*AHRQ Quality Indicators™*

## User Notification on COVID-19 impact on AHRQ QI software

The AHRQ Quality Indicators (QIs) are publicly available metrics and tools for use by hospitals, researchers, and other organizations engaged in quality improvement and population health activities. The AHRQ QI software Version 2020 (v2020) is intended for use with fiscal year 2016-2020 hospital discharge data, which includes the beginning of the 2019 Novel Coronavirus (COVID-19) pandemic. Although the Agency continues to monitor the impact of COVID-19 on quality improvement assessment, v2020 QI software will not include COVID-19 codes in either the QI technical specifications or in the risk adjustment.

AHRQ anticipates that the COVID-19 pandemic will have a substantial impact on QI rates because of healthcare delivery system changes in case mix and volume.

- **Case mix.** As hospitals prepared for COVID-19 surges and responded to Federal directives, COVID-19 has shifted case mix away from elective surgeries. This may decrease the number of surgical discharges and change the risk profile of the reference population underpinning the QI risk-adjustment methodologies.
- **Volume**. Similarly, the volume of discharges is likely to decrease, as short-stay elective surgeries are cancelled or delayed, whereas longer-stay emergency or medical discharges become more prevalent. These changes impact the reliability of individual and composite indicators, which is primarily driven by volume.

As AHRQ continues to obtain additional information, updates will be considered for both the user guidance and the measure specifications for future software releases. This guidance will draw upon data analyses, published research and white papers discussing the clinical, epidemiological, and data quality implications of COVID-19 for inpatient quality improvement and population health. AHRQ will also consider how the QIs may be used to understand the impact of COVID-19 on patient care and population health.

Given the publicly available nature of the QI software, we will update this document at a future date to provide guidance on how users might adapt their input data files to account for COVID-19. Modifying the input data file for COVID-19 cases will work for both WinQI and SAS QI, but for users of the SAS QI software, we will also recommend how users can directly modify the SAS QI code to exclude discharges with COVID-19 if desired.