

**Nursing Quality Indicators for Reporting and Evaluation[®]
(NQuIRE[®]) GLOSSARY**



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Introduction

The NQuIRE Glossary is intended to support the online participation of Best Practice Spotlight Organizations® (BPSO®) in NQuIRE. This glossary outlines and defines the fields required for the (1) BPSO Organizational Profile, (2) BPSO Implementation Sites and profiles, (3) Indicator Profile and (4) NQuIRE Reports.

Note: This glossary should be used in conjunction with the *NQuIRE Data Entry System: User Manual*¹, the *NQuIRE Training Videos*², the *NQuIRE Data Quality Guide*³, and the *NQuIRE Data Dictionaries*⁴.

Academic Affiliation: Refers to whether the organization is affiliated with an academic institution. This is a Yes/No selection. If Yes, BPSOs will indicate which academic institution they are affiliated with.

Academic School of Nursing: The Canadian Association of Schools of Nursing (CASN) defines nursing education programs as “...all programs offered within an educational unit that lead to a degree in nursing that normally leads to entry-to-practice as a registered nurse”⁵

Acute: Caring for patients for short but severe illnesses, for conditions that are due to disease or trauma (e.g., an accident) and during recovery from surgery.⁶

Acute Care Unit Type: For hospitals, each BPSO is required to indicate information about their acute care unit type.

Admissions: The total number of persons entering a health service organization for care during a measurement period. Readmissions may occur when there are more than one admission by a single person receiving care during the measurement period.

Age of Person: Refers to the age range of clients serviced in the Site and includes eight options (i.e., Infant (0 – 1 year); Toddler (1 – 3 years); Preschooler (3 – 5 years); School Age (6 – 11 years); Teenager (12 – 18 years); Young Adult (18 – 35 years); Middle Age (36 – 64 years); and Older Adult (65+ years)).

Aggregate Data Calculation: Several data points that are combined to show a general trend or value without identifying individual data points within the data set. Aggregate data can be anonymized and de-identified. Two options that may be selected when accessing reports include the mean and median. Both can be used as a comparative measure to determine improvement.

Ambulatory Care: Ambulatory care includes single- or multi-disciplinary diagnostic, therapeutic, and adjunct secondary prevention and educational services for outpatient persons that may include hospital-based or non-hospital-based clinics, community health centres, physician offices, and urgent care centers, which may be community-based, or offered in partnership with other organizations.⁷

Anonymized or De-identified Data: This is data that has all personal identifiers removed (such as medical record numbers, names, dates of birth, etc.) such that the data cannot be linked to a person and remains anonymous.

Audit Trail: “a record of a sequence of events (such as actions performed by a computer) from which a history can be reconstructed”⁸

Average Daily Census: The average number of inpatients during the year. The average daily census multiplied by 365 gives the total number of patient days per year. The average daily census divided by the bed capacity and multiplied by 100 gives the occupancy rate.

Baseline Data: data that is submitted before implementation of the best practice guideline.

Behavioural Supports Ontario (BSO): “created to enhance health care services for older adults in Ontario with complex and responsive behaviours associated with dementia, mental health, substance use and/or other neurological conditions. The initiative also provides enhanced family caregiver support in the community, in long-term care or whether the patient and/or caregiver(s) reside.”⁹

BPG Indicator Overlay Reports: Overlay reports are the best visual means of comparing multiple datasets over different timeframes. The BPG Indicator Overlay Reports allow BPSO Lead Users to compare data on two indicators either from the same BPG or from different BPGs for an implementation site. This comparison helps BPSOs to monitor the associated trend between both indicators over the defined time period. Once the two indicators have been selected, these reports show the two indicators' data over the reporting periods for the selected site. The reports include a data table with the indicator values, and an interactive graph displaying both indicators”.¹

BPG Indicator Profile: BPSOs specify which BPGs they are implementing at the organization level or implementation site level and which indicators they are reporting on in NQuIRE. In NQuIRE, the BPSO Lead User has full access to select from all BPGs and corresponding indicators in NQuIRE for the entire organization. On the other hand, Implementation Site Users choose indicators for a particular Implementation Site they are reporting/collecting data on. To note, Implementation Site Users may only select from indicators that are already selected by the BPSO Lead User.”¹

BPG Indicator Reports: Each BPG has its own BPG Indicator report. These reports show all submitted indicator data points from the BPG for all implementation sites in your BPSO registered to the data system.. These reports include a data table with the indicator values and separate interactive graphs such as line chart, bar chart or run chart for each indicator.¹

BPG Order Sets: RNAO’s BPG Order Sets are evidence-based interventions and clinical decision support resources derived from RNAO’s clinical BPGs. They enable the integration of the best available evidence into daily clinical practice using technology to facilitate access at the point-of-care. Order Sets support the evaluation of BPG implementation by providing a mechanism to link specific interventions to corresponding evidence-based NQuIRE indicators. Each intervention statement is aligned with the international classification for nursing practice terminology language to support the standardized collection and exchange of nursing information globally.

BPSO Consent: This is the permission that is obtained from a BPSO to share their data to develop an evidence booster.

BPSO Dashboard: The BPSO dashboard enables the Lead User to show up to six blocks, where each block can show a different indicator report for the Implementation Site. The BPSO Lead User can configure these blocks to select which indicators are shown and customize how the graphs are displayed.¹ The dashboard is a great way to submit NQuIRE information with your BPSO reports and share this information with coaches.

BPSO Lead Name: Refers to the BPSO Lead User's full name. The Lead is the main NQuIRE contact with RNAO. The Lead receives all communications and initial registration information. The BPSO Lead is invited via email to register the BPSO with NQuIRE and is responsible for setting up the account. Setting up the account includes setting up the Implementation Sites and the demographic profile; and selecting the BPG indicators for the Implementation Sites within the organization. The BPSO Lead will be able to submit data and the BPSO Lead will have access all NQuIRE's reports.¹

BPSO Mean: The mean is a single value that describes a set of data by identifying the central position within the dataset. The mean is calculated individually for each indicator data which can be used as a comparative measure to identify improvements over time with respect to average improvements within the entire BPSO.

- The BPSO mean can be either calculated using only the most recent reporting period, or by using all reporting periods that have data for the BPSO.
- If the user chooses to calculate the mean/average for all reporting periods, this would be all reporting periods that BPSO has data for.
- The overall mean/average is useful for comparisons within an organization.

BPSO Model: RNAO has hundreds of BPSO organizations provincially, nationally and internationally. There are four BPSO models to consider for organizations interested in applying to become a BPSO:

BPSO Direct: Organizations sign a contract directly with a BPSO host to work for a three-year period to become a BPSO Designate.

BPSO National Host: Organizations sign a contract with RNAO to oversee the BPSO Directs in their national jurisdiction.

BPSO Regional Host: Organizations sign a contract with a BPSO Host to oversee the BPSO Directs in their regional jurisdiction.

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BPSO OHT: Integrated Systems of Care such as Ontario Health Teams (OHT) sign a contract with RNAO to work for a four-year period to become a BPSO OHT.

BPSO Name: Refers to the organizational name of the BPSO. Please note this name appears in NQuIRE reports.

BPSO OHT BPG Indicator Reports: These reports are similar to the BPG Indicator Reports, as the reports also include a data table with indicator values and an interpretive graph in different ways such as run charts, line charts or bar charts. However, the BPSO OHT BPG Indicator Reports also show indicator data for Implementation Sites from other BPSOs that are sharing data with your BPSO OHT.¹

BPSO OHT Established Date: The date at which the agreement between RNAO and the BPSO OHT took effect.

BPSO Profile: This page includes the BPSO’s contact details and demographic information. This can be accessed by selecting “Add/change BPSO locations” and then selecting “Edit this BPSO Location”.

BPSO Types: There are two different types of BPSOs:

Service BPSOs: focus on BPG implementation in their sector* to impact health outcomes

- *Public health, primary care, acute care, home care, long-term care and other sectors.

Academic BPSOs: focus on evidence-based education, to impact faculty teaching, student learning, and patient/client outcomes.

Care Days: defined as the number of occupied bed days in an inpatient care setting over a specified time period ([Care Days Manual](#))

Care Setting: Refers to the setting where care is being provided.

Care Visits: defined as the number of patient encounters in a home, community, primary care, or outpatient care setting within a specified time period (referencing the care days manual)

Charitable: Falls within the private sector and has paid employees or volunteers.

Community Health Centre: These are multi-sector, non-for-profit organizations, which have several core attributes including: a team-based interprofessional primary care model (including but not limited to physicians, nurse practitioner, Indigenous healers, chiropractor, community development workers, counsellors, dietitians, health promoters, occupational therapists, physiotherapists, registered nurses, registered practical nurses, and social workers); they are community-centred; they actively address social determinants of health; they have integrative and diverse health and social services; and they are committed to health equity and social justice.¹⁰ These organizations provide primary health and health promotion programs for persons, families and communities, who may have trouble accessing health services due to language, culture, physical disabilities, socio-economic status or geographic isolation.¹⁰ CHCs collaborate with persons, families and communities to strengthen their capacity by providing education and advice on accessing the resources they need from other community agencies.¹¹ CHCs work as team on issues such as health promotion initiatives within schools, the workplace and in housing developments.¹¹ CHCs contribute to the development of healthy communities by connecting families with supports that offer services such as coping supports, peer education or are working to address conditions that affect health.¹¹

Community Mental Health and Social Services: Community mental health/social services include a variety of services to help support people who are living with mental health issues living in the community.¹² Services offered include information and referral, advocacy, case management, housing advocacy, rehabilitation, employment assistance, counseling, support groups and social and recreational opportunities, family support programs and peer support services for consumers and survivors.¹²

Community Support Services: Services that help support older adults and people of all ages with disabilities/chronic illness, and their caregivers, to live independently in their communities.¹³

Complex Continuing Care: Complex continuing care is a specialized program of care providing programs for persons with medical complexity whose condition requires a hospital stay, regular onsite physician care and assessment, and active care management by specialized staff. In Ontario, the term “complex continuing care” (CCC) is used interchangeably with “chronic care”. Complex continuing care provides continuing, medically complex and specialized services to both young and old.^{14,15}

Congregate Care Setting: These agencies provide “residential services and supports to adults with developmental disabilities who reside in supported group living residences or intensive support residences” as defined in the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*.¹⁶

Country: Refers to the country in which the BPSO is located. The BPSO Lead must register the BPSO’s complete mailing address. Different options will appear for the Lead to populate depending on the country. The options include: Address, City/Suburb, Province/State/Department/Division, and Postal Code/Postcode.

Critical Care: Critical care services meet the needs of persons facing an immediate life-threatening health condition—specifically, that in which vital system organs are at risk of failing. Using advanced therapeutic, monitoring and diagnostic technology, the objective of critical care is to maintain organ system functioning and improve the person’s condition such that his or her underlying injury or illness can then be treated. These services are provided by specialized teams of health care professionals in adult intensive care units, pediatric intensive care units and in a variety of post-operative and step-down units.¹⁷

Data: “factual information (such as measurements or statistics) used as a basis for reasoning, discussion or calculation.”¹⁸

Data Dictionary: a central repository of information that specifically outlines: the indicator name and type; the association with the BPG recommendation; the operational definition; the calculation; the inclusion and exclusion criteria; alignment with other external data repositories and instruments; and the direction of improvement.

Data Element: the underlying data that helps compute the numerator and denominator. Data elements may include different timeframes or age groups for data collection.

Data Privacy: Data privacy or information privacy is concerned with proper handling, processing, storage, and usage of personal information.

Data Quality: Data quality refers to the degree to which a set of inherent characteristics and/or quality dimensions of the data and information fulfills requirements. Data is generally considered high quality if it is "fit for its intended uses in operations, decision making, and planning."¹⁹

Data Quality Criteria: Different traits and characteristics that help to improve the quality of data.

Data Security: Refers to protecting digital data in the NQuIRE data system from destructive forces and from the unwanted actions of unauthorized users, such as a cyber attack or a data break as well as engaging in disaster recovery.

Data Sharing Agreement: The Terms and Conditions that BPSOs sign in order to access NQuIRE. The Terms and Conditions outlines how the data will be used and shared between the BPSO and RNAO.

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De-identification: the process of removing any identifiable information from data such as personal health information (e.g., age, sex, medical condition, etc.).

Developmental Sector: developmental services and programs within this sector are funded by the Ministry of Children, Community and Social Services to support inclusion for adults with a developmental disability and their families.²⁰ Developmental services and programs enable these adults to work, live and participate in a variety of activities in their communities.²⁰ The majority of these services and supports are delivered by the community.²⁰

Direct (Care of Delivery): The provision of services to a person that require some degree of interaction between the person and the health-care provider (E.g., assessment, performing procedures, teaching, and implementation of a care plan).

Emergency: An emergency service is any health care service provided to evaluate and/or treat any medical condition such that a prudent layperson possessing an average knowledge of medicine and health, believes that immediate unscheduled medical care is required.²¹

Evaluation: the systematic collection of information about activities, characteristics, and outcomes of programs, services, policies or processes, to make judgments about the program, improve effectiveness, and/or inform decisions about future development.²²

Evidence Booster: two-page infographics that demonstrate the impact of best practice guideline (BPG) implementation on clinical and organizational outcomes.²³

Functional Nursing: Specific tasks are divided among a variety of health-care staff based on their level of knowledge and complexity of the assignment, relying heavily on procedures, protocols and regulation. This is typically equated with production-line techniques and cost-effectiveness.

Funding Jurisdiction: The individual or other jurisdictional funding entity that exercises domain or jurisdiction, hierarchical and functional, in the immediate term over the organization.²⁴

Home Health Care: Home care services help people maintain their health and independence at home. Many of these services are funded by the Ontario government. These are health care services provided to persons within their own private home or residence.

Hospice Care: Hospice care is a special kind of care that focuses on the quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness. Hospice care provides compassionate care for people in the last phases of incurable disease so that they may live as fully

and comfortably as possible.²⁵ Hospice care may also include palliative care and respite care. “Respite care allows families a break from the daily routine of care giving” and may include programs that “operate 24/7 offering medical supervision, nursing, recreational, psychological/spiritual, bereavement and educational support services”.²⁶

Hospital: A hospital is a health care institution that provides acute care treatment through specialized staff and equipment dedicated to clinical practices. A hospital is an institution, building or other premises that is established for the purposes of the treatment of persons and that is approved as a public hospital. Hospital types include: academic, community, specialty, rehabilitation, chronic/continuing care. Hospital-based continuing care serves individuals who may not be ready for discharge from hospital but who no longer need acute care services. Also known as extended care, chronic care or complex continuing care, it provides ongoing professional services to a diverse population with complex health needs. Facilities may be free-standing or co-located with acute and/or rehabilitation services within one hospital.

Hospital Type: Refers to the type of care provided by a hospital (e.g., acute care, emergency care, rehabilitation, surgical care, etc.).

Implementation Site: Refers to the unit/program/team/service/resident care home. It is advised that the Lead uses the same name for the Sites in NQuIRE that is used in the organization. For example, if the BPG is being implemented on a unit named ‘6A Oncology’ in the organization, then the Implementation Site name in NQuIRE should also be named ‘6A Oncology’. The Implementation Site names will appear as labels on the BPSO’s NQuIRE reports. This option is locked to the Site User. Only the Lead can change the Implementation Site name.¹

Implementation Site Profile: The Implementation Site profile includes the Site’s contact details, demographic information and the model of care delivery indicator for BPSO OHTs. To access the Site profile in NQuIRE click ‘**Add/change implementation sites**’ and select one of the Sites that have been registered in the data system.¹

Implementation Site User: The BPSO Lead user can delegate data submission to other individuals referred to as Implementation Site Users. This User has access to set-up information about the specific implementation site and also has the ability to report data on behalf of that site. To add Site Users in NQuIRE, click ‘**Add/change implementation sites**’.¹

Implementation Site User Email: This is the Site User’s email that the invitation link will be sent to. The Lead can leave it blank to register the Site directly to themself.¹

Implementation Site User Name: The naming convention provided by the Implementation Site User

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for the unit, team, program, service, etc., that the data will be reported from. This name will be shown on the data that will be shared on reports.

In-Home: Care is provided in the client’s home.

In-Patient: Care is provided in a hospital or clinic that requires at least one overnight stay.

Indicator: “an indicator is a unit of information, which reflects the performance of the health care system in maintaining or increasing the well-being of its target population.”²⁷

Information life cycle management: “Information lifecycle management (ILM) is the effort to oversee data, from creation through retirement, in order to optimize its utility, lower costs, as well as minimize the legal and compliance risks that may be introduced through that data.”²⁸

Integrated Provider Organization: An organization that co-ordinates services from integrated providers to people who reside within a defined area or who are enrolled ‘members’ in the organization (i.e. Local Health Integration Network; Community Care Access Centre; Health Authority).

IPO Patient/Client Roster: A process by which persons register with an IPO. This field requires a numeric value.

Labour force environment: This refers to working conditions of a health-care organization to understand whether or not frontline staff/nurses providing care are members of a union and therefore covered by a union contract or collective agreement.

Likert Scale: this is a rating system usually used in surveys or questionnaires, where participants choose from a range of possible answers to a question. Answers are usually coded numerically, and these are defined for that specific survey (i.e., 1 = strongly agree, 2 = agree, and so on.).²⁹

Local Health Integration Networks (LHINs): The Local Health Integration Networks (LHINs) plan, integrate and fund local health care, improving access and patient experience (source: <http://www.lhins.on.ca/>). In some local and international jurisdictions these LHINs are popularly known as Regional Health Authorities. NOTE: This specific categorization is applicable for BPSOs in Ontario, Canada only and not applicable to other jurisdictions.

Locality of Organization: Refers to the BPSO’s geographic characteristics and includes one field with two options, based on the Statistics Canada Definition.³⁰

- Rural: < 1,000;
- Urban is categorized into three options:

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- Small population centre: 1,000 – 29,999;
- Medium population centre: 30,000 – 99,999
- Large population centre 100,000 and over

Long-Term Care: Long-term care homes are places where adults can live and receive help with most or all daily activities, and receive support services and 24-hour access to nursing and personal care.

Mean: The sum of all data points divided by the total number of data points within a data set.

Median: The exact middle point of an ordered dataset if the data set contains an odd number of data points. For data sets with an even number of data points, the average of the two middle data points is the median.

Medical: Units that care for persons admitted to medical services, such as internal medicine, family practice, or cardiology, etc.

Medical-Surgical: Units that care for persons admitted to either medical or surgical services.

Mental Health and Substance Use Hospitals: These are hospitals, primarily engaged in providing diagnostic and medical treatment, and monitoring persons who experience mental illness or substance abuse disorders.³¹ The treatment often requires an extended stay in the hospital.³¹ These hospitals may provide other services, such as out-patient services and electroencephalographic services.³¹

Meta-data: data that provides information about other data.³²

Model of Care Delivery: This is a measure of how often a model of care delivery enables continuity of providers. This measure assesses the frequency of assignment of clinical and/or non-clinical provider(s)/team member(s) (e.g., nurse, personal support worker, physiotherapist, social worker, case manager) to a person. There are four options to choose from: Always; Often; Sometimes; and Never. This is a structure indicator and more details are provided in a supplementary document where our Data Dictionaries⁴ are stored.

myBPSO: “myBPSO reports are completed by each BPSO, whether provincial, national or international, and submitted twice per year during the pre-designate phase and annually for designate organizations.”³³ “These reports provide an opportunity for BPSO leads, champions and teams to reflect on their progress towards achieving the BPSO deliverables, and results in a documented story of their evolution as a BPSO.”³³

NQuIRE: “NQuIRE is a database of quality indicators designed for BPSO®s to systematically monitor the progress and evaluate the outcomes of implementing the RNAO Best Practice Guidelines

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(BPGs) in their organizations.”³⁴ “NQuIRE is the first international quality improvement initiative of its kind, and involves development and measurement of structural, process and outcome indicators related to each of the RNAO BPGs.”³⁴

Number of Beds: Refers to the number beds in the health service organization.

Number of Persons Supported Directly: Refers to the number of persons that are directly being supported by the health service organization.

Number of Persons Supported Externally: Refers to the number of persons that health service organizations provide support to in the community or external to the organization (e.g., consultative support).

Number of Sites Implemented: Total number of units or programs or teams or services that are implementing BPGs at your organization.

Number of Sites Reporting: Number of Implementation Sites you are reporting to NQuIRE.

Nurse-Patient Ratios: The nurse-patient ratio is generally described as the ratio that more directly impacts upon nurses as well as patients as it describes the number of patients each nurse has to care for at any specific point in time. This can be measured for an entire health service organization, however it is more accurate to measure this ratio for each unit in a hospital, as different types of units require different types of care.³⁵

Nursing Model of Care Delivery: is a system for organizing and delivering nursing care to persons and their families, which represents both the structural and contextual elements of nursing practice.³⁶
³⁷ This refers to the nursing model of care delivery that is used most in the implementation site. This is measured by selecting one item from a list of categorical variables representing the nursing model of care delivery including: Total patient care; Functional nursing; Team nursing; Primary nursing; or Other.^{36,37}

Occupancy Rate: Occupancy rate is defined as the ratio between inpatient care days (patient care visits) and available bed days in a healthcare facility. Please use the reference manual for more information: [Care Days Manual](#)

Out-Patient: Care is provided in a hospital, clinic, or associated facility for diagnosis or treatment, however the person is not admitted for hospitalization.

Out-Patient Mental Health and Substance Use Centres: Out-patient services related to the diagnosis and treatment of mental health disorders, and alcohol and other substance use are provided at these centres.³¹ These centres may also provide a counselling staff and information regarding a wide range of mental health and substance use issues.³¹

Outcome Indicator: indicators that inform whether the BPG implementation is having the intended impact. It represents the effect of care on the health status of persons receiving care. (e.g., percentage of persons whose stage 2-4 pressure injury worsened).

Palliative Care: Palliative care is a type of specialized medical care for people living with a life-limiting or life-threatening condition focused on providing symptom and stress relief of the person and their loved ones.³⁸ The goal of palliative care is to improve quality of life of the person receiving care and their family and is based on the needs of the person instead of the trajectory of their condition.³⁸ Palliative care is provided by an interprofessional team of healthcare professionals who collaborate with other members of the healthcare team to provide additional support.³⁸ Palliative care may be provided concurrently with curative treatment and is appropriate at any age and any stage of the condition.³⁸

Password Protection: these are aspects that require a password to obtain access.

Patient Days for the Year: this is used for Average Daily Census and essentially the same as care-days but for the year. “Referred to the total number of patient days for the year for the organization. To get this number, you will add the daily census each day for the year (e.g., April 1/2020- April 1, 2021 is the time frame). Daily census is a list that has the number of patients admitted to the facility at a given day. If a patient is both admitted and discharged on the same day, they are considered partial day admissions and are counted. Discharges and deaths do not count.”

Perinatal Care: Maternal and infant health units which provide care before, during and after childbirth (peri-natal) for mothers and for well newborn babies.³⁹

Perioperative Care: Care of persons in all three phases of pre-operative, operative, and post-operative care.⁴⁰

Personal Health Information: information that relates to the provision of health care to individuals.⁴¹

Post-implementation: this is the timeframe after the implementation of the best practice guideline.

Pre-implementation: this is the timeframe before implementation of the best practice guideline.

Primary Care: Primary health care refers to the person's first point of contact with a doctor or a health care team. Family Health Teams provide more service and a wide range of health options, especially for people who don't have a doctor.⁴²

Primary Nursing: One registered nurse is responsible for a person's care and plans that care throughout their entire stay, with close coordination among the nurses on succeeding shifts to ensure continuity of care and care provider.

Private, For-Profit: The private sector encompasses the corporate for-profit sector, small business and entrepreneurial entities, and voluntary or charitable not-for-profit organizations, as well as individuals and families. Examples include: primary health care physicians, ancillary services in hospitals, laboratories and diagnostic services in most provinces, some hospitals, and long-term care.

Private, Not-For-Profit: Most hospitals, addiction treatment, and some home care and nursing homes in some provinces.

Process Indicator: represent practical recommendations that are being implemented. In other words, what is being done by and for persons receiving care in the process of providing care. (e.g., percentage of persons with pressure injuries who received a comprehensive assessment on initial contact).

Public, Not-for-Profit: The public sector refers to governments and government agencies;

Public Health: Public Health care services are focused on improving the overall health of the community and the population. Public health providers focus on protecting health, promoting health, and preventing illness by providing services to individuals and communities. The concept of health encompasses physical, mental, and social well-being. Functions of public health include assessing the health of the communities, developing public policies, and providing access to health care. Public Health is administered by a Public Health Unit, which is an official health agency established by a group of urban and rural municipalities to provide a more efficient community health program, carried out by full-time, specially qualified staff. Health units administer health promotion and disease prevention programs to inform the public about healthy life-styles, communicable disease control including education in STDs/AIDS, immunization, food premises inspection, healthy growth and development including parenting education, health education for all age groups and selected screening services.

Governments may be national (or federal), provincial or municipal. Examples include: public health, provincial psychiatric institutions, and home care in some provinces.

Rehabilitation: Includes a comprehensive range of inpatient and outpatient services and complex continuing care for adults who experience debilitating illness or injury. Includes both short-stay and long-stay rehabilitation care.⁴³

Remote (Care of Delivery): The provision of services to a person's living in remote areas through the use of technology.

Retirement home: A residential complex that is occupied primarily by persons who are 65 years of age or older.⁴⁴ These residents live with dignity, respect, privacy and autonomy, in security, safety and comfort and can make informed choices about their care options.⁴⁴ The retirement home makes at least two care services available, directly or indirectly, to the residents.⁴⁴

Run charts: Run charts (often known as line graphs outside the quality management field) display process performance over time. Upward and downward trends, cycles, and large aberrations may be spotted and investigated further. In a run chart, events, shown on the Y axis, are graphed against a time period on the X-axis.⁴⁵ For more information on how to interpret run chart, please see the following websites: [Measurement: Interpreting run charts](#), and [Run Chart Rules](#).

Rural/Urban: A population centre will be defined as an area with a population of at least 1,000 and a density of 400 or more people per square kilometre.⁴⁶

However, official definitions of 'rural areas' differ by country, thereby reflecting the varying national characteristics that distinguish urban from rural areas.

Sampling: Sampling is a technique of selecting individual members or a subset of the population to make statistical inferences from them and estimate characteristics of the whole population.⁴⁷

Size of BPSO (Public Health): Population Size/Catchment Area: Refers to the number of persons within a public health department's catchment area.

Staff mix, education: The number of permanent full- and permanent part-time nursing staff who are baccalaureate (degree)-prepared nurses as a percentage of the total number of permanent full-time and permanent part-time nursing staff.

- **NUMERATOR:** Total number of permanent full- and permanent part-time nursing staff who are baccalaureate (degree)-prepared nurses during the measurement period.
- **NUMERATOR INCLUSIONS / EXCLUSIONS:** Include all permanent full- and permanent part-time Unit Producing Personnel (UPP), Registered Nurses (RNs), Registered Practical Nurse (RPNs), Licensed Practical Nurse (LPNs), and Licensed Vocational Nurse (LVNs) who

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are baccalaureate (degree)-prepared in nursing. Exclude casual nursing staff and agency / purchased nursing staff.

- DENOMINATOR: The total number of permanent full-time and permanent part-time nursing staff employed by the organization during the measurement period.
- Data Elements
 - Total number of permanent full-time and permanent part-time nursing staff *
 - Year
 - Data element is equivalent to data elements in denominator from indicator **struc_annu01** (Turnover rate).
- DENOMINATOR INCLUSIONS / EXCLUSIONS: Include all permanent full- and permanent part-time Unit Producing Personnel (UPP), Registered Nurses (RNs), Registered Practical Nurse (RPNs), Licensed Practical Nurse (LPNs), and Licensed Vocational Nurse (LVNs) employed by the organization during the measurement period.
- DATA REPORTED AS: Total number of permanent full- and permanent part-time nursing staff who are baccalaureate (degree)-prepared nurses during the measurement period / Total number of permanent full-time and permanent part-time nursing staff] * 100

Structure Indicator: provide context about the human resource factors of the environment in which care occurs. (e.g., nursing hours per day, absenteeism and turnover). Often times, this data is found within the human resources, payroll or finance departments.

Surgical: Surgical units which provide care for pre- and post-surgical patients, and/or which may specialize in certain types of surgery (like orthopedic joint surgery).³⁹ Units that care for adults admitted to surgical services, such as general surgery, neurosurgery, or orthopedic.⁴⁸

Team Nursing: Like Functional Nursing, it focuses largely on the use and integration of various staff and skill mixes, including RNs, licensed practical nurses (LPN) and unregulated care providers (UCP). A team leader oversees activities of the group, which are less prescribed by procedures, protocols and regulation than in Functional Nursing.

Total Number of Inpatient Days for the Year: This is for the year for the whole organization. It is the total number of days patients were admitted for the provision of care. Partial days and admission days are counted towards inpatient days. Days of discharge or death are not counted.

Total Number of Sites: Total number of Implementation sites in a BPSO (i.e., both sites have implemented a BPG plus sites that have not implemented a BPG).

Total Patient Care: one nurse assumes responsibility for the full care of a group of persons over the course of a shift, but will not necessarily care for the same persons from shift to shift.

Union: an organization of workers formed for the purpose of advancing its members' interests in respect to wages, benefits and working conditions.

Using BPG Order Sets: An indication in the indicator selection area to indicate if the BPSO is using BPG Order Sets as a standard implementation tool.

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