



PEDIATRIC QUALITY INDICATORS™ v6.0 ICD-9-CM BENCHMARK DATA TABLES

Prepared for:

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Introduction

The data presented in this document are nationwide comparative rates for Version 6.0 of Agency for Healthcare Research and Quality (AHRQ) Quality Indicators™ (QI) Inpatient Quality Indicators (IQI) software. The numerators, denominators and observed rates shown in this document are based on an analysis of discharge data from 34¹ States from the 2013 AHRQ Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID)² that provided Present on Admission (POA) and PRDAY data elements. This is described in detail below. HCUP is a family of health care databases and related software tools and products developed through a Federal-State-industry partnership^{2, 3}. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. The SID contains all-payer, encounter-level information on inpatient discharges, including clinical and resource information typically found on a billing record, such as patient demographics, up to 30 International Classification of Diseases, Ninth Revision, Clinical Modification diagnoses and procedures, length of stay, expected payer, admission and discharge dates, and discharge disposition. In 2013, the HCUP databases represented more than 97 percent of all annual discharges in the United States.

The analytic dataset used to generate the tables in this document consists of the same hospital discharge records that comprise the reference population for Version 6.0 of the AHRQ QI software. This reference population file was limited to community hospitals and also excludes rehabilitation and long-term acute care (LTAC) hospitals. Information on the type of hospital was obtained by the American Hospital Association (AHA) Annual Survey of Hospitals. AHA defines community hospitals as “all non-Federal, short-term, general, and other specialty hospitals,

¹ States in the POA reference population for 2013 include: AR, AZ, CA, CO, FL, GA, HI, IA, IL, IN, KS, KY, MD, MI, MN, MT, NC, ND, NE, NJ, NM, NV, NY, OH, OR, PA, SC, SD, TN, TX, VA, VT, WA, WI.

² Reference: Healthcare Cost and Utilization Project (HCUP) 2013 State Inpatient Databases (SID). Agency for Healthcare Research and Quality, Rockville, MD.

³ The AHRQ QI program would like to acknowledge the HCUP Partner organizations that participated in the HCUP SID: **Alaska** State Hospital and Nursing Home Association, **Arizona** Department of Health Services, **Arkansas** Department of Health, **California** Office of Statewide Health Planning and Development, **Colorado** Hospital Association, **Connecticut** Hospital Association, **Florida** Agency for Health Care Administration, **Georgia** Hospital Association, **Hawaii** Health Information Corporation, **Illinois** Department of Public Health, **Indiana** Hospital Association, **Iowa** Hospital Association, **Kansas** Hospital Association, **Kentucky** Cabinet for Health and Family Services, **Louisiana** Department of Health and Hospitals, **Maine** Health Data Organization, **Maryland** Health Services Cost Review Commission, **Massachusetts** Center for Health Information and Analysis, **Michigan** Health & Hospital Association, **Minnesota** Hospital Association (provides data for Minnesota and North Dakota), **Mississippi** Department of Health, **Missouri** Hospital Industry Data Institute, **Montana** MHA - An Association of Montana Health Care Providers, **Nebraska** Hospital Association, **Nevada** Department of Health and Human Services, **New Hampshire** Department of Health & Human Services, **New Jersey** Department of Health, **New Mexico** Department of Health, **New York** State Department of Health, **North Carolina** Department of Health and Human Services, **North Dakota** (data provided by the Minnesota Hospital Association), **Ohio** Hospital Association, **Oklahoma** State Department of Health, **Oregon** Association of Hospitals and Health Systems, **Oregon** Health Policy and Research, **Pennsylvania** Health Care Cost Containment Council, **Rhode Island** Department of Health, **South Carolina** Budget & Control Board, **South Dakota** Association of Healthcare Organizations, **Tennessee** Hospital Association, **Texas** Department of State Health Services, **Utah** Department of Health, **Vermont** Association of Hospitals and Health Systems, **Virginia** Health Information, **Washington** State Department of Health, **West Virginia** Health Care Authority, **Wisconsin** Department of Health Services, **Wyoming** Hospital Association.

excluding hospital units of institutions.” Included among community hospitals are specialty hospitals such as obstetrics-gynecology, ear-nose-throat, orthopedic, and pediatric institutions. Also included are public hospitals and academic medical centers.

The 2013 HCUP SID includes information on all inpatient discharges from hospitals in 40 participating States. In 2013, 34 of the SID include indicators of the diagnoses being present on admission (POA) and included the PRDAY data element. Edit checks on POA were developed during an HCUP evaluation of POA coding in the 2011 SID at hospitals that were required to report POA to CMS. The edits identify general patterns of suspect reporting of POA. The edits do not evaluate whether a valid POA value (e.g., Y or N) is appropriate for the specific diagnosis. There are three hospital-level edit checks:

1. Indication that a hospital has POA reported as Y on all diagnoses on all discharges
2. Indication that a hospital has POA reported as missing on all non-Medicare discharges
3. Indication that a hospital reported POA as missing on all nonexempt diagnoses for 15 percent or more of discharges. The cut-point of 15 percent was determined by 2 times the standard deviation plus the mean of the percentage for hospitals that are required to report POA to CMS.

Additional information on the reference population and the risk adjustment process may be found in Quality Indicator Empirical Methods, available on the AHRQ QI™ website (<http://www.qualityindicators.ahrq.gov/modules/Default.aspx>).

The QI observed rates for provider-level indicators are scaled to the rate per 1,000 persons at risk and the area-level indicators are per 100,000 population. Volume and count indicator results are listed as simple counts with no scaling at all. Cell sizes less than 11 are suppressed due to confidentiality; and are designated by an asterisk (*). When only one datapoint in a series must be suppressed due to cell sizes, another datapoint is provided as a range to disallow calculation of the masked variable. In some cases, numerators, denominators or rates are not applicable for the category due to the exclusion criteria in the specification of the indicator, and are designated by dashes (--).

Acknowledgments

The AHRQ QI program would like to acknowledge the HCUP Partner organizations that participated in the HCUP SID: **Arizona** Department of Health Services, **Arkansas** Department of Health, **California** Office of Statewide Health Planning and Development, **Colorado** Hospital Association, **Connecticut** Hospital Association, **Florida** Agency for Health Care Administration, **Georgia** Hospital Association, **Hawaii** Health Information Corporation, **Illinois** Department of Public Health, **Indiana** Hospital Association, **Iowa** Hospital Association, **Kansas** Hospital Association, **Kentucky** Cabinet for Health and Family Services, **Maryland** Health Services Cost Review Commission, **Michigan** Health & Hospital Association, **Minnesota** Hospital Association (provides data for **Minnesota** and **North Dakota**), **Mississippi** Department of Health, **Missouri** Hospital Industry Data Institute, **Montana** MHA - An Association of **Montana** Health Care Providers, **Nebraska** Hospital Association, **Nevada** Department of Health and Human Services, **New Hampshire** Department of Health & Human Services, **New Jersey** Department of Health, **New Mexico** Department of Health, **New York** State Department of Health, **North Carolina** Department of Health and Human Services, **North Dakota** (data provided by the Minnesota Hospital Association), **Ohio** Hospital Association, **Oklahoma** State Department of Health, **Oregon** Association of Hospitals and Health Systems, **Oregon** Health Policy and Research, **Pennsylvania** Health Care Cost Containment Council, **Rhode Island** Department of Health, **South Carolina** Budget & Control Board, **South Dakota** Association of Healthcare Organizations, **Tennessee** Hospital Association, **Texas** Department of State Health Services, **Utah** Department of Health, **Vermont** Association of Hospitals and Health Systems, **Virginia** Health Information, **Washington** State Department of Health, **West Virginia** Health Care Authority, **Wisconsin** Department of Health Services, **Wyoming** Hospital Association.

Table 1. Pediatric Quality Indicators (PDI) For Overall Population: Provider-Level Indicators

INDICATOR	LABEL	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1000 (=OBSERVED RATEx1,000)
	Provider-Level Indicators			
NQI 01	Neonatal Iatrogenic Pneumothorax Rate	37	182,223	0.20
NQI 02	Neonatal Mortality Rate	6,635	2,933,954	2.26
NQI 03	Neonatal Blood Stream Infection Rate	1,334	72,379	18.43
PDI 01	Accidental Puncture or Laceration Rate	972	2,179,879	0.45
PDI 02	Pressure Ulcer Rate	63	460,581	0.14
PDI 03	Retained Surgical Item or Unretrieved Device Fragment Count	50	--	--
PDI 05	Iatrogenic Pneumothorax Rate	203	1,964,784	0.10
PDI 06	RACHS-1 Pediatric Heart Surgery Mortality Rate	404	13,924	29.01
PDI 07	RACHS-1 Pediatric Heart Surgery Volume	16,411	.	.
PDI 08	Perioperative Hemorrhage or Hematoma Rate	473	92,468	5.12
PDI 09	Postoperative Respiratory Failure Rate	706	66,888	10.55
PDI 10	Postoperative Sepsis Rate	886	163,325	5.42
PDI 11	Postoperative Wound Dehiscence Rate	32	37,706	0.85
PDI 12	Central Venous Catheter-Related Blood Stream Infection Rate	1,065	1,722,858	0.62
PDI 13	Transfusion Reaction Count	*****	--	--
PSI 17	Birth Trauma Rate - Injury to Neonate	5,679	2,877,126	1.97A11:EA10:E20

-- Indicates Not Applicable

***** Obscured due to small sample size

† Range provided to preserve small sample size masking

Table 1 (Cont.) Pediatric Quality Indicators (PDI) For Overall Population: Area-Level Indicators

INDICATOR	LABEL	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1000 (=OBSERVED RATEx1,000)
	Area-Level Indicators			
PDI 14	Asthma Admission Rate, per 100,000 Population	57,414	60,272,915	95.26
PDI 15	Diabetes Short-Term Complications Admission Rate, per 100,000 Population	10,939	45,544,557	24.02
PDI 16	Gastroenteritis Admission Rate, per 100,000 Population	33,882	66,660,010	50.83
PDI 17	Perforated Appendix Admission Rate, per 1,000 Admissions	17,115	44,423	385.27
PDI 18	Urinary Tract Infection Admission Rate, per 100,000 Population	17,775	66,660,000	26.67
PDI 90	Pediatric Quality Overall Composite	57,877	45,544,571	127.08
PDI 91	Pediatric Quality Acute Composite	17,506	45,544,564	38.44
PDI 92	Pediatric Quality Chronic Composite	40,371	45,544,560	88.64
PQI 09	Low Birth Weight Rate, per 1,000 Admissions	202,064	3,183,380	63.47

-- Indicates Not Applicable

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† Range provided to preserve small sample size masking

Table 2. NQI 01 - Neonatal Iatrogenic Pneumothorax Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	37	182,223	0.20
Females	*****	90,808	*****
Males	27 -- 36	91,415	0.30 -- 0.39†
<1 year	37	182,223	0.20
Private	22	75,387	0.29
Medicare	*****	524	*****
Medicaid	11	93,089	0.12
Other	*****	6,953	*****
Uninsured (self-pay/no charge)	*****	6,270	*****

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† Range provided to preserve small sample size masking

Table 3. NQI 02 - Neonatal Mortality Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	6,635	2,933,954	2.26
Females	2,794	1,432,917	1.95
Males	3,841	1,501,037	2.56
<1 year	6,635	2,933,954	2.26
Private	2,438 -- 2,447	1,379,479	1.77 -- 1.77†
Medicare	*****	8,728	*****
Medicaid	3,261	1,320,657	2.47
Other	323	88,276	3.66
Uninsured (self-pay/no charge)	603	136,814	4.41

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† Range provided to preserve small sample size masking

Table 4. NQI 03 - Neonatal Blood Stream Infection Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	1,334	72,379	18.43
Females	601	32,433	18.53
Males	733	39,946	18.35
<1 year	1,334	72,379	18.43
Private	466 -- 475	29,208	15.95 -- 16.26†
Medicare	*****	136	*****
Medicaid	782	37,823	20.68
Other	68	3,541	19.20
Uninsured (self-pay/no charge)	15	1,671	8.98

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† Range provided to preserve small sample size masking

Table 5. PDI 01- Accidental Puncture or Laceration Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	972	2,179,879	0.45
Females	389	1,000,732	0.39
Males	583	1,179,147	0.49
<1 year	442	1,242,492	0.36
1 to 2 years	84	191,310	0.44
3 to 5 years	76	160,451	0.47
6 to 12 years	152	274,232	0.55
13 to 17 years	218	311,394	0.70
Private	433 -- 442	910,387	0.48 -- 0.49†
Medicare	*****	7,375	*****
Medicaid	443	1,098,799	0.40
Other	65	85,396	0.76
Uninsured (self-pay/no charge)	23	77,922	0.30

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† Range provided to preserve small sample size masking

Table 6. PDI 02 - Pressure Ulcer Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	63	460,581	0.14
Females	25	221,503	0.11
Males	38	239,078	0.16
<1 year	11	84,144	0.13
1 to 2 years	11	62,733	0.18
3 to 5 years	*****	54,982	*****
6 to 12 years	*****	110,594	*****
13 to 17 years	26	148,128	0.18
Private	25	184,261	0.14
Medicare	*****	1,906	*****
Medicaid	30	240,786	0.12
Other	*****	22,287	*****
Uninsured (self-pay/no charge)	*****	11,341	*****

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† Range provided to preserve small sample size masking

Table 7. PDI 03 - Retained Surgical Item or Unretrieved Device Fragment Count

GROUP	NUMERATOR
Overall	50
Females	19
Males	31
<1 year	12
1 to 2 years	*****
3 to 5 years	*****
6 to 12 years	11
13 to 17 years	14
Private	21
Medicare	*****
Medicaid	23
Other	*****
Uninsured (self-pay/no charge)	*****

Table 8. PDI 05 - Iatrogenic Pneumothorax Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	203	1,964,784	0.10
Females	109	898,142	0.12
Males	94	1,066,642	0.09
<1 year	61	1,043,419	0.06
1 to 2 years	19	187,163	0.10
3 to 5 years	16	156,353	0.10
6 to 12 years	32	270,536	0.12
13 to 17 years	75	307,313	0.24
Private	87	821,907	0.11
Medicare	*****	6,795	*****
Medicaid	99	988,836	0.10
Other	*****	76,445	*****
Uninsured (self-pay/no charge)	*****	70,801	*****

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† Range provided to preserve small sample size masking

Table 9. PDI 06 - RACHS-1 Pediatric Heart Surgery Mortality Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	404	13,924	29.01
Females	180	6,165	29.20
Males	224	7,759	28.87
<1 year	353	8,048	43.86
1 to 2 years	17	1,630	10.43
3 to 5 years	15	1,712	8.76
6 to 12 years	*****	1,486	*****
13 to 17 years	*****	1,048	*****
Private	141	5,865	24.04
Medicare	*****	21	*****
Medicaid	222	6,866	32.33
Other	32	910	35.16
Uninsured (self-pay/no charge)	*****	262	*****

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† Range provided to preserve small sample size masking

Table 10. PDI 07 - RACHS-1 Pediatric Heart Surgery Volume

GROUP	NUMERATOR
Overall	16,411
Females	7,343
Males	9,068
<1 year	10,314
1 to 2 years	1,670
3 to 5 years	1,740
6 to 12 years	1,557
13 to 17 years	1,130
Private	6,771
Medicare	22
Medicaid	8,234
Other	1,090
Uninsured (self-pay/no charge)	294

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† Range provided to preserve small sample size masking

Table 11. PDI 08 - Perioperative Hemorrhage or Hematoma Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	473	92,468	5.12
Females	217	44,094	4.92
Males	256	48,374	5.29
<1 year	140	15,845	8.84
1 to 2 years	78	12,598	6.19
3 to 5 years	84	11,976	7.01
6 to 12 years	82	23,821	3.44
13 to 17 years	89	28,228	3.15
Private	214 -- 223	45,677	4.69 -- 4.88†
Medicare	****	383	****
Medicaid	208	38,761	5.37
Other	30	5,891	5.09
Uninsured (self-pay/no charge)	16	1,756	9.11

Table 12. PDI 09 - Postoperative Respiratory Failure Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	706	66,888	10.55
Females	312	33,366	9.35
Males	394	33,522	11.75
<1 year	158	7,325	21.57
1 to 2 years	136	8,215	16.56
3 to 5 years	71	8,345	8.51
6 to 12 years	189	19,073	9.91
13 to 17 years	152	23,930	6.35
Private	271 -- 280	33,805	8.02 -- 8.28†
Medicare	*****	270	*****
Medicaid	371	27,387	13.55
Other	46	4,054	11.35
Uninsured (self-pay/no charge)	14	1,372	10.20

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† Range provided to preserve small sample size masking

Table 13. PDI 10 - Postoperative Sepsis Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	886	163,325	5.42
Females	373	71,526	5.21
Males	513	91,799	5.59
<1 year	314	26,802	11.72
1 to 2 years	147	19,375	7.59
3 to 5 years	95	21,400	4.44
6 to 12 years	126	42,583	2.96
13 to 17 years	204	53,165	3.84
Private	328 -- 337	76,683	4.28 -- 4.39†
Medicare	*****	684	*****
Medicaid	457	71,912	6.35
Other	74	9,851	7.51
Uninsured (self-pay/no charge)	17	4,195	4.05

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Table 14. PDI 11 - Postoperative Wound Dehiscence Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	32	37,706	0.85
Females	12	15,038	0.80
Males	20	22,668	0.88
<1 year	20	16,208	1.23
1 to 2 years	*****	3,161	*****
3 to 5 years	*****	3,425	*****
6 to 12 years	*****	7,673	*****
13 to 17 years	*****	7,239	*****
Private	11	15,754	0.70
Medicare	*****	75	*****
Medicaid	19	19,143	0.99
Other	*****	1,800	*****
Uninsured (self-pay/no charge)	*****	934	*****

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Table 15. PDI 12 - Central Venous Catheter-Related Blood Stream Infection Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	1,065	1,722,858	0.62
Females	463	799,863	0.58
Males	602	922,995	0.65
<1 year	552	1,053,243	0.52
1 to 2 years	148	125,505	1.18
3 to 5 years	101	105,981	0.95
6 to 12 years	137	196,054	0.70
13 to 17 years	127	242,075	0.52
Private	354	719,237	0.49
Medicare	*****	5,579	*****
Medicaid	626	873,589	0.72
Other	71	66,166	1.07
Uninsured (self-pay/no charge)	*****	58,287	*****

Table 16. PDI 13 - Transfusion Reaction Count

GROUP	NUMERATOR
Overall	****
Females	****
Males	****
6 to 12 years	****
13 to 17 years	****
Private	****
Medicaid	****

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† Range provided to preserve small sample size masking

Table 17. PSI 17 - Birth Trauma Rate - Injury to Neonate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	5,679	2,877,126	1.97
Females	2,507	1,402,927	1.79
Males	3,172	1,474,199	2.15
<1 year	5,679	2,877,126	1.97
1 to 2 years		****	****
3 to 5 years		****	****
6 to 12 years		****	****
13 to 17 years		****	****
Private	2,602	1,356,240	1.92
Medicare	15	8,843	1.70
Medicaid	2,631	1,290,583	2.04
Other	214	85,804	2.49
Uninsured (self-pay/no charge)	217	135,656	1.60

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† Range provided to preserve small sample size masking

Table 18. PDI 14 - Asthma Admission Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 100,000 (=OBSERVED RATE*100,000)
Overall	57,414	60,272,915	95.26
Females	22,207	29,480,677	75.33
Males	35,207	30,792,238	114.34
0 to 4 years	21,790	10,949,293	199.01
5 to 9 years	22,594	18,895,325	119.57
10 to 14 years	9,900	18,954,779	52.23
15 to 17 years	3,130	11,473,518	27.28

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Table 19. PDI 15 - Diabetes Short-Term Complications Admission Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 100,000 (=OBSERVED RATE*100,000)
Overall	10,939	45,544,557	24.02
Females	5,929	22,276,185	26.62
Males	5,010	23,268,372	21.53
5 to 9 years	1,658	15,116,258	10.97
10 to 14 years	5,245	18,954,779	27.67
15 to 17 years	4,036	11,473,520	35.18

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Table 20. PDI 16 - Gastroenteritis Admission Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 100,000 (=OBSERVED RATE*100,000)
Overall	33,882	66,660,010	50.83
Females	15,870	32,604,715	48.67
Males	18,012	34,055,295	52.89
0 to 4 years	21,322	17,336,384	122.99

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GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 100,000 (=OBSERVED RATE*100,000)
5 to 9 years	7,935	18,895,325	41.99
10 to 14 years	2,687	18,954,782	14.18
15 to 17 years	1,938	11,473,519	16.89

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Table 21. PDI 17 - Perforated Appendix Admission Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	17,115	44,423	385.27
Females	6,867	17,905	383.52
Males	10,248	26,518	386.45
0 to 4 years	1,832	2,814	651.03
5 to 9 years	5,596	12,798	437.26
10 to 14 years	6,656	17,931	371.20
15 to 17 years	3,031	10,880	278.58

Note: Denominator is based on the number of discharges with a diagnosis of appendicitis, rather than the Metro Area or county population.

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† Range provided to preserve small sample size masking

Table 22. PDI 18 - Urinary Tract Infection Admission Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 100,000 (=OBSERVED RATE*100,000)
Overall	17,775	66,660,000	26.67
Females	14,441	32,604,713	44.29
Males	3,334	34,055,288	9.79
0 to 4 years	9,639	17,336,378	55.60
5 to 9 years	3,638	18,895,325	19.25
10 to 14 years	1,699	18,954,779	8.96
15 to 17 years	2,799	11,473,518	24.40

Table 23. PDI 90 - Pediatric Quality Overall Composite

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 100,000 (=OBSERVED RATE*100,000)
Overall	57,877	45,544,571	127.08
Females	29,190	22,276,192	131.04
Males	28,687	23,268,379	123.29
5 to 9 years	26,443	15,116,264	174.93
10 to 14 years	19,531	18,954,785	103.04
15 to 17 years	11,903	11,473,522	103.74

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† Range provided to preserve small sample size masking

Table 24. PDI 91 - Pediatric Quality Acute Composite

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 100,000 (=OBSERVED RATE*100,000)
Overall	17,506	45,544,564	38.44
Females	11,293	22,276,188	50.70
Males	6,213	23,268,376	26.70
5 to 9 years	8,383	15,116,262	55.46
10 to 14 years	4,386	18,954,783	23.14
15 to 17 years	4,737	11,473,519	41.29

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† Range provided to preserve small sample size masking

Table 25. PDI 92 - Pediatric Quality Chronic Composite

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 100,000 (=OBSERVED RATE*100,000)
Overall	40,371	45,544,560	88.64
Females	17,897	22,276,187	80.34
Males	22,474	23,268,374	96.59
5 to 9 years	18,060	15,116,260	119.47
10 to 14 years	15,145	18,954,780	79.90
15 to 17 years	7,166	11,473,520	62.46

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† Range provided to preserve small sample size masking

Table 26. PQI 09 - Low Birth Weight Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	202,064	3,183,380	63.47
Females	103,635	1,553,401	66.71
Males	98,429	1,629,979	60.39
0 to 4 years	202,064	3,183,380	63.47

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† Range provided to preserve small sample size masking

Table 27. PDI 19 - Pediatric Patient Safety for Selected Indicators, Composite Weights

Indicator	Composite Weights
PDI 01	0.301769637
PDI 02	0.019559143
PDI 05	0.063023906
PDI 08	0.000000000
PDI 09	0.000000000
PDI 10	0.275069854
PDI 11	0.009934803
PDI 12	0.330642658
Sum Check	1.000000000