

GLOSSARY OF ABBREVIATIONS AND TERMS

60% Rule Medicare requires acute inpatient rehabilitation hospitals to have 60% of patients fall within 1 of 13 diagnostic categories (for reimbursement and to be classified as a rehab hospital by CMS).

A

AC	Admissions Coordinators
ACA	Affordable Care Act
ADC	Average Daily Census
ADL	Activities of Daily Living
ALS	Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease)
AMRPA	American Medical Rehabilitation Providers Association
AOC	Administrator On Call

B

BI	Brain Injury
BOT	Board of Trustees
BOD	Board of Directors
BPS	Bundled Payment System – under a bundled-payment system, providers are not reimbursed for each discrete service, interaction, or procedure. Instead, a single payment is made for each episode of care for a single patient, which is divided appropriately amongst the providers involved in his or her care. In contrast to fee-for-service payments, which can encourage a high volume of treatment, “bundling” is thought to incentivize more cost-effective care.

C

CA	Condominium Association
C.A.R.E.S.	Customers Always Receive Excellent Service
CARF	An international, not-for-profit organization that accredits human services providers. Founded in 1966 as the Commission for Accreditation of Rehabilitation Facilities, the accrediting body is now known as CARF.
CCC	Clinical Care Coordinators
CDC	Centers for Disease Control and Prevention
CEU	Continuing Education Unit
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CLD	Center for Limb Differences
CME	Continuing Medical Education
CMO	Chief Medical Officer
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nursing Assistant
CNO	Chief Nursing Officer
CON	Certificate of Need
COO	Chief Operating Officer
CP	Cerebral Palsy
CPI®	Crises Prevention Institute, nonviolent intervention training for responding to verbal/physical aggression
CPI-U	Consumer Price Index-Urban
CPR	Computer Products Resources
CRRN	Certified Rehabilitation Registered Nurse
CSO	Chief Strategy Officer

D

D/C	Discharge
DEI	Diversity, Equity and Inclusion

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DOL	Department of Labor
DRG	Diagnosis Related Group – a system of patient care classification based on diagnosis, which is used to establish payment rates to hospitals. Certain further adjustments are made to the payment based on patient age, geographic location and severity of illness.
DRP	Disaster Recovery Plan
DSH	Disproportionate Share Hospital – a hospital whose patients are disproportionately low-income as measured by federal standards under the Medicare and Medicaid programs. DSH hospitals receive additional payments to offset the greater severity of illness present among low-income patients.
DVT	Deep Vein Thrombosis

E

EC	Executive Committee
EEOC	Equal Employment Opportunity Commission
EMR	Electronic Medical Record
EOC	Episode of Care – a concept that focuses on a health condition from its inception through treatment as a means of measuring both the quality of care received and the efficiency of the care provided. For example, an episode of care in the context of a stroke would include a specified period of time preceding the stroke, the acute hospitalization episode, and aftercare aimed at helping an individual recover from the stroke and its effects. Episodes of care are the unit by which bundled payment arrangements will be designed and the quality of care measured.
EOS	Employee Opinion Survey
EPA	Environmental Protection Agency
EPC	Emergency Preparedness Committee
ESC	Environmental Safety Committee
Est.	Estimate
EVS	Environmental Services
Exchanges	State health insurance “marketplaces” whose establishment was mandated by the Affordable Care Act. Exchanges are to be established by 2014 for individuals and small employer groups (exchanges for small employers are known as SHOP Exchanges). Exchanges are responsible for calculating premiums subsidies, enrollment, quality oversight, certification of qualified health plans that can be sold in the exchange, and other matters. By standardizing health insurance products, enrollment, operations and oversight, exchanges are also meant to make the process of selecting insurance easier and transparent.

F

F	Financial Performance Pillar
FDA	Federal Drug Administration
Fee-for-Service	A health care payment arrangement in which health care professionals are paid for each procedure they furnish.
FFI	Financial Flexibility Index, a measure of financial strength based upon a consolidation of key financial metrics
FIM	Functional Improvement Measurement
FMEA	Failure Modes and Effects Analysis
FTE	Measurement used to identify employee Work classification .5FTE is part time, 1.0FTE is full time
FY	Fiscal Year
(the) Fund	Mary Free Bed Fund

G

G	Growth Pillar
(the) Guild	Mary Free Bed Guild of Grand Rapids

H

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HAI	Hospital Acquired Infections
HDVCH	Helen DeVos Children's Hospital
HEICS	Hospital Emergency Incident Command System
HHS	Health and Human Services
HIM	Health Information Management
HIPAA	Health Insurance Portability and Accountability Act of 1996
HOD	Hospital Organizational Dashboard
HOPE	Hiring Outstanding Passionate Experts
HR	Human Resources
HVA	Hazard Vulnerability Index

I

IC	Infection Control
ID	Identification
IHI	Institute for Healthcare Improvement
IMRU	Intensive Medical Rehab Unit
InsideMFB	MFBRH intranet site
IP	Inpatient
IRF	Inpatient Rehabilitation Facilities
IRS	Internal Revenue Service
ISMP	Institute for Safe Medication Practices
IT	Information Technology
ITM	Ingenix Trend Metrics® source of financial and operational data
ITMR	Intense Therapy for Motor Recovery

J

JC	Joint Commission - An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 20,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
JWT	JWT Employment Communications, a recruitment advertising agency (owned subsidiary of J. Walter Thompson Worldwide)

K

KPI	Key Performance Indicator(s)
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L

LL	Listening and Learning
LPN	Licensed Practical Nurse
LOR	Leadership Outcome Report
LOS	Length of Stay
LTAC	Long-term Acute Care

M

MDCH	Michigan Department of Community Health
MDA	Muscular Dystrophy Association

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Medigap

Policies	Supplemental insurance policies that meet state licensure and federal certification standards and that are sold by private insurance companies to Medicare beneficiaries. Medigap policies cover costs not covered by the Medicare program.
MFB	Mary Free Bed
MFBRH	Mary Free Bed Rehabilitation Hospital
MHA	Michigan Hospital Association
MHSM	Mercy Health Saint Mary's
MI-OSHA	Michigan Occupational Safety and Health Administration
MQC	Michigan Quality Council
MR/UR	Medical Records/Utilization Review
MSA	Management Science Associates HR Capital
MSEC	Medical Staff Executive Committee
MSU-CHM	Michigan State University – College of Human Medicine
MV	Mission, Vision
MVV	Mission, Vision and Values

N

n/a	Not available
Nat'l	National
NEO	New Employee Orientation
NHSN	National Healthcare Safety Network
NHTSA	National Highway Traffic and Safety Administration
NPSG	National Patient Safety Goals
NRC	Nuclear Regulatory Commission
NT	Nurse Tech

O

O & P +B	Orthotics and Prosthetics + Bionics
OCR	Office of Civil Rights
OFI	Opportunity(ies) for Improvement
OIG	Office of the Inspector General
OP	Outpatient
ORYX	Joint Commission core performance measures
OSHA	Occupational Safety and Health Administration
OTC	Outpatient Therapy Center
OT	Occupational Therapist

O

P	People Pillar
P&T	Pharmacy and Therapeutics
PAC	Post-acute Care Services
PDCA	Plan, Do, Check, Act model
PEM	Process Effectiveness Model
PFPP	Joint Commission's Priority Focus Process
PH	Porter Hills
PHI	Protected Health Information
Physiatrist	Physician specializing in rehabilitation medicine

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PI	Performance Improvement
POE	Pillar(s) of Excellence
PSC	Patient Safety Committee
PT	Physical Therapist

Q

Q	Quality Pillar
QFE	Quest for Excellence
QI	Quality Improvement
QI/RM	Quality Improvement/Risk Management
QI/RMC	Quality Improvement/Risk Management Committee

R

RAC	Recovery Audit Contractor
RCA	Root Cause Analysis
RM	Risk Management
RMP	Risk Management Program
RN	Registered Nurse

S

S	Service Pillar
SAP	Strategic Action Plan
SC	Strategic Challenge
SCI	Spinal Cord Injury
SH	Spectrum Health
S.M.A.R.T.	Specific, Measurable, Achievable, Realistic, and Time-dated
SMHC	Saint Mary's Health Care
SHRHN	Spectrum Health Regional Healthcare Network
SLP	Speech Language Pathologist
SNF	Skilled Nursing Facility
SO	Strategic Objective
SpeakUPSM	Joint Commission Program encouraging communication by patients to caregivers
SP	Strategic Plan
SPP	Strategic Planning Process
SRRC	Soutwest Regional Rehabilitation Center
SSC	Systems Steering Committee
STARK	Stark law governs physician self-referral for Medicare and Medicaid patients. The law is named for U.S. Congressman Pete Stark, who sponsored the initial bill. Physician self-referral is the practice of a physician referring a patient to a medical facility in which he or she has a financial interest.
SWOT	Strengths, Weaknesses, Opportunities and Threats

T

TTO	Total Time Off
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U

UDSMR	A trademark of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc. operated by the State University of New York at Buffalo
UPS	Uninterruptible Power Supply
UTI	Urinary Tract Infections

V

V	Vision
VOC	Voice of the Customer
VP	Vice President
VPMD	Vice President Medical Director
Vs	Values
VSM	Value Stream Mapping

W

XYZ

ADD

Abbreviations/terms I use fairly often that aren't listed:

- IMRU
- CVA
- MHSM
- CCC's
- NT
- CENA
- LPN
- PT
- OT
- SLP
- CRRN
- CON
- EVS
- Consortium
- Zero Tolerance Policy
- Press Ganey
- eRehab
- EPIC

Updates to already listed abbreviations:

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- O&P+B
- update Metro name to whatever they are called now.. 'Metro Health West?'

Your call of what you want to use.