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**QUALITY INDICATORS**

*AHRQ Quality Indicators™*

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# What are Quality Indicators?

Agency for Healthcare Research and Quality (AHRQ) Quality Indicators™ Quality Indicators (QIs) are standardized, evidence-based measures of health care quality that can be used with hospital inpatient administrative data to measure and track clinical performance and outcomes.

The goal in developing the Quality Indicator measures is to provide members measures that can be used to monitor performance over time or across regions and populations using a method that applied at the national, regional, state or hospital/area level. Potential benefits of measures are to: improve the ability to detect differences, identify important domains and drivers of quality, prioritize action for quality improvement, make current decisions about future (unknown) health care needs and avoid cognitive “shortcuts”. There are also a number of potential uses to consider, such as: consumer use for selecting a hospital or health plan, hospital use for identifying domains and drivers of quality, purchaser use for selection of hospitals or health plans to improve employee health and policymaker use for setting policy priorities to improve the health of a population (AHRQ Quality Indicators Software Instructions, 2021).

This document provides the overview for using the Quality Indicators™ Windows® (WinQI) software to able import and generate the indicators for Inpatient Quality Indicators (IQIs), Pediatric Quality Indicators (PDIs), Prevention Quality Indicators (PQIs), and Patient Safety Indicators (PSIs).

|  |  |  |  |
| --- | --- | --- | --- |
| **IQIs** | **PDIs** | **PQIs** | **PSIs** |
| * Mortality for inpatient procedures and for inpatient conditions. * Utilization of procedures for which there are questions of overuse, underuse, and misuse. | * Selected indicators from the other three modules with adaptions for use among children and neonates to reflect quality of care inside hospitals, as well as geographic, and to identify potentially avoidable hospitalization. | * Population based indicators that capture all cases of the potentially preventable complications that occur in a given population (in a community or region) either during a hospitalization or in a subsequent hospitalization. | * Potentially preventable complications and iatrogenic events for patients treated in hospitals * Screening tool for problems that patients experience as a result of exposure to the health care system and that are likely amendable to prevention by changes at the system or provider level |

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# Downloading the WinQI Software

To download the program, use this link: <https://qualityindicators.ahrq.gov/Software/winQI.aspx>

Be sure to download the WinQI v2021 64-Bit **without APR-DRG Grouper**:

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Go through the installation process. Once downloaded, you will be presented with a “*Program Options Configuration*” window and with assistance from a BI or PI member, enter the associated Database, Username, and Password by selecting the “*Switch Database*” button:

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Once successfully connected, click the Close button.

# Quality Indicators Process Map

To summarize the entire process, you will need to generate the input file in SQL Server, take the file and run it through the WinQI program. Take the file output generated by the WinQI that contain the indicators, and import the file back into SQL Server in the appropriate database (dbo.qualityindicators), and use pre-existing views/stored procedures to generate the Quality Indicator(s) file.

# Create Input Data File

This section walks you through the process for creating the input data file required for using the Quality Indicators™ Windows® (WinQI) software. There are two ways to create the Input Data File, you can use the stored procedure **getPSIGrouperInput** or you can execute the associated query itself.

## Execute Stored Procedure

Navigate to **PORTAL\_ENGINE** in SQL Server and open the drop-down tab for Programmability, then select Stored Procedure’s drop down. Search for the stored procedure **getPSIGrouperInput**, right-click and select “*Execute Stored Procedure*”:

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Another window will appear, and you will need to specify the date range for the data. **Be sure to include apostrophes at the start and end of each date.**

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## Execute Stored Procedure via Query Window

You can also run the stored procedure in a query window by either clicking on the “*New Query*” button at the top, or by the shortcut **(CTRL+N).** Copy-paste the line of code below with the preferred date range and execute the query **(F5)**:

exec PORTAL\_ENGINE.dbo.getPSIGrouperInput 'Start Date','End Date'

exec PORTAL\_ENGINE.dbo.getPSIGrouperInput '07/01/2021','07/31/2021'

### Saving the Result Set

Once the result set has loaded, right click anywhere within the set. Select the “Save Results as” button and save the file as a CSV:

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Save the file with the following name convention: **INDICATOR\_INPUT\_STARTMONTHYEAR\_ENDMONTHYEAR**

Ex. **PSI\_INPUT\_0119\_0321**

Be sure that the file has headers saved. If not, you will need to activate this in the Options menu.

Graphical user interface, application

Description automatically generatedNavigate through Query Results 🡪 SQL Server 🡪 Results to Text. Check the box named “*Include column headers in the result set*”:

Click OK and your CSV result set should include column headers.

# Importing the Input File into WinQI

This section walks you through the process for import and export the data file into the Quality Indicators™ Windows® (WinQI) software. With the newly created Import File, open WinQI and select the “*Upload New Data*” button at the top right of the page. Browse and select your Input file and select “*Upload and Continue*”.

## Input File Options

In the *Input File Options*section, due to the nature of the stored procedure, the structure of the file will not require a mapping file or need to be edited in the Mapper Shortcuts. Click Next at the bottom right.

## Check Readability

The file will be processed through the *Check Readability* section, and should pass with no errors, if the file does not process through this stage properly, there could be potential errors in the Input file. Click Next once complete.

## Data Mapping

In the *Data Mapping* section, click and drag the **Diagnosis Related Group** tab and drag it into the open section called “*DRG\_CODE”.* All other fields should be filled in with the correct information. Click Next.

## Mapping Quick Check

The *Mapping Quick Check* can pick up any discrepancies with the mapping you may have missed in the *Data Mapping* section. Be sure to check for any required fields that may show up here; otherwise, you can move on to the next stage. Click Next.

## Preparing for Crosswalk

Similar to the *Readability* section, the file will be processed through the *Preparing for Crosswalk* section and should pass with no errors. Click Next once complete.

## Crosswalk

In the *Crosswalk* section check whether the values associated to each QI variable is assigned properly. Click Next once complete.

## Data Errors

There are bound to be errors, but make sure to check if any of the effected columns are of unusually large amounts or if the System Actions Taken is of concern. Usually, small amounts of records being dropped and/or values changed to ‘Missing’ in most cases are acceptable.

## Load Data

Here, WinQI will load the Input file. Once complete, select the “*Finish and Generate Indicators*”. Check the indicators you would like to load, then select “*Generate Indicators”*. Once the Indicators are generated, click on “*Finish*”.

## Export Output Data

Graphical user interface, text, application, email

Description automatically generatedNow, to retrieve the Output file, select the “*Data Options*” tab at the top right of the home page, then click on Export Data. Select the specified checkboxes below, then select “*Continue*”.

Save the file with the following name convention: **INDICATOR\_OUTPUT\_STARTMONTHYEAR\_ENDMONTHYEAR**

Ex. **PSI\_OUTPUT\_0119\_0321**

# Importing the Output File into SQL Server

This section walks you through the process for importing the output indicator file from the Quality Indicators™ Windows® (WinQI) software into Microsoft SQL Server Management Studio. The newly created Output File will need to be imported to SQL Server to be generated with the Raw Data Downloads. Search for the **qualityindicators** database 🡪 Right click on the DB 🡪 Tasks 🡪Import Data. This will open the SQL Server Import and Export Wizard:

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## Choose a Data Source

In the Data Source drop down-tab, select “*Flat File Source*”, and select the output file in File Name. Be sure to check the “Columns” and “Preview” tab to verify the file was generated properly.

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## Choose a Destination

In the Destination drop down-tab, select “*SQL Server Native Client 11.0”* and Database as “**qualityindicators**”. Click Next.

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## Select Source Tables and Views

In the Destination drop down menu, change the name of the output file from *INDICATOR\_OUTPUT\_STARTMONTHYEAR\_ENDMONTHYEAR*to **PSI\_OUTPUT**. As the table already exists, we are going to append the new data.

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Open the “*Edit Mappings”*, and verify the button is selected on “*Append rows to the destination table”*. Click OK and Next.

Table

Description automatically generated

## Save and Run Package

Before running the Wizard, read the final summary to verify your changes to the table. Select the “Finish” button, and the output file will be processed:

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The file should process with no errors. If you run into any issues, please be sure to contact a PI or BI member for assistance.

# Creating the Indicator Tables

With **qualityindicators** updated with the output data, we’ll need to make sure this data is also inserted in the correct tables to create the report ready data. This section walks you through the process for creating indicator file from the Quality Indicators™ Windows® (WinQI) software into a Microsoft SQL Server Management Studio table.

Run the stored procedure called **load\_PSI\_OUTPUT**. Here is what this stored procedure does:

TRUNCATE TABLE factPSIIndicator

insert into factPSIIndicator select \* from [dbo].[vwfactPSIIndicator]

where HCO\_CODE = @hco\_code and DISCHARGE\_DATE between @start\_date and @end\_date

insert into [PORTAL\_ENGINE].[dbo].[factIndicator] select \* from [dbo].[vwfactPSIIndicator\_Transpose\_Detail]

# Executing the RDD with Indicators

There are two stored procedures you can execute to obtain the factIndicator table. In **PORTAL\_ENGINE** under Programmability 🡪 Stored Procedures, run ***getRDD\_factIndicator***to get just the indicator data. Otherwise, run ***getRDD*** to get both the indicator data and all fact tables.

Be sure to save each CSV in accordance with the ["Saving the Result Set"](#_Saving_the_Result) section above.

# Appendix A: WinQI Input Data Dictionary

## WinQI Input Data Dictionary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VARIABLE NAME** | **DESCRIPTION** | **FORMAT** | **VALUE DESCRIPTION** | **COMMENTS** |
| Key (KEY) | Sequence number; unique case identifier | String of up to 20 characters | User-defined unique numeric identifier for each discharge record | Not required by the AHRQ WinQI software but available to allow users to link the discharge records in the Patient-Level Report back to the input data |
| Age (AGE) | Age in years at admission | Numeric | Age in years | If this data element is missing, the discharge record will be excluded from the analysis. |
| Age in Days (AGEDAY) | Age in days at admission (coded only when the age in years is less than 1) | Numeric 0–3641 days | Age in days | Used in the inclusion and exclusion criteria for several indicators. If this data element is missing (and age is 0), then generally an alternative specification applies. |
| Race (RACE) | Race of patient | Numeric | 1=White  2=Black  3=Hispanic  4=Asian or Pacific Islander  5=Native American  6=other | Used to stratify the AHRQ Quality Indicator™ (QI) rates. For the area-level indicators,2 all the input data values must be mapped to one of the listed values. For hospital-level indicators, user-defined values may be retained. |
| Sex (SEX or GENDER) | Gender of patient | Numeric | 1=male  2=female | If this data element is missing, the discharge record will be excluded from the analysis. |
| Primary Payer (PAY1) | Expected primary payer, uniform | Numeric | 1=Medicare  2=Medicaid  3=private, incl. HMO  4=self-pay  5=no charge  6=other | Used to stratify the AHRQ QI rates. Not used for the area-level indicators.  The values of 1–5 are used directly in the QI software. All other payer codes are mapped to an “other” category. This data element is used to stratify only the hospital-level IQIs (01 to 25 and 30 to 34); hospital-level PDIs (01 to 13); and hospital-level PSIs (02 to 19). |
| Patient State/County Code  (HOSPSTCO or PSTCO) | FIPS State/county code of patient’s residence (Use hospital’s State/county if the patient’s is unavailable; however, patient’s is recommended.3) | Numeric; two-digit State code followed by three-digit county code (ssccc) | Modified FIPS State/county code4 | Available at https://www.census.gov/library/reference/code-lists/ansi/ansi-codes-for-states.html. If this data element is missing, the discharge record will be excluded from area-level rate calculations. This variable may be renamed in the future to reflect the preference for the location of the patient rather than the hospital. |
| Hospital ID (HOSPID) | Data source hospital ID | String of up to 12 characters | Hospital identification number | Used to facilitate data exploration and possible troubleshooting. May also be selected as a stratifier for hospital-level indicators. |
| Discharge Disposition (DISP) | Disposition of patient | Numeric | 1=routine  2=short-term hospital  3=SNF  4=intermediate care  5=another type of facility  6=home healthcare  7=against medical advice  20=died in the hospital | The values 2 and 20 are referenced by the QI code (to identify transfers to another short-term hospital and patients who died in the hospital). Values 1 through 7 and 20 are used in APR-DRG assignment. Other values are recoded to missing by the software unless the user explicitly recodes them in the Crosswalk screen. This convention is different from the AHRQ QI SAS® application. Not used for PQIs. |
| Admission Type (ATYPE) | Admission type | Numeric | 1=emergency  2=urgent  3=elective  4=newborn  5=delivery (1988–1997)  5=not used (1998–2002)  5=trauma center (2003– )  6=other | The values 3 and 4 are referenced by the AHRQ QI code (to identify elective surgeries and newborn admissions).  PSIs 10, 11, 13, and 17 and PDIs 08 and 09 will be affected if admission type values are missing.  Used for PQIs in newborn definition. Not used for IQIs. |
| Admission Source (ASOURCE) | Admission source | Numeric | 1=ER  2=another hospital  3=another facility, including LTC  4=court/law enforcement  5=routine/birth/other | The values 2 and 3 are referenced by the PSI, IQI, PQI, and PDI code (to identify transfers from another hospital or facility). |
| POINTOFORIG INUB04 (POINTOFORIGIN04) | Point of origin | Numeric | 4=transfer from a hospital  5=transfer from an SNF or ICF  6=transfer from another healthcare facility  15 (UB04 “F”)=transfer from hospice  IF ATYPE=4, then:  5=born inside this hospital  6=born outside of this hospital | Only these values are used by the QI programs. |
| Length of Stay (LOS) | Length of stay | Numeric | Number of days from admission to discharge | Same-day discharges are coded as 0 days stay. Not used for PQIs or IQIs. |
| APR-DRG (APRDRG or APR\_DRG) | APR-DRG  category | Numeric | 3M™ APR-DRG software | Optional. Currently the AHRQ WinQI software uses a multiversion (i.e., Versions 20, 23–30, 32, 33) APR-DRG grouper to risk-adjust the IQIs. A free version of the software is packaged with this program and can be run during the data load. Not used for PQIs, PSIs, or PDIs. |
| APR-DRG  Severity of Illness (SEVERITY or APR-DRG SOI) | APR-DRG  severity score | Numeric | 3M™ APR-DRG software severity score | Optional. Currently the AHRQ WinQI software uses APR-DRG Versions 20, 23–29, 32, 33. A free version of the software is packaged with this program and can be run during the data load. Not used for IQIs, PQIs, PSIs, or PDIs. |
| APR-DRG  Risk of Mortality (RISKMORT or APR-DRG ROM) | APR-DRG risk-of-mortality score | Numeric | 3M™ APR-DRG software risk-of-mortality score | Optional. Currently the AHRQ WinQI software uses APR-DRG Versions 20, 23–30, 32, 33 to risk-adjust the IQIs. A free version of the software is packaged with this program and can be run during the data load.  Not used for PQIs, PSIs, or PDIs. |
| Diagnosis Related Group (DRG or MS\_DRG) | MS-DRG | Numeric | DRG from Federal (CMS) grouper | Required for generating most indicators. For Version 24 and earlier, this is the CMS DRG. For Version 25 and later, this is the MS-DRG. |
| Diagnosis-Related Group Version (DRG\_VER) | DRG version | Numeric | Version of Federal (CMS) DRG grouper | For example, Version 25 for FY 2008 or Version 33 for FY 2016. |
| Major Diagnostic Category (MDC) | Major Diagnostic Category | Numeric | DRG from Federal (CMS) grouper | Required for processing. WinQI generates it if not passed by the user, but DRG value is required for WinQI to assign MDC. |
| Principal Diagnosis (DX1) | ICD-10-CM diagnosis code. Diagnosis 1 is the principal diagnosis. | For ICD-10-CM - String; three to seven characters (do not include decimal point) | Diagnosis code | Required field for processing any indicator analysis. If this data element is missing, the discharge record will be excluded from the analysis. |
| Diagnosis Code 2–Diagnosis Code 35 (DX2–DX35) (up to 34 fields). ECODE1 through ECODE5 for E-codes in Diagnosis Code 31 through 35. | ICD-10-CM diagnosis codes or E-codes. Diagnosis codes 2–35 are secondary diagnoses. | For ICD-10-CM - String; three to seven characters (do not include decimal point) | Diagnosis codes |  |
| Present on Admission 1–Present on Admission 35 (DXATADMIT1 or POA 1–DXATADMIT35 or POA 35) (up to 35 fields) | POA indicator for each diagnosis code | String | “Y” and “W” indicate present at the time of inpatient admission.  “N,” “U,” “0,” “E,” and “1” indicate not present at the time of inpatient admission.  In v5.0 and higher, a blank POA value is interpreted as indicating that the corresponding diagnosis was not present on admission unless the diagnosis code is exempt from POA reporting. | These are equivalent to the DXATADMITn fields in the UB-04 specification. Having the POA fields may eliminate “false-positives” from PSI and PDI results. |
| Principal Procedure  10.1 (PR1)  10.2 Procedure Code 2–Procedure Code 30  10.3 (PR2–PR30)  10.4 (up to 29 different columns) | ICD-10-CM procedure codes. Procedure code 1 is the principal procedure. | For ICD-10 String; three to seven characters (do not include decimal point) | Procedure code | Decimal points, if any, must be removed before loading data. |
| Principal Procedure  10.1 (PR1)  10.2 Procedure Code 2–Procedure Code 30  10.3 (PR2–PR30)  10.4 (up to 29 different columns) | ICD-10-CM procedure codes. Procedure codes 2–30 are secondary procedures. | For ICD-10 String; three to seven characters (do not include decimal point) | Procedure codes | Include up to 30 procedures. It is not necessary to have 30. |
| Days to Procedure 1–Days to Procedure 30 (PRDAY1–PRDAY30)  (up to 30 fields) | Days from admission to procedure  Procedure 1 is the principal procedure; procedures 2–30 are secondary procedures. | Numeric | Days from admission to procedure5 | It is expected that the number of days-to-procedure variables agree with the number of procedure codes present. Valid values may be negative or zero. Applies only to PSI and PDI postoperative patient safety indicators. |
| Year (YEAR) | The patient’s year of discharge. For example, a patient discharged on July 7, 2004, would have a discharge year of 2004. | Numeric | YYYY  Discharge year should be within the range of 1997 to present year. | Required data element and used to apply the proper fiscal year coding and to assign the APR-DRG if the limited license grouper is used. If this data element is missing, the discharge record will be excluded from the analysis. |
| Discharge Quarter (DQTR) | The calendar quarter of the patient’s discharge. For example, a patient discharged on July 7, 2004 would have a discharge quarter of 3. | Numeric | 1=January–March  2=April–June  3=July–September  4=October–December | Required data element and used to apply the proper fiscal year coding and to assign the APR-DRG if the limited license grouper is used. If this data element is missing, the discharge record will be excluded from the analysis. |
| Custom Stratifier 1– Custom Stratifier 3 | Custom stratification values | String; 1–20 characters | Any custom value you wish to stratify by | This can be used for a variety of purposes (e.g., groups of hospitals or groups of records with a hospital). |
| Days on Mechanical Ventilator (DMV) | Number of days the patient spent on a mechanical ventilator | Numeric | Blank | Optional data element that is passed directly to the APR-DRG grouper. |
| Birth weight in Grams (BIRTHWEIGHT) | Birthweight for newborns | Numeric | Blank | Optional data element that is passed directly to the APR-DRG grouper. This field is not used for pediatric birth weight categories. ICD-10-CM diagnosis codes are used to indicate birth weight. |
| Date of Birth (BIRTH\_DATE) | Patient date of birth | Date | MM/DD/YYYY | Optional (NOT RECOMMENDED).  For identification purposes only on the data export. It is not recommended that you use this field unless required for external analysis. |
| Admission Date (ADMIT\_DATE) | Date of patient admission | Date | MM/DD/YYYY | Optional (NOT RECOMMENDED).  For identification purposes only on the data export. It is not recommended that you use this field unless required for external analysis. |
| Discharge Date (DISCHARGE\_DATE) | Date of patient discharge | Date | MM/DD/YYYY | Optional (NOT RECOMMENDED).  For identification purposes only on the data export. It is not recommended that you use this field unless required for external analysis. |
| Patient ID (PATIENT\_ID) | Patient ID or medical record number | String; 1–20 characters | Blank | Optional (NOT RECOMMENDED).  For identification purposes only on the data export. It is not recommended that you use this field unless required for external analysis. |

# Appendix B: Hospital and Area Indicators

## List of Hospital-Level Indicators

|  |
| --- |
| INDICATOR NAME |
| IQI 08 Esophageal Resection Mortality Rate |
| IQI 09 Pancreatic Resection Mortality Rate |
| IQI 11 Abdominal Aortic Aneurysm (AAA) Repair Mortality Rate |
| IQI 12 Coronary Artery Bypass Graft (CABG) Mortality Rate |
| IQI 15 Acute Myocardial Infarction (AMI) Mortality Rate |
| IQI 16 Heart Failure Mortality Rate |
| IQI 17 Acute Stroke Mortality Rate |
| IQI 18 Gastrointestinal Hemorrhage Mortality Rate |
| IQI 19 Hip Fracture Mortality Rate |
| IQI 20 Pneumonia Mortality Rate |
| IQI 21 Cesarean Delivery Rate, Uncomplicated |
| IQI 22 Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated |
| IQI 30 Percutaneous Coronary Intervention (PCI) Mortality Rate |
| IQI 31 Carotid Endarterectomy Mortality Rate |
| IQI 33 Primary Cesarean Delivery Rate, Uncomplicated |
| IQI 90 Mortality for Selected Procedures |
| IQI 91 Mortality for Selected Conditions |
| NQI 03 Neonatal Blood Stream Infection Rate |
| PDI 01 Accidental Puncture or Laceration Rate |
| PDI 05 Iatrogenic Pneumothorax Rate |
| PDI 08 Perioperative Hemorrhage or Hematoma Rate |
| PDI 09 Postoperative Respiratory Failure Rate |
| PDI 10 Postoperative Sepsis Rate |
| PDI 12 Central Venous Catheter-Related Blood Stream Infection Rate |
| PSI 02 Death Rate in Low-Mortality Diagnosis Related Groups (DRGs) |
| PSI 03 Pressure Ulcer Rate |
| PSI 04 Death Rate among Surgical Inpatients with Serious Treatable Complications |
| PSI 05 Retained Surgical Item or Unretrieved Device Fragment Count |
| PSI 06 Iatrogenic Pneumothorax Rate |
| PSI 07 Central Venous Catheter-Related Blood Stream Infection Rate |
| PSI 08 In-hospital Fall with Hip Fracture Rate |
| PSI 09 Perioperative Hemorrhage or Hematoma Rate |
| PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate |
| PSI 11 Postoperative Respiratory Failure Rate |
| PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate |
| PSI 13 Postoperative Sepsis Rate |
| PSI 14 Postoperative Wound Dehiscence Rate |
| PSI 15 Abdominopelvic Accidental Puncture or Laceration Rate |
| PSI 17 Birth Trauma Rate – Injury to Neonate |
| PSI 18 Obstetric Trauma Rate – Vaginal Delivery With Instrument |
| PSI 19 Obstetric Trauma Rate – Vaginal Delivery Without Instrument |
| PSI 90 Patient Safety and Adverse Events Composite |

## List of Area-Level Indicators

|  |
| --- |
| INDICATOR NAME |
| PDI 14 Asthma Admission Rate |
| PDI 15 Diabetes Short-Term Complications Admission Rate |
| PDI 16 Gastroenteritis Admission Rate |
| PDI 18 Urinary Tract Infection Admission Rate |
| PDI 90 Pediatric Quality Overall Composite |
| PDI 91 Pediatric Quality Acute Composite |
| PDI 92 Pediatric Quality Chronic Composite |
| PQI 01 Diabetes Short-Term Complications Admission Rate |
| PQI 03 Diabetes Long-Term Complications Admission Rate |
| PQI 05 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate |
| PQI 07 Hypertension Admission Rate |
| PQI 08 Heart Failure Admission Rate |
| PQI 11 Bacterial Pneumonia Admission Rate |
| PQI 12 Urinary Tract Infection Admission Rate |
| PQI 14 Uncontrolled Diabetes Admission Rate |
| PQI 15 Asthma in Younger Adults Admission Rate |
| PQI 16 Lower-Extremity Amputation among Patients with Diabetes Rate |
| PQI 90 Prevention Quality Overall Composite |
| PQI 91 Prevention Quality Acute Composite |
| PQI 92 Prevention Quality Chronic Composite |
| PQI 93 Prevention Quality Diabetes Composite (Numerator) |

# References

*AHRQ Quality Indicators Software Instructions.*

https://qualityindicators.ahrq.gov/Software/winQI.aspx