Beacon Award Glossary of Terms

AACN Standards for Establishing and Sustaining Healthy Work Environments	Six standards essential to a healthy work environment, representing evidence-based and relationship-centered principles of professional performance. For more information: http://www.aacn.org/HWE
Application	The extent to which an approach is applied within the unit. It is one of the dimensions considered in evaluating Process criteria items.
Approach	The methods used by a unit to accomplish a process. Approach includes how effectively the methods are used within the unit. It is one of the dimensions considered in evaluating Process criteria items.
Baldrige National Quality Award	Named for former Secretary of Commerce Malcolm Baldrige, the award recognizes organizational performance excellence. Baldrige's managerial excellence contributed to long-term improvement in efficiency and effectiveness of government. Public Law 100-107 created the Malcolm Baldrige National Quality Award. Signed into law on August 20, 1987, the Award Program led to the creation of a new public-private partnership. Principal support for the program comes from the Foundation for the Malcolm Baldrige National Quality Award established in 1988. For more information: http://www.baldrige.nist.gov
Beacon Award Audit Tool	A tool to assess the unit's readiness to apply for the Beacon Award.
Benchmarks	Processes and results that represent best practices or outcomes for similar activities. Benchmarks provide a point of reference for comparison and can be used as a standard against which a unit can compare its approaches or assess its outcomes. Benchmarks can also provide the impetus for breakthrough improvement or change.
Care team	All staff members involved in caring for a patient.
Clinical ladders	A grading structure to facilitate career progression and pay differentiation defined by different levels of clinical practice.
Comparisons	Data points used to evaluate a unit's outcomes against similar external outcomes. Use of comparisons allows the unit to know where it stands relative to other units or best practices and are one dimension considered in evaluating Results.
Competency	A statement describing a specific ability or set of abilities that requires specific knowledge, skill and/or attitude.
Evidence-based practice	A problem-solving approach in practice that involves the conscientious use of current best evidence in making decisions about patient care: EBP incorporates a systematic search for and critical appraisal of relevant evidence to answer a clinical question along with clinical expertise, patient values and preferences.

Facility	Type of macrosystem, e.g., community hospital, academic medical center or for-profit company.
Governance structure	System of management or control over the unit.
Healthy Work Environment	A work environment that exemplifies the Healthy Work Environment Standards.
How	Systems and processes used to accomplish the work. Responses to how questions should describe key processes to achieve an outcome, process steps, expected outcomes, staff involvement, measurement and evaluation of process effectiveness and how learning is looped back to your unit.
Incidence	The incidence of a disease is an epidemiological measure. Incidence measures the rate of occurrence of new cases of a disease or condition. Incidence is calculated as the number of new cases of a disease or condition in a specified time period (usually a year) divided by the size of the population under consideration who are initially disease free. Incidence conveys information about the risk of contracting the disease, whereas prevalence indicates how widespread the disease is.
Institute of Medicine (IOM)	An independent, nonprofit organization that works outside government to provide unbiased, authoritative advice to decision makers and the public to inform health decisions by those in the government and private sector. For more information: http://www.iom.edu
Leapfrog Group	A voluntary program that mobilizes employer purchasing power to alert America's health industry that big leaps in healthcare safety, quality and customer value will be recognized and rewarded. For more information, visit: http://www.leapfroggroup.org/home
Learning	New knowledge or skills acquired through evaluation, study and experience. Unit learning is achieved through research of evidence-based or best practices. Learning and the sharing of learning should be embedded in the way the unit operates. It is one of the dimensions considered in evaluating Process criteria items.
Levels	Numerical information that places or positions a unit's results and performance on a meaningful measurement scale. Levels are one of the dimensions considered in evaluating Results criteria items.
Magnet Recognition Program®	Developed by the American Nurses Credentialing Center (ANCC) to recognize healthcare organizations that provide nursing excellence. The program also disseminates successful nursing practices and strategies. For more information: http://www.nursecredentialing.org/Magnet/ProgramOverview.aspx

Microsystem	A small subsystem of the larger whole. The Beacon Award for Excellence focuses on nursing *microsystem thinking* in which the quality and value of care produced by a large health system can be no better than the services generated by the small systems of which it is composed.
Moral distress	Moral distress occurs when staff members know the ethically appropriate action to take but can't, or they act in a manner contrary to personal and professional values to undermine their integrity and authenticity.
Narrative	Your written response including text, chart, graphs and tables to the six categories and 38 criteria comprising the Beacon Award for Excellence. Address all of the questions in each of the six categories as completely as possible. The Unit Profile is the first of six categories and provides context to describe your operating environment, key relationships, external influences and challenges. It should be developed collaboratively with staff nurses and unit leaders, as it helps you and the reviewers understand what is most important in the unit. The other five categories include a series of process and outcome questions. The notes associated with each question may clarify key terms and requirements, provide additional instructions or address important links among categories.
National Association of Children's Hospitals and Related Institutions (NACHRI)	An organization of children's hospitals. NACHRI promotes the health and well-being of all children and families by supporting children's hospitals and health systems committed to excellence in healthcare to children. For more information: http://www.childrenshospitals.net
National Database of Nursing Quality Indicators®(NDNQI®)	A proprietary database of the American Nurses Association that collects and evaluates specific nurse-sensitive data from hospitals in the United States. For more information: https://www.nursingquality.org
National Quality Forum (NQF)	A nonprofit organization that improves the quality of healthcare for all Americans through fulfillment of its three-part mission: setting national priorities and goals for performance improvement; endorsing national consensus standards for measuring and publicly reporting on performance; and promoting national goals through education and outreach programs. For more information: www.qualityforum.org
Healthcare-associated infections	Serious preventable adverse events of concern to public and healthcare providers.

Outcome measures	Determination and evaluation of activity, plan or program results and comparison with intended or projected results.
Prevalence	Prevalence is a frequently used epidemiological measure of how commonly a disease or condition occurs in a population. Prevalence measures how much of some disease or condition there is in a population at a particular point in time. The prevalence is calculated by dividing the number of persons with the disease or condition at a particular point by the number of individuals examined. Prevalence indicates how widespread the disease is, whereas incidence conveys information about the risk of contracting the disease.
Results	Outcomes achieved by the unit. Results are evaluated based on current performance, performance relative to appropriate comparisons and the rate of improvement.
Stakeholder	Person, group or organization with a direct or indirect stake in the unit that affects or may be affected by unit actions, objectives or policies. These include patients, physicians, other departments such as interventional radiology, tele-ICU, rapid response teams, transport teams, postanesthesia care units or hospital administration.
Systematic	Approaches that are well-ordered, repeatable and utilize data and information to facilitate learning. To be systematic, approaches will build in the opportunity for evaluation, improvement and sharing.
Trends	Numerical information that shows the direction and rate of change for a unit's results. A statistically valid trend generally requires at minimum three historical data points.
Unit	Area in which the patient receives primary nursing care after hospital admission.
Zero tolerance	The policy or practice of not tolerating undesirable behavior, such as violence or illegal drug use, especially in the automatic imposition of severe penalties for first offenses.