

# The AHRQ Quality Indicators

## Results and Discussion of Data Analysis

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

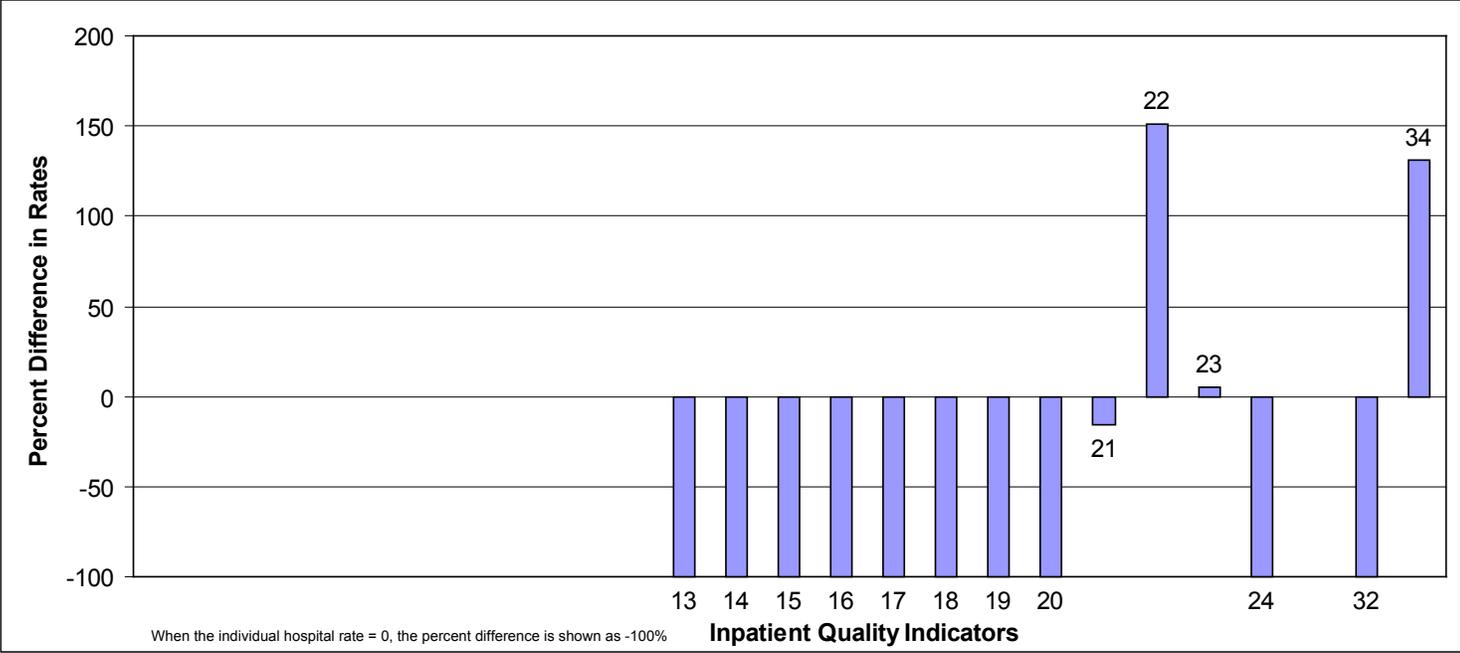
- *Use this PowerPoint presentation as a template for your presentation.*
- *Replace the charts with charts that you create with your data (use the Excel workbook for guidance) and replace the **red text** with your hospital's information.*

## **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

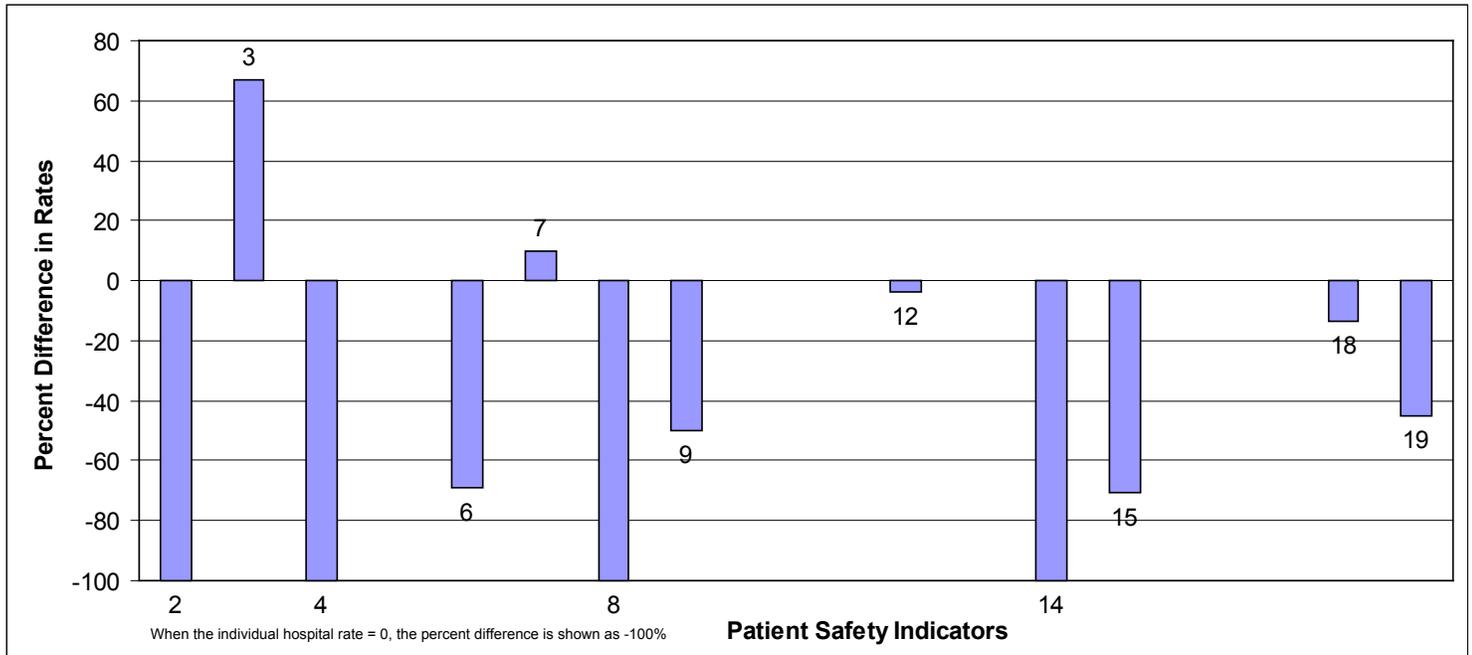


Relative to a national sample of hospitals, Your Hospital has similar or better performance on most of the IQIs.

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).

## DELETE THIS SLIDE BEFORE PRESENTATION

- *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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  - 
  - 
  -

## DELETE THIS SLIDE BEFORE PRESENTATION

- *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.*

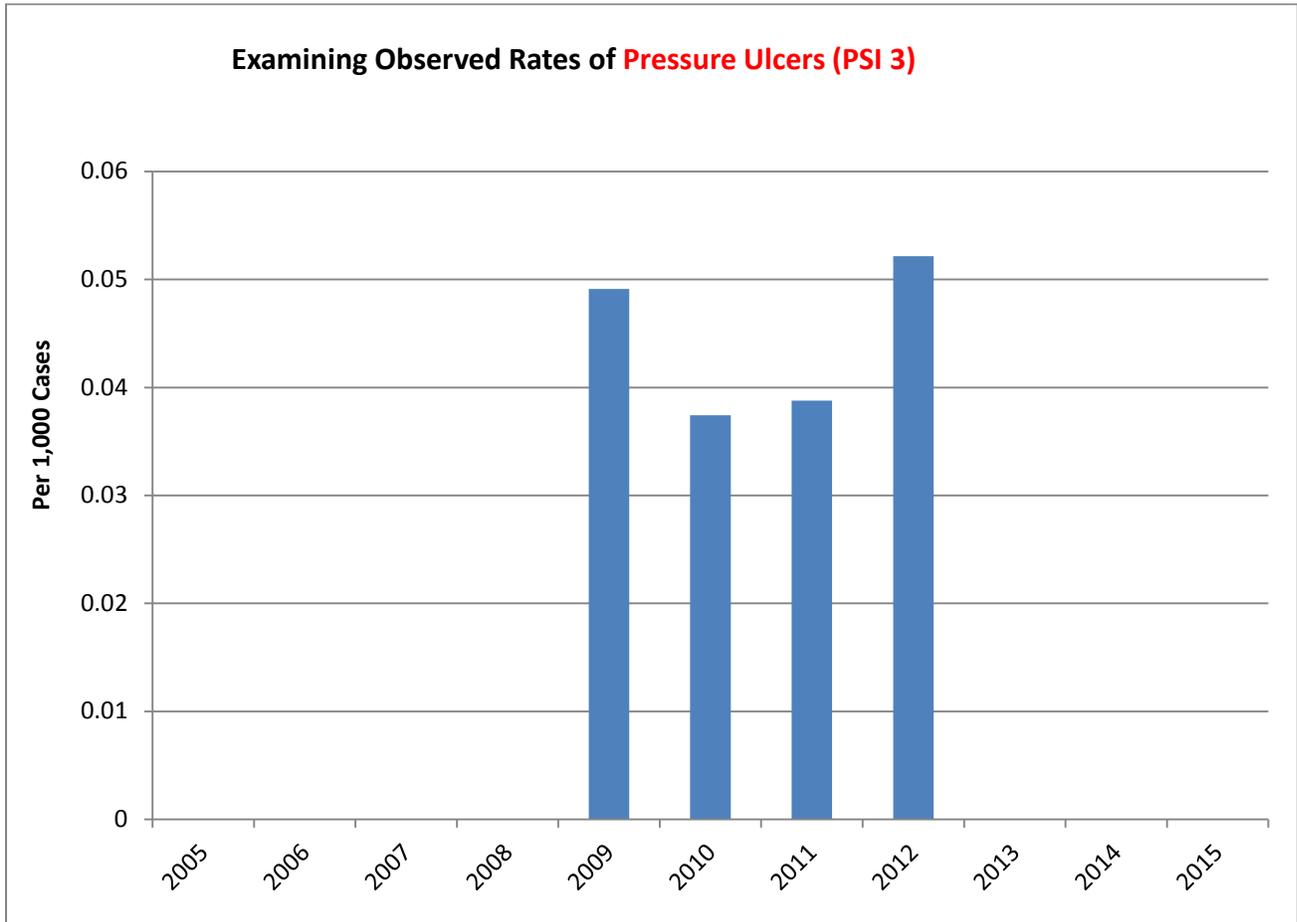
# A PSI Example: Pressure Ulcer (PSI 3)

- 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, 9<sup>th</sup> Revision; DRG = diagnosis-related group.

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

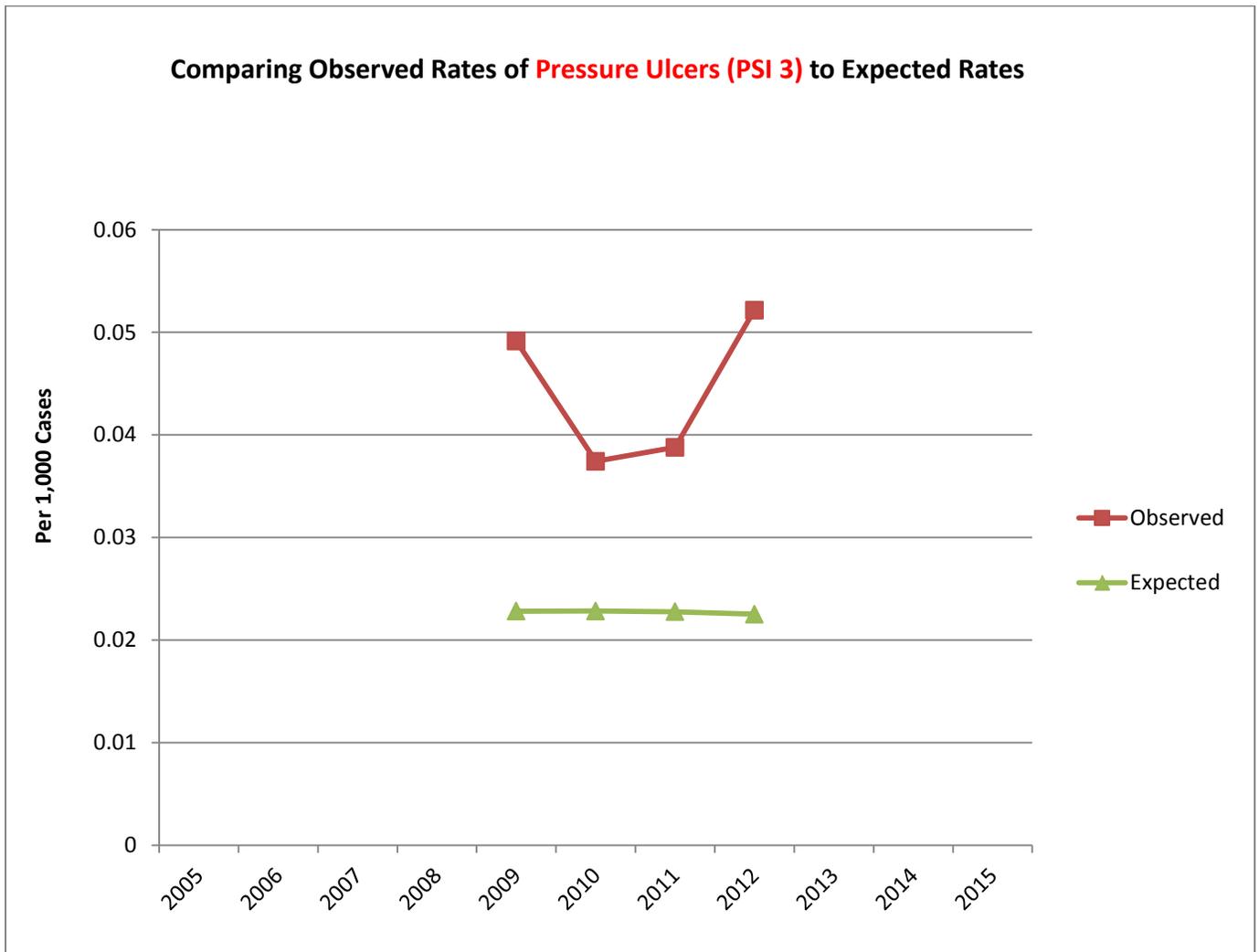
# Comparing Performance Over Time



Notes:

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

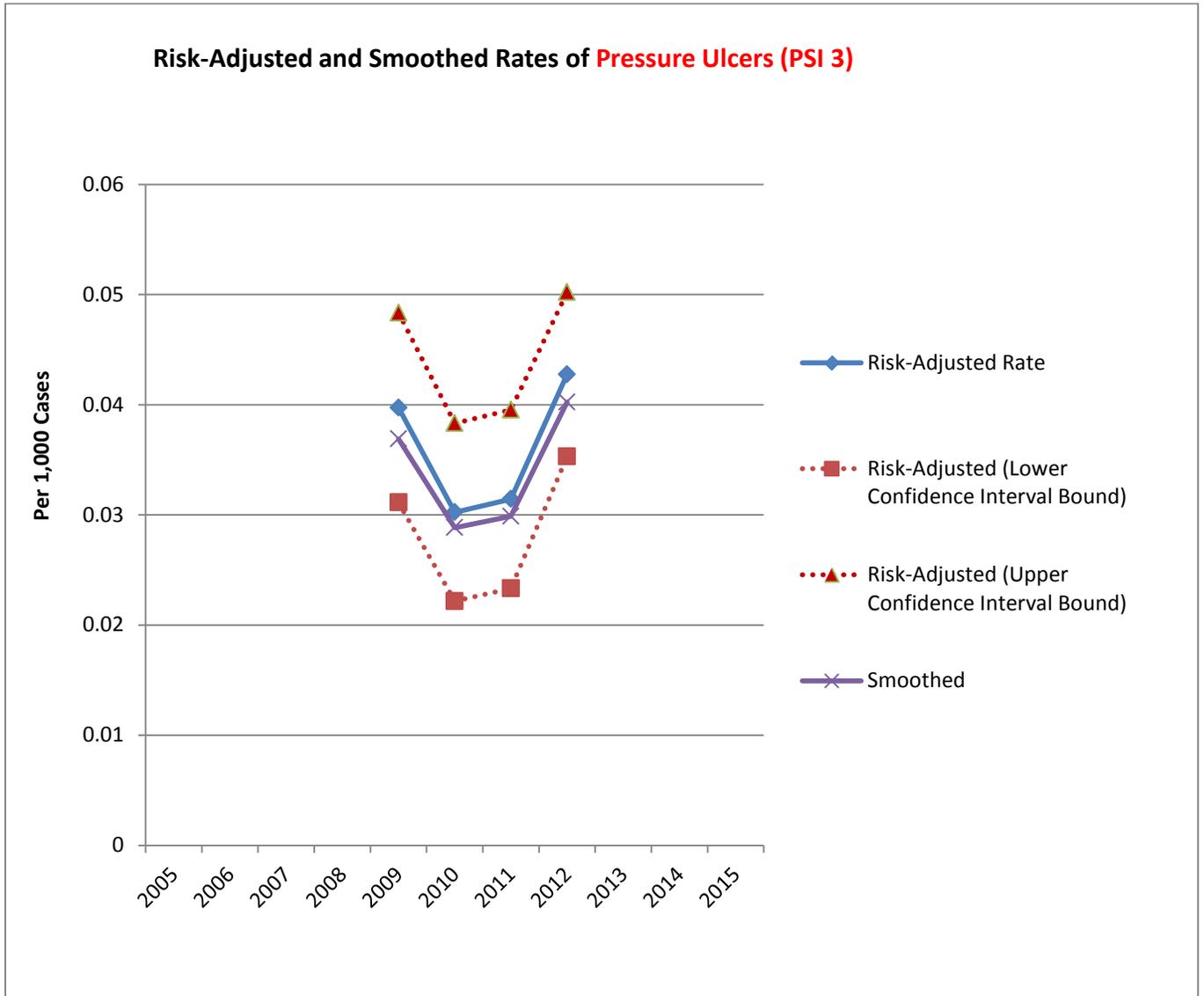
# Comparing Observed Performance to Expected Performance over Time



Notes:

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

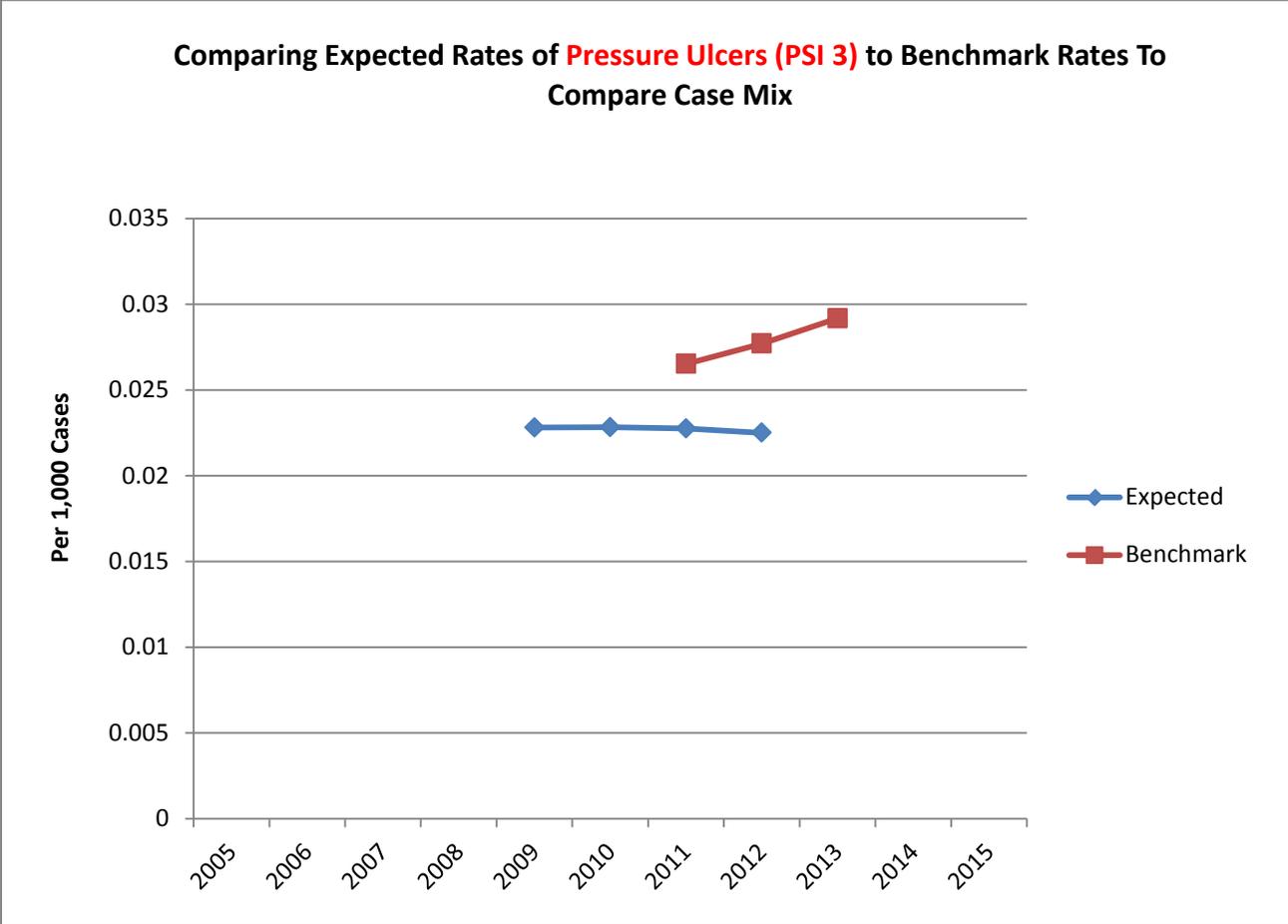
# Comparing Risk-Adjusted and Smoothed Rates Over Time



Notes:

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

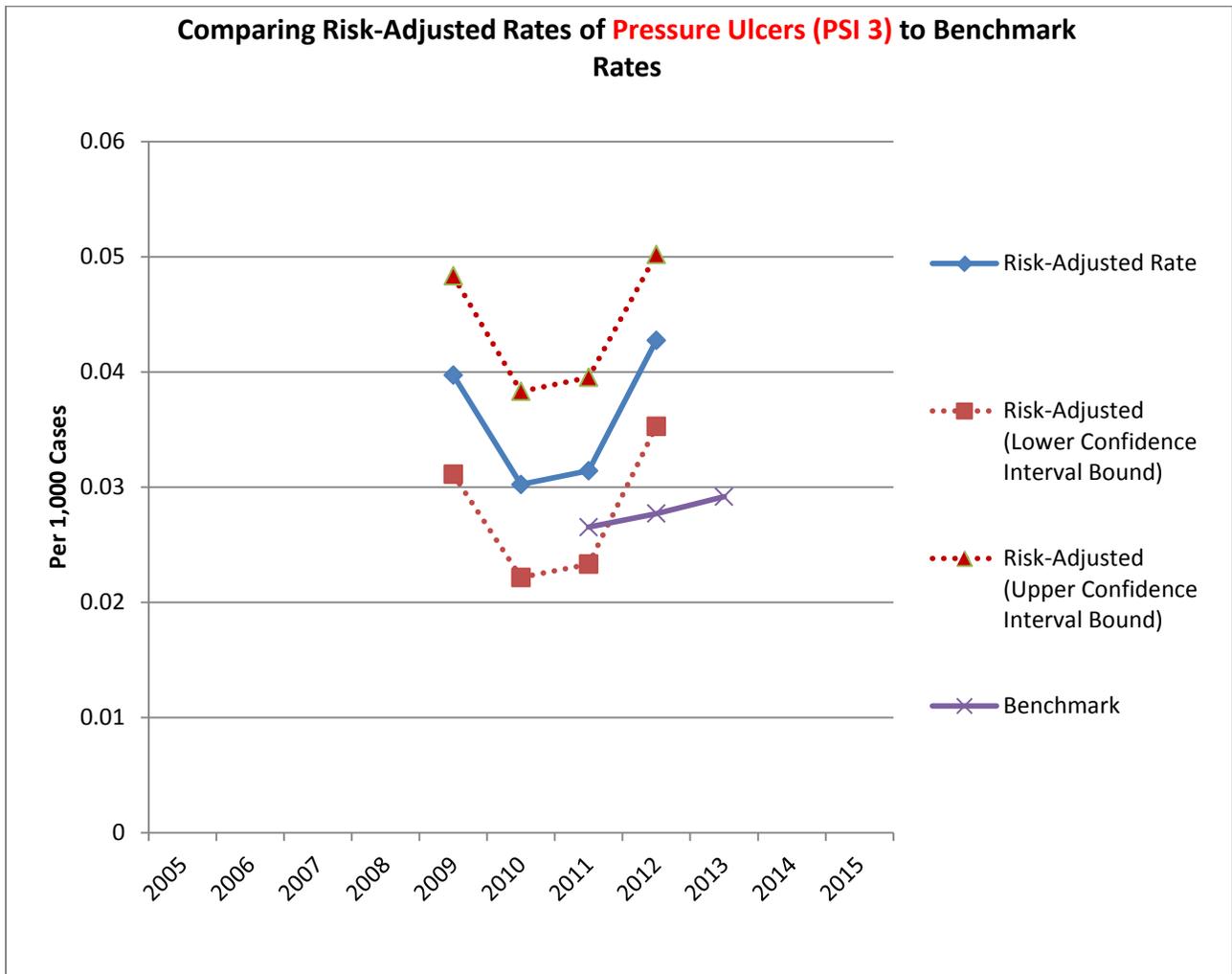
# Evaluating Case Mix Relative to Other Hospitals



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).