



**AHRQ Quality Indicators™ (AHRQ QI™)
ICD-9-CM and ICD-10-CM/PCS
Specification Enhanced Version 5.0**

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

**October 2015
Provider-Level Indicator
Type of Score: Rate**

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PSI #02 Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)

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.]

PSI #02 Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)

NUMERATOR

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

PSI #02 Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)

NUMERATOR EXCLUSIONS
<i>Not Applicable</i>

PSI #02 Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)

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) DRG or MS-DRG code. If a DRG or 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.			
<i>Low-mortality (less than 0.5%) DRG codes: (LOWMODR)</i>			
ICD-9-CM	Description	ICD-10-CM	Description
069	TRANSIENT ISCHEMIA	<i>Same codes as for ICD-9-CM</i>	
102	HEADACHES W MCC		
103	HEADACHES W/O MCC		
113	ORBITAL PROCEDURES W CC/MCC		
114	ORBITAL PROCEDURES W/O CC/MCC		
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT		
121	ACUTE MAJOR EYE INFECTIONS W CC/MCC		
122	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC		
123	NEUROLOGICAL EYE DISORDERS		
137	MOUTH PROCEDURES W CC/MCC		
138	MOUTH PROCEDURES W/O CC/MCC		
139	SALIVARY GLAND PROCEDURES		
149	DYSEQUILIBRIUM		
202	BRONCHITIS & ASTHMA W CC/MCC		
203	BRONCHITIS & ASTHMA W/O CC/MCC		
311	ANGINA PECTORIS		
312	SYNCOPE & COLLAPSE		
313	CHEST PAIN		
483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC		
484	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC		

488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC
489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC
490	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM
491	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC
506	MAJOR THUMB OR JOINT PROCEDURES
509	ARTHROSCOPY
513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC
514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC
582	MASTECTOMY FOR MALIGNANCY W CC/MCC
583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC
600	NON-MALIGNANT BREAST DISORDERS W CC/MCC
601	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC
691	URINARY STONES W ESW LITHOTRIPSY W CC/MCC
692	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC
697	URETHRAL STRICTURE
707	MAJOR MALE PELVIC PROCEDURES W CC/MCC
708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC
743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC
746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC
747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC

748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC
761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC
765	CESAREAN SECTION W CC/MCC
766	CESAREAN SECTION W/O CC/MCC
767	VAGINAL DELIVERY W STERILIZATION &/OR D&C
768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
777	ECTOPIC PREGNANCY
778	THREATENED ABORTION
779	ABORTION W/O D&C
780	FALSE LABOR
781	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
782	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
864	FEVER
876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS

880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
881	DEPRESSIVE NEUROSES
882	NEUROSES EXCEPT DEPRESSIVE
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL
885	PSYCHOSES
886	BEHAVIORAL & DEVELOPMENTAL DISORDERS
887	OTHER MENTAL DISORDER DIAGNOSES
894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
895	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY
906	HAND PROCEDURES FOR INJURIES
945	REHABILITATION W CC/MCC
946	REHABILITATION W/O CC/MCC

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DENOMINATOR EXCLUSIONS

Exclude cases:

- with any-listed ICD-9-CM or ICD-10-CM diagnosis codes for trauma
- with any-listed ICD-9-CM or ICD-10-CM diagnosis codes for cancer
- with any-listed ICD-9-CM or ICD-10-CM diagnosis codes or any-listed ICD-9-CM or ICD-10-PCS procedure codes for immunocompromised state
- 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](#)

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