

Quality Improvement Glossary

Audit	is a systematic review of a process, system or organisation to establish how well it meets predetermined criteria.
Benchmarking	is a measure or standard that can be used to compare an activity, performance, service or result. It is the process of measuring the performance of people or organisations with broadly similar characteristics. The aim is to improve quality by encouraging all organisations or services to raise their own performance to that of the best.
Checklist	is a list of verifications or actions which need to be completed before, during or after a procedure or task. Checklists are designed to improve the consistency and completeness in carrying out a task by compensating for potential limits of human memory and attention.
Clinical audit	is a process for monitoring standards of clinical care to see if it is being carried out in the best way possible, known as best practice. Clinical audit can be described as a systematic 'cycle'. It involves measuring care against specific criteria, taking action to improve it if necessary, and monitoring the process to sustain improvement. As the process continues, an even higher level of quality is achieved.
Clinical effectiveness	is the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice
Clinical governance	is the overarching system or framework for understanding, monitoring, and continuously improving the quality of services, care, and outcomes.
Guideline	is systematically developed, evidence-based statements that can help practitioners and clients make decisions about the most appropriate care for patients in specific clinical circumstances.
Consensus guideline	is developed, published and available for use on a local, national, or international scale. Created by experts, their production involves a thorough search of the literature, with a consensus on the evidence to be used.
Practice guideline	is a guideline that it is uniquely edited or adjusted to best fit your specific practice. They are statements that help practitioners and staff in local practice to undertake work in a consistent and effective manner. A practice guideline may include aspects of a consensus guideline, be based on evidence-based research or be developed as a result of an in-house clinical audit.
Plan Do Study Act	is an iterative, four-stage process that tests a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the

consequences (Study), and determining what modifications should be made to the test (Act).

Process Mapping	defines exactly what an organisation or part of an organisation does, who is responsible, to what standard a process should be completed and how success can be determined.
Protocol	is a formal set of instructions for situations where there is a known outcome. There should be no deviation from a protocol.
Consensus protocol	is developed, published and available for use on a local, national, or international scale. Created by experts, their production involves a thorough search of the literature, with a consensus on the evidence to be used.
Practice protocol	is a protocol that is uniquely edited or adjusted to best fit your specific practice. They are set of instructions either fully developed in house, or formed with practice-specific adaptations of consensus protocols. A practice protocol may include aspects of a consensus protocol, be based on evidence-based research or be developed as a result of an in-house clinical audit.
Quality	is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
Quality improvement	is a systematic approach to the enhancement of performance. It involves the use of QI tools to identify gaps, analyse data, and test changes leading to continuous improvement.
Significant event	is an event identified by any team member to be significant in the care of a patient or the performance of the practice
Significant event audit	is an audit of a significant event from start to finish, in order to reflect on and share learning to improve quality of care. Often done after a negative outcome, but can also be used to assess positive case outcomes.
SMART methodology	is a system for enabling and measuring change. Specific – target a specific area for improvement. Measurable – quantify or at least suggest an indicator of progress. Achievable – specify who will do it. Realistic – state what results can realistically be achieved, given available resources. Time-Bound – specify when the result(s) can be achieved.
Standard operating procedure	is a written instruction to achieve uniformity of the performance of a specific function. They provide more detail than a protocol.



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