



## GLOSSARY OF TERMS for the Lantern Award Program

*The following definitions were compiled from various sources and are intended to provide clarification of terms used in the online Lantern Award application.*

**Account Administrator:** For the Lantern Award online application process, this person has primary responsibility for completing and submitting the application. The Account Administrator can be anyone in your organization, including the same person identified as the Primary Contact.

**Admitted Patients Who Come Through the Emergency Department:** Patients admitted to the hospital who had their first contact with the organization in the emergency department.

**Adverse Patient Event:** An unintended event as a result of care or treatment in the healthcare setting that causes harm to a patient.

**Advocacy:** An active engagement in activities that support patients, families, and communities such as involvement in programs for healthcare access, building of capacity to improve community health, and strengthening policies to promote safe and quality healthcare.

**Authorized User:** An individual identified by the emergency department manager/director to participate in the application process. Authorized Users will participate by writing one exemplar statement each regarding a specific topic. Their participation is confidential and no one else at the facility will be able to view their response. Four Authorized Users must be chosen for the application, including three registered nurses and one physician in the emergency department.

**Average Occupancy Rate:** A calculated rate that represents the actual utilization of an inpatient health facility during a given time frame.

**Boarded Patient:** An admitted patient who is held in the emergency department or another temporary location after the decision to admit or transfer has been made.

**Care Coordinator:** A person in charge of coordinating client care in a clinical or health care setting.

**Clinical Practice Guidelines (CPG):** ENA practice resource to help facilitate the application of current evidence into every day emergency nursing practice. CPGs are created based on a comprehensive review and critical analysis of the literature, ensuring consistency of the evidence appraisal process and incorporation of current, best available evidence for practice. CPGs are available at <http://www.ena.org/practice-resources/resource-library/-in-category/categories/ena/resources/practice-resources/clinical-practice-guideline>

**Controllable Resignations of RNs:** RN employees that leave as a result of an issue or environmental feature or trait that is under the control of the employer.

**Core Measures:** Performance indicators that track a variety of evidence-based, scientifically researched standards of care that have been shown to result in improved clinical outcomes.



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**CPT Codes:** Current procedural terminology billing codes that are specific to the facility and not to the physician/professional fees. CPT codes correspond to facility levels in the following manner: facility level 1 = CPT 99281; facility level 2 = CPT 99282; facility level 3 = CPT 99283; facility level 4 = CPT 99284; facility level 5 = CPT 99285; facility level 6 = CPT 99291.

**Critical Access Hospital (CAH):** A hospital that offers limited services and is located more than 35 miles from a hospital or another critical access hospital, or is certified by the state as being a necessary provider of health care services to residents in the area. It maintains no more than 25 beds that could be used for inpatient care. A critical access hospital provides acute inpatient care for a period that does not exceed on an annual average basis, 96 hours per patient. (Additional criteria found on CMS.gov website)

**Departure Time:** Emergency department departure time is the time of physical departure of a patient from the emergency department treatment space. It is the time most closely represented by a patient being out of the department and no longer the emergency department's responsibility.

**Designated Treatment Spaces:** Spaces within the emergency department where patients are placed for emergency care, not including overflow spaces such as hall beds.

**Elopement:** An event when a patient who is cognitively, physically, mentally, emotionally, and/or chemically impaired wanders, walks away from, or escapes from the care of the facility unsupervised prior to discharge.

**Emergency Department Manager/Director:** The individual who oversees the day-to-day operations for the emergency department and is responsible for the emergency department nurses.

**Exemplar:** A descriptive example of the noteworthy practices and attributes of your emergency department that exemplify excellence and innovation. An exemplar response may include descriptions of practice, levels of evidence, innovation, and improvements over time. The Lantern Award application includes several questions that require an exemplar response (up to 1,000 words each).

**Facility Level:** The hospital billing code (not physician/professional fees) assigned to each patient visit.

**FTE:** Full-time equivalent is the amount of time a full-time position is budgeted for each year. Typically, 2,080 hours per year equals 1.0 FTE.

**Horizontal Violence:** An act of aggression by an employee(s) directed toward another employee(s). Horizontal workplace violence can be any physical assault, emotional or verbal abuse, or threatening, harassing, or coercive behavior in or out of the work setting that causes physical or emotional harm.

**Licensed Inpatient Beds:** The maximum number of beds for which a hospital holds a license to operate. Many hospitals do not operate all of the beds for which they are licensed.

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**Mentoring:** A structured process with formal relationships between mentors and mentees for the purpose of developing and guiding nurses in their careers. Mentors help and encourage mentees to become future leaders in their profession, adjust to new or changing environments and responsibilities, and/or obtain new knowledge, competencies, and skills.

**Never Event:** According to the National Quality Forum (NQF), “Never Events” are errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients, and that indicate a real problem in the safety and credibility of a health care facility. For criteria for and examples of “Never Events,” visit <http://psnet.ahrq.gov/primer.aspx?primerID=3>.

**Nurse Sensitive Indicators:** According to the American Nurses Association, nurse sensitive indicators are quality measures that reflect the structure, process, or outcome of nursing care. Process indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction. Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g., pressure ulcers, falls, and intravenous infiltrations). Some patient outcomes are associated with other aspects of institutional care, such as medical decisions and institutional policies (e.g., frequency of primary C-sections, cardiac failure) and are not considered nursing-sensitive.

**Observation Patient:** A patient whose treatment or severity of condition requires the use of an inpatient bed and services, yet the patient is expected to be ready for discharge in a shortened time frame.

**Overflow Treatment Spaces:** Hall beds, stretchers, chairs and similar furniture utilized during high census times.

**Patients Who Elope:** A patient classification that encompasses patients who are cognitively, physically, emotional and/or chemically impaired who wander, walk away from, or escape from the care of the facility unsupervised prior to discharge.

**Patients Who Elope Who Are in Police Custody or Under Arrest:** A patient classification that encompasses those individuals who are in police custody, under arrest, or incarcerated who are brought to the emergency department for medical evaluation and escape from the facility.

**Patients Who Leave Against Medical Advice:** A patient classification that encompasses those individuals leaving after interaction with the emergency department medical care staff but before the emergency department encounter officially ends, including completion or refusal to complete documentation confirming the intent to leave against the recommendation of medical care staff.

**Patients Who Leave Before Treatment Complete:** A patient classification that encompasses those individuals leaving the emergency department after the medical screening exam but before the provider documents that treatment is complete.

**Patients Who Leave Without Being Seen:** A patient classification that encompasses those individuals leaving the emergency department before initiation of the medical screening exam.

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**Preceptor:** A nursing preceptor is an experienced registered nurse who is selected to welcome, introduce, and integrate a new staff member to the practice setting by role modeling, skill demonstration, focused observation, and possible formal instruction specific to the area. Preceptors use positive communication techniques to instill confidence, support safe practice, and apply course correction as needed.

**Primary Contact:** For the Lantern Award online application process, this person has overall responsibility for the application and should be able to answer clarifying questions after the application is submitted. In addition, this person will receive notifications from ENA, including the outcome of the application review. It is recommended that this person be the emergency department manager or director.

**Rolling Calendar:** For many of the questions in the Lantern Award application, you are asked to use a rolling calendar and provide information for the most recent four quarters for which you have data. For example, if you are completing the application in September, the most recent four quarters may be the first two quarters of the current year and the last two quarters of the previous year. For some questions, you are asked to provide data for each quarter, while for others you are asked to provide a sum or average over all four quarters.

**Shared Governance:** A visible and recognized organizational model that provides shared accountability and decision-making for practice, the quality of care and safety, and an enhanced work environment.

**Staffed Beds:** Beds that are licensed and physically available for which staff is on hand to tend to patients who may occupy the beds. Staffed beds include those that are occupied and those that are not occupied but available for patients.

**Throughput:** The flow of patients in and out of beds, which should be as efficient as possible to support timely care in the appropriate setting.

**Turnover Rate:** Total RN FTEs leaving employment multiplied by 100, divided by total RN FTEs budgeted.

**Vacancy Rate:** Total unfilled RN FTEs divided by total budgeted RN FTEs multiplied by 100.