ANNOUNCEMENT

Retirement of Select AHRQ Quality Indicators (QIs) in Upcoming v2019 QI Software

This announcement pertains to 21 AHRQ Quality Indicators (QIs) scheduled to be retired in the upcoming version 2019 of the AHRQ QI software. Version 2019 of the AHRQ QI software is expected to be released in the summer of 2019.

The following 21 QIs will not be included in the AHRQ QI software v2019 ICD-10 CM/PCS. Users should note that v6.0 of the AHRQ QI software was the last ICD-9-CM release (risk adjusted) in which these indicators were included. v2018 of the AHRQ QI software was the last ICD-10-CM/PCS release (non-risk adjusted) in which these indicators were included.

Indicators Retired in v2019 AHRQ QI Software

Prevention Quality Indicators (PQIs) (3)	Inpatient Quality Indicators (IQIs) (8)	Patient Safety Indicators (PSIs) (1)	Pediatric Quality Indicators (PDIs) (9)
PQI 02 Perforated Appendix Admission Rate	IQI 01 Esophageal Resection Volume	PSI 16 Transfusion Reaction Count	NQI 01 Neonatal Iatrogenic Pneumothorax Rate
PQI 09 Low Birth Weight Rate	IQI 02 Pancreatic Resection Volume		PDI 02 Pressure Ulcer Rate
PQI 10 Dehydration Admission Rate	IQI 04 Abdominal Aortic Aneurysm (AAA) Repair Volume		PDI 03 Retained Surgical Item or Unretrieved Device Fragment Count
	IQI 05 Coronary Artery Bypass Graft (CABG)		PDI 06 RACHS-1 Pediatric Heart Surgery Mortality Rate
	IQI 06 Percutaneous Coronary Intervention (PCI) Volume		PDI 07 RACHS-1 Pediatric Heart Surgery Volume
	IQI 07 Carotid Endarterectomy Volume		PDI 11 Postoperative Wound Dehiscence Rate
	IQI 13 Craniotomy Mortality Rate		PDI 13 Transfusion Reaction Count
	IQI 14 Hip Replacement Mortality Rate		PDI 17 Perforated Appendix Admission Rate
			PDI 19 Pediatric Safety for Selected Indicators Composite

Rationale for retirement:

AHRQ embarked on a rigorous process to assess the scientific acceptability of the QIs to ensure a parsimonious set of indicators that support quality improvement initiatives that are high impact and efficient. Retiring these select QIs will allow AHRQ to focus on high-impact (?) areas of healthcare quality improvement while achieving the goal of maintaining a smaller and parsimonious set of sustainable indicators.

The decision to retire these QIs was informed collectively from stakeholders via a range of activities including: (1) user feedback (e.g., user survey, interviews); (2) systematic literature review and evidence scans (e.g., literature review, request for information) conducted by AHRQ in the summer of 2018; and (3) a Technical Expert Panel (TEP) that reviewed and discussed the evidence on use of the QIs for quality improvement and used Modified Delphi methodology to provide recommendations on retaining, modifying and/or retiring these indicators.

Based on the process described above five (5) themes became the underlying basis for retirement:

- Limited evidence base in the literature on the use of these indicators for quality improvement
- Rarity of events – some indicators measure events that are so rare that the measure is no longer reliable or relevant for quality improvement
- Advancement in medical technology – practice changes in terms of both where and how care is provided affect the validity and reliability of these indicators for quality improvement
- Significant analytical work for refinement – some of these indicators would require significant analytical work, such as conducting validation work, and improvement of the specifications for ICD-10 CM/PCS for the purpose of quality improvement
- Volume indicators –consensus amongst the evidence and TEP that volume indicators as standalone indicators are not useful for quality improvement. (However, users interested in volume will be able to calculate this number from the mortality rates denominators.)