

# NATIONAL QUALITY FORUM

## Measure Evaluation 4.1 December 2009

This form contains the measure information submitted by stewards. Blank fields indicate no information was provided. Attachments also may have been submitted and are provided to reviewers. The subcriteria and most of the footnotes from the [evaluation criteria](#) are provided in Word comments within the form and will appear if your cursor is over the highlighted area. Hyperlinks to the evaluation criteria and ratings are provided in each section.

**TAP/Workgroup** (if utilized): Complete all **yellow highlighted** areas of the form. Evaluate the extent to which each subcriterion is met. Based on your evaluation, summarize the strengths and weaknesses in each section.

**Note:** If there is no TAP or workgroup, the SC also evaluates the subcriteria (**yellow highlighted areas**).

**Steering Committee:** Complete all **pink** highlighted areas of the form. Review the workgroup/TAP assessment of the subcriteria, noting any areas of disagreement; then evaluate the extent to which each major criterion is met; and finally, indicate your recommendation for the endorsement. Provide the rationale for your ratings.

Evaluation ratings of the extent to which the criteria are met

C = Completely (unquestionably demonstrated to meet the criterion)

P = Partially (demonstrated to partially meet the criterion)

M = Minimally (addressed BUT demonstrated to only minimally meet the criterion)

N = Not at all (NOT addressed; OR incorrectly addressed; OR demonstrated to NOT meet the criterion)

NA = Not applicable (only an option for a few subcriteria as indicated)

(for NQF staff use) NQF Review #: 0367	NQF Project: Surgery Endorsement Maintenance 2010
<b>MEASURE DESCRIPTIVE INFORMATION</b>	
<b>De.1 Measure Title:</b> <a href="#">Post operative Wound Dehiscence (PDI 11)</a>	
<b>De.2 Brief description of measure:</b> <a href="#">Percentage of abdominopelvic surgery cases with reclosure of postoperative disruption of abdominal wall. Cases of reclosure of postoperative disruption of abdominal wall per 1,000 cases of abdominopelvic surgery. Excludes obstetric admissions.</a>	
<b>1.1-2 Type of Measure:</b> <a href="#">Outcome</a>	
<b>De.3 If included in a composite or paired with another measure, please identify composite or paired measure</b> <a href="#">Pediatric Patient Safety for Selected Indicators composite (NQF #0532)</a>	
<b>De.4 National Priority Partners Priority Area:</b> <a href="#">Population health, Safety</a>	
<b>De.5 IOM Quality Domain:</b> <a href="#">Effectiveness, Safety</a>	
<b>De.6 Consumer Care Need:</b> <a href="#">Getting better</a>	

CONDITIONS FOR CONSIDERATION BY NQF	
Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards:	<b>NQF Staff</b>
<b>A.</b> The measure is in the public domain or an intellectual property ( <a href="#">measure steward agreement</a> ) is signed. <i>Public domain only applies to governmental organizations. All non-government organizations must sign a measure steward agreement even if measures are made publicly and freely available.</i> <b>A.1</b> Do you attest that the measure steward holds intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)? <a href="#">Yes</a> <b>A.2</b> Indicate if Proprietary Measure (as defined in measure steward agreement): <b>A.3</b> Measure Steward Agreement: <a href="#">Government entity and in the public domain - no agreement necessary</a> <b>A.4</b> Measure Steward Agreement attached:	<b>A</b> <b>Y</b> <input checked="" type="radio"/> <b>N</b> <input type="radio"/>

B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every 3 years. <a href="#">Yes, information provided in contact section</a>	B Y● N●
C. The intended use of the measure includes <u>both</u> public reporting <u>and</u> quality improvement. ► <b>Actual/Planned Use:</b> <a href="#">Public Reporting, Quality Improvement (external benchmarking to organizations), Quality Improvement (Internal to the specific organization)</a>	C Y● N●
D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement. D.1 Testing: <a href="#">Yes, fully developed and tested</a> D.2 Have NQF-endorsed measures been reviewed to identify if there are similar or related measures? <a href="#">Yes</a>	D Y● N●
(for NQF staff use) Have all conditions for consideration been met? Staff Notes to Steward (if submission returned):	Met Y● N●
Staff Notes to Reviewers (issues or questions regarding any criteria):	
Staff Reviewer Name(s):	

**Comment [KP]: 1a.** The measure focus addresses:

- a specific national health goal/priority identified by NQF's National Priorities Partners; OR
- healthcare (e.g., affects large numbers, leading cause of morbidity/mortality, high resource use (current and/or future), severity of illness, and patient/societal consequences of poor quality).

**Comment [KP]: 1b.** Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall poor performance, in the quality of care across providers and/or population groups (disparities in care).

TAP/Workgroup Reviewer Name:	
Steering Committee Reviewer Name:	
<b>1. IMPORTANCE TO MEASURE AND REPORT</b>	
Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. <i>Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria.</i> (evaluation criteria) <b>(1a. High Impact)</b>	<b>Eval Rating</b>
(for NQF staff use) <a href="#">Specific NPP goal:</a>	
1a.1 Demonstrated High Impact Aspect of Healthcare: <a href="#">Patient/societal consequences of poor quality</a> 1a.2  1a.3 Summary of Evidence of High Impact: <a href="#">Based on two-stage review of randomly selected deaths, Hannan et al. reported that cases with a secondary diagnosis of wound disruption were 3.0 times more likely to have received care that departed from professionally recognized standards than cases without that code (4.3% versus 1.7%), after adjusting for patient demographic, geographic, and hospital characteristics. [1]</a>  1a.4 Citations for Evidence of High Impact: <a href="#">Updated citations will be presented in the May Steering Committee meeting</a>  [1] Hannan EL, Bernard HR, O'Donnell JF, Kilburn H, Jr. A methodology for targeting hospital cases for quality of care record reviews. Am J Public Health 1989;79(4):430-6.	1a C● P● M● N●
<b>(1b. Opportunity for Improvement)</b>	<b>1b</b>
1b.1 Benefits (improvements in quality) envisioned by use of this measure: <a href="#">Postoperative wound dehiscence can be easily and accurately measured using administrative data. Moreover, these cases often represent a significant deviation from normal standards of care. Identifying them can represent both a</a>	C● P● M● N●

useful metric for measuring quality as well quality improvement.

**1b.2 Summary of (data demonstrating performance gap) (variation or overall poor performance) across providers:**

Adjusted per 1,000 rates by patient/hospital characteristics, 2007

Estimate	Standard error	Age: pediatric conditions
0.790	0.163	0-4
1.427	0.178	5-9
1.802	0.160	10-14
1.111	0.239	15-17
Estimate	Standard error	Gender
1.233	0.135	Male
0.943	0.137	Female
Estimate	Standard error	Median income of patient's ZIP code
1.126	0.159	First quartile (lowest income)
1.136	0.180	Second quartile
0.938	0.193	Third quartile
1.072	0.216	Fourth quartile (highest income)
Estimate	Standard error	Location of patient residence (NCHS)
0.884	0.163	Large central metropolitan
1.120	0.182	Large fringe metropolitan
1.022	0.218	Medium metropolitan
1.831	0.303	Small metropolitan
1.068	0.285	Micro metropolitan
*	*	Not metropolitan or micro metropolitan
Estimate	Standard error	Expected payment source
1.126	0.143	Private insurance
*	*	Medicare
1.094	0.127	Medicaid
*	*	Other insurance
*	*	Uninsured / self-pay / no charge
Estimate	Standard error	Hospital Ownership/control
0.997	0.107	Private, not-for-profit
*	*	Private, for-profit
1.787	0.226	Public
Estimate	Standard error	Teaching status
1.215	0.112	Teaching
0.795	0.160	Nonteaching
Estimate	Standard error	Location of hospital
1.012	0.135	Large central metropolitan
0.900	0.192	Large fringe metropolitan
0.939	0.209	Medium metropolitan
2.286	0.340	Small metropolitan

**Comment [k]:** 1 Examples of data on opportunity for improvement include, but are not limited to: prior studies, epidemiologic data, measure data from pilot testing or implementation. If data are not available, the measure focus is systematically assessed (e.g., expert panel rating) and judged to be a quality problem.

*	*	Micropolitan
*	*	Not metropolitan or micropolitan
Estimate	Standard error	Bed size of hospital
*	*	Less than 100
1.401	0.176	100 - 299
1.046	0.172	300 - 499
0.965	0.143	500 or more
<b>1b.3 Citations for data on performance gap:</b>		
See the following report for a complete treatment of the methodology: "Methods: Applying AHRQ Quality Indicators to Healthcare Cost and Utilization Project (HCUP) Data for the National Healthcare Quality Report" [URL: <a href="http://hcupnet.ahrq.gov/QI%20Methods.pdf?JS=Y">http://hcupnet.ahrq.gov/QI%20Methods.pdf?JS=Y</a> ]		
<b>1b.4 Summary of Data on disparities by population group:</b>		
Several results are discussed below. Also, 1b2 notes results in regard to age, gender and metropolitan and micropolitan		
1) Estimate 2) Standard error 3) P-value: Relative to marked group-c 4) P-value: 2007 relative to 2006		
Median income of patient's ZIP code:		
First quartile (lowest income) 1.126 0.159 0.841 0.000		
Second quartile 1.136 0.180 0.820 0.000		
Third quartile 0.938 0.193 0.642 0.327		
Fourth quartile (highest income)c 1.072 0.216 DNC		
Expected payment source:		
Private insurancec 1.126 0.143 0.201		
Medicare *** DNC		
Medicaid 1.094 0.127 0.869 0.001		
Other insurance *** DNC		
Uninsured / self-pay / no charge *** DNC		
Reference:		
<a href="http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=B9C034EA70FA88A4&amp;Form=SelPDIs1&amp;JS=Y&amp;Action=%3E%3ENext%3E%3E&amp;QJTables=PDI11">http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=B9C034EA70FA88A4&amp;Form=SelPDIs1&amp;JS=Y&amp;Action=%3E%3ENext%3E%3E&amp;QJTables=PDI11</a>		
RACE/ETHNICITY	Rate per 1,000	
White	1.09	
Black	1.37	
Hispanic	0.87	
Asian and NH/PI	0.65	
Amer Indian/AN	1.32	
Other	0.92	
Source: 2008 State Inpatient Databases (SID) (N=39,963)		
<b>1b.5 Citations for data on Disparities:</b>		
AHRQ 2007 Nationwide Inpatient Sample (NIS) with 800 hospitals and 7 million discharges		
<b>1c. Outcome or Evidence to Support Measure Focus</b>		
<b>1c.1 Relationship to Outcomes</b> (For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population): Based on two-stage review of randomly selected deaths, Hannan et al. reported that cases with a secondary diagnosis of wound disruption were 3.0 times more likely to have received care that departed from professionally recognized standards than cases without that code (4.3% vsus 1.7%), after adjusting for patient demographic, geographic, and hospital characteristics. [1]		
		1c CO PO MO NO

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable  
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**Comment [k]: 1c.** The measure focus is:

- an outcome (e.g., morbidity, mortality, function, health-related quality of life) that is relevant to, or associated with, a national health goal/priority, the condition, population, and/or care being addressed;

OR

- if an intermediate outcome, process, structure, etc., there is evidence that supports the specific measure focus as follows:
  - Intermediate outcome** - evidence that the measured intermediate outcome (e.g., blood pressure, HbA1c) leads to improved health/avoidance of harm or cost/benefit.
  - Process** - evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s).
  - Structure** - evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm.

**Comment [k]: 4** Clinical care processes typically include multiple steps: assess → identify problem/potential problem → choose/plan intervention (with patient input) → provide intervention → evaluate impact on health status. If the measure focus is one step in such a multi-step process, the step with the greatest effect on the desired outcome should be selected as the focus of measurement. For example, although assessment of immunization status and recommending immunization are necessary steps, they are not sufficient to achieve the desired impact on health status - patients must be vaccinated to achieve immunity. This does not preclude consideration of measures of preventive screening interventions where there is a strong link with desired outcomes (e.g., mammography) or measures for multiple care processes that affect a single outcome.

**Reference:**

[1] Hannan EL, Bernard HR, O'Donnell JF, Kilburn H, Jr. A methodology for targeting hospital cases for quality of care record reviews. Am J Public Health 1989;79(4):430-6.

**1c.2-3. Type of Evidence:** Expert opinion, Systematic synthesis of research

**1c.4 Summary of Evidence** (as described in the criteria; for outcomes, summarize any evidence that healthcare services/care processes influence the outcome):

Based on two-stage review of randomly selected deaths, Hannan et al. reported that cases with a secondary diagnosis of wound disruption were 3.0 times more likely to have received care that departed from professionally recognized standards than cases without that code (4.3% versus 1.7%), after adjusting for patient demographic, geographic, and hospital characteristics. [1]

**Reference:**

[1] Hannan EL, Bernard HR, O'Donnell JF, Kilburn H, Jr. A methodology for targeting hospital cases for quality of care record reviews. Am J Public Health 1989;79(4):430-6.

**1c.5 Rating of (strength/quality of evidence)** (also provide narrative description of the rating and by whom):

Testing, rating, and review were conducted by the project team. A full report on the literature review and empirical evaluation can be found in Refinement of the HCUP Quality Indicators by the UCSF-Stanford EPC. Detailed coding information for each QI is provided in the document Prevention Quality Indicators Technical Specifications. Rating of performance on empirical evaluations, ranged from 0 to 26. The scores were intended as a guide for summarizing the performance of each indicator on four empirical tests of precision (signal variance, area-level share, signal ratio, and R-squared) and five tests of minimum bias (rank correlation, top and bottom decile movement, absolute change, and change over two deciles), as described in the previous section.

**1c.6 Method for rating evidence:** The project team conducted empirical analyses to explore the frequency and variation of the indicators, the potential bias, based on limited risk adjustment, and the relationship between indicators. The data sources used in the empirical analyses were the 1997 Florida State Inpatient Database (SID) for initial testing and development and the 1997 HCUP State Inpatient Database for 19 States (referred to in this guide as the HCUP SID) for the final empirical analyses.

All potential indicators were examined empirically by developing and conducting statistical tests for precision, bias, and relatedness of indicators. Three different estimates of hospital performance were calculated for each indicator:

1. The raw indicator rate was calculated using the number of adverse events in the numerator divided by the number of discharges in the population at risk by hospital.
  2. The raw indicator was adjusted to account for differences among hospitals in age, gender, modified DRG, and comorbidities.
    - Adjacent DRG categories that were separated by the presence or absence of comorbidities or complications were collapsed to avoid adjusting for the complication being measured. Most of the super-Major Diagnostic Category (MDC) DRG categories were excluded for the same reason.
    - APR-DRG risk adjustment was not implemented because removing applicable complications from each indicator was beyond the scope of this project.
    - The ICD-9-CM codes used to define comorbidity categories were modified to exclude conditions likely to represent potentially preventable complications in certain settings.
    - "Acute on chronic" comorbidities were captured so that some patients with especially severe comorbidities would not be mislabeled as not having conditions of interest.
    - Comorbidities in obstetric patients were added.
  3. Multivariate signal extraction methods were applied to adjust for reliability by estimating the amount of "noise" (i.e., variation due to random error) relative to the amount of "signal" (i.e., systematic variation in hospital performance or reliability) for each indicator.
- Similar reliability adjustment has been used in the literature for similar purposes.<sup>40 41</sup> The project team constructed a set of statistical tests to examine precision, bias, and relatedness of indicators for all accepted Provider-level Indicators, and precision and bias for all accepted Area-level Indicators. It should

**Comment [k]:** 3 The strength of the body of evidence for the specific measure focus should be systematically assessed and rated (e.g., USPSTF grading system <http://www.ahrq.gov/clinic/uspstf07/methods/benefit.htm>). If the USPSTF grading system was not used, the grading system is explained including how it relates to the USPSTF grades or why it does not. However, evidence is not limited to quantitative studies and the best type of evidence depends upon the question being studied (e.g., randomized controlled trials appropriate for studying drug efficacy are not well suited for complex system changes). When qualitative studies are used, appropriate qualitative research criteria are used to judge the strength of the evidence.

be noted that rates based on fewer than 30 cases in the numerator or the denominator are not reported.

This exclusion rule serves two purposes:

- It eliminates unstable estimates based on too few cases.
- It helps protect the identities of hospitals and patients.

**1c.7 Summary of Controversy/Contradictory Evidence:** Since this complication is relatively rare in children it is difficult to note any increased risk in each of the potentially high-risk stratum, but children with short bowel syndrome appear to be at higher risk with the relative risk over 15 as compared with all patients in the denominator. Children with spleen disorders also had an elevated risk, with a relative risk of nearly 3.5. Since the desire was to develop a stratification or classification scheme for immunocompromised patients that could be applied to a number of indicators, results from other indicators were also considered. Consistency across indicators and modules is desired, and so in consideration of stratification of pediatric indicators, we also considered the impact of these comorbidities on an adult population. Some conditions that were rare in children are less rare in adults and the impact on these complications more apparent.

Reference:

[http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi\\_measures\\_v31.pdf](http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi_measures_v31.pdf)

See the following for a complete treatment of the topic:

[http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi\\_guide\\_v31.pdf](http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi_guide_v31.pdf)

Note: The Literature Review Findings column summarizes evidence specific to each potential concern on the link between the PDIs and quality of care, as described in step 3 above. A question mark (?) indicates that the concern is theoretical or suggested, but no specific evidence was found in the literature. A check mark indicates that the concern has been demonstrated in the literature.

**1c.8 Citations for Evidence (other than guidelines):** Updated citations will be presented in the May Steering Committee meeting

[http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi\\_guide\\_v31.pdf](http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi_guide_v31.pdf)

**1c.9 Quote the Specific guideline recommendation (including guideline number and/or page number):** Despite advances in preoperative care, the rate of surgical wound dehiscence has not decreased in recent years; 1%-3% of patients experience wound dehiscence. A nursing goal for the postoperative patient is always prevention of wound dehiscence. Recognition of risk factors is essential. For example, older males with ascites are at very high risk. Prevention of wound infection and mechanical stress on the incision are important.

**1c.10 Clinical Practice Guideline Citation:**

<http://www.medsurgnursing.net/ceonline/2008/article10296301.pdf>

**1c.11 National Guideline Clearinghouse or other URL:** Not Applicable.

**1c.12 Rating of strength of recommendation (also provide narrative description of the rating and by whom):**

Not Applicable.

**1c.13 Method for rating strength of recommendation (If different from [USPSTF system](#), also describe rating and how it relates to USPSTF):**

Not Applicable.

**1c.14 Rationale for using this guideline over others:**

No competing measures found.

**TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for Importance to Measure and Report?**

1

**Steering Committee: Was the threshold criterion, Importance to Measure and Report, met? Rationale:**

1

Y

NO

**Comment [k]:** USPSTF grading system <http://www.ahrq.gov/clinic/uspstf/grade.htm>: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

2. SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES	
Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. ( <a href="#">evaluation criteria</a> )	<a href="#">Eval Rating</a>
2a. MEASURE SPECIFICATIONS	
S.1 Do you have a web page where current detailed measure specifications can be obtained? S.2 If yes, provide web page URL:	2a-specs C P M N
<p><b>2a. Precisely Specified</b></p> <p><b>2a.1 Numerator Statement</b> (Brief, text description of the numerator - what is being measured about the target population, e.g. target condition, event, or outcome): Discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM procedure code for reclosure of postoperative disruption of abdominal wall.</p> <p><b>2a.2 Numerator Time Window</b> (The time period in which cases are eligible for inclusion in the numerator): Time window can be determined by user, but is generally a calendar year.</p> <p><b>2a.3 Numerator Details</b> (All information required to collect/calculate the numerator, including all codes, logic, and definitions): Discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM procedure code for reclosure of postoperative disruption of abdominal wall.</p> <p>ICD-9-CM Abdominal Wall Reclosure procedure codes: 5461 RECLOSURE OF POSTOPERATIVE DISRUPTION OF ABDOMINAL WALL</p> <p><b>2a.4 Denominator Statement</b> (Brief, text description of the denominator - target population being measured): All abdominopelvic surgical discharges under age 18.</p> <p><b>2a.5 Target population gender:</b> Female, Male <b>2a.6 Target population age range:</b> Age less than 18 years</p> <p><b>2a.7 Denominator Time Window</b> (The time period in which cases are eligible for inclusion in the denominator): Time window can be determined by user, but is generally a calendar year.</p> <p><b>2a.8 Denominator Details</b> (All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions): All abdominopelvic surgical discharges under age 18.</p> <p>ICD-9-CM Abdominopelvic procedure codes: 1731 LAPAROSCOPIC MULTIPLE SEGMENTAL RESECTION OF LARGE INTESTINE OCT08- 1732 LAPAROSCOPIC CECECTOMY OCT08- 1733 LAPAROSCOPIC RIGHT HEMICOLECTOMY OCT08- 1734 LAPAROSCOPIC RESECTION OF TRANSVERSE COLON OCT08- 1735 LAPAROSCOPIC LEFT HEMICOLECTOMY OCT08- 1736 LAPAROSCOPIC SIGMOIDECTOMY OCT08- 1739</p>	

**Comment [KP]:** 2a. The measure is well defined and precisely specified so that it can be implemented consistently within and across organizations and allow for comparability. The required data elements are of high quality as defined by NQF's Health Information Technology Expert Panel (HITEP).



OTHER LAPAROSCOPIC PARTIAL EXCISION OF LARGE INTESTINE OCT08-  
 3804  
 INCISION OF AORTA  
 3806  
 INCISION OF ABDOMINAL ARTERIES  
 3807  
 INCISION OF ABDOMINAL VEINS  
 3814  
 ENDARTERECTOMY OF AORTA  
 3816  
 ENDARTERECTOMY OF ABDOMINAL ARTERIES  
 3834  
 RESECTION OF AORTA W/ ANASTOMOSIS  
 3836  
 RESECTION OF ABDOMINAL ARTERIES W/ ANASTOMOSIS  
 3837  
 RESECTION OF ABDOMINAL VEINS W/ ANASTOMOSIS  
 3844  
 RESECTION OF AORTA, ABDOMINAL W/ REPLACEMENT  
 3846  
 RESECTION OF ABDOMINAL ARTERIES W/ REPLACEMENT  
 3847  
 RESECTION OF ABDOMINAL VEINS W/ REPLACEMENT  
 3857  
 LIGATION AND STRIPPING OF VARICOSE VEINS, ABDOMINAL VEINS  
 3864  
 OTHER EXCISION OF AORTA, ABDOMINAL  
 3866  
 OTHER EXCISION OF ABDOMINAL ARTERIES  
 3867  
 OTHER EXCISION OF ABDOMINAL VEINS  
 3884  
 OTHER SURGICAL OCCLUSION OF AORTA, ABDOMINAL  
 3886  
 OTHER SURGICAL OCCLUSION OF ABDOMINAL ARTERIES  
 3887  
 OTHER SURGICAL OCCLUSION OF ABDOMINAL VEINS  
 391  
 INTRA-ABDOMINAL VENOUS SHUNT  
 3924  
 AORTA-RENAL BYPASS  
 3925  
 AORTA-ILIAC-FEMORAL BYPASS  
 3926  
 OTHER INTRA-ABDOMINAL VASCULAR SHUNT OR BYPASS  
 4052  
 RADICAL EXCISION OF PERIAORTIC LYMPH NODES  
 4053  
 RADICAL EXCISION OF ILIAC LYMPH NODES  
 412  
 SPLENOTOMY  
 4133  
 OPEN BIOPSY OF SPLEEN  
 4141  
 MARSUPIALIZATION OF SPLENIC CYST  
 4142  
 EXCISION OF LESION OR TISSUE OF SPLEEN



4143  
 PARTIAL SPLENECTOMY  
 415  
 TOTAL SPLENECTOMY  
 4193  
 EXCISION OF ACCESSORY SPLEEN  
 4194  
 TRANSPLANTATION OF SPLEEN  
 4195  
 REPAIR AND PLASTIC OPERATIONS ON SPLEEN  
 4199  
 OTHER OPERATIONS ON SPLEEN  
 4240  
 ESOPHAGECTOMY, NOS  
 4241  
 PARTIAL ESOPHAGECTOMY  
 4242  
 TOTAL ESOPHAGECTOMY  
 4253  
 INTRATHORACIC ESOPHAGEAL ANASTOMOSIS W/ INTERPOSITION OF SMALL BOWEL  
 4254  
 OTHER INTRATHORACIC ESOPHAGOENTEROSTOMY  
 4255  
 INTRATHORACIC ESOPHAGEAL ANASTOMOSIS W/ INTERPOSITION OF COLON  
 4256  
 OTHER INTRATHORACIC ESOPHAGOCOLOSTOMY  
 4263  
 ANTESTERNAL ESOPHAGEAL ANASTOMOSIS W/ INTERPOSITION OF SMALL BOWEL  
 4264  
 OTHER ANTESTERNAL ESOPHAGOENTEROSTOMY  
 4265  
 ANTESTERNAL ESOPHAGEAL ANASTOMOSIS W/ INTERPOSITION OF COLON  
 4266  
 OTHER ANTESTERNAL ESOPHAGOCOLOSTOMY  
 4291  
 LIGATION OF ESOPHAGEAL VARICES  
 430  
 GASTROTOMY  
 433  
 PYLOROMYOTOMY  
 4342  
 LOCAL EXCISION OF OTHER LESION OR TISSUE OF STOMACH  
 4349  
 OTHER DESTRUCTION OF LESION OR TISSUE OF STOMACH  
 435  
 PARTIAL GASTRECTOMY W/ ANASTOMOSIS TO ESOPHAGUS  
 436  
 PARTIAL GASTRECTOMY W/ ANASTOMOSIS TO DUODENUM  
 437  
 PARTIAL GASTRECTOMY W/ ANASTOMOSIS TO JEJUNUM  
 4381  
 PARTIAL GASTRECTOMY W/ JEJUNA TRANSPOSITION  
 4389  
 OTHER PARTIAL GASTRECTOMY  
 4391  
 TOTAL GASTRECTOMY W/ INTESTINAL INTERPOSITION  
 4399

OTHER TOTAL GASTRECTOMY  
 4400  
 VAGOTOMY, NOS  
 4401  
 TRUNCAL VAGOTOMY  
 4402  
 HIGHLY SELECTIVE VAGOTOMY  
 4403  
 OTHER SELECTIVE VAGOTOMY  
 4411  
 TRANSABDOMINAL GASTROSCOPY  
 4415  
 OPEN BIOPSY OF STOMACH  
 4421  
 DILATION OF PYLORUS BY INCISION  
 4429  
 OTHER PYLOROPLASTY  
 4431  
 HIGH GASTRIC BYPASS  
 4439  
 OTHER GASTROENTEROSTOMY  
 4440  
 SUTURE OF PEPTIC ULCER, NOS  
 4441  
 SUTURE OF GASTRIC ULCER SITE  
 4442  
 SUTURE OF DUODENAL ULCER SITE  
 445  
 REVISION OF GASTRIC ANASTOMOSIS  
 4461  
 SUTURE OF LACERATION OF STOMACH  
 4463  
 CLOSURE OF OTHER GASTRIC FISTULA  
 4464  
 GASTROPEXY  
 4465  
 ESOPHAGOGASTROPLASTY  
 4466  
 OTHER PROCEDURES FOR CREATION OF ESOPHAGOGASTRIC SPHINCTERIC COMPETENCE  
 4469  
 OTHER REPAIR OF STOMACH  
 4491  
 LIGATION OF GASTRIC VARICES  
 4492  
 INTRAOPERATIVE MANIPULATION OF STOMACH  
 4499\*\*  
 GASTRIC OPERATION NEC (OCT 04)  
 4500  
 INCISION OF INTESTINE, NOS  
 4501  
 INCISION OF DUODENUM  
 4502  
 OTHER INCISION OF SMALL INTESTINE  
 4503  
 INCISION OF LARGE INTESTINE  
 4531  
 OTHER LOCAL EXCISION OF LESION OF DUODENUM

4532  
 OTHER DESTRUCTION OF LESION OF DUODENUM  
 4533  
 LOCAL EXCISION OF LESION OR TISSUE OF SMALL INTESTINE, EXCEPT DUODENUM  
 4534  
 OTHER DESTRUCTION OF LESION OF SMALL INTESTINE, EXCEPT DUODENUM  
 4541  
 EXCISION OF LESION OR TISSUE OF LARGE INTESTINE  
 4549  
 OTHER DESTRUCTION OF LESION OF LARGE INTESTINE  
 4550  
 ISOLATION OF INTESTINAL SEGMENT, NOS  
 4551  
 ISOLATION OF SEGMENT OF SMALL INTESTINE  
 4552  
 ISOLATION OF SEGMENT OF LARGE INTESTINE  
 4561  
 MULTIPLE SEGMENTAL RESECTION OF SMALL INTESTINE  
 4562  
 OTHER PARTIAL RESECTION OF SMALL INTESTINE  
 4563  
 TOTAL REMOVAL OF SMALL INTESTINE  
 4571  
 MULTIPLE SEGMENTAL RESECTION OF LARGE INTESTINE  
 4572  
 CESECTOMY  
 4573  
 RIGHT HEMICOLECTOMY  
 4574  
 RESECTION OF TRANSVERSE COLON  
 4575  
 LEFT HEMICOLECTOMY  
 4576  
 SIGMOIDECTOMY  
 4579  
 OTHER PARTIAL EXCISION OF LARGE INTESTINE  
 458  
 TOTAL INTRA-ABDOMINAL COLECTOMY  
 4581  
 LAPAROSCOPIC TOTAL INTRA-ABDOMINAL COLECTOMY OCT08-  
 4582  
 OPEN TOTAL INTRA-ABDOMINAL COLECTOMY OCT08-  
 4583  
 OTHER AND UNSPECIFIED TOTAL INTRA-ABDOMINAL COLECTOMY OCT08-  
 4590  
 INTESTINAL ANASTOMOSIS, NOS  
 4591  
 SMALL-TO-SMALL INTESTINAL ANASTOMOSIS  
 4592  
 ANASTOMOSIS OF SMALL INTESTINE TO RECTAL STUMP  
 4593  
 OTHER SMALL-TO-LARGE INTESTINAL ANASTOMOSIS  
 4594  
 LARGE-TO-LARGE INTESTINAL ANASTOMOSIS  
 4595  
 ANASTOMOSIS TO ANUS  
 4601

EXTERIORIZATION OF SMALL INTESTINE  
 4603  
 EXTERIORIZATION OF LARGE INTESTINE  
 4610  
 COLOSTOMY, NOS  
 4611  
 TEMPORARY COLOSTOMY  
 4613  
 PERMANENT COLOSTOMY  
 4620  
 ILEOSTOMY, NOS  
 4621  
 TEMPORARY ILESOSTOMY  
 4622  
 CONTINENT ILEOSTOMY  
 4623  
 OTHER PERMANENT ILEOSTOMY  
 4640  
 REVISION OF INTESTINA STOMA, NOS  
 4641  
 REVISION OF STOMA OF SMALL INTESTINE  
 4642  
 REPAIR OF PERICOLOSTOMY HERNIA  
 4643  
 OTHER REVISION OF STOMA OF LARGE INTESTINE  
 4650  
 CLOSURE OF INTESTINAL STOMA, NOS  
 4651  
 CLOSURE OF STOMA OF SMALL INTESTINE  
 4652  
 CLOSURE OF STOMA OF LARGE INTESTINE  
 4660  
 FIXATION OF INTESTINE, NOS  
 4661  
 FIXATION OF SMALL INTESTINE TO ABDOMINAL WALL  
 4662  
 OTHER FIXATION OF SMALL INTESTINE  
 4663  
 FIXATION OF LARGE INTESTINE TO ABDOMINAL WALL  
 4664  
 OTHER FIXATION OF LARGE INTESTINE  
 4672  
 CLOSURE OF FISTULA OF DUODENUM  
 4674  
 CLOSURE OF FISTULA OF SMALL INTESTINE, EXCEPT DUODENUM  
 4676  
 CLOSURE OF FISTULA OF LARGE INTESTINE  
 4680  
 INTRA-ABDOMINAL MANIPULATION OF INTESTINE, NOS  
 4681  
 INTRA-ABDOMINAL MANIPULATION OF SMALL INTESTINE  
 4682  
 INTRA-ABDOMINAL MANIPULATION OF LARGE INTESTINE  
 4691  
 MYOTOMY OF SIGMOID COLON  
 4692  
 MYOTOMY OF OTHER PARTS OF COLON

4693  
 REVISION OF ANASTOMOSIS OF SMALL INTESTINE  
 4694  
 REVISION OF ANASTOMOSIS OF LARGE INTESTINE  
 4699  
 OTHER OPERATIONS ON INTESTINES  
 4709  
 OTHER APPENDECTOMY  
 4719  
 OTHER INCIDENTAL APPENDECTOMY  
 472  
 DRAINAGE OF APPENDICEAL ABSCESS  
 4791  
 APPENDECTOMY  
 4792  
 CLOSURE OF APPENDICEAL FISTULA  
 4799  
 OTHER OPERATIONS ON APPENDIX, OTHER  
 4840  
 PULL-THROUGH RESECTION OF RECTUM, NOT OTHERWISE SPECIFIED OCT08-  
 4841  
 SUBMUCOSAL RESECTION OF RECTUM  
 4843  
 OPEN PULL-THROUGH RESECTION OF RECTUM OCT08-  
 4849  
 OTHER PULL-THROUGH RESECTION OF RECTUM  
 4850  
 ABDOMINOPERINEAL RESECTION OF THE RECTUM, NOS OCT08-  
 4852  
 OPEN ABDOMINOPERINEAL RESECTION OF THE RECTUM OCT08-  
 4859  
 OTHER ABDOMINOPERINEAL RESECTION OF THE RECTUM OCT08-  
 4875  
 ABDOMINAL PROCTOPEXY  
 500  
 HEPATOTOMY  
 5012  
 OPEN BIOPSY OF LIVER  
 5021  
 MARSUPIALIZATION OF LESION OF LIVER  
 5022  
 PARTIAL HEPATECTOMY  
 5023  
 OPN ABLTN LIVER LES/TISS OCT06-  
 5026  
 ABLTN LIVER LES/TISS NEC OCT06-  
 5029  
 OTHER DESTRUCTION OF LESION OF LIVER  
 503  
 LOBECTOMY OF LIVER  
 504  
 TOTAL HEPATECTOMY  
 5051  
 AUXILIARY LIVER TRANSPLANT  
 5059  
 OTHER TRANSPLANT OF LIVER  
 5069

OTHER REPAIR OF LIVER  
 5103  
 OTHER CHOLECYSTOSTOMY  
 5104  
 OTHER CHOLECYSTOTOMY  
 5113  
 OPEN BIOPSY OF GALLBLADDER OR BILE DUCTS  
 5121  
 OTHER PARTIAL CHOLECYSTECTOMY  
 5122  
 CHOLECYSTECTOMY  
 5131  
 ANASTOMOSIS OF GALLBLADDER TO HEPATIC DUCTS  
 5132  
 ANASTOMOSIS OF GALLBLADDER TO INTESTINE  
 5133  
 ANASTOMOSIS OF GALLBLADDER TO PANCREAS  
 5134  
 ANASTOMOSIS OF GALLBLADDER TO STOMACH  
 5135  
 OTHER GALLBLADDER ANASTOMOSIS  
 5136  
 CHOLEDOCHOENTEROSTOMY  
 5137  
 ANASTOMOSIS OF HEPATIC DUCT TO GASTROINTESTINAL TRACT  
 5139  
 OTHER BILE DUCT ANASTOMOSIS  
 5141  
 COMMON DUCT EXPLORATION FOR REMOVAL OF CALCULUS  
 5142  
 COMMON DUCT EXPLORATION FOR RELIEF OF OTHER OBSTRUCTION  
 5143  
 INSERTION OF CHOLEDOCHOHEPATIC TUBE FOR DECOMPRESSION  
 5149  
 INCISION OF OTHER BILE DUCTS FOR RELIEF OF OBSTRUCTION  
 5151  
 EXPLORATION OF COMMON DUCT  
 5159  
 INCISION OF OTHER BILE DUCT  
 5161  
 EXCISION OF CYSTIC DUCT REMNANT  
 5162  
 EXCISION OF AMPULLA OF VATER W/ REIMPLANTATION OF COMMON DUCT  
 5163  
 OTHER EXCISION OF COMMON DUCT  
 5169  
 EXCISION OF OTHER BILE DUCT  
 5171  
 SIMPLE SUTURE OF COMMON BILE DUCT  
 5172  
 CHOLEDOCHOPLASTY  
 5179  
 REPAIR OF OTHER BILE DUCTS  
 5181  
 DILATION OF SPHINCTER OF ODDI  
 5182  
 PANCREATIC SPHINCTEROTOMY

5183  
 PANCREATIC SPHINCTEROPLASTY  
 5189  
 OTHER OPERATIONS ON SPHINCTER OF ODDI  
 5192  
 CLOSURE OF CHOLECYSTOSTOMY  
 5193  
 CLOSURE OF OTHER BILIARY FISTULA  
 5194  
 REVISION OF ANASTOMOSIS OF BILIARY TRACT  
 5195  
 REMOVAL OF PROSTHETIC DEVICE FROM BILE DUCT  
 5199  
 OTHER OPERATIONS ON BILIARY TRACT  
 5201  
 DRAINAGE OF PANCREATIC CYST BY CATHETER  
 5209  
 OTHER PANCREATOTOMY  
 5212  
 OPEN BIOPSY OF PANCREAS  
 5222  
 OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF PANCREAS OR PANCREATIC DUCT  
 523  
 MARSUPIALIZATION OF PANCREATIC CYST  
 524  
 INTERNAL DRAINAGE OF PANCREATIC CYST  
 5251  
 PROXIMAL PANCREATECTOMY  
 5252  
 DISTAL PANCREATECTOMY  
 5253  
 RADICAL SUBTOTAL PANCREATECTOMY  
 5259  
 OTHER PARTIAL PANCREATECTOMY  
 526  
 TOTAL PANCREATECTOMY  
 527  
 RADICAL PANCREATODUODENECTOMY  
 5280  
 PANCREATIC TRANSPLANT, NOS  
 5281  
 REIMPLANTATION  
 5282  
 HOMOTRANSPLANT OF PANCREAS  
 5283  
 HETEROTRANSPLANT OF PANCREAS  
 5292  
 CANNULATION OF PANCREATIC DUCT  
 5295  
 OTHER REPAIR OF PANCREAS  
 5296  
 ANASTOMOSIS OF PANCREAS  
 5299  
 OTHER OPERATIONS ON PANCREAS  
 5300  
 UNILATERAL REPAIR OF INGUINAL HERNIA, NOS  
 5301



REPAIR OF DIRECT INGUINAL HERNIA  
 5302  
 REPAIR OF INDIRECT INGUINAL HERNIA  
 5303  
 REPAIR OF DIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS  
 5304  
 REPAIR OF INDIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS  
 5305  
 REPAIR OF INGUINAL HERNIA W/ GRAFT OR PROSTHESIS, NOS  
 5310  
 BILATERAL REPAIR OF INGUINAL HERNIA, NOS  
 5311  
 BILATERAL REPAIR OF DIRECT INGUINAL HERNIA  
 5312  
 BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA  
 5313  
 BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT  
 5314  
 BILATERAL REPAIR OF DIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS  
 5315  
 BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS  
 5316  
 BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT, W/ GRAFT OR PROSTHESIS  
 5317  
 BILATERAL INGUINAL HERNIA REPAIR W/ GRAFT OR PROSTHESIS, NOS  
 5321  
 UNILATERAL REPAIR OF FEMORAL HERNIA  
 5329  
 OTHER UNILATERAL FEMORAL HERNIORRHAPHY  
 5331  
 BILATERAL REPAIR OF FEMORAL HERNIA W/ GRAFT OR PROSTHESIS  
 5339  
 OTHER BILATERAL FEMORAL HERNIORRHAPHY  
 5341  
 REPAIR OF UMBILICAL HERNIA W/ PROSTHESIS  
 5349  
 OTHER UMBILICAL HERNIORRHAPHY  
 5351  
 INCISIONAL HERNIA REPAIR  
 5359  
 REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL  
 5361  
 INCISIONAL HERNIA REPAIR W/ PROSTHESIS  
 5369  
 REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL W/ PROSTHESIS  
 537  
 REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH  
 5375  
 REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH, NOS OCT08-  
 540  
 INCISION OF ABDOMINAL WALL  
 5411  
 EXPLORATORY LAPAROTOMY  
 5419  
 OTHER LAPAROTOMY  
 5422  
 BIOPSY OF ABDOMINAL WALL OR UMBILICUS

5423  
 BIOPSY OF ABDOMINAL WALL OR UMBILICUS  
 543  
 EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ABDOMINAL WALL OR UMBILICUS  
 544  
 EXCISION OR DESTRUCTION OF PERITONEAL TISSUE  
 5459  
 OTHER LYSIS OF PERITONEAL ADHESIONS  
 5463  
 OTHER SUTURE OF ABDOMINAL WALL  
 5464  
 SUTURE OF PERITONEUM  
 5471  
 REPAIR OF GASTROSCHISIS  
 5472  
 OTHER REPAIR OF ABDOMINAL WALLS  
 5473  
 OTHER REPAIR OF PERITONEUM  
 5151  
 EXPLORATION OF COMMON DUCT  
 5159  
 INCISION OF OTHER BILE DUCT  
 5161  
 EXCISION OF CYSTIC DUCT REMNANT  
 5162  
 EXCISION OF AMPULLA OF VATER W/ REIMPLANTATION OF COMMON DUCT  
 5163  
 OTHER EXCISION OF COMMON DUCT  
 5169  
 EXCISION OF OTHER BILE DUCT  
 5171  
 SIMPLE SUTURE OF COMMON BILE DUCT  
 5172  
 CHOLEDOCHOPLASTY  
 5179  
 REPAIR OF OTHER BILE DUCTS  
 5181  
 DILATION OF SPHINCTER OF ODDI  
 5182  
 PANCREATIC SPHINCTEROTOMY  
 5183  
 PANCREATIC SPHINCTEROPLASTY  
 5189  
 OTHER OPERATIONS ON SPHINCTER OF ODDI  
 5192  
 CLOSURE OF CHOLECYSTOSTOMY  
 5193  
 CLOSURE OF OTHER BILIARY FISTULA  
 5194  
 REVISION OF ANASTOMOSIS OF BILIARY TRACT  
 5195  
 REMOVAL OF PROSTHETIC DEVICE FROM BILE DUCT  
 5199  
 OTHER OPERATIONS ON BILIARY TRACT  
 5201  
 DRAINAGE OF PANCREATIC CYST BY CATHETER  
 5209

OTHER PANCREATOTOMY  
 5212  
 OPEN BIOPSY OF PANCREAS  
 5222  
 OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF PANCREAS OR PANCREATIC DUCT  
 523  
 MARSUPIALIZATION OF PANCREATIC CYST  
 524  
 INTERNAL DRAINAGE OF PANCREATIC CYST  
 5251  
 PROXIMAL PANCREATECTOMY  
 5252  
 DISTAL PANCREATECTOMY  
 5253  
 RADICAL SUBTOTAL PANCREATECTOMY  
 5259  
 OTHER PARTIAL PANCREATECTOMY  
 526  
 TOTAL PANCREATECTOMY  
 527  
 RADICAL PANCREATODUODENECTOMY  
 5280  
 PANCREATIC TRANSPLANT, NOS  
 5281  
 REIMPLANTATION  
 5282  
 HOMOTRANSPLANT OF PANCREAS  
 5283  
 HETEROTRANSPLANT OF PANCREAS  
 5292  
 CANNULATION OF PANCREATIC DUCT  
 5295  
 OTHER REPAIR OF PANCREAS  
 5296  
 ANASTOMOSIS OF PANCREAS  
 5299  
 OTHER OPERATIONS ON PANCREAS  
 5300  
 UNILATERAL REPAIR OF INGUINAL HERNIA, NOS  
 5301  
 REPAIR OF DIRECT INGUINAL HERNIA  
 5302  
 REPAIR OF INDIRECT INGUINAL HERNIA  
 5303  
 REPAIR OF DIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS  
 5304  
 REPAIR OF INDIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS  
 5305  
 REPAIR OF INGUINAL HERNIA W/ GRAFT OR PROSTHESIS, NOS  
 5310  
 BILATERAL REPAIR OF INGUINAL HERNIA, NOS  
 5311  
 BILATERAL REPAIR OF DIRECT INGUINAL HERNIA  
 5312  
 BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA  
 5313  
 BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT

5314  
 BILATERAL REPAIR OF DIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS  
 5315  
 BILATERAL REPAIR OF INDIRECT INGUINAL HERNIA W/ GRAFT OR PROSTHESIS  
 5316  
 BILATERAL REPAIR OF INGUINAL HERNIA, ONE DIRECT AND ONE INDIRECT, W/ GRAFT OR PROSTHESIS  
 5317  
 BILATERAL INGUINAL HERNIA REPAIR W/ GRAFT OR PROSTHESIS, NOS  
 5321  
 UNILATERAL REPAIR OF FEMORAL HERNIA  
 5329  
 OTHER UNILATERAL FEMORAL HERNIORRHAPHY  
 5331  
 BILATERAL REPAIR OF FEMORAL HERNIA W/ GRAFT OR PROSTHESIS  
 5339  
 OTHER BILATERAL FEMORAL HERNIORRHAPHY  
 5341  
 REPAIR OF UMBILICAL HERNIA W/ PROSTHESIS  
 5349  
 OTHER UMBILICAL HERNIORRHAPHY  
 5351  
 INCISIONAL HERNIA REPAIR  
 5359  
 REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL  
 5361  
 INCISIONAL HERNIA REPAIR W/ PROSTHESIS  
 5369  
 REPAIR OF OTHER HERNIA OF ANTERIOR ABDOMINAL WALL W/ PROSTHESIS  
 537  
 REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH  
 5375  
 REPAIR OF DIAPHRAGMATIC HERNIA, ABDOMINAL APPROACH, NOS OCT08-  
 540  
 INCISION OF ABDOMINAL WALL  
 5411  
 EXPLORATORY LAPAROTOMY  
 5419  
 OTHER LAPAROTOMY  
 5422  
 BIOPSY OF ABDOMINAL WALL OR UMBILICUS  
 5423  
 BIOPSY OF ABDOMINAL WALL OR UMBILICUS  
 543  
 EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ABDOMINAL WALL OR UMBILICUS  
 544  
 EXCISION OR DESTRUCTION OF PERITONEAL TISSUE  
 5459  
 OTHER LYSIS OF PERITONEAL ADHESIONS  
 5463  
 OTHER SUTURE OF ABDOMINAL WALL  
 5464  
 SUTURE OF PERITONEUM  
 5471  
 REPAIR OF GASTROSCHISIS  
 5472  
 OTHER REPAIR OF ABDOMINAL WALLS  
 5473

## OTHER REPAIR OF PERITONEUM

**2a.9 Denominator Exclusions** (Brief text description of exclusions from the target population): **Exclude** cases:

- where a procedure for reclosure of postoperative disruption of abdominal wall occurs before or on the same day as the first abdominopelvic surgery procedure
- Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available
- where length of stay is less than 2 days
- with any diagnosis of high- or intermediate-risk immunocompromised state
- with any procedure code for transplant
- with hepatic failure consisting of any diagnosis of cirrhosis plus a code for hepatic coma or hepatorenal syndrome in any diagnosis field
- with procedure code for gastroschisis or umbilical hernia repair in newborns (omphalocele repair) performed before reclosure
- MDC 14 (pregnancy, childbirth, and puerperium)
- neonates with birth weight less than 500 grams (Birth Weight Category 1)

**2a.10 Denominator Exclusion Details** (All information required to collect exclusions to the denominator, including all codes, logic, and definitions):

## Exclude cases:

- where a procedure for reclosure of postoperative disruption of abdominal wall occurs before or on the same day as the first abdominopelvic surgery procedure
- Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available
- where length of stay is less than 2 days
- with any diagnosis of high- or intermediate-risk immunocompromised state
- with any procedure code for transplant
- with hepatic failure consisting of any diagnosis of cirrhosis plus a code for hepatic coma or hepatorenal syndrome in any diagnosis field
- with procedure code for gastroschisis or umbilical hernia repair in newborns (omphalocele repair) performed before reclosure
- MDC 14 (pregnancy, childbirth, and puerperium)
- neonates with birth weight less than 500 grams (Birth Weight Category 1)

## See Pediatric Quality Indicators Appendices:

- Appendix F - High-risk Immunocompromised States
- Appendix G - Intermediate-risk Immunocompromised States
- Appendix I - Definitions of, Neonate, Newborn, Normal Newborn, and Outborn
- Appendix L - Low Birth Weight Categories

PDI appendices appear at this link:

<http://www.qualityindicators.ahrq.gov/downloads/pdi/TechSpecs42/PDI%20Appendices.pdf>

## ICD-9-CM Transplant procedure codes:

335  
LUNG TRANSPLANT  
3350  
LUNG TRANSPLANT NOS  
3351  
UNILAT LUNG TRANSPLANT  
3352  
BILAT LUNG TRANSPLANT  
336  
COMBINED HEART-LUNG TRANSPLANTATION  
375  
HEART TRANSPLANTATION  
3751

**Comment [k]:** 11 Risk factors that influence outcomes should not be specified as exclusions.  
12 Patient preference is not a clinical exception to eligibility and can be influenced by provider interventions.

HEART TRANSPLANTATION  
 410  
 OPERATIONS ON BONE MARROW AND SPLEEN  
 4100  
 BONE MARROW TRNSPLNT NOS  
 4101  
 AUTO BONE MT W/O PURG  
 4102  
 ALO BONE MARROW TRNSPLNT  
 4103  
 ALLOGRFT BONE MARROW NOS  
 4104  
 AUTO HEM STEM CT W/O PUR  
 4105  
 ALLO HEM STEM CT W/O PUR  
 4106  
 CORD BLD STEM CELL TRANS  
 4107  
 AUTO HEM STEM CT W PURG  
 4108  
 ALLO HEM STEM CT W PURG  
 4109  
 AUTO BONE MT W PURGING  
 5051  
 AUXILIARY LIVER TRANSPL  
 5059  
 LIVER TRANSPLANT NEC  
 5280  
 PANCREATIC TRANSPLANT, NOS  
 5281  
 REIMPLANTATION OF PANCREATIC TISSUE  
 5282  
 REIMPLANTATION OF PANCREATIC TISSUE  
 5283  
 HETEROTRANSPLANT OF PANCREAS  
 5285  
 ALLOTTRANSPLANTATION OF CELLS OF ISLETS OF LINGERHANS  
 5286  
 TRANSPLANTATION OF CELLS OF ISLETS OF LANGERHANS, NOS  
 5569  
 OTHER KIDNEY TRANSPLANTATION  
  
 ICD-9-CM Hepatic Failure Diagnosis Codes - Part I  
 5712  
 ALCOHOLIC CIRRHOSIS OF LIVER  
 5715  
 CIRRHOSIS OF LIVER WITHOUT MENTION OF ALCOHOL  
 5716  
 BILIARY CIRRHOSIS  
 AND  
 ICD-9-CM Hepatic Failure Diagnosis Codes - Part II  
 5722  
 HEPATIC COMA  
 5724  
 HEPATORENAL SYNDROME  
 ICD-9-CM Gastroschisis or Umbilical Hernia Repair procedure codes  
 5341

## REPAIR OF UMBILICAL HERNIA WITH PROSTHESIS

5349

## OTHER UMBILICAL HERNIORRHAPHY

5471

## REPAIR OF GASTROSCHISIS

**2a.11 Stratification Details/Variables** (*All information required to stratify the measure including the stratification variables, all codes, logic, and definitions*):

Clinical stratification for PDIs 10 and 11 is divided into four categories based on surgical class associated with the DRG or MS-DRG and whether or not the admission type is elective (SID ATYPE=3), as shown in the table below.

## PDI 10 and PDI 11 Clinical Stratification Categories

## Clinical Stratification

## Surgical Class DRG

## Admission Type

## Strata 1. Clean Procedures Elective

1

## Elective

## Strata 2. Clean Procedures Non-Elective

1

## Not Elective

## Strata 3. Potentially Contaminated Elective

2, 3, or 9

## Elective

## Strata 4. Potentially Contaminated Non-Elective

2, 3, or 9

## Not Elective

## Surgical Class 1 DRGs

For discharges using DRGs (before October 1, 2007)

## DRG

## TITLE

003

## CRANIOTOMY AGE 0-17

006

## CARPAL TUNNEL RELEASE

007

## PERIPH &amp; CRANIAL NERVE &amp; OTHER NERV SYST PROC W CC

008

## PERIPH &amp; CRANIAL NERVE &amp; OTHER NERV SYST PROC W/O CC

036

## RETINAL PROCEDURES

037

## ORBITAL PROCEDURES

038

## PRIMARY IRIS PROCEDURES

039

## LENS PROCEDURES WITH OR WITHOUT VITRECTOMY

041

## EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17

042

## INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS &amp; LENS

049

## MAJOR HEAD &amp; NECK PROCEDURES

050

## SIALOADENECTOMY

## DRG

## TITLE



051  
 SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY  
 052  
 CLEFT LIP & PALATE REPAIR  
 054  
 SINUS & MASTOID PROCEDURES AGE 0-17  
 055  
 MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES  
 056  
 RHINOPLASTY  
 058  
 T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17  
 060  
 TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17  
 062  
 MYRINGOTOMY W TUBE INSERTION AGE 0-17  
 063  
 OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES  
 DRG  
 TITLE  
 103  
 HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM  
 104  
 CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH  
 105  
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550  
CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX  
551  
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552  
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553  
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554  
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002  
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC  
009  
BONE MARROW TRANSPLANT  
020  
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC

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 023  
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 024  
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 032  
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 033  
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 034  
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 035  
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 036  
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 037  
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 042  
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 114  
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 115  
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 116  
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 130  
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 131  
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 133  
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 OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC  
 136  
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 137  
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 223  
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 227  
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 229  
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 230  
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 231  
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232  
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 233  
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 234  
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 237  
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 238  
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 245  
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 248  
 PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS  
 249  
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 252  
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 520  
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 525  
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 528  
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 529  
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 531  
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 532  
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 533  
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 534  
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 535  
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 536  
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 537  
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 538  
 LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC  
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 544  
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 545  
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 546  
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 547  
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 548  
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 549  
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 550  
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 551  
 PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR  
 552  
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 553  
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 554  
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 557  
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 002  
 HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC  
 009  
 BONE MARROW TRANSPLANT  
 020  
 INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC  
 021  
 INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC  
 022  
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 023  
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 024  
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 027  
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 028  
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 029  
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 030  
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 035  
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 PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM  
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 129  
 MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE  
 130  
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 131  
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 132  
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 133  
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 223  
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 224  
 CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC  
 225  
 CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC  
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 226  
 CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC  
 227  
 CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC

228  
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 229  
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 230  
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 231  
 CORONARY BYPASS W PTCA W MCC  
 232  
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 233  
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 234  
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 236  
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 237  
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 238  
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 243  
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 244  
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 245  
 AICD LEAD & GENERATOR PROCEDURES  
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 247  
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 248  
 PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS  
 249  
 PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC  
 250  
 PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI W MCC  
 251  
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 252  
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 253  
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 254  
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 256  
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 257  
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 258  
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 260  
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 261  
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 262  
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 263  
 VEIN LIGATION & STRIPPING  
 264  
 OTHER CIRCULATORY SYSTEM O.R. PROCEDURES  
 352  
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 453  
 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC  
 454  
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 455  
 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC  
 456  
 SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC  
 457  
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 458  
 SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC  
 459  
 SPINAL FUSION EXCEPT CERVICAL W MCC  
 460  
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 461  
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 ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY  
 774  
 VAGINAL DELIVERY W COMPLICATING DIAGNOSES  
 MS-DRG  
 TITLE  
 775  
 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES  
 981  
 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC  
 982  
 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC

983  
 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC  
 984  
 PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC  
 985  
 PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC  
 986  
 PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC  
 987  
 NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC  
 988  
 NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC  
 989  
 NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC  
 Surgical Class 3 DRGs  
 For discharges using DRGs (before October 1, 2007)  
 DRG  
 TITLE  
 263  
 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC  
 264  
 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC  
 439  
 SKIN GRAFTS FOR INJURIES  
 440  
 WOUND DEBRIDEMENTS FOR INJURIES  
 441  
 HAND PROCEDURES FOR INJURIES  
 442  
 OTHER O.R. PROCEDURES FOR INJURIES W CC  
 443  
 OTHER O.R. PROCEDURES FOR INJURIES W/O CC  
 484  
 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA  
 DRG  
 TITLE  
 485  
 LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA  
 486  
 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA  
 504  
 EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/SKIN GFT  
 506  
 FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA  
 507  
 FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA  
 Surgical Class 3 MS-DRGs  
 For discharges using MS-DRGs (on or after October 1, 2007)  
 MS-DRG  
 TITLE  
 573  
 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W MCC  
 MS-DRG  
 TITLE  
 574  
 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC

<p><b>2a.12-13 Risk Adjustment Type:</b> Risk adjustment method widely or commercially available</p> <p><b>2a.14 Risk Adjustment Methodology/Variables</b> (<i>List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method</i>):  The predicted value for each case is computed using a hierarchical model (logistic regression with hospital random effect) and covariates for gender, birth weight (500g groups), age in days (29-60, 61-90, 91+), age in years (in 5-year age groups), modified CMS DRG and AHRQ CCS comorbidities. The reference population used in the model is the universe of discharges for states that participate in the HCUP State Inpatient Databases (SID) for the year 2007 (updated annually), a database consisting of 43 states and approximately 6 million pediatric discharges. The expected rate is computed as the sum of the predicted value for each case divided by the number of cases for the unit of analysis of interest (i.e., hospital, state, and region). The risk adjusted rate is computed using indirect standardization as the observed rate divided by the expected rate, multiplied by the reference population rate.  Required data elements: CMS Diagnosis Related Group (DRG); CMS Major Diagnostic Category (MDC); age in days up to 364, then age years at admission; International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) principal and secondary diagnosis codes.</p> <p><b>2a.15-17 Detailed risk model available Web page URL or attachment:</b> URL None  <a href="http://www.qualityindicators.ahrq.gov/downloads/pdi/PDI%20Risk%20Adjustment%20Tables%20(Versions%204%20202).pdf">http://www.qualityindicators.ahrq.gov/downloads/pdi/PDI%20Risk%20Adjustment%20Tables%20(Versions%204%20202).pdf</a></p>	
<p><b>2a.18-19 Type of Score:</b> Rate/proportion</p> <p><b>2a.20 Interpretation of Score:</b> Better quality = Lower score</p> <p><b>2a.21 Calculation Algorithm</b> (<i>Describe the calculation of the measure as a flowchart or series of steps</i>):  [Each indicator is expressed as a rate, is defined as outcome of interest / population at risk or numerator / denominator. The AHRQ Quality Indicators (AHRQ QI) software performs five steps to produce the rates. 1) Discharge-level data is used to mark inpatient records containing the outcome of interest and 2) the population at risk. For provider indicators, the population at risk is also derived from hospital discharge records; for area indicators, the population at risk is derived from U.S. Census data. 3) Calculate observed rates. Using output from steps 1 and 2, rates are calculated for user-specified combinations of stratifiers. 4) Calculate expected rates. Regression coefficients from a reference population database are applied to the discharge records and aggregated to the provider or area level. 5) Calculate risk-adjusted rate. Use the indirect standardization to account for case-mix. 6) Calculate smoothed rate. A Univariate shrinkage factor is applied to the risk-adjusted rates. The shrinkage estimate reflects a reliability adjustment unique to each indicator. Full information on calculation algorithms and specifications can be found at <a href="http://qualityindicators.ahrq.gov/PDI_download.htm">http://qualityindicators.ahrq.gov/PDI_download.htm</a></p>	
<p><b>2a.22 Describe the method for discriminating performance</b> (<i>e.g., significance testing</i>):  Significance testing is not prescribed by the software. Users may calculate a confidence interval for the risk-adjusted rates and a posterior probability interval for the smoothed rates at a 95% or 99% level. Users may define the relevant benchmark and the methods of discriminating performance according to their application.</p>	
<p><b>2a.23 Sampling (Survey) Methodology</b> <i>If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate):</i>  Not applicable</p>	
<p><b>2a.24 Data Source</b> (<i>Check the source(s) for which the measure is specified and tested</i>)  Claims</p> <p><b>2a.25 Data source/data collection instrument</b> (<i>Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.</i>):  The data source is hospital discharge data such as the HCUP State Inpatient Databases (SID) or equivalent using UB-04 coding standards. The data collection instrument is public-use AHRQ QI software available in SAS or Windows versions.</p> <p><b>2a.26-28 Data source/data collection instrument reference web page URL or attachment:</b> URL None  <a href="http://www.qualityindicators.ahrq.gov/software.htm">http://www.qualityindicators.ahrq.gov/software.htm</a></p>	

<p><b>2a.29-31 Data dictionary/code table web page URL or attachment:</b> URL None  <a href="http://www.qualityindicators.ahrq.gov/downloads/winqi/AHRQ_QI_Windows_Software_Documentation_V41a.pdf">http://www.qualityindicators.ahrq.gov/downloads/winqi/AHRQ_QI_Windows_Software_Documentation_V41a.pdf</a></p> <p><b>2a.32-35 Level of Measurement/Analysis</b> (Check the level(s) for which the measure is specified and tested)  Facility</p> <p><b>2a.36-37 Care Settings</b> (Check the setting(s) for which the measure is specified and tested)  Inpatient/Hospital</p> <p><b>2a.38-41 Clinical Services</b> (Healthcare services being measured, check all that apply)  Clinicians: Physicians (MD/DO)</p>	
<b>TESTING/ANALYSIS</b>	
<b>2b. Reliability testing</b>	
<p><b>2b.1 Data/sample</b> (description of data/sample and size): AHRQ 2003 Kid's Inpatient Database (KID) with 3 million discharges</p> <p><b>2b.2 Analytic Method</b> (type of reliability &amp; rationale, method for testing):  Literature review, clinical panels and empirical analysis</p> <p><b>2b.3 Testing Results</b> (reliability statistics, assessment of adequacy in the context of norms for the test conducted):  The incidence of post-operative wound dehiscence was investigated in pediatric patients in several studies (e.g., 1.25 per 1,000 discharges at 0-17 years, 1.74 at 18-44 years, 2.65 at 45-64 years, and 3.77 at 65 or more years).(10) HCUP data from 1997 showed a rate of 2.9 per 10,000 discharges for a broader definition of post-operative wound disruption (based on either a diagnosis code or a procedure code). Using HCUP data from 2000, a rate of 8 per 10,000 discharges was seen for the complication of postoperative wound dehiscence in pediatric patients 0-18 years of age.(11, 17) Additionally, it was found that this complication resulted in an increased mean length of stay (by 21.1 days) and \$76,737 in increased charges in affected patients, with 5.7 times higher odds of in-hospital mortality (after adjusting for age, gender, expected payer, up to 30 comorbidities, and multiple hospital characteristics, including ownership, teaching status, nursing expertise, urban location, bed size, pediatric volume, coding intensity, ICU bed percentage, and surgical discharge percentage).(11) Sedman et al found a range of observed rates for post-operative wound dehiscence from 1.7 per 1,000 in 2002 to 1.2 per 10,000 in 1999 using NACHRI data (i.e., a slight downward trend over time).(12)</p>	2b C● P● M● N●
<b>2c. Validity testing</b>	
<p><b>2c.1 Data/sample</b> (description of data/sample and size): The Agency for Healthcare Research and Quality pediatric quality indicator algorithms were applied to 76 children's hospital's discharge abstract data (1,794,675 discharges) from 2003 to 2005. [1]</p> <p>Agency for Healthcare Research and Quality pediatric-specific quality indicators were used to identify adverse events in 431524 discharges from 38 freestanding, academic, not-for-profit, tertiary care pediatric hospitals in the United States participating in the Pediatric Health Information System database in 2006. [2]</p> <p><b>2c.2 Analytic Method</b> (type of validity &amp; rationale, method for testing):  Subsequently, clinicians from 28 children's hospitals reviewed 1703 charts in which complications had been identified. They answered questions as to correctness of secondary diagnoses that were associated with the indicator, whether a complication was already present on admission, and whether that complication was preventable, nonpreventable, or uncertain. [1]</p> <p>In this study, we matched each case subject with 3 control subjects within the same all-patient refined diagnosis-related group (APR-DRG [3M Corporation, St Paul, MN]) severity level, age group (as defined by</p>	2c C● P● M● N●

**Comment [KP]:** 2b. Reliability testing demonstrates the measure results are repeatable, producing the same results a high proportion of the time when assessed in the same population in the same time period.

**Comment [k]:** 8 Examples of reliability testing include, but are not limited to: inter-rater/abstractor or intra-rater/abstractor studies; internal consistency for multi-item scales; test-retest for survey items. Reliability testing may address the data items or final measure score.

**Comment [KP]:** 2c. Validity testing demonstrates that the measure reflects the quality of care provided, adequately distinguishing good and poor quality. If face validity is the only validity addressed, it is systematically assessed.

**Comment [k]:** 9 Examples of validity testing include, but are not limited to: determining if measure scores adequately distinguish between providers known to have good or poor quality assessed by another valid method; correlation of measure scores with another valid indicator of quality for the specific topic; ability of measure scores to predict scores on some other related valid measure; content validity for multi-item scales/tests. Face validity is a subjective assessment by experts of whether the measure reflects the quality of care (e.g., whether the proportion of patients with BP < 140/90 is a marker of quality). If face validity is the only validity addressed, it is systematically assessed (e.g., ratings by relevant stakeholders) and the measure is judged to represent quality care for the specific topic and that the measure focus is the most important aspect of quality for the specific topic.

the American Academy of Pediatrics as <30 days, 30-364 days, 1-4 years, 5-12 years, 13-17 years, and 18 years), and hospital. If >3 control subjects were available on the basis of these restrictions, we used propensity scores to minimize the bias in selecting matched control subjects. Statistical significance for the difference in use between the case and control subjects was determined by using Wilcoxon's signed rank test, a nonparametric alternative to the 1-sample t test. [2]

**2c.3 Testing Results** (statistical results, assessment of adequacy in the context of norms for the test conducted):

PD 11: Postoperative Wound Dehiscence (n102) In the 3-year period there were 102 cases, and 10% were POA. Clinician reviewers thought that 66% of the remaining events were not clearly preventable. There were a number of patients with diaphragmatic hernia in which the wound was left open purposefully and was closed in stages when there was decreased swelling. Several clinicians noted that dehiscence occurred when children has severe crying and coughing, sometime occurring after extubation, and concluded that better sedation and pain management might have prevented the dehiscence. [1]

Age was the only demographic factor with any statistically significant differences between matched and unmatched case subjects for accidental puncture and laceration. The demographic variables race, gender, payer, disposition, and census region had no differences in any of the PDIs. The occurrence of Postoperative wound dehiscence was not associated with a statistically significant increase in LOS or excess charges. [2]

**References**

[1] Scanlon MC, Harris JM 2nd, Levy F, Sedman A. Evaluation of the agency for healthcare research and quality pediatric quality indicators. Pediatrics. 2008 Jun;121(6):e1723-31. Epub 2008 May 12. PMID: 18474532.

[2] Kronman MP, Hall M, Slonim AD, Shah SS. Charges and lengths of stay attributable to adverse patient-care events using pediatric-specific quality indicators: a multicenter study of freestanding children's hospitals. Pediatrics. 2008 Jun;121(6):e1653-9. PMID: 18519468; DOI: <http://dx.doi.org/10.1542/peds.2007-2831>.

**2d. Exclusions Justified**

**2d.1 Summary of Evidence supporting exclusion(s):**

Exclusions remove cases where the outcome of interest is less likely to be preventable or more likely to be preventable or with no or very low risk

**2d.2 Citations for Evidence:**

Updated citations will be presented in the May Steering Committee meeting

Measures of Pediatric Health Care Quality Based on Hospital Administrative Data, The Pediatric Quality Indicators. Ver 3.1 March 2007  
[http://qualityindicators.ahrq.gov/downloads/pdi/pdi\\_measures\\_v31.pdf](http://qualityindicators.ahrq.gov/downloads/pdi/pdi_measures_v31.pdf)

**2d.3 Data/sample** (description of data/sample and size): AHRQ 2007 State Inpatient Databases (SID) with 3,500 hospitals and 6 million pediatric discharges

**2d.4 Analytic Method** (type analysis & rationale):

Expert panel review

**2d.5 Testing Results** (e.g., frequency, variability, sensitivity analyses):

Measures of Pediatric Health Care Quality Based on Hospital Administrative Data, The Pediatric Quality Indicators. Ver 3.1 March 2007  
[http://qualityindicators.ahrq.gov/downloads/pdi/pdi\\_measures\\_v31.pdf](http://qualityindicators.ahrq.gov/downloads/pdi/pdi_measures_v31.pdf)

**2e. Risk Adjustment for Outcomes/ Resource Use Measures**

**2e.1 Data/sample** (description of data/sample and size): [AHRQ 2007 State Inpatient Databases (SID) with 3,500 hospitals and 6 million pediatric discharges]

2d  
CO  
PO  
MO  
NO  
NAO

2e  
CO  
PO  
MO  
NO

**Comment [KP]:** 2d. Clinically necessary measure exclusions are identified and must be:

- supported by evidence of sufficient frequency of occurrence so that results are distorted without the exclusion;

AND

- a clinically appropriate exception (e.g., contraindication) to eligibility for the measure focus;

AND

- precisely defined and specified:
    - if there is substantial variability in exclusions across providers, the measure is specified so that exclusions are computable and the effect on the measure is transparent (i.e., impact clearly delineated, such as number of cases excluded, exclusion rates by type of exclusion);
- if patient preference (e.g., informed decision-making) is a basis for exclusion, there must be evidence that it strongly impacts performance on the measure and the measure must be specified so that the information about patient preference and the effect on the measure is transparent (e.g., numerator category computed separately, denominator exclusion category computed separately).

**Comment [k]:** 10 Examples of evidence that an exclusion distorts measure results include, but are not limited to: frequency of occurrence, sensitivity analyses with and without the exclusion, and variability of exclusions across providers.

**Comment [KP]:** 2e. For outcome measures and other measures (e.g., resource use) when indicated:

- an evidence-based risk-adjustment strategy (e.g., risk models, risk stratification) is specified and is based on patient clinical factors that influence the measured outcome (but not disparities in care) and are present at start of care;

OR

rationale/data support no risk adjustment.

<p><b>2e.2 Analytic Method</b> (type of risk adjustment, analysis, &amp; rationale): Risk-adjustment models use a standard set of categories based on readily available classification systems for demographics, severity of illness and comorbidities. Within each category, covariates are initially selected based on a minimum of 30 cases in the outcome of interest. Then a stepwise regression process on a development sample is used to select a parsimonious set of covariates where <math>p &lt; .05</math>. Model is then tested on a validation sample</p> <p><b>2e.3 Testing Results</b> (risk model performance metrics): c-statistic 0.5</p> <p><b>2e.4 If outcome or resource use measure is not risk adjusted, provide rationale:</b> Based on the process described above, there were no covariates that discriminated for the outcome of interest.</p>	NA										
<p><b>2f. Identification of Meaningful Differences in Performance</b></p> <p><b>2f.1 Data/sample from Testing or Current Use</b> (description of data/sample and size): [AHRQ 2007 State Inpatient Databases (SID) with 3,500 hospitals and 6 million pediatric discharges]</p> <p><b>2f.2 Methods to identify statistically significant and practically/meaningfully differences in performance</b> (type of analysis &amp; rationale): Posterior probability distribution parameterized using the Gamma distribution</p> <p><b>2f.3 Provide Measure Scores from Testing or Current Use</b> (description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningful differences in performance):</p> <table><tr><td>5th</td><td>25th</td><td>Median</td><td>75th</td><td>95th</td></tr><tr><td>0.000007</td><td>0.000115</td><td>0.000438</td><td>0.001161</td><td>0.003144</td></tr></table>	5th	25th	Median	75th	95th	0.000007	0.000115	0.000438	0.001161	0.003144	2f CO PO MO NO
5th	25th	Median	75th	95th							
0.000007	0.000115	0.000438	0.001161	0.003144							
<p><b>2g. Comparability of Multiple Data Sources/Methods</b></p> <p><b>2g.1 Data/sample</b> (description of data/sample and size): Not applicable</p> <p><b>2g.2 Analytic Method</b> (type of analysis &amp; rationale): Not applicable</p> <p><b>2g.3 Testing Results</b> (e.g., correlation statistics, comparison of rankings): Not applicable</p>	2g CO PO MO NO NA										
<p><b>2h. Disparities in Care</b></p> <p><b>2h.1 If measure is stratified, provide stratified results</b> (scores by stratified categories/cohorts): Median income of patient's ZIP code: 1) Estimate 2) Standard error 3) P-value: Relative to marked group-c 4) P-value: 2007 relative to 2006 First quartile (lowest income) 1.126 0.159 0.841 0.000 Second quartile 1.136 0.180 0.820 0.000 Third quartile 0.938 0.193 0.642 0.327 Fourth quartile (highest income)c 1.072 0.216 DNC</p> <p><b>2h.2 If disparities have been reported/identified, but measure is not specified to detect disparities, provide follow-up plans:</b> Users may stratify based on gender and race/ethnicity</p>	2h CO PO MO NO NA										
<p><b>TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for Scientific Acceptability of Measure Properties?</b></p>	2										
<p><b>Steering Committee: Overall, to what extent was the criterion, Scientific Acceptability of Measure Properties, met?</b> Rationale:</p>	2 CO PO MO										

**Comment [k]:** 13 Risk models should not obscure disparities in care for populations by including factors that are associated with differences/inequalities in care such as race, socioeconomic status, gender (e.g., poorer treatment outcomes of African American men with prostate cancer, inequalities in treatment for CVD risk factors between men and women). It is preferable to stratify measures by race and socioeconomic status rather than adjusting out differences.

**Comment [KP]:** 2f. Data analysis demonstrates that methods for scoring and analysis of the specified measure allow for identification of statistically significant and practically/clinically meaningful differences in performance.

**Comment [k]:** 14 With large enough sample sizes, small differences that are statistically significant may or may not be practically or clinically meaningful. The substantive question may be, for example, whether a statistically significant difference of one percentage point in the percentage of patients who received smoking cessation counseling (e.g., 74% v. 75%) is clinically meaningful; or whether a statistically significant difference of \$25 in cost for an episode of care (e.g., \$5,000 v. \$5,025) is practically meaningful. Measures with overall poor performance may not demonstrate much variability across providers.

**Comment [KP]:** 2g. If multiple data sources/methods are allowed, there is demonstration they produce comparable results.

**Comment [KP]:** 2h. If disparities in care have been identified, measure specifications, scoring, and analysis allow for identification of disparities through stratification of results (e.g., by race, ethnicity, socioeconomic status, gender); OR rationale/data justifies why stratification is not necessary or not feasible.



3. USABILITY	
Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. ( <a href="#">evaluation criteria</a> )	<b>NO</b>
<b>3a. Meaningful, Understandable, and Useful Information</b>	<b>Eval Rating</b>
<p><b>3a.1 Current Use:</b> In use</p> <p><b>3a.2 Use in a public reporting initiative (disclosure of performance results to the public at large) (If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years):</b>            Illinois (state hospital association)            Illinois Hospitals Caring for You  <a href="http://www.illinoishospitals.org">www.illinoishospitals.org</a></p> <p>Kentucky (Norton Healthcare, a hospital system)            Norton Healthcare Quality Report  <a href="http://www.nortonhealthcare.com/body.cfm?id=157">http://www.nortonhealthcare.com/body.cfm?id=157</a></p> <p>Texas (state)            Reports on Hospital Performance  <a href="http://www.dshs.state.tx.us/thcic/">http://www.dshs.state.tx.us/thcic/</a></p> <p>The measure is also reported on HCUPnet:  <a href="http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=EB57801381F71C41&amp;Form=MAINSEL&amp;JS=Y&amp;Action=%3E%3ENext%3E%3E&amp;_MAINSEL=AHQ%20Quality%20Indicators">http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=EB57801381F71C41&amp;Form=MAINSEL&amp;JS=Y&amp;Action=%3E%3ENext%3E%3E&amp;_MAINSEL=AHQ%20Quality%20Indicators</a></p> <p>This measure will be appear in the MONAHRQ system that is provided for public reporting and quality improvement throughout the United States: <a href="http://monahrq.ahrq.gov/">http://monahrq.ahrq.gov/</a></p> <p><b>3a.3 If used in other programs/initiatives (If used in quality improvement or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI within 3 years):</b>            [University Healthcare Consortium - An alliance of 103 academic medical centers and 219 of their affiliated hospitals. Reporting the AHRQ QIs to their member hospitals. (see <a href="http://www.uhc.edu">www.uhc.edu</a>. Note: measure results reported to hospitals; not reported on site).</p> <p>Dallas Fort Worth Hospital Council - Reporting on measure results to over 70 hospitals in Texas (see <a href="http://www.dfwhc.org">www.dfwhc.org</a>. Note: measure results reported to hospitals; not reported on site).</p> <p>Norton Healthcare - a multi-hospital system in Kentucky (see <a href="http://www.nortonhealthcare.com/about/Our_Performance/index.aspx">http://www.nortonhealthcare.com/about/Our_Performance/index.aspx</a>)            Ministry Health Care - a multi-hospital system in Wisconsin (see <a href="http://ministryhealth.org/display/router.aspx">http://ministryhealth.org/display/router.aspx</a>. Note: measure results reported to hospitals; not reported on site).</p> <p>Minnesota Hospital Association  <a href="http://www.mnhospitals.org/">http://www.mnhospitals.org/</a> Note: measure used in quality improvement. Not reported publicly by the association)</p> <p>Added the following to be consistent with other forms: This measure will be added to the MONAHRQ system that is provided for public reporting and quality improvement throughout the United States:  <a href="http://monahrq.ahrq.gov/">http://monahrq.ahrq.gov/</a></p> <p><b>Testing of Interpretability</b> (Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement)</p>	<p>3a C P M N</p>

**Comment [KP]:** 3a. Demonstration that information produced by the measure is meaningful, understandable, and useful to the intended audience(s) for both public reporting (e.g., focus group, cognitive testing) and informing quality improvement (e.g., quality improvement initiatives). An important outcome that may not have an identified improvement strategy still can be useful for informing quality improvement by identifying the need for and stimulating new approaches to improvement.

<p><b>3a.4 Data/sample</b> (description of data/sample and size): [AHRQ 2007 State Inpatient Databases (SID) with 3,500 hospitals and 6 million pediatric discharges]</p> <p><b>3a.5 Methods</b> (e.g., focus group, survey, QI project): A research team from the School of Public Affairs, Baruch College, under contracts with the Department of Public Health, Weill Medical College and Battelle, Inc., has developed a pair of Hospital Quality Model Reports at the request of the Agency for Healthcare Research &amp; Quality (AHRQ). These reports are designed specifically to report comparative information on hospital performance based on the AHRQ Quality Indicators (QIs). The work was done in close collaboration with AHRQ staff and the AHRQ Quality Indicators team. The Model Reports (discussed immediately above) are based on:  <ul style="list-style-type: none"> <li>• Extensive search and analysis of the literature on hospital quality measurement and reporting, as well as public reporting on health care quality more broadly;</li> <li>• Interviews with quality measurement and reporting experts, purchasers, staff of purchasing coalitions, and executives of integrated health care delivery systems who are responsible for quality in their facilities;</li> <li>• Two focus groups with chief medical officers of hospitals and/or systems and two focus groups with quality managers from a broad mix of hospitals;</li> <li>• Four focus groups with members of the public who had recently experienced a hospital admission; and</li> <li>• Four rounds of cognitive interviews (a total of 62 interviews) to test draft versions of the two Model Reports with members of the public with recent hospital experience, basic computer literacy but widely varying levels of education</li> </ul> </p> <p><b>3a.6 Results</b> (qualitative and/or quantitative results and conclusions): Given the above review of the literature and original research that was conducted, a Model report was the result that could help sponsors use the best evidence on public reports so they are most likely to have the desired effects on quality.</p>	
<b>3b/3c. Relation to other NQF-endorsed measures</b>	
<b>3b.1 NQF # and Title of similar or related measures:</b>	
(for NQF staff use) Notes on similar/related <u>endorsed</u> or submitted measures:	
<p><b>3b. Harmonization</b></p> <p>If this measure is related to measure(s) already <u>endorsed by NQF</u> (e.g., same topic, but different target population/setting/data source or different topic but same target population):</p> <p><b>3b.2</b> Are the measure specifications <u>harmonized</u>? If not, why?</p>	<p>3b</p> <p>C● P● M● N● NA●</p>
<p><b>3c. Distinctive or Additive Value</b></p> <p><b>3c.1</b> Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:</p> <p>5.1 If this measure is similar to measure(s) already endorsed by NQF (i.e., on the same topic and the same target population), Describe why it is a more valid or efficient way to measure quality: No competing measures found.</p>	<p>3c</p> <p>C● P● M● N● NA●</p>
<b>TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for Usability?</b>	3
<b>Steering Committee: Overall, to what extent was the criterion, Usability, met?</b>	3
<b>Rationale:</b>	C● P● M● N●
<b>4. FEASIBILITY</b>	
Extent to which the required data are readily available, retrievable without undue burden, and can be	Eval

**Comment [KP]:** 3b. The measure specifications are harmonized with other measures, and are applicable to multiple levels and settings.

**Comment [k]:** 16 Measure harmonization refers to the standardization of specifications for similar measures on the same topic (e.g., *influenza immunization* of patients in hospitals or nursing homes), or related measures for the same target population (e.g., eye exam and HbA1c for *patients with diabetes*), or definitions applicable to many measures (e.g., age designation for children) so that they are uniform or compatible, unless differences are dictated by the evidence. The dimensions of harmonization can include numerator, denominator, exclusions, and data source and collection instructions. The extent of harmonization depends on the relationship of the measures, the evidence for the specific measure focus, and differences in data sources.

**Comment [KP]:** 3c. Review of existing endorsed measures and measure sets demonstrates that the measure provides a distinctive or additive value to existing NQF-endorsed measures (e.g., provides a more complete picture of quality for a particular condition or aspect of healthcare, is a more valid or efficient way to measure).



implemented for performance measurement. ( <a href="#">evaluation criteria</a> )	<a href="#">Rating</a>
<b>4a. Data Generated as a Byproduct of Care Processes</b>	<b>4a</b>
4a.1-2 How are the data elements that are needed to compute measure scores generated? Coding/abstraction performed by someone other than person obtaining original information (E.g., DRG, ICD-9 codes on claims, chart abstraction for quality measure or registry)	<b>CO</b> <b>PO</b> <b>MO</b> <b>NO</b>
<b>4b. Electronic Sources</b>	
4b.1 Are all the data elements available electronically? ( <i>elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims</i> ) Yes	<b>4b</b> <b>CO</b> <b>PO</b> <b>MO</b> <b>NO</b>
4b.2 If not, specify the near-term path to achieve electronic capture by most providers.	
<b>4c. Exclusions</b>	
4c.1 Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications? No	<b>4c</b> <b>CO</b> <b>PO</b> <b>MO</b> <b>NO</b> <b>NAO</b>
4c.2 If yes, provide justification.	
<b>4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences</b>	
4d.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited. If audited, provide results. Coding professionals follow detail guidelines, are subject to training and credentialing requirements, peer review and audit.	<b>4d</b> <b>CO</b> <b>PO</b> <b>MO</b> <b>NO</b>
<b>4e. Data Collection Strategy/Implementation</b>	
4e.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: None	
4e.2 Costs to implement the measure ( <i>costs of data collection, fees associated with proprietary measures</i> ): All data necessary to calculate this measure are routinely collected for hospital administrative purposes. The software for calculating the measure is available for free at: <a href="http://www.qualityindicators.ahrq.gov/software.htm">http://www.qualityindicators.ahrq.gov/software.htm</a>	
4e.3 Evidence for costs: All data necessary to calculate this measure are routinely collected for hospital administrative purposes. The software for calculating the measure is available for free at: <a href="http://www.qualityindicators.ahrq.gov/software.htm">http://www.qualityindicators.ahrq.gov/software.htm</a>	
4e.4 Business case documentation: All data necessary to calculate this measure are routinely collected for hospital administrative purposes. The software for calculating the measure is available for free at: <a href="http://www.qualityindicators.ahrq.gov/software.htm">http://www.qualityindicators.ahrq.gov/software.htm</a>	<b>4e</b> <b>CO</b> <b>PO</b> <b>MO</b> <b>NO</b>
<b>TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for Feasibility?</b>	<b>4</b>
<b>Steering Committee: Overall, to what extent was the criterion, Feasibility, met?</b>	<b>4</b>
<b>Rationale:</b>	<b>CO</b>

**Comment [KP]: 4a.** For clinical measures, required data elements are routinely generated concurrent with and as a byproduct of care processes during care delivery. (e.g., BP recorded in the electronic record, not abstracted from the record later by other personnel; patient self-assessment tools, e.g., depression scale; lab values, meds, etc.)

**Comment [KP]: 4b.** The required data elements are available in electronic sources. If the required data are not in existing electronic sources, a credible, near-term path to electronic collection by most providers is specified and clinical data elements are specified for transition to the electronic health record.

**Comment [KP]: 4c.** Exclusions should not require additional data sources beyond what is required for scoring the measure (e.g., numerator and denominator) unless justified as supporting measure validity.

**Comment [KP]: 4d.** Susceptibility to inaccuracies, errors, or unintended consequences and the ability to audit the data items to detect such problems are identified.

**Comment [KP]: 4e.** Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, etc.) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use).

	<b>P</b> <b>M</b> <b>N</b>
<b>RECOMMENDATION</b>	
(for NQF staff use) Check if measure is untested and only eligible for time-limited endorsement.	Time-limited <b>O</b>
Steering Committee: Do you recommend for endorsement? Comments:	<b>Y</b> <b>N</b> <b>A</b>
<b>CONTACT INFORMATION</b>	
<b>Co.1 Measure Steward (Intellectual Property Owner)</b> <b>Co.1 Organization</b> <a href="#">Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland, 20850</a>  <b>Co.2 Point of Contact</b> <a href="#">John, Bott, Contractor, AHRQ Quality Indicators Measure Expert Center for Delivery, Organization and Markets, John.Bott@ahrq.hhs.gov, 301-427-1317-</a>	
<b>Measure Developer If different from Measure Steward</b> <b>Co.3 Organization</b> <a href="#">Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland, 20850</a>  <b>Co.4 Point of Contact</b> <a href="#">John, Bott, MSSW, MBA, John.Bott@AHRQ.hhs.gov, 301-427-1317-</a>	
<b>Co.5 Submitter If different from Measure Steward POC</b> <a href="#">John, Bott, MSSW, MBA, John.Bott@AHRQ.hhs.gov, 301-427-1317-, Agency for Healthcare Research and Quality</a>	
<b>Co.6 Additional organizations that sponsored/participated in measure development</b> <a href="#">None</a>	
<b>ADDITIONAL INFORMATION</b>	
<b>Workgroup/Expert Panel involved in measure development</b> <b>Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.</b> <a href="#">UC Davis,</a> <a href="#">Stanford University,</a> <a href="#">Battelle Memorial Institute</a>	
<b>Ad.2 If adapted, provide name of original measure:</b> <a href="#">None</a> <b>Ad.3-5 If adapted, provide original specifications URL or attachment</b>	
<b>Measure Developer/Steward Updates and Ongoing Maintenance</b> <b>Ad.6 Year the measure was first released:</b> <a href="#">2006</a> <b>Ad.7 Month and Year of most recent revision:</b> <a href="#">10, 2010</a> <b>Ad.8 What is your frequency for review/update of this measure?</b> <a href="#">Annual</a> <b>Ad.9 When is the next scheduled review/update for this measure?</b> <a href="#">05, 2011</a>	
<b>Ad.10 Copyright statement:</b> <a href="#">The AHRQ QI software is publicly available; no copyright disclaimers.</a>	
<b>Ad.11 Disclaimers:</b>	
<b>Ad.12 -14 Additional Information web page URL or attachment:</b> <a href="#">Attachment PDI Appendices.pdf</a>	
<b>Date of Submission (MM/DD/YY):</b> <a href="#">02/01/2011</a>	