

# Medicaid Inpatient Pediatric Quality Indicators (PDI) for Pediatric Discharges by County and Zip Code: Beginning 2011

- Medicaid PDI-Pediatric Hospital Discharges by Patient County
- Medicaid PDI-Pediatric Hospital Discharges by Patient Zip Code

## Overview

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Office of Quality and Patient Safety  
Bureau of Health Informatics  
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## Overview

The Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicators (PDIs) are a set of population based measures that can be used with hospital inpatient discharge data to identify ambulatory care sensitive conditions. These are conditions where 1) the need for hospitalization is potentially preventable with appropriate outpatient care, or 2) conditions that could be less severe if treated early and appropriately.

An overview of the PDIs may be found on the AHRQ website at:

[http://www.qualityindicators.ahrq.gov/modules/pdi\\_overview.aspx](http://www.qualityindicators.ahrq.gov/modules/pdi_overview.aspx). The software is available on the AHRQ website at: [http://www.qualityindicators.ahrq.gov/Modules/pdi\\_resources.aspx](http://www.qualityindicators.ahrq.gov/Modules/pdi_resources.aspx).

The results of these data can be used to provide insight into the population health and the quality of the health care system outside of the hospital setting. Observed (crude), expected, and risk adjusted rates, as well as numerator and denominator counts, are presented at the county and zip code level to allow comparison with the state average, thereby identifying geographical variation.

The table below provides detail on the PDIs presented in these datasets (AHRQ Quality Indicators™, Version 4.5, May 2013 software was applied to both years).

<b>PDI Number</b>	<b>PDI Name</b>	<b>PDI Description</b>
PDI_14	Asthma	Admissions with a principal diagnosis of asthma per 100,000 population, ages 2 through 17 years. Excludes cases with a diagnosis code for cystic fibrosis and anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.
PDI_15	Diabetes Short-term Complications	Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 6 through 17 years. Excludes obstetric admissions and transfers from other institutions.
PDI_16	Gastroenteritis	Admissions for a principal diagnosis of gastroenteritis, or for a principal diagnosis of dehydration with a secondary diagnosis of gastroenteritis per 100,000 population, ages 3 months to 17 years. Excludes cases transferred from another facility, cases with gastrointestinal abnormalities or bacterial gastroenteritis, and obstetric admissions.
PDI_18	Urinary Tract Infection	Admissions with a principal diagnosis of urinary tract infection per 100,000 population, ages 3 months to 17 years. Excludes cases with kidney or urinary tract disorders, cases with a high- or intermediate-risk immunocompromised state, cases with cirrhosis and hepatic failure with a diagnosis of coma or hepatorenal syndrome, cases with transplants, transfers from other institutions, and obstetric admissions.
PDI_90	Pediatric Quality Overall Composite	Pediatric Quality Indicators (PDI) overall composite per 100,000 population, ages 6 to 17 years. Includes admissions for one of the following conditions: asthma, diabetes with short-term complications, gastroenteritis, or urinary tract infection.

<b>PDI Number</b>	<b>PDI Name</b>	<b>PDI Description</b>
PDI_91	Pediatric Quality Acute Composite	Pediatric Quality Indicators (PDI) composite of acute conditions per 100,000 population, ages 6 to 17 years. Includes admissions for gastroenteritis or urinary tract infection.
PDI_92	Pediatric Quality Chronic Composite	Pediatric Quality Indicators (PDI) composite of chronic conditions per 100,000 population, ages 6 to 17 years. Includes admissions for asthma or diabetes with short-term complications.

### **How to Interpret the Rates**

The **observed PDI rate** (per 100,000 people) is the number of PDI discharges divided by the population. Lower rates represent better results.

The **expected PDI rate** (per 100,000 people) is the expected number of PDI discharges adjusted by age group, gender and race/ethnicity divided by the population.

The **risk adjusted PDI rate** (per 100,000 people) was calculated by dividing the observed PDI rate by the expected PDI rate, multiplied by the statewide observed PDI rate. The statewide rate, which is calculated for each PDI measure, is the sum of PDI discharges for the measure divided by the population of interest (zip code or county).

Hospital discharges that did not have an accurate New York State zip code that could be mapped to a New York State county were excluded from both datasets.

### **Data Collection Process**

The data upon which these analyses were performed were extracts of Medicaid claims and encounter records contained in New York State's OHIP Data Mart, which is populated on a monthly basis by the eMedNY data warehouse. Medicaid Article 28 inpatient discharges during the Calendar Year were used for calculating rates.

### **De-Identified Data Use Limitations**

The datasets contain counts of total Medicaid enrollee admissions and total number of Medicaid enrollees by patient zip code and county. Also included by patient zip code and county are observed, expected, and risk adjusted PQI rates by measure and by year. It does not contain data that is protected health information (PHI) under HIPAA. The health information is not individually identifiable.

### **Contact Information**

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