Diabetes Short-Term Complications Admission Rate Technical Specifications

Pediatric Quality Indicators #15 (PDI #15)
AHRQ Quality Indicators™, Version 4.5, May 2013
Area-Level Indicator
Type of Score: Rate

Description

Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 6 through 17 years. Excludes obstetric admissions and transfers from other institutions.

[NOTE: The software provides the rate per population. However, common practice reports the measure as per 100,000 population. The user must multiply the rate obtained from the software by 100,000 to report admissions per 100,000 population.]

Numerator

Discharges, for patients ages 6 through 17 years, with a principal ICD-9-CM diagnosis code for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma).

ICD-9-CM Diabetes short-term complications diagnosis codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25010</td>
<td>DMI KETO NT ST UNCNTRLD</td>
</tr>
<tr>
<td>25011</td>
<td>DMI KETO NT ST UNCNTRLD</td>
</tr>
<tr>
<td>25012</td>
<td>DMI KETOACD UNCTRLD</td>
</tr>
<tr>
<td>25013</td>
<td>DMI KETOACD UNCTRLD</td>
</tr>
<tr>
<td>25020</td>
<td>DMI HPRSM NT ST UNCNTRL</td>
</tr>
<tr>
<td>25021</td>
<td>DMI HPRSM NT ST UNCNTRL</td>
</tr>
</tbody>
</table>

Exclude cases:
- transfer from a hospital (different facility)
- transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- transfer from another health care facility
- MDC 14 (pregnancy, childbirth, and puerperium)
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing), or county (PSTCO=missing)

See Pediatric Quality Indicators Appendices:
- Appendix J – Admission Codes for Transfers
**Denominator**

Population ages 6 through 17 years in metropolitan area† or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence, not the metropolitan area or county of the hospital where the discharge occurred.

† The term "metropolitan area" (MA) was adopted by the U.S. Census in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs), and primary metropolitan statistical areas (PMSAs). In addition, “area” could refer to either 1) FIPS county, 2) modified FIPS county, 3) 1999 OMB Metropolitan Statistical Area, or 4) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.