Angina Without Procedure Admission Rate
Technical Specifications

Prevention Quality Indicators #13 (PQI #13)
AHRQ Quality Indicators^{TM}, Version 4.5, May 2013
Area-Level Indicator
Type of Score: Rate

Description

Admissions with a principal diagnosis of angina without a cardiac procedure per 100,000 population, ages 18 years and older. Excludes cardiac procedure admissions, obstetric admissions, and transfers from other institutions.

[NOTE: The software provides the rate per population. However, common practice reports the measure as per 100,000 population. The user must multiply the rate obtained from the software by 100,000 to report admissions per 100,000 population.]

Numerator

Discharges, for patients ages 18 years and older, with a principal ICD-9-CM diagnosis code for angina.

[NOTE: By definition, discharges with a principal diagnosis of angina are precluded from an assignment of MDC 14 by grouper software. Thus, obstetric discharges should not be considered in the PQI rate, though the AHRQ QI^{TM} software does not explicitly exclude obstetric cases.]

ICD-9-CM Angina diagnosis codes:

4111	INTERMED CORONARY SYND	4130	ANGINA DECUBITUS
41181	ACUTE COR OCCLSN W/O MI	4131	PRINZMETAL ANGINA
41189	AC ISCHEMIC HRT DIS NEC	4139	ANGINA PECTORIS NEC/NOS

Exclude cases:
- transfer from a hospital (different facility)
- transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- transfer from another health care facility
- with any-listed ICD-9-CM procedure codes for cardiac procedure
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing), or county (PSTCO=missing)

See *Prevention Quality Indicators Appendices:*
- Appendix A – Admission Codes for Transfers
- Appendix B – Cardiac Procedure Codes

Denominator

Population ages 18 years and older in metropolitan area[†] or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence, not the metropolitan area or county of the hospital where the discharge occurred.

[†] The term "metropolitan area" (MA) was adopted by the U.S. Census in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs), and primary metropolitan statistical areas (PMSAs). In addition, "area" could refer to either 1) FIPS county, 2) modified FIPS county, 3) 1999 OMB Metropolitan Statistical Area, or 4) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.