Prevention Quality Indicator 14 (PQI 14) Uncontrolled Diabetes Admission Rate

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Area-Level Indicator
Type of Score: Rate

Prepared by:

Agency for Healthcare Research and Quality

U.S. Department of Health and Human Services

www.qualityindicators.ahrq.gov

DESCRIPTION

Admissions for a principal diagnosis of diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, or other unspecified) complications 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 uncontrolled diabetes without mention of a short-term or long-term complication.

[NOTE: By definition, discharges with a principal diagnosis of uncontrolled diabetes without mention of short-term or long-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 QITM software does not explicitly exclude obstetric cases.]

Uncontrolled diabetes without mention of a short-term or long-term complication diagnosis codes: (ACDIAUD)

25002	DMII WO CMP UNCNTRLD	25003	DMI WO CMP UNCNTRLD

NUMERATOR EXCLUSIONS

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)

Appendix A – Admission Codes for Transfers

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.‡ May be combined with diabetes short-term complications 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.