Inpatient Quality Indicators—
■ Can be used to help hospitals identify potential problem areas that might need further study, as well as for quality improvement, comparative public reporting, trending, and pay-for-performance initiatives.
■ Can provide an assessment of in-hospital quality of care by using patient data found in a typical hospital discharge abstract or dataset.
■ Include mortality indicators for conditions or procedures for which mortality can vary by hospital.
■ Include utilization indicators for procedures for which utilization varies across hospitals or geographic areas.
■ Include volume indicators for procedures for which outcomes may relate to the number of times the procedure is performed.
■ Are publicly available at no charge to the user.
■ Include risk adjustment where appropriate.

The AHRQ Inpatient Quality Indicators were developed under a contract with the University of California, San Francisco, Stanford University Evidence-based Practice Center, and the University of California, Davis. The Inpatient Quality Indicators were first released in 2002 and have been updated as needed over time.

The Inpatient Quality Indicators provide a perspective on hospital quality of care using hospital administrative data, which are readily available and relatively inexpensive to use.

Other AHRQ Quality Indicators
AHRQ has other sets of QIs:
■ Prevention Quality Indicators—Indicators representing hospital admission rates for common ambulatory care-sensitive conditions. Hospitalization for these types of conditions can often be avoided with appropriate use of high-quality, community-based primary care services.
■ Patient Safety Indicators—Hospital- and area-level indicators that provide information on potential in-hospital complications and errors following surgeries, other procedures, and childbirth.
■ Pediatric Quality Indicators—Hospital- and area-level indicators that focus on potentially preventable complications and errors in pediatric patients treated in hospitals. Includes a subset of Neonatal Quality Indicators.

See www.qualityindicators.ahrq.gov for announcements of updates to AHRQ QI software.
Endorsement

A number of measures have been endorsed by the National Quality Forum (NQF) through 2021. Beginning in fiscal year 2022, AHRQ will no longer seek NQF re-endorsement for its portfolio of measures in the AHRQ Quality Indicators (QIs) program. Find NQF-endorsed AHRQ measures at https://qualityindicators.ahrq.gov/measures/list_ahrq_qi.

Mailing List


User Tools and Support

- Free software to compute AHRQ QI rates, available for SAS® and Windows®
- A detailed user’s guide and technical specifications for the Inpatient Quality Indicators
- Parameter estimates, benchmark data tables, and methodology to create composite measures
- Guidance for designing a report using the Inpatient Quality Indicators
- Answers to frequently asked questions
- Access to QI Technical Support by email at QIsupport@ahrq.hhs.gov or by phone at 301-427-1949

Inpatient Quality Indicators

- IQI 08 - Esophageal resection mortality rate
- IQI 09 - Pancreatic resection mortality rate
- IQI 11 - Abdominal aortic aneurysm repair (AAA) 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
- 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 23 - Laparoscopic cholecystectomy rate
- 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

QI Web Site: qualityindicators.ahrq.gov