



Complete Summary

TITLE

Incidental appendectomy: incidental appendectomy among the elderly rate.

SOURCE(S)

AHRQ quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [revision 2]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Sep 4. Various p. (AHRQ Pub; no. 02-R0204).

Brief Abstract

DESCRIPTION

This measure assesses the number of incidental appendectomies per 100 discharged elderly patients who had an intra-abdominal procedure.

RATIONALE

Removal of the appendix incidental to other abdominal surgery (such as urological, gynecological, or gastrointestinal surgeries) is intended to eliminate the risk of future appendicitis and to simplify any future differential diagnoses of abdominal pain. Incidental appendectomy is contraindicated in the elderly population, because this population has both a lower risk for developing appendicitis and a higher risk of postoperative complications. As such, lower rates represent better quality.

PRIMARY CLINICAL COMPONENT

Incidental appendectomy

DENOMINATOR DESCRIPTION

All discharges age 65 years and older with an intra-abdominal procedure (based on Diagnostic Related Groups [DRGs]). Patients with Major Diagnostic Category (MDC) 14 (pregnancy, childbirth, and puerperium), and MDC 15 (newborns and other neonates) are excluded.

NUMERATOR DESCRIPTION

Number of incidental appendectomies in any procedure field

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 65 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Incidental appendectomy is contraindicated in the elderly population.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

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BURDEN OF ILLNESS

One study showed that incidental appendectomy was associated with a higher risk of wound infection (5.9% versus 0.9%) among cholecystectomy patients who were at least 50 years of age, but not among younger patients. Based on this finding and the findings of others, the risk of incidental appendectomy is believed to outweigh the benefits for elderly patients.

EVIDENCE FOR BURDEN OF ILLNESS

Andrew MH, Roty AR Jr. Incidental appendectomy with cholecystectomy: is the increased risk justified. *Am Surg* 1987 Oct;53(10):553-7. [PubMed](#)

Fisher KS, Ross DS. Guidelines for therapeutic decision in incidental appendectomy. *Surg Gynecol Obstet* 1990 Jul;171(1):95-8. [27 references] [PubMed](#)

Nockerts SR, Detmer DE, Fryback DG. Incidental appendectomy in the elderly? *No. Surgery* 1980 Aug;88(2):301-6. [PubMed](#)

Snyder TE, Selanders JR. Incidental appendectomy--yes or no? A retrospective case study and review of the literature. Infect Dis Obstet Gynecol 1998;6(1):30-7. [22 references] [PubMed](#)

Warren JL, Penberthy LT, Addiss DG, McBean AM. Appendectomy incidental to cholecystectomy among elderly Medicare beneficiaries. Surg Gynecol Obstet 1993 Sep;177(3):288-94. [PubMed](#)

Wolff BG. Current status of incidental surgery. Dis Colon Rectum 1995 Apr;38(4):435-41. [29 references] [PubMed](#)

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients age 65 years and older who had an intra-abdominal procedure

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Institutionalization
Therapeutic Intervention

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All discharges age 65 years and older with an intra-abdominal procedure (see Appendix A of the original measure documentation for Diagnostic Related Groups [DRGs])

Exclusions

Patients with Major Diagnostic Category (MDC) 14 (pregnancy, childbirth, and puerperium), and MDC 15 (newborns and other neonates) are excluded.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of incidental appendectomies in any procedure field (see Appendix A of the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes)

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Unspecified

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Observed (raw) rates may be stratified by hospitals, age groups, race/ethnicity categories, sex, and payer categories.

Risk adjustment of the data is recommended using, at minimum, age and sex.

Application of multivariate signal extraction (MSX) to smooth risk adjusted rates is also recommended.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Each potential quality indicator was evaluated against the following six criteria, which were considered essential for determining the reliability and validity of a quality indicator: face validity, precision, minimum bias, construct validity, fosters real quality improvement, and application. The project team searched Medline for articles relating to each of these six areas of evaluation. Additionally, extensive empirical testing of all potential indicators was conducted using the 1995-97 Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID) and Nationwide Inpatient Sample (NIS) to determine precision, bias, and construct validity. Table 1 in the original measure documentation summarizes the results of the literature review and empirical evaluations on the Inpatient Quality Indicators. Refer to the original measure documentation for details.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

AHRQ quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [revision 2]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Sep 4. Various p. (AHRQ Pub; no. 02-R0204).

Identifying Information

ORIGINAL TITLE

Incidental appendectomy in the elderly rate.

MEASURE COLLECTION

[Agency for Healthcare Research and Quality \(AHRQ\) Quality Indicators](#)

MEASURE SET NAME

[Agency for Healthcare Research and Quality \(AHRQ\) Inpatient Quality Indicators](#)

DEVELOPER

Agency for Healthcare Research and Quality

ADAPTATION

Incidental appendectomy in the elderly is a provider-level utilization indicator in the original Healthcare Cost and Utilization Project Quality Indicator (HCUP QI) set.

PARENT MEASURE

Incidental appendectomy among elderly (Agency for Healthcare Research and Quality)

RELEASE DATE

2002 Jun

REVISION DATE

2003 Sep

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

AHRQ quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [revision 2]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Sep 4. Various p. (AHRQ Pub; no. 02-R0204).

MEASURE AVAILABILITY

The individual measure, "Incidental Appendectomy in the Elderly Rate," is published in "AHRQ Quality Indicators. Guide to Inpatient Quality Indicators: Quality of Care in Hospitals -- Volume, Mortality, and Utilization." This document

is available in [Portable Document Format \(PDF\)](#) and a [zipped WordPerfect\(R\) file](#) from the [Quality Indicators](#) page at the Agency for Healthcare Research and Quality (AHRQ) Web site.

For more information, please contact the QI Support Team at support@qualityindicators.ahrq.gov.

COMPANION DOCUMENTS

The following are available:

- "AHRQ Inpatient Quality Indicators Software (Version 2.1 Revision 2)" (Rockville, [MD]: AHRQ, 2003 Sept 4) and its accompanying documentation can be downloaded from the [Agency for Healthcare Research and Quality \(AHRQ\) Web site](#). (The software is available in SPSS- and SAS-compatible formats.)
- Guidance for using the AHRQ quality indicators for hospital-level public reporting or payment. Rockville (MD): Agency for Healthcare Research and Quality; 2004 Aug. 24 p. This document is available from the [AHRQ Web site](#).
- "AHRQ Inpatient Quality Indicators - Interpretative Guide" (Irving [TX]: Dallas-Fort Worth Hospital Council Data Initiative; 2002 Aug 1. 9 p.) is available. This guide helps you to understand and interpret the results derived from the application of the Inpatient Quality Indicators software to your own data and is available from the [AHRQ Web site](#).
- "Refinement of the HCUP Quality Indicators" (Rockville [MD]: AHRQ, 2001 May. Various pagings. [Technical review; no. 4]; AHRQ Publication No. 01-0035) is available. This document was prepared by the UCSF-Stanford Evidence-based Practice Center for AHRQ and can be downloaded from the [AHRQ Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on December 4, 2002. The information was verified by the Agency for Healthcare Research and Quality on December 26, 2002. This NQMC summary was updated by ECRI on April 7, 2004.

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