



## Complete Summary

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### TITLE

Transfusion reaction (area-level): rate per 100,000 population.

### SOURCE(S)

AHRQ quality indicators. Guide to patient safety indicators [revision 1]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 May 28. 143 p. (AHRQ Pub; no. 03-R203).

## Brief Abstract

### DESCRIPTION

This measure assesses the number of cases of transfusion reaction per 100,000 population.

### RATIONALE

Patient safety is an issue of major national interest. Policymakers, providers, and consumers have made the safety of care in United States hospitals a top priority. The need to assess, monitor, track, and improve the safety of inpatient care became apparent with publication of the Institute of Medicine's series of reports describing the problem of medical errors. As our health care system becomes more complex, the possibility of significant unintended adverse effects increases.

Patient Safety Indicators (PSIs), which are based on computerized hospital discharge abstracts from the AHRQ's Healthcare Cost and Utilization Project (HCUP), can be used to better prioritize and evaluate local and national initiatives. Analyses of these and similar inexpensive, readily available administrative data sets may provide a screen for potential medical errors and a method for monitoring trends over time.

This indicator is intended to flag cases of major reactions due to transfusions (ABO and Rh). This indicator is defined both on a hospital level (by including cases based on secondary diagnosis associated with the same hospitalization) (see the related NQMC measure summary, [Transfusion reaction \(hospital-level\): rate per 1,000 discharges](#)) and on an area level (by including all cases of transfusion reactions).

### PRIMARY CLINICAL COMPONENT

Transfusion reaction

## DENOMINATOR DESCRIPTION

Population of county or Metropolitan Statistical Area (MSA) associated with Federal Information Processing Standards (FIPS) code of patient's residence or hospital location.

## NUMERATOR DESCRIPTION

Discharges with International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code for transfusion reaction in any diagnosis field (principal or secondary) of all medical and surgical discharges defined by specific Diagnosis-Related Groups (DRGs).

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Outcome

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences  
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

Federal health policymaking  
National health care quality reporting  
State health policymaking

## Application of Measure in its Current Use

### CARE SETTING

Hospitals

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Clinical Laboratory Personnel  
Nurses  
Physicians  
Public Health Professionals

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Counties or Cities

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Based on the 1997 Healthcare Cost and Utilization Project (HCUP) State Inpatient Database for 19 States, the Transfusion Reaction (Area-Level) rate was 0.05 per 100,000 population.

### EVIDENCE FOR INCIDENCE/PREVALENCE

AHRQ quality indicators. Guide to patient safety indicators [revision 1]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 May 28. 143 p. (AHRQ Pub; no. 03-R203).

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

### BURDEN OF ILLNESS

Unspecified

## UTILIZATION

Based on the matching analysis of the 2000 Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS) data reported by Zhan and Miller, transfusion reaction was associated with an excess length of stay of 3.44 days and excess charges of \$18,929.

## EVIDENCE FOR UTILIZATION

Zhan C, Miller MR. Excess length of stay, charges, and mortality attributable to medical injuries during hospitalization. JAMA 2003 Oct 8; 290(14):1868-74.  
[PubMed](#)

## COSTS

See "Utilization" field.

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Safety

## Data Collection for the Measure

### CASE FINDING

Both users and nonusers of care

### DESCRIPTION OF CASE FINDING

Population of county or Metropolitan Statistical Area (MSA) associated with Federal Information Processing Standards (FIPS) code of patient's residence or hospital location.

### DENOMINATOR SAMPLING FRAME

Geographically defined

### DENOMINATOR (INDEX) EVENT

Patient Characteristic

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Population of county or Metropolitan Statistical Area (MSA) associated with Federal Information Processing Standards (FIPS) code of patient's residence or hospital location.

### Exclusions

Unspecified

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Discharges with International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code for transfusion reaction in any diagnosis field (principal or secondary) of all medical and surgical discharges defined by specific Diagnosis-Related Groups (DRGs). Refer to Appendix A of the original measure documentation for ICD-9-CM codes and DRGs.

### Exclusions

Unspecified

## DENOMINATOR TIME WINDOW

Time window is a single point in time

## NUMERATOR TIME WINDOW

Institutionalization

## DATA SOURCE

Administrative data  
National public health data

## LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

## OUTCOME TYPE

Adverse Outcome

## 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

Unspecified

### 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

The Patient Safety Indicators (PSIs) were evaluated by the project team using empirical analyses to explore the frequency and variation of the indicators, the potential bias, based on limited risk adjustment, and the relationship between indicators. The data sources used in the empirical analyses were the 1997 Florida State Inpatient Database (SID) for initial testing and development and the 1997 Healthcare Cost and Utilization Project (HCUP) State Inpatient Database for 19 States for the final empirical analyses.

All potential indicators were examined empirically by developing and conducting statistical tests for precision, bias, and relatedness of indicators. Three different estimates of hospital performance were calculated for each indicator:

1. The raw indicator rate was calculated using the number of adverse events in the numerator divided by the number of discharges in the population at risk by hospital.
2. The raw indicator was adjusted to account for differences among hospitals in age, gender, modified Diagnosis-Related Group (DRG), and comorbidities.
3. Multivariate signal extraction methods were applied to adjust for reliability by estimating the amount of "noise" (i.e., variation due to random error) relative to the amount of signal (i.e., systematic variation in hospital performance or reliability) for each indicator.

Refer to the original measure documentation for additional details.

### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

AHRQ quality indicators. Guide to patient safety indicators [revision 1]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 May 28. 143 p. (AHRQ Pub; no. 03-R203).

## Identifying Information

### ORIGINAL TITLE

Transfusion reaction (area level definition).

### MEASURE COLLECTION

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

### MEASURE SET NAME

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

### DEVELOPER

Agency for Healthcare Research and Quality

### INCLUDED IN

National Healthcare Quality Report (NHQR)

### ADAPTATION

This measure was originally proposed by Iezzoni and colleagues (1994) as part of the Complications Screening Program (CSP) (CSP "sentinel events"). It was also included as one component of a broader indicator ("adverse events and iatrogenic complications") in the Agency for Healthcare Research and Quality's (AHRQ's) original Healthcare Cost and Utilization Project (HCUP) Quality Indicators (Elixhauser et al., 1998). It was proposed by Miller and colleagues (2001) in the original "AHRQ Patient Safety Indicator (PSI) Algorithms and Groupings."

### RELEASE DATE

2003 Mar

### REVISION DATE

2003 May

### MEASURE STATUS

This is the current release of this measure.

### SOURCE(S)

AHRQ quality indicators. Guide to patient safety indicators [revision 1]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 May 28. 143 p. (AHRQ Pub; no. 03-R203).

## MEASURE AVAILABILITY

The individual measure, "Transfusion Reaction (Area Level Definition)," is published in "AHRQ Quality Indicators. Guide to Patient Safety Indicators." 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 Patient Safety Quality Indicators Software (Version 2.1)" (Rockville, [MD]: AHRQ, 2003 Mar 13) and its accompanying documentation can be downloaded from the [Agency for Healthcare Research and Quality \(AHRQ\) Web site](#). (The software is available in both SAS- and SPSS-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](#).
- "HCUPnet, Healthcare Cost and Utilization Project" [internet]. (Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2004 [Various pagings]). HCUPnet 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). 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 October 1, 2003. The information was verified by the measure developer on October 29, 2003.

## COPYRIGHT STATEMENT

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