

## Glossary

<b>Acute care</b>	Health care in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is usually given in hospitals by specialised personnel using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time.
<b>Allied Health staff</b>	Professional staff with qualifications and ongoing competence in one or any combination of the following specialties: audiologist, clinical measurements scientist, dietician, medical imaging technologist, occupational therapist, orthotist, pharmacist, physiotherapist, podiatrist, prosthetist, psychologist, social worker and speech pathologist. It may also include access to an Aboriginal and Torres Strait Islander Health worker.
<b>Avoidable deaths</b>	Deaths that <i>potentially</i> could be avoided either through prevention or through early medical intervention.
<b>Avoidable hospitalisation</b>	Conditions for which hospitalisations are thought to be avoidable if timely and adequate preventive care and early disease management is provided.
<b>Benchmark</b>	A standard or point of reference for measuring quality or performance. See also benchmarking.
<b>Benchmarking</b>	A continuous process of measuring quality or performance against the highest standards. See also benchmark.
<b>Bulk billing</b>	The process by which a medical practitioner or optometrist sends the bill for services direct to Medicare. Also known as direct billing.
<b>Capital expenditure</b>	Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years).
<b>Casemix</b>	The range and types of patients (the mix of cases) treated by a hospital or other health service. This provides a way of describing and comparing hospitals and other services for planning and managing health care. Casemix classifications put patients into manageable numbers of groups with similar conditions that use similar healthcare resources, so that the activity and cost-efficiency of different hospitals can be compared.
<b>Casemix funding model</b>	A funding approach based on the casemix of a health service.
<b>Chronic disease management</b>	Improving the health of those people who already have chronic conditions and includes strategies designed to:

	<ul style="list-style-type: none"> <li>• improve health-related quality of life for people with chronic disease, particularly those with more than one condition</li> <li>• improve the use of the health care system by people with chronic conditions</li> <li>• enhance communication between health professionals, family/carers and patients.</li> </ul>
<b>Chronic disease/condition</b>	Diseases which have one or more of the following characteristics: 1) is permanent and leaves residual disability; 2) is caused by non-reversible pathological alteration; 3) requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation, or care.
<b>Clinical Collaboratives</b>	Collaboratives - informal voluntary groups of clinicians from different healthcare organisations who work together in a structured way to improve some aspect of the quality of their service.
<b>Clinical Governance</b>	The system through which health services are accountable for continuously improving the quality of services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.
<b>Clinical Networks</b>	Linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, to ensure equitable provision of high quality clinically effective services with formal authority to plan services, allocate funds and be accountable for clinical quality.
<b>Community setting</b>	A place that has no inpatient facilities and associated support services eg. home, outpatient clinic, community health centre.
<b>Competence</b>	The demonstrated ability to provide health care services at an expected level of safety and quality.
<b>Credentials</b>	The qualifications, professional training, clinical experience and training, and experience leadership, research, education, communication and teamwork that contribute to a medical practitioners competence, performance and professional suitability to provide safe, high quality services.
<b>Divisions of General Practice</b>	An Australian Government program that supports “doctors working with doctors” to promote a “wellness culture” over an “illness culture”. Divisions are involved in programs to enhance the quality of general practice and to promote community health (such as immunisation, optimal use of drugs and the provision of after hours care).
<b>Elective surgery</b>	Surgery that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least 24 hours. It does not cover emergency surgery or treatment, nor does it cover medical treatments or diagnostic procedures.

<b>Elective surgery categories</b>	<p>Categorisation is based on a clinical assessment of the need with which a patient requires elective surgery. There are 3 main categories of urgency:</p> <ul style="list-style-type: none"> <li>• <i>Category 1: Urgent</i> Admission within 30 days desirable for a condition that has the potential to deteriorate quickly, to the point that it may become an emergency.</li> <li>• <i>Category 2: Semi-urgent</i> Admission within 90 days acceptable for a condition causing some pain, dysfunction or disability, but which is not likely to deteriorate quickly or become an emergency.</li> <li>• <i>Category 3: Non-urgent</i> Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.</li> </ul>
<b>Elective surgery waiting list</b>	A register of people who have been clinically assessed as needing elective surgery in a hospital. It includes patients both with and without a scheduled date of admission to hospital.
<b>Elective surgery waiting times</b>	The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure.
<b>Emergency department waiting times</b>	The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse.
<b>Episode of care</b>	A hospital stay from admission to discharge, transfer or death. Or a portion of a hospital stay beginning or ending in a changed type of care.
<b>General Practitioner (GP)</b>	A medical practitioner who provides primary comprehensive and continuing care to patients and their families within the community.
<b>Health outcome</b>	The change in health status of an individual or population attributable to an intervention or series of interventions.
<b>Health promotion</b>	Organised efforts to make individuals and communities aware of healthy lifestyle choices and to enable them to make these choices.
<b>Health protection</b>	Legislative or regulatory measures to minimise exposure to health risks for individuals or communities.
<b>Human services</b>	Services provided by governments to address the health, welfare and broader societal needs of individuals and communities.

<b>Indicator</b>	A key statistic chosen to describe (indicate) a situation concisely, help assess progress and performance, and act as a guide to decision making. It may have an indirect meaning as well as a direct one; for example, Australia's overall death rate is a direct measure of mortality but is often used as a major indicator of population health.
<b>Indigenous</b>	A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community with which he or she is associated.
<b>Infant mortality</b>	The rate of deaths occurring in the first year of life.
<b>Medicare</b>	A national, government-funded scheme that subsidises the cost of personal medical services for all Australians and aims to help them afford medical care.
<b>Multidisciplinary team</b>	Teams that may contain a range of medical disciplines, nurses, nurse practitioners, Allied Health professionals, mental health workers and other practitioners working together to deliver integrated health care.
<b>Nursing homes</b>	Establishments which provide long-term care involving regular basic nursing care to chronically ill, frail, disabled or convalescent people or senile inpatients.
<b>Occasion of service</b>	Occurs when a patient receives some form of service from a functional unit of the hospital, but is not admitted.
<b>Organisation for Economic Co-operation and Development (OECD)</b>	An organisation of 30 developed countries, including Australia.
<b>Overseas trained doctor with special purpose registration</b>	The Medical Board of Queensland has a number of registration categories to enable overseas trained doctors to practice in Queensland on a temporary basis. This form of registration is not subject to the same requirements as general or specialist registrants. Queensland Health is most reliant on doctors with special purpose area of need registration, which enables doctors to practice in an area the Minister for Health has decided is an area of need for a medical service.
<b>Palliative care</b>	Care which does not attempt to cure a condition, but seeks to ease pain, discomfort and other complications while maintaining dignity and optimising independence and quality of life.
<b>Pharmaceutical Benefits Scheme (PBS)</b>	A national, government-funded scheme that subsidises the cost of a wide range of pharmaceutical drugs, and that covers all Australians to help them afford standard medications.
<b>Population health</b>	Collective actions by society to assure the conditions in which people can be healthy. This includes organised community efforts to prevent, identify, pre-empt, and counter threats to the public's health and to promote physical, social and cultural environments conducive to health.

<b>Prevention</b>	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).
<b>Primary health care</b>	First level health care provided by a range of health professionals in socially appropriate and accessible ways and supported by integrated referral systems. It includes health promotion, illness prevention, care of the sick, advocacy and community development.
<b>Private hospital</b>	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. The term includes private freestanding day hospital facilities.
<b>Private patient</b>	Person admitted to a private hospital, or person admitted to a public hospital who decides to choose the doctor(s) who will treat them and to have private ward accommodation. This means they will be charged for medical services, food and accommodation.
<b>Public hospital</b>	A hospital controlled by a state or territory health authority. In Australia public hospitals offer free diagnostic services, treatment, care and accommodation to all Australians who need it.
<b>Public patient</b>	A patient admitted to a public hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared ward accommodation. This means that the patient is not charged.
<b>Recurrent expenditure</b>	Expenditure on goods and services which are used up during the year, for example, salaries and consumables. It may be contrasted with capital expenditure, such as expenditure on hospital buildings and large-scale diagnostic equipment, the useful life of which extends over a number of years.
<b>Regional distribution formula</b>	A mechanism for rectifying funding imbalances and redirecting funds based on the population's need for health services and not historical precedent. Recommended shifts in funding are often applied to solely to growth funding.
<b>Registered nurse</b>	A registered nurse is registered with the Queensland Nursing Council (QNC) to practice nursing without supervision, assumes accountability and responsibility for their own actions, and acts to rectify unsafe nursing practice and/or unprofessional conduct. It is essential that the nurse hold a current practicing certificate.
<b>Registrar</b>	A medical practitioner admitted to a training program by a specialist college and employed as such.
<b>Risk Factor</b>	Environmental issues, personal characteristics and behaviours, or events, which make it more or less likely that

	one might develop a given disease or experience a change in health status.
<b>Risk Management</b>	Risk management is defined as the culture, processes and structure that are directed toward the effective management of potential opportunities and adverse effects in order to promote a healthier Queensland.
<b>Same-day patients</b>	Admitted patients who are admitted and separated on the same day.
<b>Separation</b>	When an episode of care is completed, it is referred to as a 'separation'.
<b>Specialist</b>	A specialist is a medical practitioner who is registered by the Medical Board of Queensland to practice in that specialty in Queensland, and whose training has been acknowledged by the relevant Australian specialist college via the award of a fellowship of that college or demonstrated equivalent. This includes general surgeon and general physician specialists.
<b>Telehealth and telemedicine</b>	The use of telecommunications to facilitate diagnosis, patient care, the organisation of health services and education of health professionals.