



# **AHRQ Quality Indicators (QI)**

## **Subtask C.2.9.4 - Draft Survey**

**PANTHEON SOFTWARE**

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## Purpose

This document contains a revised version of the updated Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (QIs) survey for review by the AHRQ QI project team. It updates the original 2018 version, which received approval from the Office of Management and Budget (OMB). The updates made are intended to improve the survey's relevance and reflect the current state of the measures and software. The changes and revisions are highlighted with "tracked changes" to provide visibility and ease of review.

The revised introduction and content of the 2018 survey begins with the section "Survey Revisions" on the following page.

## Survey Revisions

### Survey Introduction

Welcome to the Agency for Healthcare Research and Quality (AHRQ) Quality Indicator (QI) Survey. We value feedback from both current AHRQ QI users and those who may use the AHRQ QIs in the future. Your responses to this survey will be used to make improvements to the AHRQ QI program.

#### **About the AHRQ Quality Indicators**

AHRQ is a government agency whose mission is to produce evidence to help improve the quality of health care. The AHRQ QIs are standardized, evidence-based quality measures that can be used with readily available hospital administrative data to measure and track clinical performance and outcomes, including inpatient mortality, surgical complications, and certain hospital-acquired infections. The AHRQ QIs include six sets of measures—Patient Safety Indicators (PSI), Inpatient Quality Indicators (IQI), Prevention Quality Indicators (PQI), Pediatric Quality Indicators (PDI), Prevention Quality Indicators in Emergency Department Settings (PQEs), and Maternal Health Indicators (MHIs). The AHRQ QIs address quality of care for patients hospitalized for a broad range of procedures or conditions that are high risk, problem prone, and/or high volume. Software to calculate the AHRQ QIs is publicly available at no cost.

#### **About the survey**

The survey will take no more than 10 minutes to complete. The survey asks you to describe your organization's current experience with AHRQ QIs, if any, and with measures to support quality improvement in general. You will also have an opportunity to offer suggestions for improving your experience with the QIs.

Participation in this survey is voluntary. You can decide not to complete the survey. If you start the survey, you don't have to answer any questions you don't want to, or you can stop completing the survey at any time. By taking this survey you agree that your answers will be included anonymously in this effort. If you click the "Save" button, your responses to the survey will be saved. You will be provided with a link on a separate screen and when you click on that link you can continue the survey where you left off.

The survey is being administered by Pantheon, on behalf of the AHRQ. For questions, concerns, or follow-up on the survey, contact the AHRQ QI Team at [QIsupport@ahrq.hhs.gov](mailto:QIsupport@ahrq.hhs.gov) or (301) 427-1949.

To begin the survey questions, please click on the "Next" button below. At the end of the survey, please click "Submit Survey" on the final page.

## 2018 AHRQ QI Survey

### AHRQ QUALITY INDICATORS

M.1 Does your organization currently use the AHRQ QIs for health care quality improvement? *Quality improvement initiatives are those that seek to: (1) improve clinical practice (e.g., adherence to guidelines, coordination of care); (2) improve patient safety or reduce harm; (3) address disparities in health or care; (4) improve prevention practices; or (5) collaborate with community groups to improve health or care.*

<sup>1</sup> ☐ Yes, my organization currently uses the AHRQ QIs [*internal note: response indicates user*]

<sup>2</sup> ☐ No, my organization does not currently use the AHRQ QIs, but we have in the past **SKIP TO M.4** [*internal note: response indicates non-user*]

<sup>0</sup> ☐ No, my organization has never used the AHRQ QIs **SKIP TO M.4** [*internal note: response indicates non-user*]

<sup>99</sup> ☐ I don't know/I'm not sure **SKIP TO M.4**

M.2 How is your organization using the AHRQ QIs for health care quality improvement? *(select all that apply)*

<sup>1</sup> ☐ Identifying coding/documentation issues

<sup>2</sup> ☐ Identifying clinical/quality of care areas in need of improvement

<sup>3</sup> ☐ Monitoring to identify potential/emerging quality of care issues

<sup>4</sup> ☐ Measure impact of a quality improvement activity

<sup>5</sup> ☐ Benchmarking performance against peers

<sup>98</sup> ☐ Other (Please specify): \_\_\_\_\_

<sup>99</sup> ☐ I don't know/I'm not sure

M.3 Why did your organization choose to use the AHRQ QIs for health care quality improvement? *(select all that apply)*

<sup>1</sup> ☐ AHRQ measures provide a national benchmark/standard for comparison

<sup>2</sup> ☐ AHRQ QIs are scientifically sound

<sup>3</sup> ☐ AHRQ QIs are available at no charge for public use

<sup>4</sup> ☐ AHRQ QIs include measures for a broad range of clinical areas

<sup>5</sup> ☐ AHRQ QIs can be reliably constructed from hospital administrative data

<sup>5</sup> ☐ AHRQ QIs are easy to use

- <sup>6</sup> ☐ There are a high level of resources and support for the AHRQ QI program
- <sup>7</sup> ☐ The technical specifications are clearly defined
- <sup>8</sup> ☐ The availability of the free SAS QI, WinQI, or CloudQI software
- <sup>98</sup> ☐ Other (Please specify): \_\_\_\_\_
- <sup>99</sup> ☐ I don't know/I'm not sure

### [SKIP TO M.5]

M. 4 What are the primary reasons your organization does not use or stopped using the AHRQ QIs? *(select all that apply)*

- <sup>1</sup> ☐ The software platforms (e.g. SAS, WinQI) are difficult to use
- <sup>2</sup> ☐ There is not enough guidance on the uses of the AHRQ QIs for quality improvement
- <sup>3</sup> ☐ It is too difficult to communicate the AHRQ QI results to non-expert audiences
- <sup>4</sup> ☐ There are not enough composite indicators
- <sup>5</sup> ☐ There is not a standard format for reporting AHRQ QI results
- <sup>6</sup> ☐ My organization does not have enough data to create valid results
- <sup>7</sup> ☐ Our clinicians are skeptical of measures based on administrative/claims data
- <sup>98</sup> ☐ Other (Please specify): \_\_\_\_\_
- <sup>99</sup> ☐ I don't know/I'm not sure

### [SKIP TO M.7]

M. 5 Which AHRQ QI modules does your organization currently use for Quality Improvement? *(select all that apply)*

- <sup>1</sup> ☐ Inpatient Quality Indicators (IQIs) **if selected, go to question 6a**
- <sup>2</sup> ☐ Patient Safety Indicators (PSIs) **if selected, go to question 6b**
- <sup>3</sup> ☐ Pediatric Quality Indicators (PDIs) **if selected, go to question 6c**
- <sup>4</sup> ☐ Prevention Quality Indicators (PQIs) **if selected, go to question 6d**
- <sup>5</sup> ☐ Prevention Quality Indicators in Emergency Department Settings (PQEs) **if selected, go to question 6f**
- <sup>6</sup> ☐ Maternal Health Indicators (MHIs) **if selected, go to question 6g**
- <sup>99</sup> ☐ I don't know/I'm not sure **SKIP TO M.7**

M. 6a Please select which Inpatient Quality Indicators (IQIs) your organization currently uses. *(select all that apply)*

*If you select 'I don't know/I'm not sure' or 'My organization uses all IQIs', you do not need to select individual indicators.*

| IQI                           | Yes, currently use |
|-------------------------------|--------------------|
| I don't know/I'm not sure     |                    |
| My organization uses all IQIs |                    |

IQI 08 Esophageal Resection Mortality Rate

IQI 09 Pancreatic Resection Mortality Rate

IQI 11 Abdominal Aortic Aneurysm (AAA) Repair Mortality Rate

IQI 12 Coronary Artery Bypass Graft (CABG) Mortality Rate

IQI 15 Acute Myocardial Infarction (AMI) Mortality Rate

IQI 16 Heart Failure Mortality Rate

IQI 17 Acute Stroke Mortality Rate

IQI 18 Gastrointestinal Hemorrhage Mortality Rate

IQI 19 Hip Fracture Mortality Rate

IQI 20 Pneumonia Mortality Rate

IQI 21 Cesarean Delivery Rate, Uncomplicated

IQI 22 Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated

IQI 30 Percutaneous Coronary Intervention (PCI) Mortality Rate

IQI 31 Carotid Endarterectomy Mortality Rate

IQI 33 Primary Cesarean Delivery Rate, Uncomplicated

IQI 34 Vaginal Birth After Cesarean (VBAC) Rate, All

IQI 90 Mortality for Selected Inpatient Procedures

IQI 91 Mortality for Selected Inpatient Conditions

M. 6b Please select which Patient Safety Indicators (PSIs) your organization currently uses.  
(select all that apply)

*If you select 'I don't know/I'm not sure' or 'My organization uses all PSIs', you do not need to select individual indicators.*

**PSI****Yes, currently use**

I don't know/I'm not sure

My organization uses all PSIs

PSI 02 Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)

PSI 03 Pressure Ulcer Rate

PSI 04 Death Rate among Surgical Inpatients with Serious Treatable Complications

PSI 05 Retained Surgical Item or Unretrieved Device Fragment Count

PSI 06 Iatrogenic Pneumothorax Rate

PSI 07 Central Venous Catheter-Related Blood Stream Infection Rate

PSI 08 In-Hospital Fall-Associated Fracture Rate

PSI 09 Postoperative Hemorrhage or Hematoma Rate

PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis

PSI 11 Postoperative Respiratory Failure Rate

PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate

PSI 13 Postoperative Sepsis Rate

PSI 14 Postoperative Wound Dehiscence Rate

PSI 15 Abdominopelvic Accidental Puncture or Laceration Rate

PSI 17 Birth Trauma Rate - Injury to Neonate

PSI 18 Obstetric Trauma Rate - Vaginal Delivery With Instrument

PSI 19 Obstetric Trauma Rate-Vaginal Delivery Without Instrument

PSI 90 Patient Safety and Adverse Events Composite

M. 6c Please select which Pediatric Quality Indicators (PDIs) your organization currently uses.  
(select all that apply)

*If you select 'I don't know/I'm not sure' or 'My organization uses all PDIs', you do not need to select individual indicators.*

**PDI****Yes, currently use**

I don't know/I'm not sure

My organization uses all PDIs

NQI 03 Neonatal Blood Stream Infection Rate

PDI 01 Accidental Puncture or Laceration Rate

PDI 05 Iatrogenic Pneumothorax Rate



PDI 08 Postoperative Hemorrhage or Hematoma Rate

PDI 09 Postoperative Respiratory Failure Rate

PDI 10 Postoperative Sepsis Rate

PDI 12 Central Venous Catheter-Related Blood Stream Infection Rate

PDI 14 Asthma Admission Rate

PDI 15 Diabetes Short-term Complications Admission Rate

PDI 16 Gastroenteritis Admission Rate

PDI 17 Perforated Appendix Admission Rate

PDI 18 Urinary Tract Infection Admission Rate

PDI 90 Pediatric Quality Overall Composite

PDI 91 Pediatric Quality Acute Composite

PDI 92 Pediatric Quality Chronic Composite

M. 6d Please select which Prevention Quality Indicators (PQIs) your organization currently uses.  
(select all that apply)

*If you select 'I don't know/I'm not sure' or 'My organization uses all PQIs', you do not need to select individual indicators.*

| PQI                                                                                          | Yes, currently use |
|----------------------------------------------------------------------------------------------|--------------------|
| I don't know/I'm not sure                                                                    |                    |
| My organization uses all PQIs                                                                |                    |
| PQI 01 Diabetes Short-term Complications Admission Rate                                      |                    |
| PQI 03 Diabetes Long-term Complications Admission Rate                                       |                    |
| PQI 05 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate |                    |
| PQI 07 Hypertension Admission Rate                                                           |                    |
| PQI 08 Heart Failure Admission Rate                                                          |                    |
| PQI 11 Community Acquired Pneumonia Admission Rate                                           |                    |
| PQI 12 Urinary Tract Infection Admission Rate                                                |                    |
| PQI 14 Uncontrolled Diabetes Admission Rate                                                  |                    |
| PQI 15 Asthma in Younger Adults Admission Rate                                               |                    |
| PQI 16 Lower-Extremity Amputation among Patients with Diabetes Rate                          |                    |
| PQI 90 Prevention Quality Overall Composite                                                  |                    |

PQI 91 Prevention Quality Acute Composite  
 PQI 92 Prevention Quality Chronic Composite  
 PQI 93 Prevention Quality Diabetes Composite

M. 6e Please select which Prevention Quality Indicators in Emergency Department Settings (PQEs) your organization currently uses. *(select all that apply)*

*If you select 'I don't know/I'm not sure' or 'My organization uses all PQEs', you do not need to select individual indicators.*

| PQE                                                                  | Yes, currently use |
|----------------------------------------------------------------------|--------------------|
| PQE 01 Visits for Non-Traumatic Dental Conditions in ED              |                    |
| PQE 02 Visits for Chronic Ambulatory Care Sensitive Conditions in ED |                    |
| PQE 03 Visits for Acute Ambulatory Care Sensitive Conditions in ED   |                    |
| PQE 04 Visits for Asthma in ED                                       |                    |
| PQE 05 Visits for Back Pain in ED                                    |                    |

M. 6f Please select which Beta Maternal Health Indicators (MHIs) your organization currently uses. *(select all that apply)*

*If you select 'I don't know/I'm not sure' or 'My organization uses all MHIs', you do not need to select individual indicators.*

| MHI                                                                                            | Yes, currently use |
|------------------------------------------------------------------------------------------------|--------------------|
| MHI 01 Severe Maternal Morbidity Rate (20 indicators)                                          |                    |
| MHI 02 Severe Maternal Morbidity (20 Indicators) Plus In-Hospital Mortality Rate               |                    |
| MHI 03 Refined Severe Maternal Morbidity (20 Indicators) Plus In-Hospital Mortality Rate, Beta |                    |

M. 7 Does your organization use other measures for health care quality improvement?

<sup>1</sup> ☐ Yes

<sup>0</sup> ☐ No à **SKIP TO T.1**

<sup>99</sup> ☐ I don't know/I'm not sure à **SKIP TO T.1**

M. 8 Which quality measures other than the AHRQ QIs does your organization use for health care quality improvement? *(select all that apply)*

<sup>1</sup> ☐ Measures associated with federal programs or reporting requirements

<sup>2</sup> ☐ Measures associated with state programs or reporting requirements

<sup>3</sup> ☐ Measures associated with local or regional programs or reporting requirements

<sup>4</sup> ☐ Measures developed or selected internally within my organization

<sup>98</sup> ☐ Other (Please specify): \_\_\_\_\_

<sup>99</sup> ☐ I don't know/I'm not sure

**[Users go to T. 1; Non- users go to T.3 (see M.1 response to identify users/non-users)]**

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## AHRQ QI TOOLKIT

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T. 1 Has your organization ever used the Toolkit for Using the AHRQ Quality Indicators (QI Toolkit)? *The QI Toolkit is a free and easy-to-use resource for hospitals planning to use the AHRQ Quality Indicators (QIs) to track and improve inpatient quality and patient safety. The QI Toolkit also may serve as a general guide to applying improvement methods in a hospital setting.*

<sup>1</sup> ☐ Yes

<sup>0</sup> ☐ No **àSKIP to Non-user version of T.3**

<sup>99</sup> ☐ I don't know/I'm not sure **àSKIP to Non-user version T.3**

T. 2 How useful are each of the following sections of the QI Toolkit as a resource for quality improvement:

|                                                                                                                                                                                                                                                                                                                                                                                  | Not at all<br>useful | Slightly<br>useful | Somewhat<br>useful | Moderately<br>useful | Extremely<br>useful | I don't<br>know/I'm<br>not sure |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|--------------------|----------------------|---------------------|---------------------------------|
| Assessing<br>Readiness to<br>Change<br>Applying QIs to<br>Your Hospital's<br>Data<br>Identifying<br>Priorities for<br>Quality<br>Improvement<br>Implementing<br>Evidence-based<br>Strategies to<br>Improve Clinical<br>Care<br>Monitoring<br>Progress and<br>Sustainability of<br>Improvements<br>Analyzing Return<br>on Investment<br>Other Quality<br>Improvement<br>Resources |                      |                    |                    |                      |                     |                                 |

T. 3a/b [**Programming note: Use this question if responded is a User**] What other resources would help your organization to use the AHRQ QIs? *(select all that apply)*

[**Programming note: Use this question if responded is a Non-user**] What other resources might encourage your organization to use the AHRQ QIs? *(select all that apply)*

- <sup>1</sup> ☐ Additional toolkits
- <sup>2</sup> ☐ Alternative software platforms (Please specify): \_\_\_\_\_
- <sup>98</sup> ☐ Other (Please specify): \_\_\_\_\_
- <sup>99</sup> ☐ I don't know/I'm not sure

[Users go to S. 1; Non- users go to A.1 (see M.1 response to identify users/non-users)]

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## AHRQ QUALITY INDICATOR SOFTWARE

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S. 1 How does your organization calculate AHRQ QI rates? *(select all that apply)*

- <sup>1</sup> ☐ AHRQ QI SAS software
- <sup>2</sup> ☐ AHRQ WinQI software
- <sup>3</sup> ☐ AHRQ CloudQI software
- <sup>4</sup> ☐ We receive rates from a third-party vendor
- <sup>5</sup> ☐ We use the technical specifications documents to develop our own solution
- <sup>98</sup> ☐ Other (Please specify): \_\_\_\_\_
- <sup>99</sup> ☐ I don't know/I'm not sure → **SKIP TO S.10**

S.2 Have you personally used the AHRQ WinQI or CloudQI software?

- <sup>1</sup> ☐ Yes, I've only used WinQI
- <sup>2</sup> ☐ Yes, I've only used CloudQI
- <sup>3</sup> ☐ Yes, I've used both WinQI and CloudQI
- <sup>0</sup> ☐ No → **SKIP TO S.10**
- <sup>99</sup> ☐ I don't know/I'm not sure → **SKIP TO S.10**

### WinQI and CloudQI Software Questions

S. 3 How useful do you find each of the following WinQI or CloudQI features to calculate QI rates?

|                                           | Not at all<br>useful | Slightly<br>useful | Somewhat<br>useful | Moderately<br>useful | Extremely<br>useful | I don't<br>know/I'm<br>not sure |
|-------------------------------------------|----------------------|--------------------|--------------------|----------------------|---------------------|---------------------------------|
| Case-level details<br>report to help with |                      |                    |                    |                      |                     |                                 |

troubleshooting  
Automation  
capabilities  
Ability to export  
reports and raw data  
as .csv file

S.4 Indicate how useful you find each of the following new CloudQI features to calculate rates.

|                                                                                        | Not at<br>all useful | Slightly<br>useful | Somewhat<br>useful | Moderately<br>useful | Extremely<br>useful | I don't<br>know/I'm<br>not sure |
|----------------------------------------------------------------------------------------|----------------------|--------------------|--------------------|----------------------|---------------------|---------------------------------|
| Ability for<br>multiple users<br>to use the<br>software from<br>different<br>computers |                      |                    |                    |                      |                     |                                 |
| Ability for<br>multiple users<br>to use the<br>software at the<br>same time            |                      |                    |                    |                      |                     |                                 |
| Option for<br>automatic<br>installation of<br>updates                                  |                      |                    |                    |                      |                     |                                 |

S. 5 How much of a role does cost play in your organization's decision to use WinQI or CloudQI software (v. SAS QI software or other software) to calculate AHRQ QI rates?

- <sup>1</sup> ☐ Not at all significant  
<sup>2</sup> ☐ Slightly significant  
<sup>3</sup> ☐ Somewhat significant  
<sup>4</sup> ☐ Moderately significant  
<sup>5</sup> ☐ Extremely significant  
<sup>99</sup> ☐ I don't know/I'm not sure

S. 6 What level of effort is required within your organization to install, set up, and update the WinQI or CloudQI software?

- <sup>1</sup> ☐ IT personnel must install  
<sup>2</sup> ☐ Non-IT staff can install it themselves  
<sup>98</sup> ☐ Other: \_\_\_\_\_

<sup>99</sup>☐ I don't know/I'm not sure à**SKIP TO S.8**

S. 7 What is the average amount of time (in hours) required within your organization to install the WinQI or CloudQI software?

<sup>1</sup>☐ \_\_\_\_\_ hours (*please specify*)

<sup>99</sup>☐ I don't know/I'm not sure

S. 8 How likely would you be to recommend the WinQI or Cloud QI software to other organizations in its current form?

<sup>1</sup>☐ Not at all likely

<sup>2</sup>☐ Slightly likely

<sup>3</sup>☐ Somewhat likely

<sup>4</sup>☐ Very likely

<sup>5</sup>☐ Extremely likely

<sup>99</sup>☐ I don't know/I'm not sure

S. 9 Please share any suggestions you have for improving the usability of the WinQI or CloudQI software. (*enter response*)

S. 10 Do you have any other general comments or suggestions to improve your experience using the AHRQ QIs? (*enter response*)



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## ABOUT YOU

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A. 1 Which of the following best describes the type of organization you work for?

<sup>1</sup>☐ Individual hospital

<sup>2</sup>☐ Health system

<sup>3</sup>☐ Federal, state, or local government agency

<sup>4</sup>☐ State, regional, or local hospital association

<sup>5</sup>☐ Quality Innovation Network (QIN)/Quality Improvement Organization (QIO) or another regional healthcare collaborative

- <sup>6</sup> ☐ State data association
- <sup>98</sup> ☐ Other (Please specify): \_\_\_\_\_

A. 2 What is your role at the organization you work for?

- <sup>1</sup> ☐ Medical director/chief medical officer
- <sup>2</sup> ☐ Vice president of operations or chief operating officer
- <sup>3</sup> ☐ Hospital-wide performance/quality improvement director
- <sup>4</sup> ☐ Service-specific performance/quality improvement director
- <sup>5</sup> ☐ Patient safety officer
- <sup>6</sup> ☐ Performance/quality improvement staff
- <sup>7</sup> ☐ Quality data analyst
- <sup>8</sup> ☐ Front line provider (e.g., physician, nurse)
- <sup>98</sup> ☐ Other (Please specify): \_\_\_\_\_

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## THANK YOU SCREEN

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**Thank you for completing the survey!**

Please click the “Submit Survey” button below to submit all of your answers