

Accidental Puncture or Laceration Rate Technical Specifications

Pediatric Quality Indicators #1 (PDI #1) AHRQ Quality Indicators™, Version 4.5, May 2013 Provider-Level Indicator Type of Score: Rate

Description

Accidental punctures or lacerations (secondary diagnosis) during procedure per 1,000 discharges for patients ages 17 years and younger. Includes metrics for discharges grouped by risk category. Excludes obstetric discharges, spinal surgery discharges, discharges with accidental puncture or laceration as a principal diagnosis, discharges with accidental puncture or laceration as a secondary diagnosis that is present on admission, normal newborns, and neonates with birth weight less than 500 grams.

[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.]

[NOTE: To obtain stratified results, the user must run the PDSASG2.SAS program in the SAS QI Software Version 4.5 or choose to stratify by risk category in the Windows QI Software Version 4.5]

Numerator

Overall:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for accidental puncture or laceration during a procedure.

ICD-9-CM Accidental puncture or laceration during a procedure diagnosis codes:

E8700	ACC CUT/HEM IN SURGERY	E8706	ACC CUT/HEM W HEART CATH
E8701	ACC CUT/HEM IN INFUSION	E8707	ACC CUT/HEM W ENEMA
E8702	ACC CUT/HEM-PERFUSN NEC	E8708	ACC CUT IN MED CARE NEC
E8703	ACC CUT/HEM IN INJECTION	E8709	ACC CUT IN MED CARE NOS
E8704	ACC CUT/HEM W SCOPE EXAM	9982	ACCIDENTAL OP LACERATION
E8705	ACC CUT/HEM W CATHETERIZ		

Risk Category 1:

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

any secondary ICD-9-CM diagnosis codes for accidental puncture or laceration during a procedure (see above).

Risk Category 2:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for accidental puncture or laceration during a procedure (see above).

Risk Category 3:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for accidental puncture or laceration during a procedure (see above).

Risk Category 4:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for accidental puncture or laceration during a procedure (see above).

Risk Category 5:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for accidental puncture or laceration during a procedure (see above).

Risk Category 6:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for accidental puncture or laceration during a procedure (see above).

Risk Category 9:

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for accidental puncture or laceration during a procedure (see above).

Denominator

Overall:

Surgical and medical discharges, for patients ages 17 years and younger. Surgical and

medical discharges are defined by specific DRG or MS-DRG codes.

See *Pediatric Quality Indicators Appendices*:

- Appendix B – Surgical DRGs
- Appendix C – Surgical MS-DRGs
- Appendix D – Medical DRGs
- Appendix E – Medical MS-DRGs

Exclude cases:

- with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission) for accidental puncture or laceration during a procedure (see above)
- with any-listed ICD-9-CM procedure codes for spine surgery
- normal newborn
- neonate with birth weight less than 500 grams (Birth Weight Category 1)
- MDC 14 (pregnancy, childbirth, and puerperium)
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

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ICD-9-CM Spine surgery procedure codes¹:

0301	REMOVAL FB SPINAL CANAL	8162	FUS/REFUS 2-3 VERTEBRAE ²
0302	REOPEN LAMINECTOMY SITE	8163	FUS/REFUS 4-8 VERTEBRAE ²
0309	SPINAL CANAL EXPLOR NEC	8164	FUS/REFUS 9 VERTEBRAE ²
0353	VERTEBRAL FX REPAIR	8165	PERCUTAN VERTEBROPLASTY
036	SPINAL CORD ADHESIOLYSIS	8166	PERCUT VERTEBRAL AUGMENT
8053	REP ANULUS FIBROSUS-GRFT	8451	INS SPINAL FUSION DEVICE ²
8054	REP ANULS FIBROS NEC/NOS	8452	INSERT RECOMBINANT BMP ²
8100	SPINAL FUSION NOS	<i>8458</i>	<i>IMPLANTATION OF INTERSPINOUS PROCESS DECOMPRESSION DEVICE</i>
8101	ATLAS-AXIS FUSION		
8102	OTH CERV FUSION ANT/ANT	8459	INSERT OTHR SPIN DEVICE
8103	OT CERV FUSION POST/POST	8460	INSERT DISC PROS NOS
8104	DRSL/DRSLUMB FUS ANT/ANT	8461	INS PART DISC PROS CERV
8105	DRSL/DSLMB FUS POST/POST	8462	INS TOT DISC PROST CERV
8106	LUMB/LMBOSAC FUS ANT/ANT	8463	INS SPIN DISC PROS THOR
8107	LMB/LMBSAC FUS POST/POST	8464	INS PART DISC PROS LUMB
8108	LUMB/LMBSAC FUS ANT/POST	8465	INS TOTL DISC PROS LUMB
8130	SPINAL REFUSION NOS	8466	REVISE DISC PROST CERV
8131	REFUSION OF ATLAS-AXIS	8467	REVISE DISC PROST THORA
8132	REFUS OTH CERVCL ANT/ANT	8468	REVISE DISC PROSTH LUMB
8133	REFUS OTH CERV POST/POST	8469	REVISE DISC PROSTH NOS
8134	REFUS DRS/DRSLMB ANT/ANT	8480	INS/REPL INTERSPINE DEV
8135	REFUS DRS/DRSLMB PST/PST	8481	REV INTERSPINE DEVICE
8136	REFUS LMB/LMBSAC ANT/ANT	8482	INS/REPL PDCL STABIL DEV
8137	REFUS LMB/LMBSAC PST/PST	8483	REV PEDCL DYN STABIL DEV
8138	REFUS LMB/LMBSC ANT/POST	8485	REV FACET REPLACE DEVICE
8139	REFUSION OF SPINE NEC		

¹ The procedure or diagnosis codes are continuously updated. The current list of ICD-9-CM codes is valid for October 2012 through September 2013. Italicized codes are not active in Fiscal Year 2013.

² Code has *code also* instructions

Risk Category 1:

Surgical and medical discharges, for patients ages 17 years and younger, with either MDC 2 (eye), MDC 3 (ear, nose, mouth, and throat), MDC 9 (skin, subcutaneous tissue, and breast), MDC 19 (mental diseases and disorders), MDC 22 (burns), or MDC 23 (factors influencing health status). Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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Risk Category 2:

Surgical and medical discharges, for patients ages 17 years and younger, with either MDC 4 (respiratory system), MDC 5 (circulatory system), or MDC 17 (myeloproliferative diseases and disorders [poorly differentiated neoplasms]). Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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Risk Category 3:

Surgical and medical discharges, for patients ages 17 years and younger, with either MDC 11 (kidney and urinary tract), MDC 12 (male reproductive system), or MDC 13 (female reproductive system). Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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Risk Category 4:

Surgical and medical discharges, for patients ages 17 years and younger, with either MDC 0/99 (ungroupable), MDC 16 (blood and blood forming organs and immunological disorders), MDC 18 (infectious and parasitic diseases and disorders), or MDC 25 (human immunodeficiency virus infection). Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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Risk Category 5:

Surgical and medical discharges, for patients ages 17 years and younger, with either MDC 1 (nervous system), MDC 8 (musculoskeletal system and connective tissue), MDC 21 (injuries, poison, and toxic effect of drugs), or MDC 24 (multiple significant trauma). Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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Risk Category 6:

Surgical and medical discharges, for patients ages 17 years and younger, with either MDC 6 (digestive system), MDC 7 (hepatobiliary system and pancreas), or MDC 10 (endocrine, nutritional, and metabolic system). Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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Risk Category 9:

Surgical and medical discharges, for patients ages 17 years and younger, that do not meet the inclusion rules for Risk Category 1 through Risk Category 6. Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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