

# INSTRUCTIONS FOR USING THIS TOOL – DELETE THIS SLIDE BEFORE PRESENTATION

- *Use this PowerPoint presentation as a template for your presentation.*
- *Replace the charts with charts that you create with your data (use the Excel workbook from Tool B.3a for guidance) and replace the **red text** with your hospital's information.*

# **The Pediatric Toolkit for Using the AHRQ Pediatric Quality Indicators**

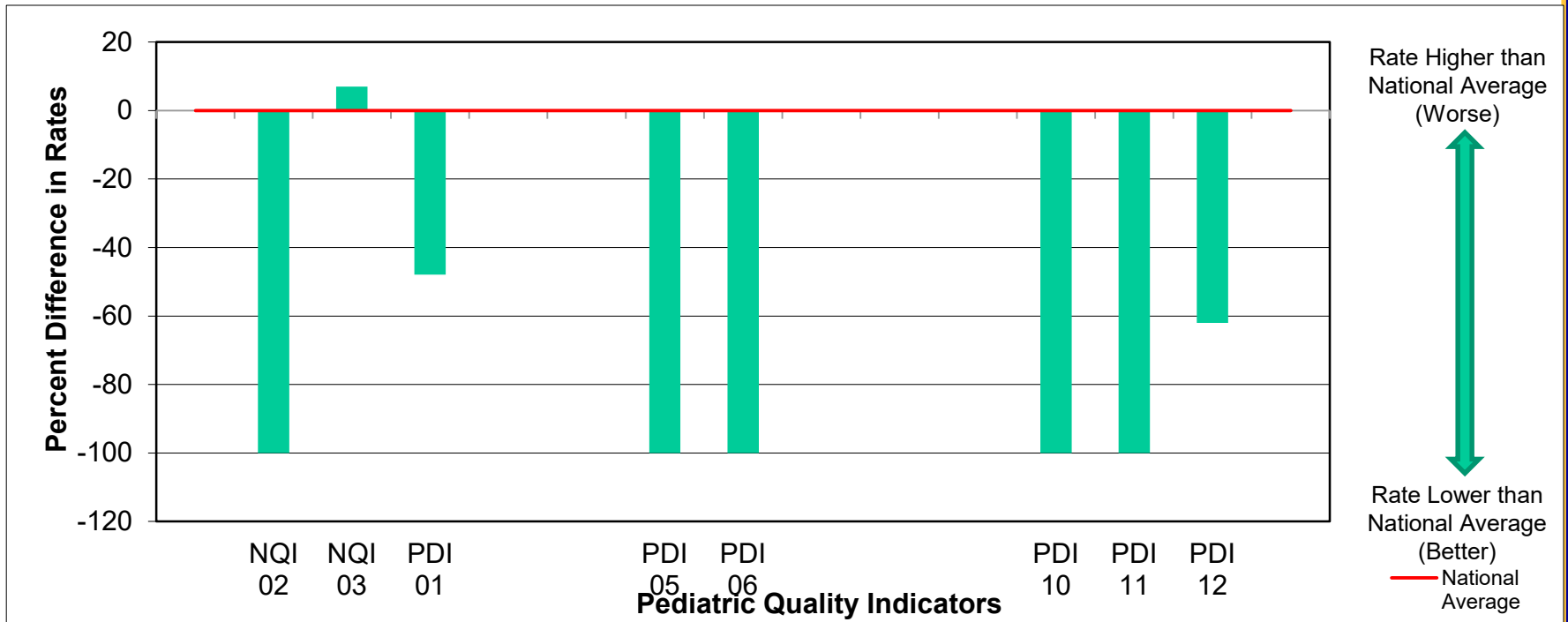
## **Results and Discussion of Data Analysis**

# How can the AHRQ PDIs be used in quality assessment?

- AHRQ PDIs can be used to flag potential problems in quality of care.
- AHRQ PDIs can be used to assess performance and compare against peer hospitals.
- Examples of hospital use of AHRQ QIs in the literature have examined the impact of:
  - Health information technology on quality of care.
  - Hospital board quality committees on quality of care.
  - The effectiveness of nurse staffing on care delivered.

Source: [www.qualityindicators.ahrq.gov/Default.aspx](http://www.qualityindicators.ahrq.gov/Default.aspx) and *AHRQ Quality Indicators Toolkit Literature Review*.

# Your Hospital's Performance Relative to National Averages



Relative to a national sample of hospitals, **Your Hospital has similar or better performance on most of the PDIs.**

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- *In this example, we will examine the rates of Neonatal Blood Stream Infection (NQI 03) and how this particular hospital performed over time.*
- *Determine which indicator(s) you would like to focus on, and fill in these slides based on that indicator and your hospital's data.*
- *Based on the information that you would like to present, you may choose not to use all of the slides available here.*

# Indicators that Require Attention

- Based on a review of **Your Hospital's** performance on the PDIs, we have decided to focus on the following indicators:
  - **Neonatal Blood Stream Infection Rate (NQI 03)**
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  - 
  - 
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- *You may want to include information about the indicator as background information.*
- *Go to [www.qualityindicators.ahrq.gov/](http://www.qualityindicators.ahrq.gov/) or see the Fact Sheet in this toolkit (Tool A.1a) to obtain this information.*

# A PDI Example: Neonatal Blood Stream Infection (NQI 03)

- Numerator: Discharges with ICD-10-CM codes for healthcare-associated bloodstream infection, among cases meeting the inclusion and exclusion rules for the denominator
- Denominator: All newborns or outborns defined by Birth Weight Categories and/or specific ICD-10-CM codes
- ***DELETE THIS TEXT BEFORE PRESENTATION: Replace this information with information about your chosen indicators. Copy this slide and repeat as necessary.***

ICD-10 = International Classification of Diseases, 10<sup>th</sup> Revision

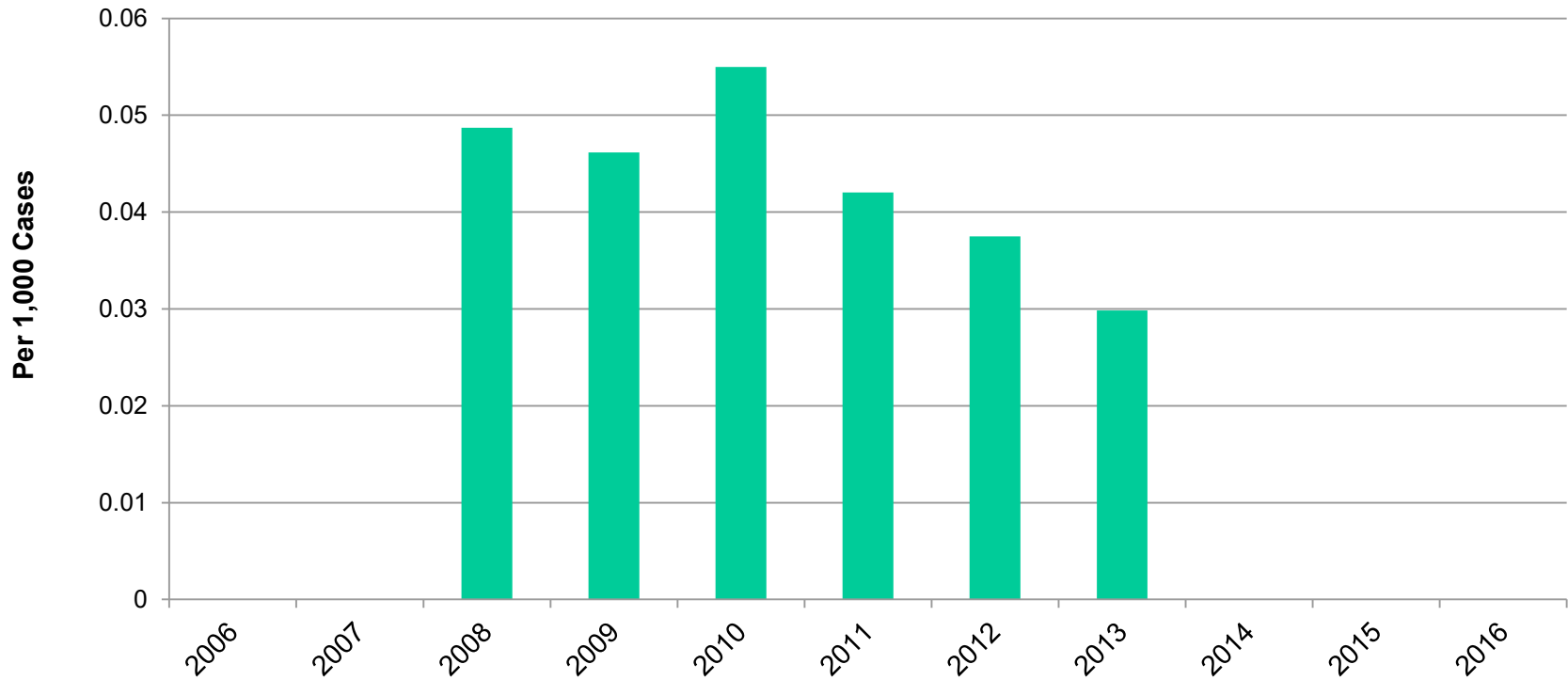
Source:

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PDI/V45/TechSpecs/NQI%2003%20Neonatal%20Blood%20Stream%20Infection%20Rate.pdf>



# Comparing Performance Over Time

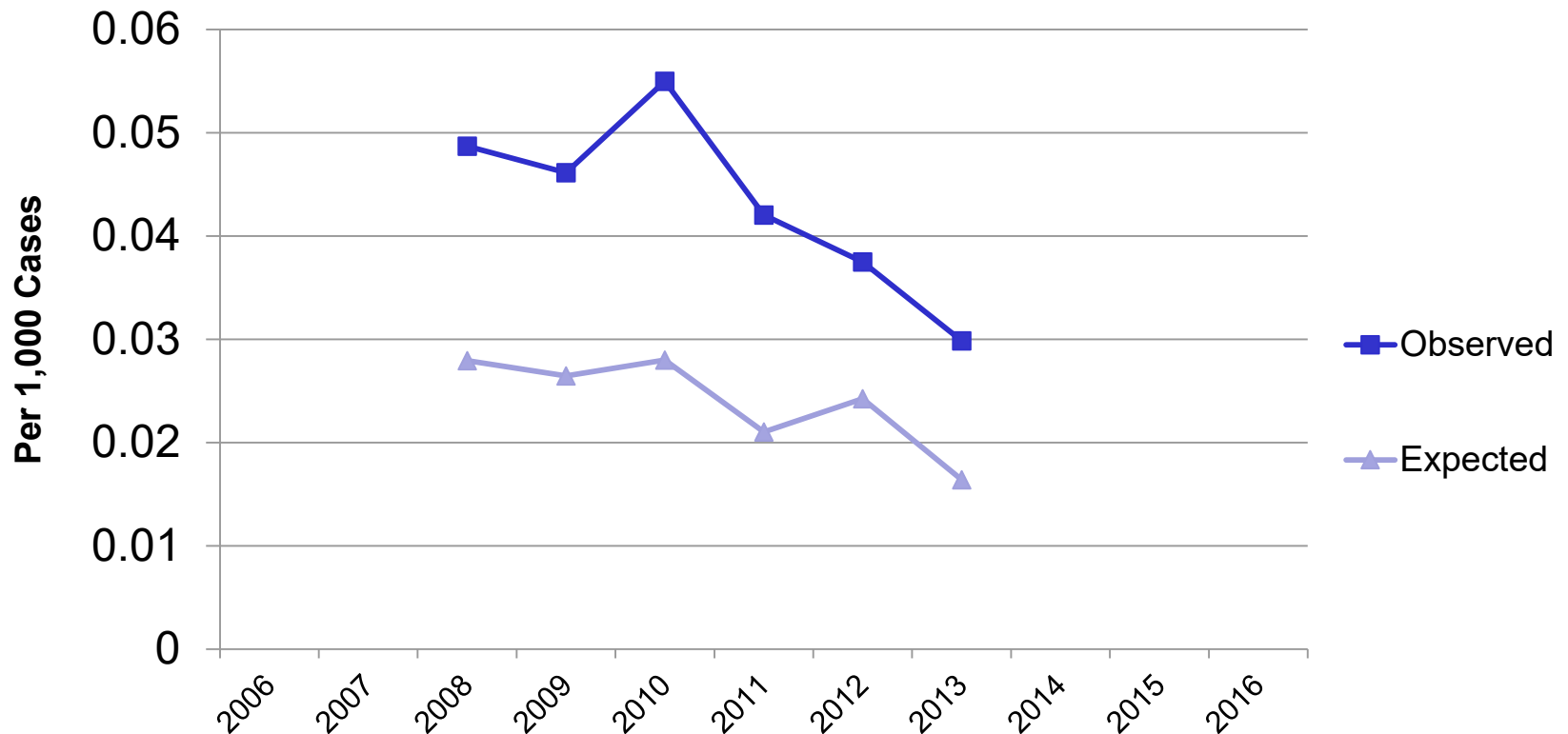
Examining Observed Rates of **Neonatal Blood Stream Infection Rate (NQI 03)**



**Slides below are only applicable for ICD-9 versions of the software. Currently the ICD-10 software does not calculate expected, risk-adjusted, or smoothed rates, but will in the future.**

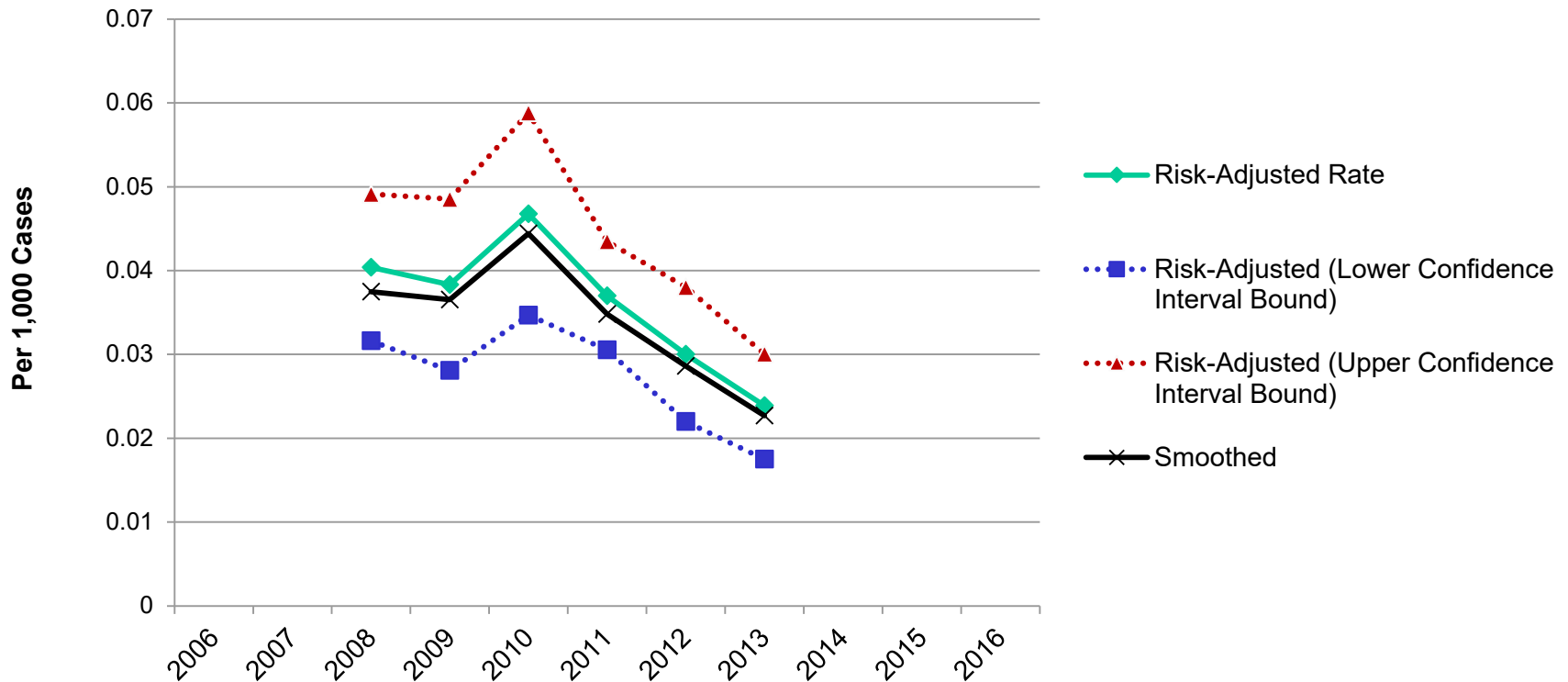
# Comparing Observed Performance to Expected Performance Over Time

## Comparing Observed Rates of Neonatal Blood Stream Infection Rate (NQI 03) to Expected Rates



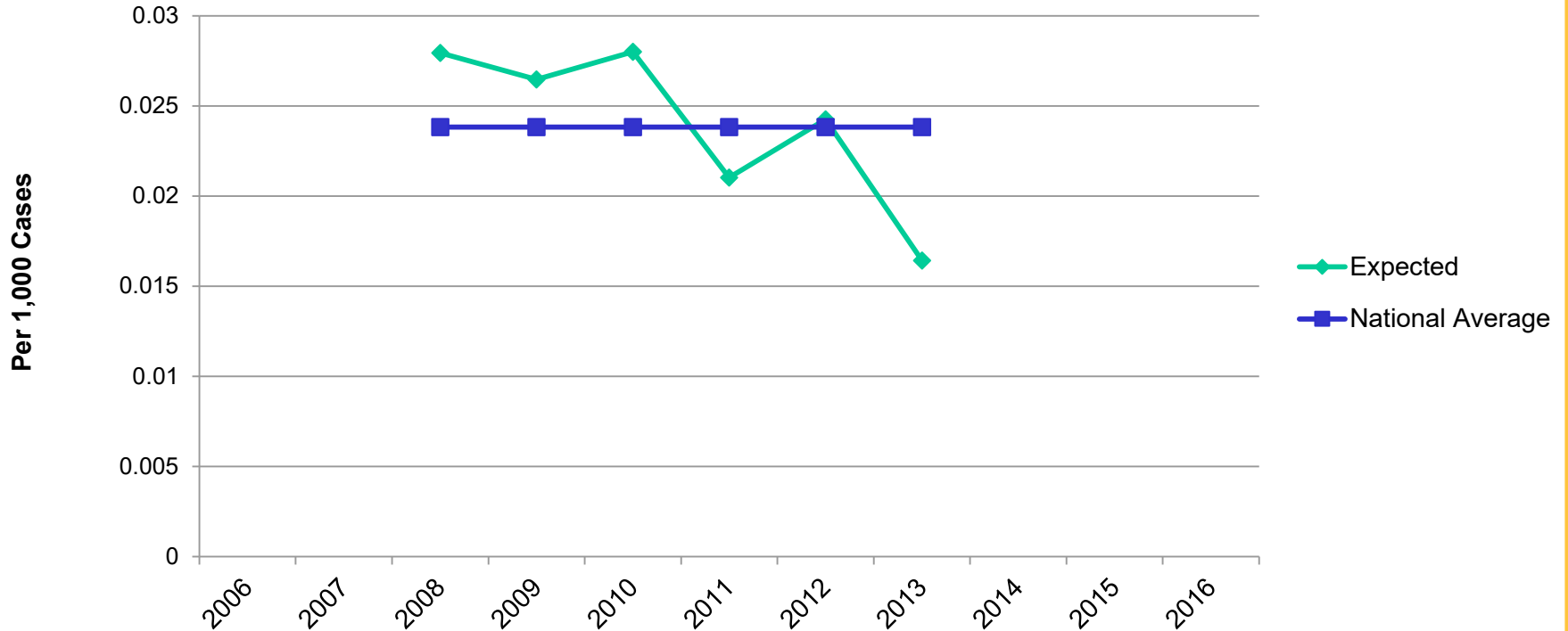
# Comparing Risk-Adjusted and Smoothed Rates Over Time

Risk-Adjusted and Smoothed Rates of Neonatal Blood Stream Infection Rate (NQI 03)



# Evaluating Case Mix Relative to Other Hospitals

Comparing Expected Rates of **Neonatal Blood Stream Infection Rate (NQI 3)** to National Average Rates To Compare Case Mix



# Comparing Hospital's Performance to National Performance Over Time

Comparing Risk-Adjusted Rates of **Neonatal Blood Stream Infection Rate (NQI 3)** to National Average Rates

