
Healthcare organization management — Vocabulary

Gestion de l'organisation des soins de santé — Vocabulaire

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 304, *Healthcare organization management*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

This document has been developed to help facilitate a common understanding of and maintain consistency in fundamental vocabulary in healthcare organization management standards.

This document is intended to be used by:

- healthcare management practitioners;
- academic professionals and students;
- developers of related standards;
- stakeholders in organizations, regardless of organizational size and type;
- others interested in the management of healthcare organizations.

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Healthcare organization management — Vocabulary

1 Scope

This document defines terms used in healthcare organization management.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

3.1 Terms related to people

3.1.1

top management

person or group of people who directs and controls an *organization* (3.2.1) at the highest level

Note 1 to entry: Top management has the power to delegate authority and provide resources within the organization.

Note 2 to entry: If the scope of the management system covers only part of an organization, then top management refers to those who direct and control that part of the organization.

3.1.2

involvement

taking part in an activity, event or situation

3.1.3

engagement

involvement (3.1.2) in, and contribution to, activities to achieve shared *objectives* (3.5.13)

3.1.4

patient

person seeking to receive or receiving *healthcare* (3.11.2)

Note 1 to entry: A patient is a healthcare customer.

3.1.5

inpatient

patient (3.1.4) admitted to a hospital

3.1.6

outpatient

patient (3.1.4) not admitted to a hospital

Note 1 to entry: to entry. This definition also includes patients attending an outpatient clinic.

3.1.7

patient need

essential element of *patient* (3.1.4) care resulting from the condition of the patient, requiring medical attention

3.1.8

patient expectation

belief of what will happen before, during and after a *healthcare* (3.11.2) experience

3.1.9

patient perception

patient (3.1.4) belief or opinion

3.1.10

clinician

person providing *clinical* (3.11.6) care

Note 1 to entry: Providers can be authorized or unauthorized.

3.1.11

human factor

physical or cognitive characteristics, or social behaviour, of a person

3.1.12

staff

persons who work for and within an *organization* (3.2.1)

Note 1 to entry: Representatives can include family members, friends, mental health advocate, guardian, etc.

3.1.13

interested party

stakeholder

person or *organization* (3.2.1) that can affect, be affected by, or perceive itself to be affected by a decision or activity

3.1.14

customer

person or *organization* (3.2.1) that could or does receive a *product* (3.5.14) or a *service* (3.5.15) that is intended for or required by this person or organization

Note 1 to entry: A customer can be internal or external to the organization

3.1.15

provider

supplier

organization (3.2.1) that provides a *product* (3.5.14) or a *service* (3.5.15)

Note 1 to entry: A provider can be internal or external to the organization.

Note 2 to entry: In a contractual situation, a provider is sometimes called “contractor.”

3.2 Terms related to organization

3.2.1

organization

person or group of people that has its own functions with responsibilities, authorities and relationships to achieve its *objectives* (3.5.13)

Note 1 to entry: The concept of organization includes, but is not limited to, sole-trader, company, corporation, firm, enterprise, authority, partnership, association, charity or institution, or part or combination thereof, whether incorporated or not, public or private.

3.2.2**healthcare organization**

organization (3.2.1) involved in the direct or indirect provision of *healthcare* (3.11.2)

3.3 Terms related to activity**3.3.1****improvement**

activity to enhance performance

Note 1 to entry: The activity can be recurring or singular.

3.3.2**project**

unique *process* (3.4.1), consisting of a set of coordinated and controlled activities with start and finish dates, undertaken to achieve an *objective* (3.5.13) conforming to specific *requirements* (3.6.1), including the constraints of time, cost and resources

3.3.3**procedure**

specified way to carry out an activity or a *process* (3.4.1)

3.3.4**outsource** (verb)

make an arrangement where an external *organization* (3.2.1) performs part of an organization's function or *process* (3.4.1)

3.4 Terms related to process**3.4.1****process**

set of interrelated or interacting activities that use inputs to deliver an intended result

Note 1 to entry: Process to deliver healthcare service to, or on behalf of, a patient based on evidence of effectiveness.

3.4.2**object****entity****item**

anything perceivable or conceivable

Note 1 to entry: an object can be a service, a thing, a person or anything else.

3.4.3**quality**

degree to which a set of inherent characteristics of an *object* (3.4.2) fulfils *requirements* (3.6.1)

Note 1 to entry: The term "quality" can be used with adjectives such as poor, good or excellent.

Note 2 to entry: "Inherent", as opposed to "assigned", means existing in the object.

Note 3 to entry: Quality healthcare is the fulfilment of indicated healthcare requirements and the achievement of intended results.

3.4.5**grade**

category or rank given to different *requirements* (3.6.1)