Prevention Quality Indicator 01 (PQI 01) Diabetes Short-Term Complications Admission Rate

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Area-Level Indicator
Type of Score: Rate

Prepared by:
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U.S. Department of Health and Human Services
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DESCRIPTION
Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. 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 18 years and older, with a principal ICD-10-CM diagnosis code for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma).

[NOTE: By definition, discharges with a principal diagnosis of diabetes with short-term complications are precluded from an assignment of MDC 14 by grouper software. Thus, obstetric discharges should not be considered in the PQI rate, though the AHRQ QI™ software does not explicitly exclude obstetric cases.]

**Diabetes short-term complications diagnosis codes: (ACDIASD)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1010</td>
<td>Type 1 diabetes mellitus with ketoacidosis without coma</td>
</tr>
<tr>
<td>E1011</td>
<td>Type 1 diabetes mellitus with ketoacidosis with coma</td>
</tr>
<tr>
<td>E10641</td>
<td>Type 1 diabetes mellitus with hypoglycemia with coma</td>
</tr>
<tr>
<td>E1065</td>
<td>Type 1 diabetes mellitus with hyperglycemia</td>
</tr>
<tr>
<td>E1100</td>
<td>Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)</td>
</tr>
<tr>
<td>E1101</td>
<td>Type 2 diabetes mellitus with hyperosmolarity with coma</td>
</tr>
<tr>
<td>E11641</td>
<td>Type 2 diabetes mellitus with hypoglycemia with coma</td>
</tr>
<tr>
<td>E1165</td>
<td>Type 2 diabetes mellitus with hyperglycemia</td>
</tr>
</tbody>
</table>
NUMERATOR EXCLUSIONS

 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
 • with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing), or county (PSTCO=missing)

Appendix A – Admission Codes for Transfers
DENOMINATOR
Population ages 18 years and older in the 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.‡ May be combined with uncontrolled diabetes as a single indicator as a simple sum of the rates to form the Healthy People 2010 indicator (note that the AHRQ QI™ excludes transfers to avoid double-counting cases).

† 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.
‡ The denominator can be specified with the diabetic population only and calculated with the SAS QI software through the condition-specific denominator at the state-level feature.