

GLOSSARY OF TERMS for the Lantern Award Program

The following definitions were compiled from various sources and are intended to provide clarification of terms used in the online Lantern Award application.

AACN (American Association of Critical-Care Nurses) Healthy Work Environment Assessment Tool (HWEAT) Survey – TEAM Version: HWEAT-Team version includes ED nurses and other ED staff reporting up through ED manager/director. Do NOT include physicians or ancillary department staff.

This Healthy Work Environment Assessment Tool asks questions regarding six essential standards of a healthy work environment - skilled communication, true collaboration, effective decision-making, meaningful recognition, appropriate staffing, and authentic leadership.

Advocacy: An active engagement in activities that support patients, families, and communities such as involvement in programs for healthcare access, building of capacity to improve community health, and strengthening policies to promote safe and quality healthcare.

ASC Codes: Ambulatory Surgical Center billing codes are used to report items and services provided in an ED setting. The codes are closely associated with the Centers for Medicare & Medicaid Services (CMS) list of covered services.

Assigned Question: The Primary Contact listed in the Contact Information Form will select one (1) staff nurse, aka “Recommender” to complete a response to the assigned question. The question is designated as a “Task” for the primary contact to assign. Only the Recommender will be able to enter and view their response to the assigned question.

Average Occupancy Rate: A calculated rate that represents the actual utilization of an inpatient health facility during a given timeframe.

Boarded Patient: An admitted patient who is held in the emergency department or another temporary location after the decision to admit or transfer has been made.

Boarder Hours (Total Number of Hours): The difference in time from decision to admit or transfer to time of actual admission or transfer.

Boarding: The practice of holding patients in the emergency department or another temporary location after the decision to admit or transfer has been made. (The Joint Commission)

Care Coordinator: A person in charge of coordinating client care in a clinical or health care setting.

Core Measures: Performance indicators that track a variety of evidence-based, scientifically researched standards of care that have been shown to result in improved clinical outcomes.

- patient safety,
- patient-centered care,
- effectiveness of care,
- efficiency of care,
- timeliness of care,
- equity of care, or
- coordination of care

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CPT Codes: Current Procedural Terminology billing codes are standardized numerical codes maintained by the American Medical Association (AMA) that describe medical, surgical, and diagnostic services and procedures. The codes are specific to the facility and not to the physician/professional fees.

CPT codes correspond to facility levels in the following manner: facility level 1 = CPT 99281; facility level 2 = CPT 99282; facility level 3 = CPT 99283; facility level 4 = CPT 99284; facility level 5 = CPT 99285; facility level 6 = CPT 99291.

Critical Access Hospital (CAH): A hospital that offers limited services and is located more than 35 miles from a hospital or another critical access hospital or is certified by the state as being a necessary provider of health care services to residents in the area. It maintains no more than 25 beds that could be used for inpatient care. A critical access hospital provides acute inpatient care for a period that does not exceed on an annual average basis, 96 hours per patient. (Additional criteria are available on the Centers for Medicare & Medicaid Services website:

<https://www.cms.gov/medicare/health-safety-standards/certification-compliance/critical-access-hospitals>

Departure Time: Emergency department departure time is the time of physical departure of a patient from the emergency department treatment space. It is the most closely represented time of a patient being out of the department and no longer the emergency department's responsibility.

Designated Treatment Spaces: Spaces within the emergency department where patients are placed for emergency care, not including overflow spaces such as hall beds.

Direct Care RNs: Direct Care RNs provide hands-on, face-to-face patient care (e.g., administers medications, provides wound care, etc.).

Elopement: Patients who were cognitively, physically, mentally, emotionally and/or chemically impaired who wandered, walked away from, or escaped from the care of the facility unsupervised prior to discharge.

AND/OR

Patients who had a Medical Screening Exam, potentially completed diagnostic tests, and left prior to completing treatment and/or discharge.

Emergency Department Manager/Director: The individual who oversees the day-to-day operations for the emergency department and is responsible for the emergency department nurses.

Evidence-Based Practice: Research-backed resources, including peer-reviewed studies, clinical trials, and other credible sources of information to support data-driven decision-making for nurses.

Exemplar: A descriptive example of the noteworthy practices and attributes of your emergency department that exemplify excellence and innovation. An exemplar response may include descriptions of practice, levels of evidence, innovation, outcomes and sustainability of improvements over time. An exemplar response has up to a 1,000-word count limit.

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Facility Level: The hospital billing code (not physician/professional fees) assigned to each patient visit.

FTE: Full-Time Equivalent measures a healthcare organization's total workload in terms of full-time employees budgeted for each year. Typically, 2,080 hours per year equals 1.0 FTE.

Horizontal/Lateral Violence: An act of aggression by an employee(s) directed toward another employee(s). Horizontal/lateral workplace violence can be any physical assault, emotional or verbal abuse, or threatening, harassing, or coercive behavior in or out of the work setting that causes physical or emotional harm.

HWEAT Assessment Tool/Survey (*see AACN Healthy Work Environment Assessment Tool - TEAM version above*)

Licensed Inpatient Beds: The maximum number of beds for which a hospital holds a license to operate. Many hospitals do not operate all the beds for which they are licensed.

Mentoring: A structured process with formal relationships between mentors and mentees for the purpose of developing and guiding nurses in their careers. Mentors help and encourage mentees to become future leaders in their profession, adjust to new or changing environments and responsibilities, and/or obtain new knowledge, competencies, and skills.

Never Event/Serious Reportable Events: According to the National Quality Forum (NQF), Never Events or Serious Reportable Events are serious, largely preventable, and harmful clinical events. A list of Never Events/SREs is available at:

<https://www.ncbi.nlm.nih.gov/books/NBK20598/table/A7707/?report=objectonly>

(note: this list is currently being updated – with completion estimated in the fall of 2025)

Nursing-Sensitive Indicators: For the purpose of this application, two different nursing-sensitive quality indicators must be chosen from either the Press Ganey National Database of Nursing Quality Indicators® list of structure, process or outcome indicators of nursing care (available on page 15 of the Coaching Guide), **OR** from the [Oculi Data Quality Indicators list](#)

Observation Patient: A patient whose treatment or severity of condition requires the use of an inpatient bed and services, yet the patient is expected to be ready for discharge in a shortened timeframe.

Other Admin Users: For the Lantern Award online application process, entered in the Contact Information Form, this person(s) has access to enter and edit your application's responses. They can be anyone in your organization, other than the person identified as the Primary Contact.

Outcomes: The measurable results of interventions or treatments on patients or populations. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes.

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Overflow Treatment Spaces: Hall beds, stretchers, chairs, and similar furniture, other treatment areas such as infusion centers, post-anesthesia care unit spaces, etc., utilized during high census times.

Patients Who Eloped: Patients who were cognitively, physically, mentally, emotionally and/or chemically impaired who wandered, walked away from, or escaped from the care of the facility unsupervised prior to discharge.

AND/OR

Patients who had a Medical Screening Exam, potentially completed diagnostic tests, and left prior to completing treatment and/or discharge.

Patients Who Eloped Who Were in Police Custody or Under Arrest: A patient classification that encompasses those individuals who are in police custody, under arrest, or incarcerated who are brought to the emergency department for medical evaluation and escape from the facility.

Patients Who Left Against Medical Advice: A patient classification that encompasses those individuals leaving after interaction with the emergency department medical care staff but before the emergency department encounter officially ends, including completion or refusal to complete documentation confirming the intent to leave against the recommendation of medical care staff.

Patients Who Left Before Treatment Was Complete: A patient classification that encompasses those individuals leaving the emergency department after the medical screening exam but before the provider documents that treatment is complete.

Patients Who Left Without Being Seen: A patient classification that encompasses those individuals leaving the emergency department before initiation of the medical screening exam.

Primary Contact: For the Lantern Award online application process, entered in the Contact Information Form, this person has overall responsibility for the application and should be able to answer any clarifying questions after the application is submitted. This person will receive notifications from ENA, including the outcome of the application review. It is recommended that this person be the emergency department manager or director.

“Request a Recommendation” (for assigned question)

The Primary Contact listed in the application’s Contact Information Form will select one (1) staff nurse, aka **“Recommender”** to complete a response to the assigned question. The selected staff nurse will receive an email asking them to accept this recommendation task. Only the Recommender will be able to enter and view their response to the assigned question. Please ensure that the assigned Recommender is aware their response must be de-identified.

Retention Rate vs. Vacancy Rate (per The Joint Commission):

- Retention Rate indicates the percentage of employees who remain employed at the organization over a specific period.

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- Vacancy Rate refers to the percentage of open positions within a healthcare facility that are not currently filled. Total unfilled RN FTEs divided by total budgeted RN FTEs multiplied by 100.

Rolling Calendar: For many of the questions in the Lantern Award application, you are asked to use a rolling calendar and provide information for the most recent four (or eight) quarters for which you have data. For example, if you are completing the application in December, the most recent four quarters may be the first three quarters of the current year and the last quarter of the previous year. For some questions, you are asked to provide a sum or average over all four quarters.

Serious Reportable Events/Never Events: According to the National Quality Forum (NQF), Serious Reportable Events or Never Events are serious, largely preventable, and harmful clinical events. A list of SREs/Never Events is available at:

<https://www.ncbi.nlm.nih.gov/books/NBK20598/table/A7707/?report=objectonly>

(note: this list is currently being updated – with completion estimated in the fall of 2025)

Shared Governance: A visible and recognized organizational model that provides shared accountability and decision-making for practice, the quality of care and safety, and an enhanced work environment.

Staffed Inpatient Beds: Beds that are licensed and physically available for which staff is on hand to tend to patients who may occupy the beds. Staffed beds include those that are occupied and those that are not occupied but available for patients.

Throughput: The flow of patients in and out of beds, which should be as efficient as possible to support timely care in the appropriate setting.

Total Number of Hours (Boarder Hours): The difference in time from decision to admit or transfer to time of actual admission or transfer.

Turnover Rate: All voluntary and involuntary RN terminations who resigned, transferred, retired, expired, or were terminated divided by the number of RNs employed during the same period. *Only include full and part-time employees. Do not include per diem (those that float to numerous units), agency, supplemental, and travelers.*

Vacancy Rate vs. Retention Rate (per The Joint Commission):

- Vacancy Rate refers to the percentage of open positions within a healthcare facility that are not currently filled. Total unfilled RN FTEs divided by total budgeted RN FTEs multiplied by 100.
- Retention Rate indicates the percentage of employees who remain employed at the organization over a specific period.