



Patient Safety Indicator 02 (PSI 02) Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)

June 2018

Provider-Level Indicator

Type of Score: Rate

Prepared by:

Agency for Healthcare Research and Quality

U.S. Department of Health and Human Services

www.qualityindicators.ahrq.gov

DESCRIPTION

In-hospital deaths per 1,000 discharges for low mortality (< 0.5%) Diagnosis Related Groups (DRGs) among patients ages 18 years and older or obstetric patients. Excludes cases with trauma, cases with cancer, cases with an immunocompromised state, and transfers to an acute care facility.

[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 in-hospital deaths per 1,000 hospital discharges.]

NUMERATOR

Number of deaths (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator.

DENOMINATOR

Discharges, for patients ages 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium), with a low-mortality (less than 0.5% mortality) MS-DRG code (**LOWMODR**^{*}). If an MS-DRG is divided into “without/with (major) complications and comorbidities,” both codes without complications/comorbidities and codes with (major) complications/comorbidities must have mortality rates below 0.5% in the reference population to qualify for inclusion .

DENOMINATOR EXCLUSIONS

Exclude cases:

- with any listed ICD-10-CM diagnosis codes for trauma (*Appendix G: TRAUMID*)
- with any listed ICD-10-CM diagnosis codes for cancer (*Appendix H: CANCEID*)
- with any listed ICD-10-CM diagnosis codes for immunocompromised state (*Appendix I: IMMUNID*)
- with any listed ICD-10-PCS procedure codes for immunocompromised state (*Appendix I: IMMUNIP*)
- transfer to an acute care facility (DISP=2)
- with missing discharge disposition (DISP=missing), gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

[*Appendix G - Trauma Diagnosis Codes*](#)

[*Appendix H - Cancer Diagnosis Codes*](#)

[*Appendix I - Immunocompromised State Diagnosis and Procedure Codes*](#)

* See below for code list

Low-mortality (less than 0.5%) MS-DRG codes: (LOWMODR)

069	Transient ischemia	707	Major male pelvic procedures w cc/mcc
102	Headaches w mcc	708	Major male pelvic procedures w/o cc/mcc
103	Headaches w/o mcc	742	Uterine & adnexa proc for non-malignancy w cc/mcc
113	Orbital procedures w cc/mcc	743	Uterine & adnexa proc for non-malignancy w/o cc/mcc
114	Orbital procedures w/o cc/mcc	746	Vagina, cervix & vulva procedures w cc/mcc
115	Extraocular procedures except orbit	747	Vagina, cervix & vulva procedures w/o cc/mcc
121	Acute major eye infections w cc/mcc	748	Female reproductive system reconstructive procedures
122	Acute major eye infections w/o cc/mcc	760	Menstrual & other female reproductive system disorders w cc/mcc
123	Neurological eye disorders	761	Menstrual & other female reproductive system disorders w/o cc/mcc
137	Mouth procedures w cc/mcc	765	Cesarean section w cc/mcc
138	Mouth procedures w/o cc/mcc	766	Cesarean section w/o cc/mcc
139	Salivary gland procedures	767	Vaginal delivery w sterilization &/or d&c
149	Dysequilibrium	768	Vaginal delivery w o.r. proc except steril &/or d&c
202	Bronchitis & asthma w cc/mcc	769	Postpartum & post abortion diagnoses w o.r. procedure
203	Bronchitis & asthma w/o cc/mcc	770	Abortion w d&c, aspiration curettage or hysterotomy
311	Angina pectoris	774	Vaginal delivery w complicating diagnoses
312	Syncope & collapse	775	Vaginal delivery w/o complicating diagnoses
313	Chest pain	776	Postpartum & post abortion diagnoses w/o o.r. procedure
483	Major joint & limb reattachment proc of upper extremity w cc/mcc	777	Ectopic pregnancy
484	Major joint & limb reattachment proc of upper extremity w/o cc/mcc	778	Threatened abortion
488	Knee procedures w/o pdx of infection w cc/mcc	779	Abortion w/o d&c
489	Knee procedures w/o pdx of infection w/o cc/mcc	780	False labor
490	Back & neck proc exc spinal fusion w cc/mcc or disc device/neurostim	781	Other antepartum diagnoses w medical complications

491	Back & neck proc exc spinal fusion w/o cc/mcc	782	Other antepartum diagnoses w/o medical complications
506	Major thumb or joint procedures	864	Fever
509	Arthroscopy	876	O.r. procedure w principal diagnoses of mental illness
513	Hand or wrist proc, except major thumb or joint proc w cc/mcc	880	Acute adjustment reaction & psychosocial dysfunction
514	Hand or wrist proc, except major thumb or joint proc w/o cc/mcc	881	Depressive neuroses
518	Back and neck procedures except spinal fusion with mcc or disc device or neurostimulator	882	Neuroses except depressive
519	Back and neck procedures except spinal fusion with cc	883	Disorders of personality & impulse control
520	Back and neck procedures except spinal fusion without cc/mcc	885	Psychoses
582	Mastectomy for malignancy w cc/mcc	886	Behavioral & developmental disorders
583	Mastectomy for malignancy w/o cc/mcc	887	Other mental disorder diagnoses
600	Non-malignant breast disorders w cc/mcc	894	Alcohol/drug abuse or dependence, left ama
601	Non-malignant breast disorders w/o cc/mcc	895	Alcohol/drug abuse or dependence w rehabilitation therapy
691	Urinary stones w esw lithotripsy w cc/mcc	906	Hand procedures for injuries
692	Urinary stones w esw lithotripsy w/o cc/mcc	945	Rehabilitation w cc/mcc
697	Urethral stricture	946	Rehabilitation w/o cc/mcc