



Prevention Quality Indicator 14 (PQI 14) Uncontrolled Diabetes Admission Rate July 2021 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 events per 100,000 hospital discharges.]

NUMERATOR

Discharges, for patients ages 18 years and older, with a principal ICD-10-CM diagnosis code for uncontrolled diabetes without mention of a short-term or long-term complication (**ACDIAUD** *).

[NOTE: Obstetric discharges are not included in the PQI rate for PQI 14, though the AHRQ QI™ software does not explicitly exclude obstetric cases. By definition, discharges with a principal diagnosis of uncontrolled diabetes without mention of short-term or long-term complications exclude obstetric discharges, because the principal 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 metropolitan area¹ 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 (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

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

E10649	Type 1 diabetes mellitus with hypoglycemia without coma	E11649	Type 2 diabetes mellitus with hypoglycemia without coma
E1065	Type 1 diabetes mellitus with hyperglycemia	E1165	Type 2 diabetes mellitus with hyperglycemia