

The State Consumer Health Information and Policy Advisory Council
Additional Priorities For 2007

PRIMARY WORKGROUP ASSIGNMENT	SECONDARY WORKGROUP	NAME OF MEASURE	MEASURE-MENT OWNER	DATA SOURCE	NUMERATOR	DENOMINATOR	INCLUSIONS	EXCLUSIONS
		IQIs- Mortality Inpatient Procedures						
		Percutaneous transluminal coronary angioplasty (IQI 30)	AHRQ	Administrative Data	Number of deaths (DISP=20).	Discharges with ICD-9-CM codes of 0066, 3601, 3602 or 3605 in any procedure field. Age 40 years and older	0066 Perc Trans Coro Angio Oct05- 3601 Ptca-1 Vessel W/O Agent 3602 Ptca-1 Vessel With Agnt 3605 Ptca-Multiple Vessel	<ul style="list-style-type: none"> • missing discharge disposition (DISP=missing) • transferring to another short-term hospital (DISP=2) • MDC 14 (pregnancy, childbirth, and puerperium) • MDC 15 (newborns and other neonates)
		Carotid endarterectomy (IQI 31)	AHRQ	Administrative Data	Number of deaths (DISP=20)	Discharges with an ICD-9-CM code of 3812 in any procedure field. Age 18 years and older.		<ul style="list-style-type: none"> • missing discharge disposition (DISP=missing) • transferring to another short-term hospital (DISP=2) • MDC 14 (pregnancy, childbirth, and puerperium) • MDC 15 (newborns and other neonates)

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		IQIs- Volume of Inpatient Procedures						
		Percutaneous transluminal coronary angioplasty (IQI 6)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes of 0066, 3601, 3602 or 3605 in any procedure field. Age 18 years and older.	Not applicable		<ul style="list-style-type: none"> • MDC 14 (pregnancy, childbirth, and puerperium) • MDC 15 (newborns and other neonates)
		Carotid endarterectomy (IQI 7)	AHRQ	Administrative Data	Discharges with an ICD-9-CM code of 3812 in any procedure field. Age 18 years and older.	Not applicable		<ul style="list-style-type: none"> • MDC 14 (pregnancy, childbirth, and puerperium) • MDC 15 (newborns and other neonates)
		Patient Safety Indicators						
		Complications of anesthesia (PSI 1)	AHRQ	Administrative Data	Discharges with ICD-9-CM diagnosis codes for anesthesia complications in any secondary diagnosis field.	All surgical discharges, 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium), defined by specific DRGs and an ICD-9-CM code for an operating room procedure.		<ul style="list-style-type: none"> • with ICD-9-CM diagnosis codes for anesthesia complications (see Numerator) in the principal diagnosis field • with codes for self-inflicted injury, poisoning due to anesthetics (E8551, 9681-4, 9687) and any diagnosis code for active drug

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								dependence, or active nondependent abuse of drugs
		Death in low mortality DRGs (PSI 2)	AHRQ	Administrative Data	Discharges with disposition of "deceased".	Discharges, 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium), in DRGs with less than 0.5% mortality rate, based on the 2001-2003 SID low-mortality DRG. If a DRG is divided into "without/with complications," both DRGs must have mortality rates below 0.5% to qualify for inclusion.		Exclude patients with any code for trauma, immunocompromised state, or cancer.
		Failure to rescue (PSI 4)	AHRQ	Administrative Data	All discharges with a disposition of "deceased".	Discharges over age 18 with potential complications of care listed in failure to rescue (FTR) definition (e.g., pneumonia, DVT/PE, sepsis, acute renal failure, shock/cardiac arrest, or GI		<ul style="list-style-type: none"> • Age 75 years and older • neonatal patients in MDC 15 • transferred to an acute care facility (SID Disposition = 2) • transferred from an acute care

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						hemorrhage/acute ulcer).		facility (SID Admission Source = 2) • admitted from a long-term care facility (SID Admission Source=3) NOTE: Additional exclusion criteria is specific to each diagnosis. Exclude cases with principal diagnosis of hemorrhage, GI hemorrhage, shock, trauma, acute renal failure, abortion-related renal failure, acute myocardial infarction, cardiac arrest, or cardiac arrhythmia.
		Foreign body left in during procedure (PSI 5)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for foreign body left in during procedure in any secondary diagnosis field	All surgical and medical discharges 18 years and older or MDC 14 (pregnancy, child-birth, and puerperium) defined by specific DRGs		Exclude patients with ICD-9-CM codes for foreign body left in during procedure in the principal diagnosis field.

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		Postoperative hemorrhage or hematoma (PSI 9)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for postoperative hemorrhage or postoperative hematoma in any secondary diagnosis field and codes for postoperative control of hemorrhage or drainage of hematoma in any procedure code field.	All surgical discharges 18 years and older defined by specific DRGs and an ICD-9-CM code for an operating room procedure.		<ul style="list-style-type: none"> • with ICD-9-CM codes for postoperative hemorrhage or postoperative hematoma in the principal diagnosis field • where the only operating room procedure is postoperative control of hemorrhage or drainage of hematoma. • where a procedure for postoperative control of hemorrhage or drainage of hematoma occurs before the first operating room procedure. Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available.

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								<ul style="list-style-type: none"> • MDC 14 (pregnancy, childbirth, and puerperium).
		Postoperative physiologic and metabolic derangements (PSI 10)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for physiologic and metabolic derangements in any secondary diagnosis field. Discharges with acute renal failure (subgroup of physiologic and metabolic derangements) must be accompanied by a procedure code for dialysis (39.95, 54.98).	All elective* surgical discharges 18 years and older defined by specific DRGs and an ICD-9-CM code for an operating room procedure. *Elective - SID Admission type # is recorded as elective (Admission Type = 3)		<ul style="list-style-type: none"> •with ICD-9-CM codes for physiologic and metabolic derangements (see Numerator) in the principal diagnosis field. •with a principal ICD-9-CM code for chronic renal failure with acute renal failure (see Numerator) where a procedure for dialysis occurs before or on the same day as the first operating room procedure. Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available.

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								<ul style="list-style-type: none"> • with both a diagnosis code of ketoacidosis, hyperosmolarity, or other coma (subgroups of physiologic and metabolic derangements coding) and a principal diagnosis of diabetes. • with both a secondary diagnosis code for acute renal failure (subgroup of physiologic and metabolic derangements coding) and a principal diagnosis of acute myocardial infarction, cardiac arrhythmia, cardiac arrest, shock, hemorrhage, or gastrointestinal hemorrhage. • MDC 14 (pregnancy,

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								childbirth and the puerperium)
		Postoperative respiratory failure (PSI 11)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for acute respiratory failure (518.81) in any secondary diagnosis field. (After 1999, include 518.84). OR Discharges with ICD-9-CM codes for reintubation procedure as follows: <ul style="list-style-type: none"> • (96.04) one or more days after the major operating room procedure code • (96.70 or 97.71) two or more days after the major operating room procedure code • (96.72) zero or more days after the major operating room procedure code 	All elective* surgical discharges age 18 and older defined by specific DRGs and an ICD-9-CM code for an operating room procedure *Elective - SID Admission type # is recorded as elective (Admission Type = 3)		<ul style="list-style-type: none"> • with ICD-9-CM codes for acute respiratory failure in the principal diagnosis field. • with ICD-9-CM diagnosis code of neuromuscular disorder • where a procedure for tracheostomy is the only operating room procedure. • where a procedure for tracheostomy occurs before the first operating room procedure. <p>Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available.</p> <ul style="list-style-type: none"> • MDC 14 (pregnancy, childbirth, and

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								puerperium) • MDC 4 (diseases/disorders of respiratory system) • MDC 5 (diseases/disorders of circulatory system)
		Postoperative wound dehiscence in abdominopelvic surgical patients (PSI 14)	AHRQ	Administrative Data	Discharges with ICD-9-CM code for re-closure of postoperative disruption of abdominal wall (54.61) in any procedure field.	All abdominopelvic surgical discharges age 18 and older.		• where a procedure for re-closure of postoperative disruption of abdominal wall occurs before or on the same day as the first abdominopelvic surgery procedure Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available • where length of stay is less than 2 days • with immunocompromised state

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								<ul style="list-style-type: none"> • MDC 14 (pregnancy, childbirth, and puerperium).
		Accidental puncture and laceration (PSI 15)	AHRQ	Administrative Data	Discharges with ICD-9-CM code denoting accidental cut, puncture, perforation or laceration during a procedure in any secondary diagnosis field.	All surgical and medical discharges age 18 years and older defined by specific DRGs.		<ul style="list-style-type: none"> • with ICD-9-CM code denoting technical difficulty (e.g., accidental cut, puncture, perforation, or laceration) in the principal diagnosis field • MDC 14 (pregnancy, childbirth, and puerperium).
		Transfusion reaction (PSI 16)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for transfusion reaction in any secondary diagnosis field.	All surgical and medical discharges, 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium), defined by specific DRGs.		Exclude cases with ICD-9-CM code for transfusion reaction in the principal diagnosis field.
		Birth trauma -- injury to neonate (PSI 17)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for birth trauma in any diagnosis field.	All liveborn births (newborns). The definition of newborn is any neonate with either 1) an ICD-9-CM diagnosis code for		Exclude infants: with a subdural or cerebral hemorrhage (subgroup of birth trauma coding) and any

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						an in-hospital liveborn birth or 2) an admission type of newborn (SID ATYPE=4), age in days at admission equal to zero, and not an ICD-9-CM diagnosis code for an out-of-hospital birth. A neonate is defined as any discharge with age in days at admission between zero and 28 days (inclusive). If age in days is missing, then a neonate is defined as any DRG in MDC 15, an admission type of newborn (SID ATYPE=4), or an ICD-9-CM diagnosis code for an in-hospital liveborn birth.		diagnosis code of pre-term infant (denoting birth weight of less than 2,500 grams and less than 37 weeks gestation or 34 weeks gestation or less). with injury to skeleton and any diagnosis code of osteogenesis imperfecta.
		Obstetric trauma -- vaginal delivery with instrument (PSI 18)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for 3rd and 4th degree obstetric trauma in any diagnosis or procedure field.	All vaginal delivery discharges with any procedure code for instrument-assisted delivery.		

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		Obstetric trauma -- vaginal delivery without instrument (PSI 19)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for 3rd and 4th degree obstetric trauma in any diagnosis or procedure field.	All vaginal delivery discharge patients.		Exclude instrument-assisted delivery.
		Obstetric trauma -- cesarean delivery (PSI 20)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for 3rd and 4th degree obstetric trauma in any diagnosis or procedure field.	All cesarean delivery discharges.		
		Pediatric Quality Indicators- Provider Level Pediatric Indicators						
		Accidental Puncture or Laceration (PDI 1)	AHRQ	Administrative Data	Discharges with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma) (see below). All non-maternal/non-neonatal discharges of age 18 years and older.	All surgical and medical discharges under age 18 defined by specific DRGs.		<ul style="list-style-type: none"> • with ICD-9-CM code denoting technical difficulty (e.g., accidental cut, puncture, perforation, or laceration) in the principal diagnosis field • MDC 14 (pregnancy, childbirth, and puerperium) • normal newborn (DRG 391)

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								<ul style="list-style-type: none"> • neonates less than 500 grams
		Decubitus Ulcer (PDI 2)	AHRQ	Administrative Data	Discharges with ICD-9-CM code of decubitus ulcer in any secondary diagnosis field.	All medical and surgical discharges under age 18 defined by specific DRGs.		<ul style="list-style-type: none"> • neonates • with length of stay of less than 5 days • with ICD-9-CM code of decubitus ulcer (see Numerator) in the principal diagnosis field • in MDC 9 (Skin, Subcutaneous Tissue, and Breast) or MDC 14 (Pregnancy, Childbirth and the Puerperium) • with an ICD-9-CM procedure code for debridement or pedicle graft before or on the same day as the major operating room procedure (surgical cases only) • with an ICD-9-CM procedure code of debridement or pedicle graft as

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								the only major operating room procedure (surgical cases only) <ul style="list-style-type: none"> • admitted from a long-term care (SID ASOURCE =3) or acute care facility (SID ASOURCE=2)
*Recommended by the Website Workgroup		Foreign Body Left During Procedure (PDI 3)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for foreign body left in during procedure in any secondary diagnosis field.	All surgical and medical discharges under age 18 defined by specific DRGs		<ul style="list-style-type: none"> • with ICD-9-CM codes for foreign body left in during procedure in the principal diagnosis field • normal newborn (DRG 391) • neonates weighing less than 500 grams
*NOT Recommended by the Website Workgroup		Iatrogenic Pneumothorax in Neonates at Risk (PDI 4)	AHRQ	Administrative Data	Discharges with ICD-9-CM code of 512.1 in any secondary diagnosis field.	All surgical and medical discharges under age 18 defined by specific DRGs	neonates less than 2500 grams	<ul style="list-style-type: none"> • with ICD-9-CM code of 512.1 in the principal diagnosis field • with diagnosis code of chest trauma or pleural effusion • with an ICD-9-CM procedure code of thoracic surgery, lung or pleural biopsy or

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								diaphragmatic surgery repair or assigned to a cardiac surgery DRG • normal newborn (DRG 391)
*NOT Recommended by the Website Workgroup		Iatrogenic Pneumothorax in Non-neonates (PDI 5)	AHRQ	Administrative Data	Discharges with ICD-9-CM code of 512.1 in any secondary diagnosis field.	All surgical and medical discharges under age 18 defined by specific DRGs		• neonates less than 2500 grams • with ICD-9-CM code of 512.1 in the principal diagnosis field • with diagnosis code of chest trauma or pleural effusion • with an ICD-9-CM procedure code of thoracic surgery, lung or pleural biopsy or diaphragmatic surgery repair or assigned to a cardiac surgery DRG • normal newborn (DRG 391)
		Pediatric Heart Surgery Mortality (PDI 6)	AHRQ	Administrative Data	Number of deaths (DISP=20) with a code of pediatric heart surgery in	Discharges under age 18 with ICD-9-CM procedure codes for congenital heart disease (1P) in any		•MDC 14 (pregnancy, childbirth and puerperium) •with transcatheter

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					any procedure field with ICD-9-CM diagnosis of congenital heart disease in any field.	field or non-specific heart surgery (2P) in any field with ICD-9-CM diagnosis of congenital heart disease (2D) in any field.		interventions (either 3AP, 3BP, 3CP, 3DP, 3EP with 3D, or 3FP) as single cardiac procedures, performed without bypass (5P) but with catheterization (6P); <ul style="list-style-type: none"> •with septal defects (4P) as single cardiac procedures without bypass (5P) •heart transplant (7P) •premature infants (4D) with PDA closure (3D and 3EP) as only cardiac procedure; •age less than or equal to 30 days with PDA closure as only cardiac procedure •missing discharge disposition (DISP=missing) •transferring to

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								another short-term hospital (DISP=2) •neonates less than 500 grams
*Recommended by the Website Workgroup		Pediatric Heart Surgery Volume (PDI 7)	AHRQ	Administrative Data	Discharges under age 18 with ICD-9-CM procedure codes for either congenital heart disease (1P) in any field or non-specific heart surgery (2P) in any field with ICD-9-CM diagnosis of congenital heart disease (2D) in any field.	Not applicable.		•MDC 14 (pregnancy, childbirth and puerperium); •with transcatheter interventions (either 3AP, 3BP, 3CP, 3DP, 3EP with 3D, or 3FP) as single cardiac procedures, performed without bypass (5P) but with catheterization (6P) • with septal defects (4P) as single cardiac procedures without bypass (5P)
		Postoperative Hemorrhage or Hematoma (PDI 8)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for postoperative hemorrhage or postoperative hematoma in any secondary	All elective* surgical discharges under age 18 defined by specific DRGs and an ICD-9-CM code for an operating room		• with ICD-9-CM codes for postoperative hemorrhage or postoperative hematoma in the principal

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					diagnosis field and codes for postoperative control of hemorrhage or drainage of hematoma in any procedure code field.	procedures *Elective - Admission type # is recorded as elective (SID ATYPE = 3)		diagnosis field <ul style="list-style-type: none"> • where the only operating room procedure is postoperative control of hemorrhage or drainage of hematoma. • where a procedure for postoperative control of hemorrhage or drainage of hematoma occurs before the first operating room procedure. Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available. <ul style="list-style-type: none"> • obstetrical patients in MDC 14 (Pregnancy, Childbirth and the Puerperium) • neonates less than 500 grams

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		Postoperative Respiratory Failure (PDI 9)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for acute respiratory failure (518.81, 518.84) in any secondary diagnosis field. OR Discharges with ICD-9-CM codes for reintubation procedure as follows: • (96.04) one or more days after the major operating room procedure code • (96.70 or 96.71) two or more days after the major operating room procedure code • (96.72) zero or more days after the major operating room procedure code	All elective* surgical discharges under age 18 defined by specific DRGs and an ICD-9-CM code for an operating room procedure. *Elective - Admission type # is recorded as elective (SID ATYPE = 3)		<ul style="list-style-type: none"> • with ICD-9-CM codes for acute respiratory failure in the principal diagnosis field. • where a procedure for tracheostomy is the only operating room procedure. • where a procedure for tracheostomy occurs before the first operating room procedure. Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available. • with ICD-9-CM diagnosis code of neuromuscular disorder • with respiratory or circulatory diseases (MDC 4 and 5) • MDC 14

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								(Pregnancy, Childbirth, and the Puerperium) • neonates less than 500 grams
		Postoperative Sepsis (PDI 10)	AHRQ	Administrative Data	Discharges with ICD-9-CM code for sepsis in any secondary diagnosis field.	All surgeries under age 18 defined by specific DRGs and an ICD-9-CM code for an operating room procedure.		<ul style="list-style-type: none"> • with ICD-9-CM codes for sepsis in the principal diagnosis field, • MDC 14 (Pregnancy, Childbirth and the Puerperium) • with length of stay of less than 4 days • neonates weighing less than 500 grams • with DRG code in surgical class 4
*Recommended by the Website Workgroup		Postoperative Wound Dehiscence (PDI 11)	AHRQ	Administrative Data	Discharges with ICD-9-CM code for reclosure of postoperative disruption of abdominal wall (54.61) in any procedure field.	All abdominopelvic surgical discharges under age 18.		<ul style="list-style-type: none"> • where a procedure for reclosure of postoperative disruption of abdominal wall occurs before or on the same day as the first abdominopelvic surgery procedure Note: If day of

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								<ul style="list-style-type: none"> • procedure is not available in the input data file, the rate may be slightly lower than if the information was available • where length of stay is less than 2 days • with high- or intermediate-risk immunocompromised state • neonates weighing less than 500 grams • with procedure code for gastroschisis or umbilical hernia repair before reclosure
		Selected Infections Due to Medical Care (PDI 12)	AHRQ	Administrative Data	Discharges with ICD-9-CM code of 999.3 or 996.62 in any secondary diagnosis field.	All surgical and medical discharges under age 18 defined by specific DRGs		<ul style="list-style-type: none"> • with ICD-9-CM code of 999.3 or 996.62 in the principal diagnosis field • neonates weighing less than 500 grams • with length of stay less than 2 days

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*Recommended by the Website Workgroup		Transfusion Reaction (PDI 13)	AHRQ	Administrative Data	Discharges with ICD-9-CM codes for transfusion reaction in any secondary diagnosis field.	All surgical and medical discharges under age 18 defined by specific DRGs.		<ul style="list-style-type: none"> with ICD-9-CM code for transfusion reaction in the principal diagnosis field neonates
		Pediatric Quality Indicators - Area Level Pediatric Indicators						
		Asthma Admission Rate (PDI 14)	AHRQ	Administrative Data	Discharges under age 18 with ICD-9-CM principal diagnosis code of asthma	Population under age 18 in Metro Area or county.		<ul style="list-style-type: none"> transfer from other institution age less than 2 years with diagnosis code for cystic fibrosis and anomalies of the respiratory system
		Diabetes Short-Term Complication Rate (PDI 15)	AHRQ	Administrative Data	All non-maternal discharges under age 18 with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma).	Population under age 18 in Metro Area or county.		<ul style="list-style-type: none"> transfer from other institution age less than 6 years
		Gastroenteritis Admission Rate (PDI 16)	AHRQ	Administrative Data	All non-maternal discharges under age 18 with ICD-9-CM principal diagnosis code	Population under age 18 in Metro Area or county.		<ul style="list-style-type: none"> transfer from other institution Age less than or equal to 90 days (or

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					for gastroenteritis or with secondary diagnosis code of gastroenteritis and a principal diagnosis code of dehydration.			neonates if age in days is missing) • with diagnosis code of gastrointestinal abnormalities and bacterial gastroenteritis
		Perforated Appendix Admission Rate (PDI 17)	AHRQ	Administrative Data	Discharges with ICD-9-CM diagnosis code for perforations or abscesses of appendix in any field.	All non-maternal discharges under age 18 in Metro Area or county with diagnosis code for appendicitis in any field.		• transfer from other institution, • age less than 1 year
		Urinary Tract Infection Admission Rate (PDI 18)	AHRQ	Administrative Data	All non-maternal discharges under age 18 with ICD-9-CM principal diagnosis code of urinary tract infection.	Population in Metro Area or county under age 18. PDI		• transfer from other institution • with diagnosis code of kidney/urinary tract disorder • with diagnosis code of high- or intermediate-risk immunocompromised state • age less than or equal to 90 days (or neonates if age in days is missing)