The Agency for Healthcare Research and Quality (AHRQ) has developed four types of Quality Indicators (QIs), measures of healthcare quality, that make use of hospital inpatient discharge data. **Inpatient Quality Indicators (IQIs)** are measures that represent hospitalization rates for four medical procedures for which there could be possible over- or under-use and for which utilization varies across hospitals or geographic areas. High or low rates, by themselves, do not represent poor quality of care. Instead, the information is intended to inform consumers about local practice patterns or identify potential problem areas that might need further study.

### Area-Level Procedure Utilization Indicators for California

The technical specifications for the above indicators can be found at www.qualityindicators.ahrq.gov/Modules/IQI_TechSpec.aspx.

The technical notes for the above indicators are as follows:

- **Data Sources:**
  - Numerator = AHRQ, Inpatient Quality Indicators, Version 5.0; OSHPD CA Patient Discharge Data.
  - Risk-Adjusted Rate = The risk-adjusted rate is the rate the state/county would have if it had an age-sex case-mix like the reference population. The reference population is the 2012 State Inpatient Database (numerator), a large national file of hospital discharges from over 45 states, and the 2012 U.S. Census population of those states (denominator).

- **Technical Notes:**
  - The age-sex risk-adjusted rates are calculated per 100,000 state or county population. The program calculates age-sex risk-adjusted rates regardless of the number of cases available. However, **IQI rates based on only a few cases should be interpreted with caution.**

- **Due to a change in the reporting of diagnoses/procedures from ICD-9-CM to ICD-10-CM/PCS (effective October 1, 2015) AND the inability of the IQI software to handle both code sets concurrently, OSHPD is only releasing the IQI data for the first 3 quarters of 2015 (January-September). The population denominator also has been adjusted by 25% to account for the missing quarter. Full year reporting is expected to resume with the release of the 2016 data, although comparability with prior data is unlikely.**

- **CAUTION is advised when comparing the 2015-Q1-Q3 (January-September) rates with the annual rates from prior years. Per AHRQ, "seasonality" could have an effect on the 2015 data. For example, patients may have a financial incentive to push elective procedures into the (missing) fourth quarter due to health coverage. Also, medical conditions, like influenza, pneumonia, and COPD may be more prevalent during that season. The impact of “seasonality” on the data is not currently known.**

More information about the AHRQ Quality Indicators is available at [www.qualityindicators.ahrq.gov](http://www.qualityindicators.ahrq.gov).