

Pressure Ulcer Rate Technical Specifications

Pediatric Quality Indicators #2 (PDI #2)

AHRQ Quality Indicators™, Version 5.0

March 2015

Provider-Level Indicator

Type of Score: Rate

Description

Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 17 years and younger. Includes metrics for discharges grouped by risk category. Excludes neonates; stays less than five (5) days; transfers from another facility; obstetric discharges; cases with diseases of the skin, subcutaneous tissue and breast; discharges in which debridement or pedicle graft is the only operating room procedure; discharges with debridement or pedicle graft before or on the same day as the major operating room procedure; and those discharges in which pressure ulcer is the principal diagnosis or secondary diagnosis of Stage III or IV pressure ulcer is present on admission

[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 pressure ulcer and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable).

ICD-9-CM Pressure ulcer diagnosis codes:

7070	DECUBITUS ULCER	70704	PRESSURE ULCER, HIP
70700	PRESSURE ULCER, SITE NOS	70705	PRESSURE ULCER, BUTTOCK
70701	PRESSURE ULCER, ELBOW	70706	PRESSURE ULCER, ANKLE
70702	PRESSURE ULCER, UPR BACK	70707	PRESSURE ULCER, HEEL
70703	PRESSURE ULCER, LOW BACK	70709	PRESSURE ULCER, SITE NEC

- 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)

See *Pediatric Quality Indicators Appendices*:

- Appendix I – Definitions of Neonate, Newborn, Normal Newborn, and Outborn
- Appendix J – Admission Codes for Transfers

ICD-9-CM Debridement or pedicle graft procedure codes:

8345	OTHER MYECTOMY	8671	CUT & PREP PEDICLE GRAFT
8622	EXC WOUND DEBRIDEMENT	8672	PEDICLE GRAFT ADVANCEMEN
8628	NONEXCIS DEBRIDEMENT WND	8674	ATTACH PEDICLE GRAFT NEC
8670	PEDICLE GRAFT/FLAP NOS	8675	REVISION OF PEDICLE GRFT

High Risk Category:

Surgical and medical discharges, for patients ages 17 years and younger, with any-listed ICD-9-CM diagnosis codes for hemiplegia, paraplegia, or quadriplegia or any-listed ICD-9-CM diagnosis codes for spina bifida or any-listed ICD-9-CM diagnosis codes for anoxic brain damage or any-listed ICD-9-CM procedure codes for continuous mechanical ventilation. 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

ICD-9-CM Hemiplegia, paraplegia, or quadriplegia diagnosis codes :

33371	ATHETOID CEREBRAL PALSY	34431	MONPLGA LWR LMB DMNT SDE
3341	HERED SPASTIC PARAPLEGIA	34432	MNPLG LWR LMB NONDMNT SD
3420	FLACCID HEMIPLGIA	3444	MONOPLGIA OF UPPER LIMB
34200	FLCCD HMIPLGA UNSPF SIDE	34440	MONPLGA UPR LMB UNSP SDE
34201	FLCCD HMIPLGA DOMNT SIDE	34441	MONPLGA UPR LMB DMNT SDE
34202	FLCCD HMIPLG NONDMNT SDE	34442	MNPLG UPR LMB NONDMNT SD
3421	SPASTIC HEMIPLGIA	3445	UNSPECIFIED MONOPLGIA
34210	SPSTC HMIPLGA UNSPF SIDE	34460	CAUDA EQUINA SYNDROME, WITHOUT MENTION OF NEUROGENIC BLADDER
34211	SPSTC HMIPLGA DOMNT SIDE	34461	CAUDA EQUINA SYNDROME, WITH NEUROGENIC BLADDER
34212	SPSTC HMIPLG NONDMNT SDE	3448	OTHER SPECIFIED PARALYTIC SYNDROMES
34280	OT SP HMIPLGA UNSPF SIDE	3443	MONOPLGIA OF LOWER LIMB
34281	OT SP HMIPLGA DOMNT SIDE	34430	MONPLGA LWR LMB UNSP SDE
34282	OT SP HMIPLG NONDMNT SDE	34481	LOCKED-IN STATE
3429	HEMIPLGIA, UNSPECIFIED	34489	OTH SPCF PARALYTIC SYND
34290	UNSP HEMIPLGA UNSPF SIDE	3449	PARALYSIS, UNSPECIFIED
34291	UNSP HEMIPLGA DOMNT SIDE	43820	LATE EF-HEMPLGA SIDE NOS
34292	UNSP HMIPLGA NONDMNT SDE	43821	LATE EF-HEMPLGA DOM SIDE
3430	INFANTILE CEREBRAL PALSY, DIPLEGIC	43822	LATE EF-HEMIPLGA NON-DOM
3431	INFANTILE CEREBRAL PALSY,	43830	LATE EF-MPLGA UP LMB NOS

3432	HEMIPLEGIC INFANTILE CEREBRAL PALSY, QUADRIPLEGIC	43831	LATE EF-MPLGA UP LMB DOM
3433	INFANTILE CEREBRAL PALSY, MONOPLEGIC	43832	LT EF-MPLGA UPLMB NONDOM
3434	INFANTILE CEREBRAL PALSY INFANTILE HEMIPLEGIA	43840	LTE EF-MPLGA LOW LMB NOS
3438	INFANTILE CEREBRAL PALSY OTHER SPECIFIED INFANTILE CEREBRAL PALSY	43841	LTE EF-MPLGA LOW LMB DOM
3439	INFANTILE CEREBRAL PALSY, INFANTILE CEREBRAL PALSY, UNSPECIFIED	43842	LT EF-MPLGA LOWLMB NONDM
3440	QUADRIPLEGIA AND QUADRIPARESIS	43850	LT EF OTH PARAL SIDE NOS
34400	QUADRIPLEGIA, UNSPECIFD	43851	LT EF OTH PARAL DOM SIDE
34401	QUADRPLG C1-C4, COMPLETE	43852	LT EF OTH PARALS NON-DOM
34402	QUADRPLG C1-C4, INCOMPLT	43853	LT EF OTH PARALS-BILAT
34403	QUADRPLG C5-C7, COMPLETE	7687	HYPOXIC-ISCHEMIC ENCEPH
34404	QUADRPLG C5-C7, INCOMPLT	76870	HYPOXC-ISCHEM ENCEPH NOS
34409	OTHER QUADRIPLEGIA	76872	MOD HYPOX-ISCHEM ENCEPH
3441	PARAPLEGIA	76873	SEV HYPOX-ISCHEM ENCEPH
3442	DIPLEGIA OF UPPER LIMBS		

ICD-9-CM Spina bifida or anoxic brain damage diagnosis codes:

74100	SPIN BIF W HYDROCEPH NOS	74190	SPINA BIFIDA
74101	SPIN BIF W HYDRCEPH-CERV	74191	SPINA BIFIDA-CERV
74102	SPIN BIF W HYDRCEPH-DORS	74192	SPINA VIFIDA-DORSAL
74103	SPIN BIF W HYDRCEPH-LUMB	74193	SPINA BIFIDA-LUMBAR

ICD-9-CM Anoxic brain damage diagnosis codes:

3481	ANOXIC BRAIN DAMAGE	7685	SEVERE BIRTH ASPHYXIA
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ICD-9-CM Continuous mechanical ventilation procedure code:

9672	CONT INV MEC VEN 96+ HRS
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Exclude cases:

- with a principal ICD-9-CM diagnosis code for pressure ulcer (see above)
- with any secondary ICD-9-CM diagnosis codes for pressure ulcer (see above) present on admission and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable, see above) present on admission
- with any-listed ICD-9-CM procedure codes for debridement or pedicle graft (see above) before or on the same day as the major operating room procedure (surgical cases only)
- with any-listed ICD-9-CM procedure codes for debridement or pedicle graft (see above) as the only major operating room procedure (surgical cases only)
- neonates
- with length of stay of less than five (5) days
- transfer from a hospital (different facility)
- transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- transfer from another health care facility
- MDC 9 (skin, subcutaneous tissue, and breast)
- 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)

See *Pediatric Quality Indicators Appendices*:

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Low Risk Category:

Surgical and medical discharges, for patients ages 17 years and younger, without any-listed ICD-9-CM diagnosis codes for hemiplegia, paraplegia, or quadriplegia (see above) and without any-listed ICD-9-CM diagnosis codes for spina bifida (see above) and without any-listed ICD-9-CM diagnosis codes for anoxic brain damage (see above) and without any-listed ICD-9-CM procedure codes for continuous mechanical ventilation (see above). Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

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