Inpatient Quality Indicators

A tool to help assess quality of care in hospitals.

What are the Inpatient Quality Indicators?

The Inpatient Quality Indicators (IQIs) are a set of measures that can be used with hospital inpatient discharge data to provide a perspective on quality.

Provider-level volume indicators are proxy, or indirect, measures of quality. They are based on evidence suggesting that hospitals performing more of certain intensive, high-technology, or highly complex procedures may have better outcomes for those procedures. Volume indicators simply represent counts of admissions in which these procedures were performed:

- **Abdominal Aortic Aneurysm (AAA) Repair Volume**
- **Carotid Endarterectomy (CEA) Volume**
- **Coronary Artery Bypass Graft (CABG) Volume**
- **Esophageal Resection Volume**
- **Pancreatic Resection Volume**
- **Percutaneous Transluminal Coronary Angioplasty (PTCA) Volume**

Mortality indicators for inpatient procedures include procedures for which mortality has been shown to vary across institutions and for which there is evidence that high mortality may be associated with poorer quality of care:

- **AAA Repair Mortality Rate**
- **Esophageal Resection Mortality Rate**
- **CABG Mortality Rate**
- **CEA Mortality Rate**
- **Craniotomy Mortality Rate**
- **Pancreatic Resection Mortality Rate**
- **Hip Replacement Mortality Rate**
- **PTCA Mortality Rate**

Mortality indicators for inpatient conditions include conditions for which mortality has been shown to vary substantially across institutions and for which evidence suggests that high mortality may be associated with deficiencies in the quality of care.

- **Acute Myocardial Infarction (AMI) Mortality Rate**
- **AMI Mortality Rate, Without Transfer Cases**
- **Congestive Heart Failure (CHF) Mortality Rate**
- **Acute Stroke Mortality Rate**
- **Gastrointestinal Hemorrhage Mortality Rate**
- **Hip Fracture Mortality Rate**
- **Pneumonia Mortality Rate**

Utilization indicators examine procedures whose use varies significantly across hospitals and for which questions have been raised about overuse, underuse, or misuse.

- **Bilateral Cardiac Catheterization Rate**
- **Cesarean Delivery Rate**
- **Incidental Appendectomy In The Elderly Rate**
- **Laparoscopic Cholecystectomy Rate**
- **Primary Cesarean Delivery Rate**
- **Vaginal Birth After Cesarean (VBAC) Rate**
- **VBAC Rate, Uncomplicated**

Area-level utilization indicators reflect the rate of hospitalization in the area for specific procedures. They are designed using an age- and sex-adjusted population-based denominator and discharge-based numerator. These indicators represent procedures whose use varies widely across relatively similar geographic areas with (in many cases) substantial inappropriate use.

- **CABG Area Rate**
- **Hysterectomy Area Rate**
- **Laminectomy Or Spinal Fusion Area Rate**
- **PTCA Area Rate**

A detailed *Guide to Inpatient Quality Indicators*, software, and software documentation are available on the AHRQ Quality Indicators web site: http://qualityindicators.ahrq.gov/iqi_download.htm.

How can the IQIs be used in quality assessment?

Although quality assessments based on administrative data cannot be definitive, they can be used to flag potential quality problems and success stories, which can then be further investigated and studied. Hospital associations, individual hospitals, purchasers, regulators, and policymakers at the local, State, and Federal levels can use readily available hospital administrative data to begin the assessment of quality of care. Guidance on alternative uses of the AHRQ QIs is summarized in *Guidance for Using the AHRQ Quality Indicators for Hospital-Level Public Reporting or Payment* and in the *AHRQ Summary Statement on Comparative Hospital Public Reporting*, available at http://www.qualityindicators.ahrq.gov/documentation.htm.