

Perforated Appendix Admission Rate Technical Specifications

Prevention Quality Indicators #2 (PQI #2)

AHRQ Quality Indicators™, Version 5.0

March 2015

Area-Level Indicator

Type of Score: Rate

Description

Admissions for any-listed diagnosis of perforations or abscesses of the appendix per 1,000 admissions with any-listed appendicitis, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

[NOTE: The software provides the rate per hospital admission. However, common practice reports the measure as per 1,000 admissions. The user must multiply the rate obtained from the software by 1,000 to report cases per 1,000 admissions.]

Numerator

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM diagnosis codes for perforations or abscesses of appendix.

ICD-9-CM Perforations or abscesses of appendix diagnosis codes:

5400	AC APPEND W PERITONITIS	5401	ABSCESS OF APPENDIX
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Denominator

Discharges, for patients ages 18 years and older, with any-listed ICD-9-CM diagnosis codes for appendicitis. Discharges 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.

ICD-9-CM Appendicitis diagnosis codes:

5400	AC APPEND W PERITONITIS	5409	ACUTE APPENDICITIS NOS
5401	ABSCESS OF APPENDIX	541	APPENDICITIS NOS

[†]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.

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
- MDC 14 (pregnancy, childbirth, and puerperium)
- 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