Foundational Vocabulary for Whole Quality

Quality, Quality Objects, Standards, and Guides

Foundational Article 2

Whole-Quality Institute

Whole-Quality Institute's first foundational article explained that quality does not begin with indicators, checklists, or measurements. It begins with the object whose quality is being determined.

This second foundational article clarifies the root vocabulary behind that method.

This article is not yet a formal WQI Vocabulary Standard. It is a foundational vocabulary note that prepares the terminology and conceptual relationships that may later be organized into WQI_VOC1 — Whole-Quality Vocabulary Standard.

Words such as quality, object, function, result, standard, guide, evidence, indicator, criterion, and claim are often used loosely. When these words are unclear, quality discussions become unclear. Different people may speak about the same issue while meaning different things.

For Whole-Quality work, vocabulary is not a formality. It is the foundation that makes quality understandable, repeatable, and transferable across fields.

1. Why Vocabulary Comes First

Quality cannot be evaluated responsibly if the key terms are unstable.

Before developing standards, guides, indicators, or quality claims, WQI must clarify the language used to describe quality.

This is especially important because WQI applies across different kinds of objects:

- support services;

- infrastructure assets;
- management systems;
- human health systems;
- processes;
- programs;
- arrangements;
- products;
- and other systems-of-systems.

Each field has its own technical language. But Whole-Quality requires a shared method that can work across fields without erasing their differences.

A vocabulary note therefore serves as a bridge. It does not replace specialized standards, professional knowledge, laws, regulations, or domain-specific guidance. It defines the basic terms needed to understand how Whole Quality is determined.

2. Quality as the Root Term

The root term is **Quality**.

For WQI purposes:

Quality is the degree to which a defined Quality Object realizes its intended functions, purposes, or results within declared boundaries and interfaces, as evaluated against defined Quality Outcome Criteria and supported by sufficient evidence.

This definition is important because it makes quality:

- object-relative;
- function- and result-based;
- bounded;
- evidence-supported;
- and dependent on defined criteria.

Quality is not determined in the abstract. It is always quality of something.

Quality is not the same as effort, good intention, documentation, compliance, inspection, certification, or activity alone. These may support quality determination, but they do not, by themselves, establish quality.

A person may make an effort without producing a quality result.

A provider may follow a procedure without meeting a person's support needs.

A component may conform to a specification without proving that the whole infrastructure asset is functioning well.

A management system may contain documents without effectively controlling processes.

A clinical or support plan may exist without preserving actual function, dignity, safety, or continuity.

Quality therefore requires more than assertion. It requires a defined object, intended functions or results, outcome criteria, and evidence.

3. Quality Object: The Object of Quality Determination

Quality must be determined in relation to a defined object.

For WQI purposes, a **Quality Object** is the defined object, system, service, process, condition, arrangement, asset, or system-of-systems whose quality is being determined.

The Quality Object is the reference point for the entire quality structure.

It determines:

- what intended functions or results must be understood;
- what boundaries and interfaces must be identified;
- what lifecycle or context conditions are relevant;
- what failure-mode families may matter;
- what Quality Factors may be needed;
- what Indicators should be examined;
- what Quality Outcome Criteria may be established;
- what evidence may be required;
- and what Reference Layer may be needed.

A Quality Object may be different in nature. It may be physical, organizational, relational, technical, social, living, operational, or systemic.

For example:

- In AMSI, the Quality Object is commonly the support service as actually experienced by the person.
- In IQI, the Quality Object is commonly the infrastructure asset or infrastructure system-of-systems.
- In a future WQI Quality Management Systems platform, the Quality Object may be the management system itself.

- In a future WQI Human Health platform, the Quality Object may be the human being as a whole living body-mind-person system.

The term Quality Object does not replace the more specific terms used in applied platforms, such as support service in AMSI or infrastructure asset in IQI. It provides an umbrella term that allows WQI to apply the same quality logic across objects of different nature.

Without a defined Quality Object, quality claims become vague. It becomes unclear what was evaluated, what was excluded, what evidence applies, and what the claim actually means.

4. Intended Functions and Intended Results

If quality means that a Quality Object realizes its intended functions or results, then identifying those functions and results is a foundational task.

They cannot be assumed. They must be discovered, defined, and interpreted.

For WQI purposes, **intended functions and intended results** are the functions, purposes, protections, outputs, conditions, or effects that a Quality Object is expected to realize within a declared boundary.

They may come from several sources:

- the nature of the object itself;
- laws of physics, biology, engineering, or system behavior;
- stakeholder needs and expectations;
- legal and regulatory obligations;
- commercial, contractual, or social agreements;
- professional and technical standards;
- scientific knowledge;
- ethical expectations;
- and the practical purpose for which the object exists.

This is important because “intended” does not mean only what one party wants.

A provider may intend to deliver a service efficiently.

A person receiving support may need safety, dignity, autonomy, participation, and stability.

A regulator may require protection of rights, health, safety, or public interest.

A funder may define authorized scope and limits.

A worker may require safe and competent working conditions.

A community may be affected by infrastructure, public safety, or environmental consequences.

Physics, biology, or system behavior may impose constraints that no stakeholder can ignore.

Therefore, intended functions and results are not merely subjective preferences. They are a bounded interpretation of what the Quality Object is expected to do, preserve, prevent, support, produce, or make possible.

5. Quality Factors, Indicators, and Quality Outcome Criteria

Quality Factors, Indicators, and Quality Outcome Criteria are different levels of the Whole-Quality structure.

A **Quality Factor** is a broad dimension of quality derived from the Quality Object, its boundaries, interfaces, intended functions, intended results, and failure-mode families.

A **Quality Indicator** is a specific observable aspect of a Quality Factor showing where quality should be examined, monitored, or evaluated.

A **Quality Outcome Criterion** defines what condition or result must be met for the Indicator to be considered satisfied.

This distinction is important because Indicators should not be selected first. Indicators are meaningful only when they are derived from Quality Factors. Quality Factors are meaningful only when they are derived from the Quality Object and its intended functions or results.

The relationship is:

Quality Object → Intended Functions and Results → Quality Factors → Indicators → Quality Outcome Criteria → Evidence

One Quality Object may have several Quality Factors.

One Quality Factor may have several Indicators.

One Indicator may have several Quality Outcome Criteria.

For example, if a Quality Factor concerns stability, integrity, safety, participation, functional performance, reliability, or process control, that factor may require multiple Indicators to make it observable. Each Indicator may then require several Quality Outcome Criteria to determine whether the intended quality condition is actually satisfied.

Quality Outcome Criteria are therefore not arbitrary targets. They are grounded in the intended functions and intended results of the Quality Object.

A Quality Outcome Criterion answers:

What must be achieved, preserved, avoided, controlled, or evidenced for this Indicator to support the intended quality condition?

Quality Outcome Criteria may vary by:

- lifecycle stage;
- context;
- boundary of the claim;
- interface condition;
- stakeholder or user need;
- regulatory obligation;
- professional reference;
- scientific or technical constraint;
- risk and uncertainty;
- and evidence availability.

For example, in infrastructure, the intended function “transport gas safely and reliably” may require different Quality Outcome Criteria during design, construction, commissioning, operation, repair, repurposing, or decommissioning.

In support services, the intended result “support daily living and participation with dignity and safety” may require different Quality Outcome Criteria depending on the person, setting, communication needs, service model, risk, and support context.

In human health, the intended functions of life, stability, adaptation, cognition, mobility, and participation would require different outcome criteria depending on body system, age, diagnosis, disability, treatment context, and professional reference layer.

Quality Outcome Criteria connect the general meaning of quality to the specific conditions under which quality can be determined.

6. Quality State

A **Quality State** is the interpreted condition of a Quality Object in relation to its intended functions or results, boundaries, interfaces, lifecycle or context conditions, Quality Factors, Indicators, Quality Outcome Criteria, and evidence.

Quality State is not simply a label such as “good” or “bad.”

It is an interpreted condition. It may be:

- satisfactory;
- not satisfactory;
- partially satisfactory;
- uncertain;
- insufficiently evidenced;
- limited to a defined boundary;
- valid only for a stated lifecycle condition;
- or dependent on unresolved assumptions.

This term is useful because WQI does not only ask whether documents exist or activities occurred. It asks what can be responsibly said about the quality condition of the object.

For example:

- What is the quality state of a support service as experienced by a person?
- What is the quality state of an infrastructure asset within a declared lifecycle boundary?
- What is the quality state of a management system in relation to its intended organizational functions?
- What is the quality state of a human health system in relation to function, stability, adaptation, and support context?

A quality state should not be overstated. If evidence is limited, the quality state may be uncertain or insufficiently evidenced.

7. Quality Determination

Quality Determination is the structured process of identifying or evaluating the quality state of a Quality Object.

Quality Determination includes:

- defining the Quality Object;
- identifying intended functions and intended results;
- identifying boundaries and interfaces;

- identifying lifecycle or context conditions;
- identifying failure-mode families;
- deriving or applying Quality Factors;
- examining Indicators;
- evaluating Quality Outcome Criteria;
- reviewing evidence;
- applying the relevant Reference Layer;
- and making a bounded quality claim where appropriate.

Quality Determination is broader than inspection, audit, compliance review, certification, or measurement.

Those activities may be part of quality determination, but they are not the whole process.

WQI uses the term Quality Determination to emphasize that quality is interpreted through a structured relationship among object, function, result, criteria, evidence, and context.

8. Vocabulary as Infrastructure for Quality Reasoning

Quality vocabulary is not only a matter of terminology. It protects the logic of quality determination.

A Quality Factor name is a label. The real quality dimension exists before we name it.

This distinction is important. Different frameworks may use different words for similar quality dimensions. One framework may speak about integrity, another about robustness, another about reliability, and another about resilience. The labels may differ, but the underlying reality is not created by the label.

The quality dimension comes from the nature and behavior of the Quality Object itself: how it realizes function, produces work or results, operates within boundaries and interfaces, changes over time, interacts with people and environment, becomes observable through indicators, and may fail.

A snowflake has a real structure before anyone describes it. One person may call that structure crystal geometry. Another may call it symmetry, branching morphology, or fractal pattern. The words may differ, but the real-world structure remains the same.

Whole Quality applies the same principle to quality objects. Vocabulary does not invent the reality. It gives controlled names to real dimensions so that quality can be determined, compared, evidenced, and claimed transparently.

A vocabulary standard establishes the controlled language needed to answer several basic questions:

What is the quality object?
What function, work, or result is expected?
Where are the boundaries?
Which quality dimensions must be considered?
Which indicators make those dimensions observable?
What evidence is sufficient to support a quality claim?
What uncertainty, limitation, or unresolved condition remains?

Without controlled vocabulary, quality claims can become detached from the object they are supposed to describe. A claim may refer to “quality,” “performance,” “compliance,” “satisfaction,” or “outcome” without making clear what object is being assessed, which boundary applies, which factor is being considered, which indicator is observable, or what evidence supports the conclusion.

In this sense, vocabulary is not separate from quality. Vocabulary is part of the infrastructure of quality reasoning.

This is especially important across different Whole Quality initiatives. IQI and AMSI require different applied vocabularies because their quality objects are different. Energy infrastructure and personal/social support services do not have the same nature, behavior, boundaries, lifecycle conditions, work, results, evidence needs, or failure-mode families. But both require controlled vocabulary because both require transparent quality determination.

The purpose of Whole Quality vocabulary is not to freeze language for its own sake. Its purpose is to prevent quality claims from floating without object, boundary, factor, indicator, evidence, or meaning.

Therefore, VOC1 protects more than terminology. It protects the logic by which quality is determined, communicated, evidenced, and claimed.

Controlled vocabulary makes quality visible.

9. Why WQI Uses Standards

WQI uses standards because quality language and quality logic must be stable.

A standard is a published reference that defines terms, relationships, structure, or quality expectations in a stable way.

But a WQI standard should not be misunderstood as a rigid recipe or a command that makes every case the same.

A WQI standard does not standardize the person, the life, the service response, the engineering solution, the clinical judgment, or the exact context-specific outcome.

Instead, a WQI standard standardizes the method used to determine quality.

It may standardize:

- vocabulary;
- conceptual relationships;
- the dependency between object, functions, results, criteria, and evidence;
- the difference between Quality Factors, Indicators, and Outcome Criteria;
- the need to define boundaries and interfaces;
- the requirement that quality claims be bounded;
- and the principle that evidence supports quality determination but does not replace quality.

This distinction is especially important in human-centered fields such as IDD support services.

People often say:

“Every person is unique, so standards do not work.”

The concern is understandable. But it confuses two different things:

standardizing people

and

standardizing quality logic.

WQI does not standardize people.

WQI does not say every person needs the same support.

WQI does not say every life goal, communication style, risk, or environment is the same.

Instead, WQI says that quality still requires a shared structure.

Even when every person is unique, it remains necessary to ask:

- What support service is being provided?
- What work is being performed?
- What result is being produced?
- What does safety require in this context?
- What does dignity require in this context?
- What does participation mean for this person?
- What boundaries and responsibilities apply?
- What evidence supports the quality claim?

Uniqueness is not a reason to avoid standards. It is a reason to use standards carefully.

A good standard protects individuality by making quality expectations visible. Without a standard, the word “individualized” may become an excuse for inconsistency, weak evidence, low expectations, or unclear accountability.

A WQI standard therefore provides stable quality logic while allowing context-specific interpretation.

10. Core Standards

A **Core Standard** defines the stable quality architecture for a defined Quality Object.

A Core Standard should be created only after the Quality Object and its intended functions or intended results have been sufficiently identified.

The purpose of a Core Standard is to establish the stable quality structure needed to determine the quality state of that object.

A Core Standard may define:

- the Quality Object;
- general intended functions and intended results;
- main boundaries and interfaces;
- invariant Quality Factors;
- invariant or core Indicators;
- the relationship between Indicators and Quality Outcome Criteria;
- evidence principles;
- Reference Layer principles;
- and rules for bounded Quality Claims.

A Core Standard is not a universal checklist. It is not a context-specific instruction manual. It defines the stable architecture of quality for the object.

For example:

- AMSI may define Core standards for support services.
- IQI defines Core infrastructure quality architecture for infrastructure assets.
- A future QMS platform may define a Core structure for management-system quality.
- A future Human Health platform may define a Core structure for the whole human body-mind-person system.

The Core Standard protects stability. It prevents each context from inventing unrelated terminology, unrelated factors, or disconnected indicators.

11. Why WQI Uses Guides

A standard defines the stable structure. A guide explains how that structure applies in a specific context.

A Guide is needed because no Core Standard can contain every context-specific interpretation.

Contexts differ.

A support service may occur at home, in the community, at work, in a school, in a residential setting, or through a consumer-directed model.

An infrastructure asset may operate in different physical regimes, environmental conditions, public-consequence zones, lifecycle stages, or regulatory settings.

A management system may operate in oil and gas, aviation, automotive, healthcare, laboratories, government, or small businesses.

A human health quality object may require interpretation by body system, life stage, disability, mental health condition, chronic disease, rehabilitation context, or care setting.

A guide does not replace the Core Standard. It interprets the Core Standard for a defined context.

A guide may explain:

- context-specific boundaries;
- context-specific interfaces;
- lifecycle or operating conditions;
- failure mechanisms;
- relevant stakeholders;
- external reference systems;

- evidence themes;
- context-specific Quality Outcome Criteria;
- and claim-boundary interpretation.

The guide makes the standard usable without changing its stable structure.

12. Standards and Guides Work Together

WQI therefore uses a layered architecture:

Vocabulary Note or Vocabulary Standard
clarifies root terms and conceptual relationships.

Core Standard
defines the stable quality architecture for a defined Quality Object.

Context Guide
interprets the Core Standard in a specific context, system, environment, population, lifecycle stage, or application.

Quality Claim
communicates a bounded statement about the quality state of the object, supported by relevant evidence.

This layered structure allows WQI to remain stable and adaptable at the same time.

The stable part is the method.

The adaptable part is the context-specific interpretation.

This is why standards and guides are both needed.

A standard without guides may become too abstract.

A guide without a standard may become disconnected.

A quality claim without both may become vague or misleading.

13. Reference Layer

In many fields, WQI cannot and should not create all detailed evaluation rules internally.

At the level of Indicators and Quality Outcome Criteria, WQI often needs a **Reference Layer**.

The Reference Layer may include:

- laws and regulations;
- technical standards;
- professional guidelines;
- clinical guidance;
- diagnostic classifications;
- occupational classifications;
- engineering codes;
- safety rules;
- assessment tools;
- scientific knowledge;
- commercial or contractual requirements;
- and accepted professional practices.

The Reference Layer does not replace WQI structure. It supports responsible evaluation within a field.

For example:

- in support services, occupational classifications, program rules, disability rights principles, and service standards may inform interpretation;
- in infrastructure, engineering codes, safety regulations, technical standards, environmental requirements, and operator procedures may provide evidence or context anchors;
- in human health, clinical, geriatric, psychiatric, disability, rehabilitation, pharmacy, and care-assessment references may be needed;
- in quality management systems, ISO-based and sector-specific standards may provide reference structures.

WQI's role is not to reproduce every specialized reference system. Its role is to organize where such references are needed for responsible quality determination.

14. Relationship to AMSI and IQI

AMSI and IQI already show how this vocabulary logic works in applied fields.

AMSI uses a vocabulary foundation to clarify occupation, work, result, service, quality of service, Quality Factors, Indicators, Outcome Criteria, Evidence, and claims in support services.

IQI uses a vocabulary foundation to clarify infrastructure assets, elements, boundaries, interfaces, work, outcomes, functions, infrastructure quality, Evidence, Context Guides, and Quality Claim Statements.

WQI now provides the umbrella vocabulary above these applied initiatives.

In WQI terms:

- AMSI applies Whole-Quality logic to support services.
- IQI applies Whole-Quality logic to infrastructure assets.
- Future QMS work may apply Whole-Quality logic to management systems.
- Future Human Health work may apply Whole-Quality logic to the whole human body-mind-person system.

The same root logic can be transferred across fields, but the Quality Object, Reference Layer, Factors, Indicators, and Outcome Criteria must be derived from the nature of each field.

15. Relationship to WQI_VOC1

This article is a foundational vocabulary note.

It does not replace a formal vocabulary standard.

WQI_VOC1 — Whole-Quality Vocabulary Standard may organize these terms in a more formal standard format, similar to the vocabulary standards developed for AMSI and IQI.

The purpose of this article is to prepare WQI_VOC1 by explaining the root terms and conceptual relationships in plain language.

WQI_VOC1 may further define:

- Quality;
- Quality Object;
- Intended Function;
- Intended Result;
- Boundary;
- Interface;
- Failure-Mode Family;
- Quality Factor;
- Quality Indicator;
- Quality Outcome Criterion;
- Evidence;
- Reference Layer;
- Quality State;
- Quality Determination;
- Core Standard;
- Context Guide;

- Quality Claim;
- and other related terms.

16. Conclusion

Whole Quality requires vocabulary before measurement.

The root term is Quality.

Quality must be determined in relation to a defined Quality Object.

The Quality Object must be understood through its intended functions and intended results.

Those functions and results must be interpreted within boundaries, interfaces, lifecycle conditions, context, and reference systems.

Quality Factors organize the broad dimensions of quality that matter for the object.

Indicators identify where quality should be examined.

Quality Outcome Criteria define what conditions or results must be met.

Evidence supports the determination of whether those criteria are met, not met, uncertain, or insufficiently evidenced.

A Core Standard stabilizes the quality structure for the object.

A Guide helps apply that structure in a real context.

This is why WQI uses both standards and guides.

Standards make quality language stable.

Guides make stable quality language usable in real contexts.

Together, they support clear, bounded, evidence-based quality determination across different fields without erasing the uniqueness of persons, systems, environments, or applications.

Vocabulary is not separate from this structure. Vocabulary is the controlled language that holds the structure together. It helps prevent quality claims from floating without object, boundary, factor, indicator, evidence, or meaning.

A Quality Factor name is a label. The real quality dimension exists before we name it. The label may vary across frameworks, but the quality dimension is grounded in the nature, behavior, boundaries, functions, results, evidence needs, and failure modes of the Quality Object.

Controlled vocabulary makes quality visible.

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