



## Complete Summary

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### TITLE

Hysterectomy: hysterectomy 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 hysterectomies per 100,000 population.

### RATIONALE

Hysterectomy is performed on patients with a number of indications, such as recurrent uterine bleeding, chronic pelvic pain, or menopause, usually in some combination. No ideal rate for hysterectomy has been established.

Hysterectomy has been identified as a potentially overused procedure; therefore, more average rates represent better quality care.

### PRIMARY CLINICAL COMPONENT

Hysterectomy

### DENOMINATOR DESCRIPTION

Female population in Metropolitan Statistical Area (MSA) or county, age 18 years or older

### NUMERATOR DESCRIPTION

Number of hysterectomies in any procedure field among female patients age 18 years or older. Discharges with diagnosis for genital cancer or pelvic or lower abdominal trauma in any diagnosis field, Major Diagnostic Category (MDC) 14 (pregnancy, childbirth, puerperium), and MDC 15 (newborns or other neonates) are excluded.

## Evidence Supporting the Measure

### PRIMARY MEASURE DOMAIN

Process

### SECONDARY MEASURE DOMAIN

Not applicable

### EVIDENCE SUPPORTING THE MEASURE

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

Wide variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

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).

## 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

Counties or Cities

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

All female individuals age 18 years or older in a Metropolitan Statistical Area (MSA) or county

DENOMINATOR SAMPLING FRAME

Geographically defined

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All female individuals 18 years and older in geographic areas defined at the Metropolitan Statistical Area (MSA) level for urban areas and the county level for rural areas

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of hysterectomies in any procedure field among discharges of female age 18 years or older (see Appendix A of the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes)

Exclusions

Discharges with diagnosis for genital cancer or pelvic or lower abdominal trauma in any diagnosis field, Major Diagnostic Category (MDC) 14 (pregnancy, childbirth, and puerperium) and MDC 15 (newborns and other neonates) are excluded (see Appendix A of the original measure documentation for ICD-9-CM codes).

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 score falling within a defined interval

## ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

## DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Observed (raw) rates may be stratified by areas (Metropolitan Statistical Areas or counties), age groups, and race/ethnicity categories.

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

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

Hysterectomy 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

The hospital-based rate of hysterectomy was included in the original Healthcare Cost and Utilization Project Quality Indicator (HCUP QI) set.

#### PARENT MEASURE

Hysterectomy (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, "Hysterectomy 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](mailto: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.

## COPYRIGHT STATEMENT

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