

**CBE ID**

0272

**Title**

Diabetes Short-Term Complications Admission Rate (PQI 01)

**Project**

Prevention and Population Health

**Endorsement Status**

Endorsement Removed

**Is Under Review**

No

**Previous Endorsement Cycle**

Spring 2018

**Removal Date**

Sun, 05/09/2021 - 20:00

**Initial Endorsement**

Mon, 11/05/2007 - 19:00

**Steward**

Agency for Healthcare Research and Quality

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure 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.]

**1.7 Measure Type**

Outcome

## 1.8 Level of Analysis

Population: Community, County or City, Population: Regional and State

## 1.9 Care Setting

Hospital

## 1.14 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 QITM software does not explicitly exclude obstetric cases.]

## 1.15 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 QITM 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.

## 1.20 Types of Data Sources

Claims Data

### 6.1.2 Current or Planned Use(s)

Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

## Exclusions

Not applicable

## Planned Use

Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

## Risk Adjustment

No risk adjustment or risk stratification

**Target Population**

Individuals with multiple chronic conditions, Populations at Risk

**Use In Federal Program**

Medicaid

**Steward Organization**

Agency for Healthcare Research and Quality

**Steward POC email**

Pam.Owens@ahrq.hhs.gov