

Percutaneous Coronary Intervention (PCI) Mortality Rate Technical Specifications

Inpatient Quality Indicators #30 (IQI #30)
AHRQ Quality Indicators™, Version 4.5, May 2013
Provider-Level Indicator
Type of Score: Rate

Description

In-hospital deaths per 1,000 percutaneous coronary intervention (PCI) discharges for patients 40 years and older. Excludes obstetric discharges and transfers to another hospital.

[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report in-hospital deaths per 1,000 hospital discharges.]

Numerator

Number of deaths (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator.

Denominator

Discharges, for patients ages 40 years and older, with any-listed ICD-9-CM procedure codes for PCI.

ICD-9-CM PCI procedure codes¹:

0066	PTCA	3602	<i>PTCA-1 VESSEL WITH AGNT</i>
3601	<i>PTCA-1 VESSEL W/O AGENT</i>	3605	<i>PTCA-MULTIPLE VESSEL</i>

¹The procedure or diagnosis codes are continuously updated. The current list of ICD-9-CM codes is valid for October 2012 through September 2013. Italicized codes are not active in Fiscal Year 2013.

Exclude cases:

- MDC 14 (pregnancy, childbirth, and puerperium)
- transferring to another short-term hospital (DISP=2)
- with missing discharge disposition (DISP=missing), gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)