

# Glossary of Terms

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**ACE-I**—angiotensin converting enzyme-inhibitor

A drug classification that is indicated for the treatment of acute and chronic heart failure, asymptomatic left ventricular systolic dysfunction, and hypertension. ACE-I blocks the conversion of angiotensin I to angiotensin II.

**AMI**—acute myocardial infarction

“Heart attack” occurs when the blood flow to the heart becomes severely reduced or completely blocked off, and little or no oxygen can get to the heart muscle—causing various levels of damage.

**ARB**—angiotensin-receptor blocker

A medication that blocks the action of angiotensin II, permitting the blood vessels to relax and dilate (widen), which lowers the blood pressure. Since the ARBs have effects similar to those of ACE inhibitors, they are often used when an ACE inhibitor cannot be tolerated by patients.

**champion**

An individual in the organization who strongly believes in the improvement activities, is willing to try them, and educates others about them. Successful teams need at least one physician champion.

**change concept**

A general idea for changing a process. Change concepts are usually at a high level of abstraction but evoke multiple specific ideas of how to change processes.

**change package**

A collection of change concepts and key changes.

**CHF**—congestive heart failure

(See heart failure.)

**ejection fraction**

The ejection fraction (EF) is the percentage of the diastolic volume that is ejected during systole. Normal EF is 70 percent. EF can be estimated from changes in the left ventricular chamber during diastole and systole. The EF percentage represents the effectiveness of the left ventricular chamber contraction.

**heart failure (HF)**

Heart failure occurs when the heart muscle is too weak to adequately pump blood for the body's metabolic needs. Such impairment can result in a lack of adequate blood flow to vital organs, including the brain, kidneys, and other organs. Fluid may also back up into the lungs. Often, heart failure is caused by damage to the heart muscle from a heart attack, which can severely weaken the left ventricle—the main pumping chamber of the heart.

**HoW**—Hospital Workgroup

**HSAG**

For 25 years, Health Services Advisory Group (HSAG) has provided innovative leadership on health care quality improvement projects for federal, state and private sector clients. Founded by a group of medical professionals in 1979, HSAG is one of most experienced quality improvement organizations in the nation. HSAG is recognized as an agent of change in the health care industry because of the company's successful collaboration with providers across the continuum of care.

**implement**

To take a change and make it a permanent part of the system. A change may be tested first and then implemented throughout the organization.

**key changes**

The list of essential process changes that will help lead to breakthrough improvement, usually developed by the leadership team and chair based on literature and their experiences.

**LVSD**—left ventricular systolic dysfunction

LVSD is defined as documentation of a left ventricular ejection fraction (LVEF) less than 40 percent or a narrative description of left ventricular function (LVF) consistent with moderate or severe systolic dysfunction.

**market basket**

A market basket is described as a fixed-weight index because it answers the question of how much more or less it would cost, at a later time, to purchase the same mix of goods and services that was purchased in a base period. The CMS market baskets are used to update payments and cost limits in the various CMS payment systems. Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) states that hospitals that do not submit performance data for the 10 quality measures will receive a 0.4 percent less payment increase in FY 2005 than hospitals that do submit performance data.

**Medicare Prescription Drug, Improvement, and Modernization Act of 2003**

On December 8, 2003, the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) (Pub. L. 108-173) was signed into law. This landmark legislation provides seniors and individuals with disabilities with a prescription drug benefit, more choices, and additional benefits under Medicare. Title I of the MMA establishes a new Medicare drug benefit beginning January 1, 2006. Title II of the MMA replaces the existing Medicare+Choice program with a new Medicare Advantage program beginning January 1, 2006.

**performance measure**

A focused, reportable unit that will help a team monitor its progress toward achieving its aim.

**PDSA cycle**

A structured trial of a process change that includes the following steps:

- ♥ Plan—a specific planning phase
- ♥ Do—a time to try the change and observe what happens
- ♥ Study—sometimes called “check,” an analysis of the results of the trial
- ♥ Act—devising next steps based on the analysis

**process change**

A specific change in an organization’s process. More focused and detailed than a change concept, a process change describes what specific changes should occur.

**root cause analysis**

Root cause analysis is the process of learning from consequences. The consequences can be desirable, but most root cause analysis deals with adverse consequences, e.g., the so-called d-words: death, damage, delay, disruption, dollars (of loss), disgrace, discredit, discharges (to the

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environment), etc. The generally accepted principles of root cause analysis include:

- ♥ Do all reasoning from solid evidence.
- ♥ Determine what influenced the consequences, i.e., determine the necessary and sufficient influences that explain the nature and the magnitude of the consequences.
- ♥ Establish tightly linked chains of influence.
- ♥ At every level of analysis determine the necessary and sufficient influences.
- ♥ Whenever feasible, drill down to root causes.
- ♥ There are always multiple root causes.

### **Scope of Work**

Scope of Work (SoW) refers to three-year contract periods in which quality improvement organizations conduct activities on behalf of the Centers for Medicare & Medicaid Services (CMS). The 7th SoW covers the period November 1, 2002, through October 31, 2005.