

Diabetes Short-Term Complications Admission Rate Technical Specifications

Prevention Quality Indicators #1 (PQI #1)

AHRQ Quality Indicators™, Version 5.0

March 2015

Area-Level Indicator

Type of Score: Rate

Description

Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. Excludes 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 diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma).

[NOTE: By definition, discharges with a principal diagnosis of diabetes with short-term complications 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™ software does not explicitly exclude obstetric cases.]

ICD-9-CM Diabetes short-term complications diagnosis codes:

25010	DM KETO T2, DM CONT	25022	DM W/ HYPROSM T2, DM UNCNT
25011	DM KETO T1, DM CONT	25023	DM W/ HYPROSM T1, DM UNCNT
25012	DM KETO T2, DM UNCONT	25030	DM COMA NEC TYP II, DM CNT
25013	DM KETO T1, DM UNCONT	25031	DM COMA NEC T1, DM CONT
25020	DM W/ HYPROSM T2, DM CONT	25032	DM COMA NEC T2, DM UNCONT
25021	DM W/ HYPROSM T1, DM CONT	25033	DM COMA NEC T1, DM UNCONT

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 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

Denominator

Population ages 18 years and older in the 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.[‡] May be combined with uncontrolled diabetes as a single indicator as a simple sum of the rates to form the Healthy People 2010 indicator (note that the AHRQ QI™ excludes transfers to avoid double-counting cases).

[†] 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.

[‡] The denominator can be specified with the diabetic population only and calculated with the SAS QI software through the condition-specific denominator at the state-level feature