Prevention Quality Indicator 01 (PQI 01) Diabetes Short-Term Complications Admission Rate
July 2020
Area-Level Indicator
Type of Score: Rate

Prepared by:

Agency for Healthcare Research and Quality

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www.qualityindicators.ahrq.gov

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-10-CM diagnosis code for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) (***ACDIASD****).

[NOTE: Obstetric discharges are not included in the PQI rate for PQI 01, though the AHRQ QI™ software does not explicitly exclude obstetric cases. By definition, discharges with a principal diagnosis of diabetes with short-term complications exclude obstetric discharges, because the principle diagnosis for an obstetric discharge would identify it as obstetric, and no such diagnoses are included in the set of qualifying diagnoses.]

NUMERATOR EXCLUSIONS

Exclude cases:

• with admission source for transferred from a different hospital or other health care facility (***Appendix A***) (UB04 Admission source - 2, 3)

• with a point of origin code for transfer from a hospital, skilled nursing facility (SNF) or intermediate care facility (ICF), or other healthcare facility (***Appendix A***) (UB04 Point of Origin - 4, 5, 6)

• with an ungroupable DRG (DRG=999)

• 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 the metropolitan area[1] 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.[2] 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).

[1] 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.

[2] The previous version of this indicator allowed the denominator to be specified with the diabetic population only and calculated with the SAS QI software through the condition-specific denominator at the state-level feature. However, the disease-specific denominator file has been temporarily removed from the software for further review and refinement.

* See below for code list

Diabetes with short-term complications diagnosis codes: (ACDIASD)

E1010	Type 1 diabetes mellitus with ketoacidosis without coma	E1101	Type 2 diabetes mellitus with hyperosmolarity with coma
E1011	Type 1 diabetes mellitus with ketoacidosis with coma	E1110	Type 2 diabetes mellitus with ketoacidosis without coma
E10641	Type 1 diabetes mellitus with hypoglycemia with coma	E1111	Type 2 diabetes mellitus with ketoacidosis with coma
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (nkhhc)	E11641	Type 2 diabetes mellitus with hypoglycemia with coma