

Postoperative Hemorrhage or Hematoma Rate

Pediatric Quality Indicators #8 Technical Specifications

Provider-Level Indicator

AHRQ Quality Indicators, Version 4.3, August 2011

Version 4.3a is a maintenance release of Version 4.3. The differences between the two versions are:

- Version 4.3a includes Version 29 of the Limited License edition of the 3M™ APR-DRG Grouper. This grouper corrects an issue found in Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper. The grouper is only used with the Inpatient Quality Indicator (IQI) mortality measures. Version 4.3 includes Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper, which was incorrectly assigning a Risk of Mortality (ROM) subclass for cases dated on or after 10/1/10.
- Version 4.3a allows users to calculate area-level indicators for years 2010 and 2011, correcting an issue previously identified in Version 4.3.

All other aspects of the software, including measure specifications, remain the same. Thus this document (related to Version 4.3) remains unchanged.

Numerator

Discharges among cases meeting the inclusion and exclusion rules for the denominator with the following:

- ICD-9-CM code for postoperative hemorrhage **or** postoperative hematoma in any secondary diagnosis field

-----AND-----

- ICD-9-CM code for postoperative control of hemorrhage **or** for drainage of hematoma procedure.

ICD-9-CM Postoperative hemorrhage diagnosis code:

99811 HEMORRHAGE COMPLICATING A PROCEDURE

ICD-9-CM Postoperative hematoma diagnosis code:

99812 HEMATOMA COMPLICATING A PROCEDURE

ICD-9-CM Control of postoperative hemorrhage procedure codes:

287	CONTROL OF HEMORRHAGE AFTER TONSILLECTOMY AND ADENOIDECTOMY	3882	OTHER SURGICAL OCCLUSION OF OTHER VESSELS OF HEAD AND NECK
3880	OTHER SURGICAL OCCLUSION OF UNSPECIFIED SITE	3883	OTHER SURGICAL OCCLUSION OF UPPER LIMB VESSELS
3881	OTHER SURGICAL OCCLUSION OF INTRACRANIAL VESSELS	3884	OTHER SURGICAL OCCLUSION OF AORTA, ABDOMINAL
		3885	OTHER SURGICAL OCCLUSION OF THORACIC VESSEL

3886	OTHER SURGICAL OCCLUSION OF ABDOMINAL ARTERIES	3998	CONTROL OF HEMORRHAGE NOS
3887	OTHER SURGICAL OCCLUSION OF ABDOMINAL VEINS	4995	CONTROL OF (POSTOPERATIVE) HEMORRHAGE OF ANUS
3888	OTHER SURGICAL OCCLUSION OF LOWER LIMB ARTERIES	5793	CONTROL OF (POSTOPERATIVE) HEMORRHAGE OF BLADDER
3889	OTHER SURGICAL OCCLUSION OF LOWER LIMB VEINS	6094	CONTROL OF (POSTOPERATIVE) HEMORRHAGE OF PROSTATE
3941	CONTROL OF HEMORRHAGE FOLLOWING VASCULAR SURGERY		
ICD-9-CM Drainage of hematoma procedure codes:			
1809	OTHER INCISION OF EXTERNAL EAR	7109	OTHER INCISION OF VULVA AND PERINEUM
540	INCISION OF ABDOMINAL WALL	7591	EVACUATION OF OBSTETRICAL INCISIONAL HEMATOMA OF PERINEUM
5412	REOPENING OF RECENT LAPAROTOMY SITE	7592	EVACUATION OF OTHER HEMATOMA OF VULVA OR VAGINA
5919	OTHER INCISION OF PERIVESICLE TISSUE	8604	OTHER INCISION W/ DRAINAGE OF SKIN AND SUBCUTANEOUS TISSUE
610	INCISION AND DRAINAGE OF SCROTUM AND TUNICA AND VAGINALIS		
6998	OTHER OPERATIONS ON SUPPORTING STRUCTURES OF UTERUS		
7014	OTHER VAGINOTOMY		

Denominator

All elective* surgical discharges under age 18 defined by specific DRGs or MS-DRGs and an ICD-9-CM code for an operating room procedure.

*Elective - Admission type # is recorded as elective (SID ATYPE = 3)

See *Pediatric Quality Indicators Appendices*:

- Appendix A – Operating Room Procedure Codes
- Appendix B – Surgical Discharge DRGs
- Appendix C – Surgical Discharge MS-DRGs

Exclude cases:

- with principal diagnosis of postoperative hemorrhage or postoperative hematoma or secondary diagnosis present on admission
- where the only operating room procedure is postoperative control of hemorrhage or drainage of hematoma.
- where a procedure for postoperative control of hemorrhage or drainage of hematoma occurs before the first operating room procedure.

Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available.

- obstetrical patients in MDC 14 (Pregnancy, Childbirth, and Puerperium)
- neonates with birth weight less than 500 grams (Birth Weight Category 1)
- with missing discharge gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

See *Pediatric Quality Indicators Appendices*:

- Appendix I – Definitions of Neonate, Newborn, Normal, and Outborn
- Appendix L- Low Birth Weight Categories

Stratification

Stratifies rates by high-risk vs. lower risk groups.

High risk group:

Patients with any diagnosis codes indicating for specified coagulopathies

Patients with ICD-9-CM procedure code for Extracorporeal Membrane Oxygenation (ECMO)

ICD-9-CM Coagulopathy diagnosis codes:

2860	CONG FACTOR VIII DIORD	28730	PRIM THROMBOCYTOPEN NOS
2861	CONG FACTOR IX DISORDER	28731	IMMUNE THROMBOCYT PURPRA
2862	CONG FACTOR XI DISORDER	28732	EVANS' SYNDROME
2863	CONG DEF CLOT FACTOR NEC	28733	CONG/HERID THROMB PURPRA
2864	VON WILLEBRAND'S DISEASE	28739	PRIM THROMBOCYTOPEN NEC
2865	CIRCULATING ANTICOAG DIS	2874	SECOND THROMBOCYTOPENIA
2866	DEFIBRATION SYNDROME	28741	POSTTRANSFUSION PURPURA
2867	ACQ COAGUL FACTOR DEFIC	2875	THROMBOCYTOPENIA NOS
2869	COAGULAT DEFECT NEC NOS	2878	HEMORRHAGIC COND NEC
2871	THROMBOCYTOPATHY	2879	HEMORRHAGIC COND NOS
2873	PRIMARY THROMBOCYTOPENIA		

ICD-9-CM Extracorporeal membrane oxygenation (ECMO) procedure code:

3965 ECMO

Low risk group:

All patients not qualifying as high risk.