Pediatric Quality Indicator 01 (PDI 01) Accidental Puncture or Laceration Rate

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Provider-Level Indicator
Type of Score: Rate

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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.]

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.

Accidental puncture or laceration during a procedure diagnosis code: (TECHNID)

9982	Accidental Puncture Or Laceration During A Procedure

NUMERATOR RISK CATEGORIES

Risk Category 1:
Eye, ear, nose, mouth, throat, skin, breast and other low-risk procedures discharges (MDC = 2,3,9,19,22,23), 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:
Thoracic, cardiovascular, and specified neoplastic procedures discharges (MDC =4,5,17), 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:
Kidney, and male/female reproductive procedures discharges (MDC =11,12,13), 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:
Infectious, immunological, hematological, and ungroupable procedures discharges (MDC = 0,16,18,25,99), 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:
Trauma, orthopedic, and neurologic procedures discharges (MDC = 1,8,21,24), 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:
Gastrointestinal, hepatobiliary, and endocrine procedures discharges (MDC = 6,7,10), 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:
Other 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 MS-DRG codes.

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

DENOMINATOR RISK CATEGORIES

Risk Categories are mutually exclusive and assigned in the order listed.

Risk Category 1:
Patients otherwise qualifying for overall denominator, 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).

Risk Category 2:
Patients otherwise qualifying for overall denominator, with either MDC 4 (respiratory system), MDC 5 (circulatory system), or MDC 17 (myeloproliferative diseases and disorders [poorly differentiated neoplasms]).

Risk Category 3:
Patients otherwise qualifying for overall denominator, with either MDC 11 (kidney and urinary tract), MDC 12 (male reproductive system), or MDC 13 (female reproductive system).

Risk Category 4:
Patients otherwise qualifying for overall denominator, 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).

Risk Category 5:
Patients otherwise qualifying for overall denominator, 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).

Risk Category 6:
Patient otherwise qualifying for overall denominator, 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).

Risk Category 9:
Patients otherwise qualifying for overall denominator, that do not meet the inclusion rules for Risk Category 1 through Risk Category 6.

DENOMINATOR EXCLUSIONS

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-PCS 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)

Note: The Denominator Exclusions are identical for Overall and Risk Categories 1, 2, 3, 4, 5, 6, 9

Appendix I - Definitions of Neonate, Newborn, Normal Newborn, and Outborn
Appendix L - Low Birth Weight Categories

Denominator overall exclusion codes: spine surgery procedure codes: (SPINEP)

0301	Removal fb spinal canal	8139	Refusion of spine nec
0302	Reopen laminectomy site	8162	Fus/refus 2-3 vertebrae
0309	Spinal canal explor nec	8163	Fus/refus 4-8 vertebrae
0353	Vertebral fx repair	8164	Fus/refus 9 vertebrae
036	Spinal cord adhesiolysis	8165	Vertebroplasty
8053	Rep anulus fibrosus-grft	8166	Kyphoplasty
8054	Rep anuls fibros nec/nos	8451	Ins spinal fusion device
8100	Spinal fusion nos	8458	Imp intrspine decomp dev
8101	Atlas-axis fusion	8459	Insert othr spin device
8102	Other cervical fus ant	8460	Insert disc pros nos
8103	Other cervical fus post	8461	Ins part disc pros cerv
8104	Dorsal/dorsolum fus ant	8462	Ins tot disc prost cerv
8105	Dorsal/dorsolum fus post	8463	Ins spin disc pros thor
8106	Lumbar/lumbosac fus ant	8464	Ins part disc pros lumb
8107	Lumbar/lumbosac fus lat	8465	Ins totl disc pros lumb
8108	Lumbar/lumbosac fus post	8466	Revise disc prost cerv
8130	Spinal refusion nos	8467	Revise disc prost thora
8131	Refusion of atlas-axis	8468	Revise disc prosth lumb
8132	Refusion of oth cerv ant	8469	Revise disc prosth nos
8133	Refus of oth cerv post	8480	Ins/repl interspine dev
8134	Refusion of dorsal ant	8481	Rev interspine device
8135	Refusion of dorsal post	8482	Ins/repl pdcl stabil dev
8136	Refusion of lumbar ant	8483	Rev pedcl dyn stabil dev
8137	Refusion of lumbar lat	8485	Rev facet replace device
8138	Refusion of lumbar post		