Acknowledgments

Table of Contents

http://www.hcfa.gov/stats/NHE-Proj/proj

Institute of Medicine Division of Health Care Services. Medicare: a strategy for quality assurance.

interventions; and health care purchasers, who could use the measures to guide decisions about health policies.

Summary Evidence on the Inpatient Quality Indicators

The rigorous evaluations performed by the UCSF-Stanford EPC, based on literature

Questions for Future Work

The limitations discussed above suggest some directions for future work on development and use of the IQIs. Additional data and linkages could provide insights into

Detailed Evidence for Inpatient Quality Indicators

This section provides an abbreviated presentation of the details of the literature review and the empirical evaluation for each IQI, including:

- The relationship between the indicator and quality of health care services
- A suggested benchmark or comparison
-

Details

Face validity: Does the indicator capture an aspect

facilities, a significant number of which perform four comorbidities. (The effect was limited to

The relatively small number of AAA resections

Empirical evidence shows that this indicator is precise, with a raw provider level mean of 16.2% and a substantial standard deviation of 18.5%.[104]

p s s u r e , a t a n u d y e p a c a t i e n t

selection. In one study, patients who were referred to a large medical center for subarachnoid hemorrhage were less likely to have died early and

Relative to other indicators, a higher percentage of the choice of a particular antibiotic regimen is the

Vaginal Birth After Cesarean Rate

The policy of recommending vaginal birth after Cesarean section (VBAC) represents to some degree io.e

Precision: Is there a substantial amount of provider

Another source of potential bias is the large number

190.8 per 100,000 population and a standard

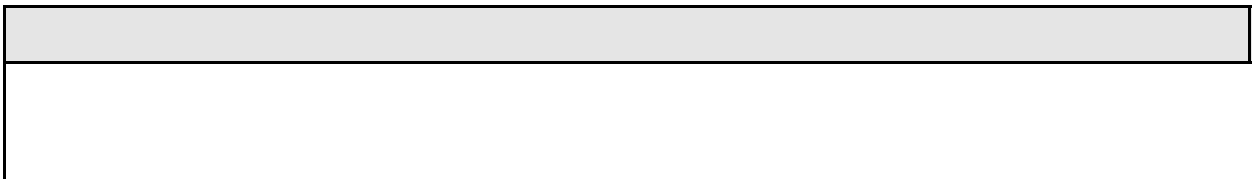
angiography study conducted in New York, a panel

another by as much as 15-fold. This high

Gittelsohn A, Powe NR, Small area variations in health care delivery in Maryland. Health Serv Res

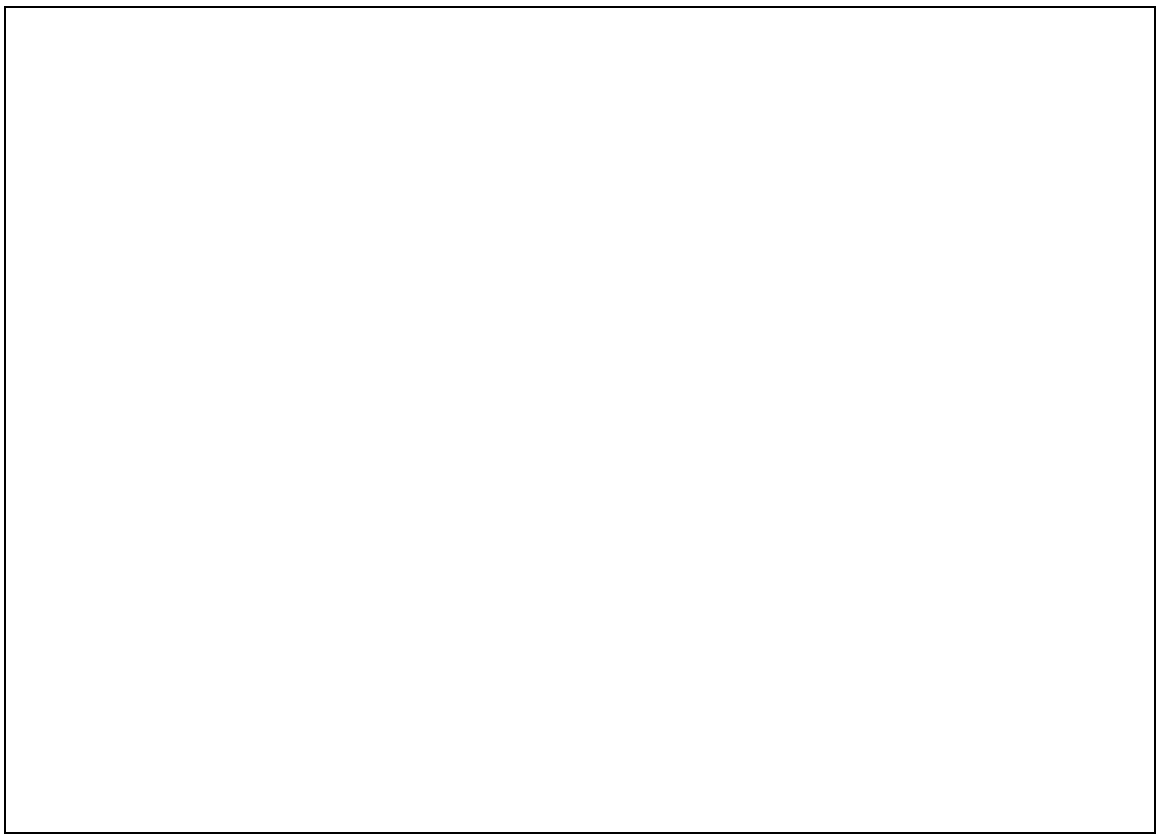
HCUPnet. Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/data/hcup/hcupnet.htm.

Markowitz JS, Pashko S, Gutterman EM, et al. Death rates among patients hospitalized with community-acquired pneumonia: a reexamination with data from three states. Am J Public Health 1996;86(8 Pt



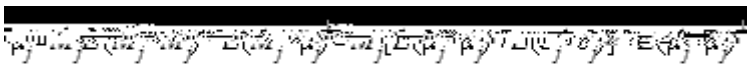
Incidental Appendectomy Among the Elderly Rate
Numerator: Number of incidental appendectomies (any procedure field).

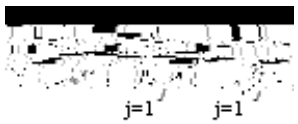
Bilateral Cardiac Catheterization Rate



Search strategy

but cannot be run directly, since




j=1
j=1

(9) 

where 

68. Hofer TP, Hayward RA, Greenfield S, et al. The unreliability of individual physician "report

86. Richardson D, Tarnow-Mordi WO, Lee SK. Risk adjustment for quality improvement.