



## SANE Program Sustainability: Commonly-used words

This glossary of terms will be helpful to review as you navigate this app and work on your sustainability planning.<sup>1</sup>

### 501(c)(3)

Section of the Internal Revenue Code that designates an organization as charitable and tax exempt. Organizations qualifying under this section include religious, educational, charitable, amateur athletic, scientific or literary groups, organizations testing for public safety or organizations involved in prevention of cruelty to children or animals. Most organizations seeking foundation or corporate contributions secure a Section 501(c)(3) classification from the Internal Revenue Service (IRS). Note: The tax code sets forth a list of sections - 501(c)(4-26) - to identify other nonprofit organizations whose function is not solely charitable (e.g., professional or veterans organizations, chambers of commerce, fraternal societies, etc.).

### Annual report

A voluntary report published by a foundation or corporation describing its grant activities. It may be a simple, typed document listing the year's grants or an elaborately detailed publication. A growing number of foundations and corporations use an annual report as an effective means of informing the community about their contributions activities, policies, and guidelines.

### Base salary

The total annual salary for an individual.

### Benchmarking

A process of searching out and studying the best practices that produce superior performance. Benchmarks may be established within the same organization (internal benchmarking), outside of the organization with another organization that produces the same service or product (external benchmarking), or with reference to a similar function or process in another industry (functional benchmarking).

### Best practices

The most up-to-date patient care interventions, scientifically proven to result in the best patient outcomes and minimize patients' risk of death or complications.

### Centers for Medicare and Medicaid Services (CMS)

The federal agency that runs the Medicare program for the elderly and disabled individuals. In addition, CMS works with the states to run the Medicaid program for low-income individuals.

---

<sup>1</sup> This glossary is adapted with permission from glossaries created by the University of Rochester Medical Center, Robert Wood Johnson Foundation, and Council on Foundations.



# GLOSSARY

## **Certification**

A process by which an authorized body, either a governmental or nongovernmental organization, evaluates and recognizes either an individual or an organization as meeting pre-determined requirements or criteria.

## **Challenge grant**

A grant that is made on the condition that other monies are secured, either on a matching basis or via some other formula, usually within a specified period of time, to stimulate giving from other sources.

## **Clinical measures**

Measures representing processes of care and patient outcomes widely accepted as important to quality care, consistently and accurately tracked in order to determine quality performance in a given clinical area, such as heart attack, pneumonia, or hip and knee replacement.

## **Clinical performance**

The degree of accomplishment of desired health objectives by a clinician or health care organization.

## **Clinical performance measure**

A subtype of quality measure that is a mechanism for assessing the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in the optimal time period.

## **Clinical practice guidelines**

A set of systematically developed statements, usually based on scientific evidence, to assist practitioners and patient decision making about appropriate health care for specific clinical circumstances.

## **Community foundation**

A community foundation is a tax-exempt, nonprofit, autonomous, publicly supported, philanthropic institution composed primarily of permanent funds established by many separate donors of the long-term diverse, charitable benefit of the residents of a defined geographic area. Typically, a community foundation serves an area no larger than a state. Community foundations provide an array of services to donors who wish to establish endowed funds without incurring the administrative and legal costs of starting independent foundations. There are more than 500 community foundations across the United States today.

## **Continuous Quality Improvement (CQI)**

A management approach to improving and maintaining quality that emphasizes internally driven and relatively continuous assessments of potential causes of quality defects, followed by action aimed either at avoiding decrease in quality or correcting it an early stage.

## **Corporate foundation**

A corporate (company-sponsored) foundation is a private foundation that derives its grantmaking funds primarily from the contributions of a profit-making business. The company-sponsored foundation often maintains close ties with the donor company, but it is a separate, legal organization, sometimes with its own endowment, and is subject to the same rules and regulations as other private foundations. There are more than 2,000 corporate foundations in the United States holding some \$11 billion in assets.



# GLOSSARY

## **Credentialing**

The process by which a hospital or other health care facility grants permission to health professionals to practice in the facility. The process consists of a thorough investigation into the background of each individual, including such things as education, licenses, prior practice, and prior disciplinary sanctions.

## **Discretionary funds**

Grant funds distributed at the discretion of one or more trustees, which usually do not require prior approval by the full board of directors. The governing board can delegate discretionary authority to staff.

## **Family foundation**

Family foundation is not a legal term, and therefore, it has no precise definition. Yet, approximately two-thirds of the estimated 44,000 private foundations in this country are believed to be family managed. The Council on Foundations defines a family foundation as a foundation whose funds are derived from members of a single family. At least one family member must continue to serve as an officer or board member of the foundation, and as the donor, they or their relatives play a significant role in governing and/or managing the foundation throughout its life. Most family foundations are run by family members who serve as trustees or directors on a voluntary basis-receiving no compensation; in many cases, second- and third-generation descendants of the original donors manage the foundation. Most family foundations concentrate their giving locally, in their communities.

## **Grant**

An award of funds to an organization to undertake charitable activities.

## **Grassroots fundraising**

Efforts to raise money from individuals or groups from the local community on a broad basis. Usually an organization does grassroots fundraising within its own constituency – people who live in the neighborhood served or clients of the agency's services. Grassroots fundraising activities include membership drives, raffles, bake sales, auctions, dances, and a range of other activities. Foundation managers often feel that successful grassroots fundraising indicates that an organization has substantial community support.

## **Health outcomes**

The effect on health status from performance (or nonperformance) of one or more processes or activities carried out by health care providers. Health outcomes include morbidity and mortality; physical, social, and mental functioning; nutritional status; etc.

## **Health plan**

An organization that offers reimbursement for its members' health care services. It can be a health maintenance organization (HMO), a preferred provider organization (PPO), a commercial insurance carrier, or a company that self-insures.

## **Indicator**

A measurable variable (or characteristic) that can be used to determine the degree of adherence to a standard or the level of quality achieved.



# GLOSSARY

## Indirect costs

Those costs that are not easily identified but are necessary to conduct the grant, such as payroll processing, accounting support, human resource department costs, etc. It also is referred to as overhead.

## In-Kind contribution

A contribution of equipment, supplies, spare services, or staff time as distinguished from a monetary grant or contribution.

## The Joint Commission

An organization that evaluates and accredits health care organizations and programs in the United States. The Joint Commission is an independent, not-for-profit organization. A hospital is accredited by the Joint Commission if it meets certain quality standards. These checks are done at least every three years. Most hospitals take part in these accreditations.

## Licensure

A process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation or profession.

## Magnet Hospital Status

Refers to a designation by the Magnet Recognition Program administered by the American Nurses Credentialing Center.

## Matching funds

The amount donated or contributed toward a project during a specified time period that matches grant funds on a one-to-one basis or according to some other formula. Matching funds may be cash or an in-kind contribution. Matching funds are required under challenge grants.

## Measure

A mechanism to assign a quantity to an attribute by comparison to a criterion.

## Measurement

The process of collecting data to assess performance conducted at a single point in time or repeated over time.

## Operating support

A contribution given to cover an organization's day-to-day, ongoing expenses, such as salaries, utilities, office supplies, etc.

## Outcome

Result of a process, including outputs, effects, and impacts.

## Outcome measure

A measure that indicates the result of the performance (or nonperformance) of a function or process.

## Patient satisfaction

A measurement that obtains reports or ratings from patients about services received from an organization, hospital, physician, or health care provider.

## Patient values

The unique preferences, concerns, and expectations that each patient brings to a clinical encounter that must be integrated into clinical decisions if they are to serve the patient.

## Patient-centered care

Care that is respectful of and responsive to individual patient preferences, needs, and values and ensures patient values guide all clinical decisions; care that is coordinated, communicative, and supportive.



# GLOSSARY

## Performance measure

Provides an indication (e.g., rate, ratio, index, percentage) of an organization's or provider's ability to provide care, most likely to ensure a good patient outcome.

## Private foundation

A nongovernmental, nonprofit organization with funds (usually from a single source, such as an individual, family or corporation) and program managed by its own trustees or directors, established to maintain or aid social, educational, religious, or other charitable activities serving the common welfare, primarily through grantmaking. U.S. private foundations are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are classified by the IRS as a private foundation as defined in the code.

## Process measure

A series of actions, functions, or changes, which lead to a certain anticipated outcome. A scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.

## Protocol

A detailed plan, or set of steps, to be followed in a study, an investigation, or an intervention, as in the management of a specific clinical condition.

## Quality assessment

Determination of how processes and services correspond to current standards, as well as a patient's satisfaction with the care received.

## Quality assurance

That set of activities that are carried out to set standards and to monitor and improve performance so the care provided will satisfy stated or implied needs.

## Quality improvement

An approach to the study and improvement of the processes of providing health care services to meet the needs of clients.

## Quality indicator

An agreed-upon process or outcome measure that is used to determine the level of quality achieved. A measurable variable (or characteristic) that can be used to determine the degree of adherence to a standard or achievement of quality goals.

## Quality of care

The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

## Restricted funds

Assets or income that is restricted in its use, in the types of organizations that may receive grants from it or in the procedures used to make grants from such funds.

## Six Sigma

A methodology that provides organizations with the tools to improve the capability of their business processes. This increase in performance and decrease in process variation lead to defect reduction and improvement in profits, employee morale, and quality of product.



# GLOSSARY

## Standard of care

A generally accepted, objective standard of measurement, such as a performance standard supported through findings from expert consensus, based on specific research and/or documentation in scientific literature, against which an individual's or organization's level of performance can be compared.

## Total Quality Management (TQM)

An approach to quality assurance that emphasizes a thorough understanding by all members of a production unit of the needs and desires of the ultimate service recipients, a viewpoint of wishing to provide service to internal, intermediate service recipients in the chain of service, and a knowledge of how to use specific data-related techniques to assess.

## Unrestricted funds

Normally found at community foundations, an unrestricted fund is one that is not specifically designated to particular uses by the donor, or for which restrictions have expired or been removed.

## References

University of Rochester Medical Center. (2010). *Quality, safety, and service: Glossary of terms*. Retrieved from <http://www.urmc.rochester.edu/quality/glossary/>

Robert Wood Johnson Foundation. (n.d.). *Reporting and accounting information: Financial glossary*. Retrieved from <http://www.rwjf.org/en/grants/grantee-resources/reporting-and-accounting-information/financial-glossary.html>

Council on Foundations. (n.d.). *Glossary of philanthropic terms*. Retrieved from <http://www.cof.org/content/glossary-philanthropic-terms>

## See also:

*Glossary of Forensic Terms (SAFEta)*  
<http://safeta.org/associations/8563/files/GLOSSARY%20OF%20FORENSIC%20TERMS.pdf>

## About this publication

This publication is part of the *SANE Sustainability Education Project*. For more information about this project, visit <http://www.nsvrc.org/projects/sane-sustainability>

This project was supported by Grant No. 2011-TA-AX-K077 awarded by the Office on Violence Against Women, U.S. Department of Justice (OVW DOJ). The opinions, findings, conclusions, and recommendations expressed in this course are those of the author(s) and do not necessarily reflect the views of the OVW DOJ.

© National Sexual Violence Resource Center and International Association of Forensic Nurses 2014. All rights reserved.