

Impact of diagnosis-timing indicators on measures of safety, comorbidity, and case mix groupings from administrative data sources.

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<https://psnet.ahrq.gov/issue/impact-diagnosis-timing-indicators-measures-safety-comorbidity-and-case-mix-groupings>

As part of efforts to improve the quality of care, the Centers for Medicare and Medicaid Services (CMS) will not reimburse hospitals for additional costs incurred when a patient experiences certain complications of care (e.g., a decubitus ulcer), and some private insurers have [followed suit](#). This study tested the validity of using administrative (billing) data to make these determinations, by evaluating the accuracy of the AHRQ [Patient Safety Indicators](#) at identifying in-hospital complications. For several patient safety indicators, the authors found that the majority of cases were actually pre-existing conditions, and thus did not represent a complication of care. Furthermore, cases where an in-hospital complication occurred did not receive significantly higher financial payments than cases without complications. A [prior study](#) also found that screening administrative data alone was an inadequate method for identifying post-surgical complications.