Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

AHRQ Quality Indicators (QI)

Subtask C.2.9.4 – Draft Survey

PANTHEON SOFTWARE

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Table of Contents

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 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.*

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

2 ☐ 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*]

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

99 ☐ 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*)

1 ☐ Identifying coding/documentation issues

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

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

4 ☐ Measure impact of a quality improvement activity

5 ☐ Benchmarking performance against peers

98 ☐ Other (Please specify):_____

99 ☐ 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*)

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

2 ☐ AHRQ QIs are scientifically sound

3 ☐ AHRQ QIs are available at no charge for public use

4 ☐ AHRQ QIs include measures for a broad range of clinical areas

5 ☐ AHRQ QIs can be reliably constructed from hospital administrative data

5 ☐ AHRQ QIs are easy to use

6☐ There are a high level of resources and support for the AHRQ QI program

7☐ The technical specifications are clearly defined

8☐ The availability of the free SAS QI, WinQI, or CloudQI software

98☐ Other (Please specify):_____

99☐ 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*)

1☐ The software platforms (e.g. SAS, WinQI) are difficult to use

2☐ There is not enough guidance on the uses of the AHRQ QIs for quality improvement

3☐ It is too difficult to communicate the AHRQ QI results to non-expert audiences

4☐ There are not enough composite indicators

5☐ There is not a standard format for reporting AHRQ QI results

6☐ My organization does not have enough data to create valid results

7☐ Our clinicians are skeptical of measures based on administrative/claims data

98☐ Other (Please specify):_____

99☐ 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*)

1☐ Inpatient Quality Indicators (IQIs) **if selected, go to question 6a**

2☐ Patient Safety Indicators (PSIs) **if selected, go to question 6b**

3☐ Pediatric Quality Indicators (PDIs) **if selected, go to question 6c**

4☐ Prevention Quality Indicators (PQIs) **if selected, go to question 6d**

5☐ Prevention Quality Indicators in Emergency Department Settings (PQEs) **if selected, go to question 6f**

6☐ Maternal Health Indicators (MHIs) **if selected, go to question 6g**

99☐ 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?

[1] ☐ Yes

[0] ☐ No à**SKIP TO T.1**

[99] ☐ 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*)

[1] ☐ Measures associated with federal programs or reporting requirements

[2] ☐ Measures associated with state programs or reporting requirements

[3] ☐ Measures associated with local or regional programs or reporting requirements

[4] ☐ Measures developed or selected internally within my organization

⁹⁸☐ Other (Please specify):_____

⁹⁹☐ 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)]

AHRQ QI TOOLKIT

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.*

¹☐ Yes

⁰☐ No à**SKIP to Non-user version of T.3**

⁹⁹☐ I don't know/I'm not sure à**SKIP 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 useful	Slightly useful	Somewhat useful	Moderately useful	Extremely useful	I don't know/I'm not sure
Assessing Readiness to Change						
Applying QIs to Your Hospital's Data						
Identifying Priorities for Quality Improvement						
Implementing Evidence-based Strategies to Improve Clinical Care						
Monitoring Progress and Sustainability of Improvements						
Analyzing Return on Investment						
Other Quality Improvement 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*)

    1 ☐ Additional toolkits

    2 ☐ Alternative software platforms (Please specify): _____

    98 ☐ Other (Please specify): _____

    99 ☐ 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)]

AHRQ QUALITY INDICATOR SOFTWARE

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

    1 ☐ AHRQ QI SAS software

    2 ☐ AHRQ WinQI software

    3 ☐ AHRQ CloudQI software

    4 ☐ We receive rates from a third-party vendor

    5 ☐ We use the technical specifications documents to develop our own solution

    98 ☐ Other (Please specify): _____

    99 ☐ I don't know/I'm not sure à**SKIP TO S.10**

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

    1 ☐ Yes, I've only used WinQI

    2 ☐ Yes, I've only used CloudQI

    3 ☐ Yes, I've used both WinQI and CloudQI

    0 ☐ No à**SKIP TO S.10**

    99 ☐ I don't know/I'm not sure à**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 useful	Slightly useful	Somewhat useful	Moderately useful	Extremely useful	I don't know/I'm not sure
Case-level details 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 all useful	Slightly useful	Somewhat useful	Moderately useful	Extremely useful	I don't know/I'm not sure
Ability for multiple users to use the software from different computers						
Ability for multiple users to use the software at the same time						
Option for automatic installation of 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?

[1] ☐ Not at all significant
[2] ☐ Slightly significant
[3] ☐ Somewhat significant
[4] ☐ Moderately significant
[5] ☐ Extremely significant
[99] ☐ 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?

[1] ☐ IT personnel must install
[2] ☐ Non-IT staff can install it themselves
[98] ☐ Other: _____

⁹⁹☐ I don't know/I'm not sure **àSKIP 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?

¹☐ ____ hours (*please specify*)

⁹⁹☐ 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?

¹☐ Not at all likely

²☐ Slightly likely

³☐ Somewhat likely

⁴☐ Very likely

⁵☐ Extremely likely

⁹⁹☐ 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)*

ABOUT YOU

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

¹☐ Individual hospital

²☐ Health system

³☐ Federal, state, or local government agency

⁴☐ State, regional, or local hospital association

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

6☐ State data association

98☐ Other (Please specify):_____

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

1☐ Medical director/chief medical officer

2☐ Vice president of operations or chief operating officer

3☐ Hospital-wide performance/quality improvement director

4☐ Service-specific performance/quality improvement director

5☐ Patient safety officer

6☐ Performance/quality improvement staff

7☐ Quality data analyst

8☐ Front line provider (e.g., physician, nurse)

98☐ Other (Please specify):_____

THANK YOU SCREEN

Thank you for completing the survey!

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