

INSTRUCTIONS

Instructions

Board/Staff PowerPoint Presentations on the Quality Indicators

What is this tool?

The purpose of the PowerPoint presentation for the board and staff is to help the board members and relevant staff understand the importance and financial and clinical implications of the AHRQ Quality Indicators.

Who are the target audiences?

The key users of this tool are the quality officers and senior management staff who are educating the hospital board and staff about the Quality Indicators.

How can the tool help you?

This tool can be a standalone educational resource or serve as a resource to condense key points for presentation to your quality and patient safety committees, boards, organizational leaders, medical and surgical committees and performance improvement teams.

How does this tool relate to others?

This tool is part of the Readiness To Change section in the Toolkit Roadmap. It can be related to the self-assessment tool by providing a rich knowledge base on the use of the AHRQ Quality Indicators to identify quality topics for monitoring and performance improvement. An organization needs a thorough understanding of these indicators and their impact to evaluate the organization's infrastructure to support improvement efforts.

Instruction Steps

Use and select the following slides to develop a presentation for your board/staff.

The Agency for Healthcare Research and Quality Quality Indicators Background for Hospital Boards

Date

Why are we here today?

The board needs to:

- Understand the importance of the AHRQ Quality Indicators (QIs)
- Understand the financial and clinical implications of the QIs for our organization
- Endorse the QIs as a tool for implementing and monitoring improvement
- Make the QIs a priority within our organization

Leadership is key to improvement

- Hospital boards are increasingly turning to the QIs as a tool for monitoring performance, particularly on patient safety
- To be successful, improvement efforts within hospitals need to have attention and active support from boards and senior hospital leadership
- Your active support will demonstrate that the hospital has made it a priority to improve quality and patient safety
- This support will help to motivate our staff to engage fully in improvement activities

What is AHRQ?

- The **Agency for Healthcare Research and Quality**:
 - Is part of the U.S. Department of Health and Human Services
 - Supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services
 - Sponsors, conducts, and disseminates research to help people make more informed decisions and improve the quality of health care services
 - Acts as the regulator for Patient Safety Organizations that are certified under the Patient Safety and Quality Improvement Act

Who developed the QIs?

- AHRQ contracted with an Evidence-based Practice Center (EPC) to develop the QIs
- The EPC team developed the QIs from 1998 to 2002:
 - Conducted a review of the evidence related to quality measurement based on administrative data
 - Identified candidate indicators using interviews, literature review, Web search and other sources
 - Conducted extensive tests of the validity and reliability of the measures
- Pediatric measures were developed later

General Questions About the AHRQ QIs. AHRQ Quality Indicators. July 2004. Agency for Healthcare Research and Quality, Rockville, MD. www.qualityindicators.ahrq.gov/FAQs_Support/default.aspx.

What are the Quality Indicators?

- The QIs identify quality topics for monitoring and performance improvement:
 - Use hospital administrative data
 - Highlight potential quality concerns
 - Identify areas that need further study and investigation
 - Track changes over time
- Because we cannot always measure “quality of care” per se, we use certain measures as an “indicator” of quality

General Questions About the AHRQ QIs. AHRQ Quality Indicators. July 2004. Agency for Healthcare Research and Quality, Rockville, MD.

www.qualityindicators.ahrq.gov/FAQs_Support/default.aspx.

Why were the QIs developed?

- Because safety is so important, AHRQ developed QIs to provide health care decisionmakers with user-friendly data and tools that will help them:
 - Assess the effects of health care program and policy choices
 - Guide future health care policymaking
 - Accurately measure outcomes, community access to care, and utilization

General Questions About the AHRQ QIs. AHRQ Quality Indicators. July 2004. Agency for Healthcare Research and Quality, Rockville, MD.

www.qualityindicators.ahrq.gov/FAQs_Support/default.aspx.

Why are the AHRQ QIs important?

- Some QIs will be publicly reported on CMS's* Hospital Compare
- CMS is no longer reimbursing hospitals for some hospital-acquired conditions and safety events measured by the QIs
- Fewer resources are available to collect data manually and develop customized quality metrics that may not be accepted by the rest of the field
- Sciences of quality and safety are maturing: payers and regulators are taking a lead in dictating project areas

* CMS = Centers for Medicare & Medicaid Services.

How are the AHRQ QIs structured?

- Definitions based on:
 - ICD-9-CM diagnosis and procedure codes
 - Often along with other measures (e.g., DRG, MDC, sex, age, procedure dates, admission type)
- Numerator = number of cases with the outcome of interest (e.g., cases with pneumonia)
- Denominator = population at risk (e.g., community population)
- Observed rate = numerator/denominator
- Some QIs measured as volume counts

ICD-9-CM = International Classification of Diseases, 9th Revision, Clinical Modification; DRG = diagnosis-related group; MDC = major diagnostic classification.

Source: www.qualityindicators.ahrq.gov/resources/Presentations.aspx.

Four Quality Indicator Modules

- **Patient Safety Indicators (PSIs)** reflect quality of care inside hospitals but focus on potentially avoidable complications and iatrogenic events
- **Inpatient QIs** reflect quality of care inside hospitals, including inpatient mortality for medical conditions and surgical procedures
- **Pediatric QIs** reflect quality of care inside hospitals and identify potentially avoidable hospitalizations among children
- **Prevention QIs** identify hospital admissions that evidence suggests could have been avoided, at least in part, through high-quality outpatient care

Source: www.qualityindicators.ahrq.gov/Default.aspx.

What are the Patient Safety Indicators?

- The PSIs are a set of indicators for adverse events that patients may experience as a result of exposure to the health care system
- A composite measure is also available
- These events are likely amenable to prevention by changes at the system or provider level
- PSIs are measured using hospital administrative data

Version 4.3 technical specifications. Agency for Healthcare Research and Quality, Rockville, MD.
www.qualityindicators.ahrq.gov/Modules/PSI_TechSpec.aspx.

A PSI Example: Pressure Ulcer (PSI 3)

- Numerator: Discharges with ICD-9-CM code of pressure ulcer in any secondary diagnosis field among cases meeting the inclusion and exclusion rules for the denominator.
- Denominator: All medical and surgical discharges age 18 years and older defined by specific DRGs or Medicare Severity DRGs.

Source:

www.qualityindicators.ahrq.gov/Downloads/Software/SAS/V43/TechnicalSpecifications/PSI%2003%20Pressure%20Ulcer%20Rate.pdf.

What are the Inpatient Quality Indicators?

- The Inpatient Quality Indicators (IQIs) are a set of 32 indicators of hospital quality of care
- The IQIs are measured using hospital administrative data
- The IQIs include:
 - Inpatient mortality for certain procedures and medical conditions
 - Utilization of procedures for which there are questions of overuse, underuse, and misuse
 - Volume of procedures for which there is some evidence that a higher volume is associated with lower mortality

Inpatient Quality Indicators Overview. AHRQ Quality Indicators. February 2006. Agency for Healthcare Research and Quality, Rockville, MD.

www.qualityindicators.ahrq.gov/modules/iqi_overview.aspx.

An IQI Example: Coronary Artery Bypass Graft Mortality Rate (IQI 12)

- Numerator: Number of deaths among cases meeting the inclusion and exclusion rules for the denominator.
- Denominator: Discharges, age 40 years and older, with ICD-9-CM CABG code in any procedure field.

Source:

[www.qualityindicators.ahrq.gov/Downloads/Software/SAS/V43/TechnicalSpecifications/IQI%2012%20Coronary%20Artery%20Bypass%20Graft%20\(CABG\)%20Mortality%20Rate.pdf](http://www.qualityindicators.ahrq.gov/Downloads/Software/SAS/V43/TechnicalSpecifications/IQI%2012%20Coronary%20Artery%20Bypass%20Graft%20(CABG)%20Mortality%20Rate.pdf)

How can the AHRQ QIs be used in quality assessment?

- QIs can be used to flag potential problems in quality of care
- QIs can be used to assess performance and compare against peer hospitals
- Examples of hospital use of QIs in the literature have examined the impact of:
 - Health information technology on quality of care
 - Hospital board quality committees on quality of care
 - Evaluation of effectiveness of nurse staffing and care delivered

Source: www.qualityindicators.ahrq.gov/Default.aspx and *AHRQ Quality Indicator Toolkit Literature Review*.

*If you already have your current
PSI/IQI data available: use slides 15-
16*

*If you do not have your PSI/IQI data
available: use slides 17-18.*

DELETE THIS SLIDE

Current performance on the AHRQ QIs

- *INSERT GRAPHS OR TEXT FROM YOUR HOSPITAL'S DATA HERE*

Example

Next Steps

1. Identify priorities for quality improvement
2. Establish goals and performance targets
3. Formulate an action plan to develop a multidisciplinary team for Quality Indicator work

An Example of a Report on Hospital Performance on the AHRQ QIs

QMR5_Intro_HTML - UHC Viewer - Microsoft Internet Explorer

Address: https://reports.uhc.edu/c83/cgi-bin/cognosisapi.dll

Welcome Lindsay Mayer Monday, December 7, 2009

Quality and Safety Management Report

Agency View Clinical View Performance View

Great State Medical Center

Hospital: GREATSTATE

Quarters: 2009 Q2 Agencies: All Agencies Performance: All Metrics Sort By: Year

Apr - Jun 2009 (Q2)					Jul 2008 - Jun 2009 (recent year)						
Relative Performance	Denom	Observed	Target	UHC Median	Rank	Relative Performance	Denom	Observed	Target	UHC Median	Rank
AHRQ Adult Quality Indicators											
Composite					x/n	Composite					x/n
AHRQ Inpatient Mortality for Selected Conditions or Procedures											
IQ199 AHRQ Inpatient Mortality for Selected Conditions Quality Indicator Composite	0.85	0.89	0.84	42/ 85	0.76	0.80	0.75	43/ 86			
IQ198 AHRQ Inpatient Mortality for Selected Procedures Quality Indicator Composite	0.90	0.96	0.85	42/ 85	0.82	0.89	0.75	43/ 86			
Post Procedure Mortality (%)											
IQ112 CABG	68	2.9	6.4	2.8	39/ 82	243	3.5	6.3	3.2	42/ 83	
IQ130 PTCA	138	2.5	2.9	1.7	40/ 84	509	2.2	2.7	1.8	44/ 87	
IQ131 Carotid endarterectomy	15	0.8	1.2	0.0	10/ 74	55	1.8	1.2	0.0	22/ 82	
IQ111 AAA repair	12	7.0	9.5	4.0	32/ 76	44	7.7	9.7	5.0	41/ 84	
IQ108 Esophageal resection	3	2.7	14.8	0.0	8/ 27	8	8.4	14.1	0.0	21/ 66	
IQ109 Pancreatic resection	7	4.3	7.0	0.0	13/ 67	23	5.1	7.1	0.0	32/ 86	
IQ113 Craniotomy	92	5.1	10.4	4.7	46/ 92	334	5.9	10.4	5.4	46/ 92	
IQ114 Hip replacement	44	0.3	0.8	0.0	6/ 82	156	0.2	0.7	0.0	16/ 84	

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Next Steps

1. Run a QI report with most recent quarter's data
2. Review QI report at next board meeting
3. Identify priorities for quality improvement
4. Establish goals and performance targets
5. Formulate an action plan to develop multidisciplinary team for QI work