC	Patient & Family Centred Care
PHA	Public Hospitals Act
PHI	Personal Health Information
PHIPA	Personal Health Information Protection Act
PHO	Public Health Ontario
PMR	Performance Monitoring Report
PO	Process Optimization
PSAB	Public Sector Accounting Board
PSAS	Public Sector Accounting Standards
PSW	Personal Support Worker
PT	Physiotherapy
QA	Quality Assurance
QBP	Quality Based Procedure
QBF	Quality Based Funding
QCIPA	Quality of Care Information Protection Act
QI	Quality Improvement
QIP	Quality Improvement Plan
RFP	Request for Proposal
RHPA	Regulated Health Professions Act – Ontario
RN	Registered Nurse
RNAO	Registered Nurses Association of Ontario
ROP	Required Organizational Practice
RPN	Registered Practical Nurse
SCH	Seaforth Community Hospital
SEIU	Service Employees International Union
SGH	Stratford General Hospital
SMMH	St. Marys Memorial Hospital
SW LHIN	South West Local Health Integration Network
TOA	Transfer of Accountability
TOR	Terms of Reference

tPA	Tissue Plasminogen Activator
TPA	Transfer Payment Agency
TSSA	Technical Standards and Safety Authority
UAC	Unit Action Council
VAP	Ventilator Associated Pneumonia
VRE	Vancomycin Resistant Enterococci
VTE	Venous Thromboembolism
WHO	World Health Organization
WTS	Wait Times Strategy
WERS	Web Enabled Reporting System
WSIB	Workplace Safety and Insurance Board
WTIS	Wait Time Information System
YTD	Year-To-Date

Common Healthcare Terms	
Alternate Level of Care (ALC)	Patient is occupying bed does not require the intensity of resources/services provided in that care setting (Acute, Complex Continuing Care, Mental Health, or Rehabilitation).
Braden	Risk assessment scale tool for predicting pressure ulcer risk
Catalyst Report	NRC Patient Satisfaction report highlights strengths and areas for improvement
CTAS	Canadian Triage and Acuity Scale **CTAS 1:** Resuscitation (immediate) **CTAS 2:** Emergent (within 15 **CTAS 3:** Urgent (within 30 minutes) **CTAS 4:** Less Urgent (Semi urgent) (within 60 minutes) **CTAS 5:** Non Urgent (within 120 minutes)
Gross Conservable Days	Actual length of stay exceeds the expected length of stay.
Head to Bed Proxy	Length of time it takes a patient (once admission orders are written in the emergency department) to the time at which they leave the department to go to the inpatient unit
Inpt	Inpatient
Med Rec	Medication Reconciliation
MORSE	Risk assessment scale used for predicting falls risk
Omnicell	Automatic Dispensing Unit for medication – used at HPHA
Navigator	On-line tool that Quality Improvement Plan is entered into
Occupancy	Total number of patient days (each patient's length of stay summed) divided by total number of bed days (number of beds multiplied by the number of days in the month).
Occupancy Breakdown	Number of beds utilized by patients in Alternate Level of Care status, Gross Conservable Days, and true acute occupancy which include patients not on ALC and within their expected length of stay.
POCUS	Point of Care Ultrasound
Pt	Patient
RL Solutions	Software for safer healthcare RL6 – Incident reporting software
Q1	Quarter 1 – April 1-June 30
Q2	Quarter 2 – July 1-September 30

Q3	Quarter 3 – October 1-December 31
Q4	Quarter 4 – January 1-March 31
Severity Level 4	Harmful incident – moderate harm Patient outcome is symptomatic, requiring intervention, an increased length of stay, or causing permanent or long term harm or loss of function
Severity Level 5	Harmful incident – Severe Harm (Critical Incident) Patient outcomes symptomatic, requiring life-saving intervention or major surgical/medical intervention, shortening life expectancy or causing permanent or long term or loss of function
Severity Level 6	Harmful incident – Death (Critical Incident) Unbalance of probabilities, death was caused or brought forward in the short term by the incident
Wait Times	Surgery, CT, and MR are reported to Access to Care through the Wait Time Information System (WTIS). Wait 1 - Time patient waits for a first consultation with a clinician. It is measured from the time the referral is received to the date the first consultation with a clinician occurs. Wait 2 - Time patient waits for surgical or diagnostic imaging procedures. For surgical procedures, Wait 2 is measured from the Decision to Treat date to the date the procedure is performed. Wait 2 is the published wait time.
Weighted Patient Days/Cases	Acuity (severity of illness) of each patient summed. This is affected by both volume and acuity; volume can go up however if acuity drops significantly weighted patient days/cases can still go down. As well if volume decreases and acuity increases significantly weighted patient days/cases could still increase.
90th Percentile Wait Time	Time (hours) for which 9 out of 10 patients spend in the Emergency Department from time of registration to being discharged from the department.
% of Priority 2, 3, & 4 Cases Completed Within Target	Each case (e.g. hip, knee) has a target of how soon they have to be completed. LHIN also assigns a percent of those patients which must meet that target. Priority 2 is the most urgent or case with the shortest time period of the Priority Cases