# The AHRQ Quality Indicators Results and Discussion of Data Analysis

# INSTRUCTIONS FOR USING THIS TOOL – DELETE THIS SLIDE BEFORE PRESENTATION

## *Use this PowerPoint presentation as a template for your presentation.*

## *Replace the charts with charts that you create with your data (use the Excel workbook for guidance) and replace the red text with your hospital’s information.*

# How can the AHRQ QIs be used in quality assessment?

## Can be used to:

## Flag potential problems in quality of care

## Assess performance and compare against peer hospitals

## Observe your hospital’s performance over time

Source: [www.qualityindicators.ahrq.gov](http://www.qualityindicators.ahrq.gov) and AHRQ Quality Indicators Toolkit Literature Review

# Your Hospital's Performance Relative to National Benchmarks

****Relative to a national sample of hospitals, Your Hospital has similar or better performance on most of the IQIs.

Notes:

This chart comes from the Excel worksheet (compare-IQI-rates-benchmark).

# Your Hospital's Performance Relative to National Benchmarks

Relative to a national sample of hospitals, Your Hospital has similar or better performance on many of the PSIs. However, Pressure Ulcers (PSI 3) occur at higher rates than the national sample – this may be an area where Your Hospital should focus quality improvement efforts.

Notes:

This chart comes from the Excel worksheet (compare-PSI-rates-benchmark).

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## *In this example, we will examine the rates of Pressure Ulcers (PSI 3) and how this particular hospital performed over time.*

## *Determine which indicator(s) you would like to focus on, and fill in these slides based on that indicator and your hospital’s data.*

## *Based on the information that you would like to present, you may choose not to use all of the slides available here.*

# Indicators That Require Attention

## Based on a review of Your Hospital’s performance on the IQIs and PSIs, we have decided to focus on the following indicators:

### Pressure Ulcer (PSI 3)

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## *You may want to include information about the indicator as background information.*

## *Go to* [*www.qualityindicators.ahrq.gov/*](http://www.qualityindicators.ahrq.gov/) *or see the Fact Sheet in this toolkit (Tool A1) to obtain this information.*

# 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 that do not meet any of the exclusion criteria

## *DELETE THIS TEXT BEFORE PRESENTATION: Replace this information with information about your chosen indicators. Copy this slide and repeat as necessary.*

ICD-9 = International Classification of Diseases, 9th Revision; DRG = diagnosis-related group.

Source*:* [*www.qualityindicators.ahrq.gov/Modules/PSI\_TechSpec.aspx*](http://www.qualityindicators.ahrq.gov/Modules/PSI_TechSpec.aspx)*.*

# Comparing Performance Over Time

Notes:

This chart comes from the Excel worksheet (trend-observed).

# Comparing Observed Performance to Expected Performance over Time

Notes:

This chart comes from the Excel worksheet (trend-observed-expected).

# Comparing Risk-Adjusted and Smoothed Rates Over Time

Notes:

This chart comes from the Excel worksheet (trend-risk-adjusted-smoothed).

# Evaluating Case Mix Relative to Other Hospitals

Notes:

This chart comes from the Excel worksheet (trend-expected-benchmark).

# Comparing Hospital’s Performance to National Performance Over Time

Notes:

This chart comes from the Excel worksheet (trend-risk-adjusted-benchmark).