

AHRQ Quality Indicators NQF Update

Marybeth Farquhar, PhD, MSN, RN
QI Users Meeting
AHRQ 2nd Annual Conference
Rockville, MD
September 10, 2008



QIs Submitted to NQF

- Submitted September 2006
 - Select Individual QIs (34)
 - Composite Measures (4)
 - Reporting Template/Framework (2)
- Additional Qls submitted
 - Perinatal Project (3)
 - Perioperative Project (3)



NQF TAPS

- Anesthesia & Surgery (16 measures)
- Patient Safety (14 measures)
- Pediatric (4 measures)
- Composite Measures (4 measures)
- Public Reporting & Implementation



CSAC Determination

- Deliberated on April 24
- Vote
 - Advance 25 AHRQ QIs
 - Defer 1 AHRQ QI (Stroke Project)
- NQF BOD
- Appeals process
- Project Completion: December 2008



Diabetes Project

- PQI #1 Diabetes Short-term Complication Admission Rate and PQI #14 - Uncontrolled Diabetes Admission Rate.
- PQI #3 Diabetes Long-term Complication Admission Rate.
- PQI #16 Rate of Lower-extremity
 Amputation among Patients with Diabetes.
- Hospital Additional Priorities 2005-06, Pneumonia Mortality Supplement
 - IQI #20 Inpatient Pneumonia Mortality



- Ambulatory Care Project: Phase 3
 - All PQIs & PQI Composite
- Standards of Hospital Care: Additional Priorities 2007
 - Adults
 - Death in low mortality DRGs (PSI 2)
 - Death among surgical patients with treatable serious complications (PSI 4)
 - Foreign body left in during procedure (PSI 5)
 - latrogenic pneumothorax (PSI 6)
 - Postoperative wound dehiscence in abdominopelvic surgical patients (PSI 14)



- Standards of Hospital Care: Additional Priorities 2007
 - Accidental puncture and laceration (PSI 15)
 - Transfusion reaction (PSI 16)
 - Pediatrics
 - Accidental Puncture or laceration (PDI 1)
 - Decubitus Ulcer (PDI 2)
 - Foreign Body left during procedure (PDI 3)
 - latrogenic Pneumothorax in Non-neonates (PDI 5)
 - Pediatric Heart Surgery Mortality (PDI 6)
 - Pediatric Heart Surgery Volume (PDI 7)
 - Postoperative Wound Dehiscence (PDI 11)
 - Transfusion Reaction (PDI 13)



- Standards of Hospital Care: Additional Priorities 2007
 - Mortality Rates (Adults)
 - Congestive heart failure (IQI 16)
 - Stroke (IQI 17)
 - Hip Fracture (IQI 19)
 - Esophageal resection (IQI 18)
 - Pancreatic resection (IQI 9)
 - Abdominal aortic aneurysm repair (IQI 11)



- Standards of Hospital Care: Additional Priorities 2007
 - Volume of Procedures (Adults)
 - Esophageal resection (IQI 1)
 - Pancreatic resection (IQI 2)
 - Abdominal aortic aneurysm repair (IQI 4)
 - Hospital Level Procedure Utilization Rates
 - Incidental appendectomy in the elderly (IQI 24)
 - Bi-lateral cardiac catheterization (IQI 25)



- Perinatal Care Project
 - Nosocomial Blood Stream Infections in Neonates (NQI 3)
 - Birth Trauma: Injury to Neonates (PSI 17)
- Hospital Perioperative Care
 - Postoperative DVT or PE (PSI 12)



CMS' Reporting Hospital Quality Data for Annual Payment Update Program

- New Measures for FY 2010 Update
 - SCIP Cardiovascular 2
 - Heart Failure Readmission (30 day)
 - PSI 4 (formerly FTR)
 - Patient Safety Indicators
 - latrogenic pneumothorax, adult
 - Postoperative wound dehiscence
 - Accidental puncture or laceration
 - In patient Quality Indicators
 - AAA Mortality Rate
 - Hip fracture mortality rate



CMS' Reporting Hospital Quality Data for Annual Payment Update Program

- New Measures for FY 2010 Update
 - Mortality for selected medical conditions
 - Mortality for selected surgical procedures
 - Complication/patient safety for selected indicators
 - Cardiac Surgery Measure: Participation in a systematic database for cardiac surgery



QI Reporting Template

- NQF Guidelines for Consumer-Focused Public Reporting (August 2008)
 - 7 Guidelines
 - Evaluated AHRQ Model Reports
 - Health Topic Template
 - Composite Template



Composite Measures

- Inpatient Quality Indicators
 - Mortality for Selected Procedures
 - Mortality for Selected Conditions
- Patient Safety Indicators
 - Overall Safety
- Pediatric Quality Indicators
 - Overall Safety
- Prevention Quality Indicators
 - Overall Preventable Admissions



Acknowledgements

As with any large, complex endeavor, the AHRQ Quality Indicators are supported by a team of researchers, clinicians, and others that work to constantly refine and improve the measures. There are a number of individuals that work on the QIs and contribute to their development and testing that should be acknowledged here, however, I would like to specifically acknowledge Jeffrey Geppert, J.D., of Battelle Memorial Institute; Patrick Romano, M.D., M.P.H., of the University of California; Sheryl M. Davies, M.A., and Kathryn M. McDonald, M.M., of Stanford University for their diligence and continued support of the program. I would also like to thank my colleagues at AHRQ for their suggestions and words of encouragement, but in particular, Mamatha of encouragement, but in particular, Mamatha Pancholi, the QI Project Officer, for her support and phenomenal focus over the past two years. I am honored and privileged to be part of an incredible team.