



AHRQ Quality Indicators™ (AHRQ QI™) ICD-10-CM/PCS Specification Version 6.0

Pediatric Quality Indicator 12 (PDI 12) Central Venous Catheter-Related Blood Stream Infection Rate

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Provider-Level Indicator

Type of Score: Rate

Prepared by:

Agency for Healthcare Research and Quality

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www.qualityindicators.ahrq.gov

DESCRIPTION

Central venous catheter-related bloodstream infections (secondary diagnosis) per 1,000 medical and surgical discharges for patients ages 17 years and younger. Includes metrics for discharges grouped by risk category. Excludes cases with a principal diagnosis of a central venous catheter-related bloodstream infection, cases with a secondary diagnosis of a central venous catheter-related bloodstream infection present on admission, normal newborns, neonates with a birth weight of less than 500 grams, cases with stays less than two (2) days, and obstetric cases.

[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.]

NUMERATOR OVERALL

Note: The Numerator definition is identical for High, Intermediate, and Low Risk Categories and Overall.

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for selected infections.

Central venous catheter-related blood stream infection diagnosis code: (IDTMC3D)

T80211A Bloodstream infection due to central venous
catheter, initial encounter

DENOMINATOR OVERALL

Surgical and medical discharges, for patients ages 17 years and younger. Surgical and medical discharges are defined by specific MS-DRG codes.

[*Appendix C - Surgical MS-DRGS*](#)

[*Appendix E - Medical MS-DRGS*](#)

DENOMINATOR EXCLUSIONS

Note: The Denominator Exclusions are identical for Overall, High, Intermediate and Low Risk

Exclude cases:

- with a principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for selected infections (as defined by the numerator, see above)
- normal newborns
- neonates with birth weight less than 500 grams (Birth Weight Category 1)
- with length of stay less than two (2) days
- 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)

[*Appendix I - Definitions of Neonate, Newborn, Normal Newborn, and Outborn*](#)

[*Appendix L - Low Birth Weight Categories*](#)

DENOMINATOR HIGH RISK CATEGORY

Surgical and medical discharges, for patients ages 17 years and younger, with any-listed ICD-10-CM diagnosis codes for high-risk immunocompromised state or any-listed ICD-10-PCS procedure codes for high-risk immunocompromised state (transplant) or any-listed ICD-10-CM diagnosis codes for cancer. Surgical and medical discharges are defined by specific MS-DRG codes.

[*Appendix C - Surgical MS-DRGS*](#)

[*Appendix E - Medical MS-DRGS*](#)

[*Appendix F - High-Risk Immunocompromised States*](#)

[*Appendix M - Cancer*](#)

DENOMINATOR INTERMEDIATE RISK CATEGORY

Surgical and medical discharges, for patients ages 17 years and younger, with either:

- any-listed ICD-10-CM diagnosis codes for intermediate-risk immunocompromised state; or
- any-listed ICD-10-CM diagnosis codes for cirrhosis and hepatic failure; or
- any-listed ICD-10-CM diagnosis codes for cystic fibrosis; or
- any-listed ICD-10-CM diagnosis codes for hemophilia

Surgical and medical discharges are defined by specific MS-DRG codes.

[Appendix C - Surgical MS-DRGS](#)

[Appendix E - Medical MS-DRGS](#)

[Appendix G - Intermediate-Risk Immunocompromised States](#)

Cirrhosis diagnosis codes: (HEPFA2D)

K702	Alcoholic fibrosis and sclerosis of liver	K744	Secondary biliary cirrhosis
K7030	Alcoholic cirrhosis of liver without ascites	K745	Biliary cirrhosis, unspecified
K7031	Alcoholic cirrhosis of liver with ascites	K7460	Unspecified cirrhosis of liver
K740	Hepatic fibrosis	K7469	Other cirrhosis of liver
K743	Primary biliary cirrhosis		

Hepatic failure diagnosis codes: (HEPFA3D)

K7040	Alcoholic hepatic failure without coma	K7210	Chronic hepatic failure without coma
K7041	Alcoholic hepatic failure with coma	K7211	Chronic hepatic failure with coma
K7110	Toxic liver disease with hepatic necrosis, without coma	K7290	Hepatic failure, unspecified without coma
K7111	Toxic liver disease with hepatic necrosis, with coma	K7291	Hepatic failure, unspecified with coma
K7200	Acute and subacute hepatic failure without coma	K767	Hepatorenal syndrome
K7201	Acute and subacute hepatic failure with coma		

Cystic fibrosis diagnosis codes: (ACSCYFD)

E840	Cystic fibrosis with pulmonary manifestations	E848	Cystic fibrosis with other manifestations
E8411	Meconium ileus in cystic fibrosis	E849	Cystic fibrosis, unspecified
E8419	Cystic fibrosis with other intestinal manifestations		

Hemophilia diagnosis codes: (HEMOPHD)

D66	Hereditary factor VIII deficiency	D681	Hereditary factor XI deficiency
D67	Hereditary factor IX deficiency	D682	Hereditary deficiency of other clotting factors

D680 Von Willebrands disease

DENOMINATOR LOW RISK CATEGORY

Surgical and medical discharges, for patients ages 17 years and younger, not meeting the inclusion criteria for the High Risk Category or the Intermediate Risk Category. Surgical and medical discharges are defined by specific MS-DRG codes.

[*Appendix C - Surgical MS-DRGS*](#)

[*Appendix E - Medical MS-DRGS*](#)