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Glossary of Terms

Case mix: The relative frequency of various types of patients, reflecting different needs for hospital resources. There are many ways of measuring case mix, some based on patients' diagnoses or the severity of their illnesses, some on the utilization of services, and some on the characteristics of the hospital or area in which it is located.

Effectiveness: Same as efficacy (see below) except that it refers to average or actual conditions of use.

Efficacy: The probability of benefit to individuals in a defined population from a medical technology applied for a given medical problem under ideal conditions of use.

Length of stay (LOS): The number of days a patient remains in the hospital from admission to discharge.

Medicaid: A Federal program that is administered and operated individually by each participating State government that provides medical benefits to certain low-income persons in need of health and medical care.

Medical technology: The drugs, devices, and medical and surgical procedures used in medical care, and the organizational and supportive systems within which such care is provided.

Medicare: A nationwide, federally administered health insurance program authorized in 1965 to cover the cost of hospitalization, medical care, and some related services for eligible persons over age 65, persons receiving Social Security Disability Insurance payments for 2 years, and persons with end-stage renal disease. Medicare consists of two separate but coordinated programs—hospital insurance (part A) and supplementary medical insurance (part B). Health insurance protection is available to insured persons without regard to income.

Morbidity: A measure of illness, injury, or disability in a defined population. It is usually expressed in general or specific rates of incidence or prevalence. Sometimes used to refer to any episode of disease. See also "mortality (death). "

Mortality (death): A measure of deaths, used to describe the relation of deaths to the population in which they occur. The mortality rate (death rate) expresses the number of deaths in a unit of population within a prescribed time.

p **value:** In a randomized clinical trial, the probability of concluding that there is a difference between the treatment groups when, in fact, there is none. Also called "Type I error" or "alpha" and commonly called the "level of statistical significance;" analogous to "false positive. "

Professional Standards Review Organizations (PSROs): Community-based, physician-directed, nonprofit agencies established under the Social Security Amendments of 1972 to monitor the quality and appropriateness of institutional health care provided to Medicare and Medicaid beneficiaries.

Randomized clinical trial (RCT): An experimental design by which human or animal subjects are randomly assigned either to an experimental group (in which subjects receive the treatment being studied) or to a control group (in which subjects do not receive the treatment being studied). Also referred to as "randomized controlled clinical trial" or "controlled clinical trial. "

Reliability: A measure of the consistency of a method in producing results. A reliable test gives the same results when applied more than once under the same conditions. Also called "precision. "

Risk: A measure of the probability of an adverse or untoward outcome and the severity of the resultant harm to health of individuals in a defined population and associated with use of a medical technology applied for a given medical problem under specified conditions of use.

Safety: A judgment of the acceptability of risk (see above) in a specified situation.

Validity: A measure of the extent to which an observed situation reflects the "true" situation. *Internal validity* is a measure of the extent to which study results reflect the true relationship of a "risk factor" (e. g., treatment or technology) to the outcome of interest in study subjects. *External validity* is a measure of the extent to which study results can be generalized to the population that is represented by individuals in the study, assuming that the characteristics of that population are accurately specified.

Statistical significance: See "p value. "

Statistical power: In a randomized clinical trial, the probability of detecting a difference between the treatment groups when one does exist. Failure to detect an effect is called "Type II error" or "beta;" analogous to "false negative, "

Synthesis: The integration of findings from different studies and the development of generalizations based on their results.

Type I **error:** See "p value. "

Type II error: See "statistical power. "

Glossary of Acronyms

CHF — congestive heart failure
DRG — Diagnosis Related Groups
IOM — Institute of Medicine
LOS — length of stay
MI – myocardial infarction
NCHS — National Center for Health Statistics
PAS — Professional Activities Survey
PSRO — Professional Standards Review
    Organization

BCPSRO – Baltimore City PSRO
BPSRO – Baltimore area PSRO
CMPSRO – Central Massachusetts PSRO
CM-PSRO – Central Maryland PSRO
MFMC – Multonomah (Portland, Oreg.)
    Foundation for Medical Care
UPSRO – Utah PSRO
RCT — randomized clinical trial