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# **PATIENT SAFETY INDICATORS™ v2019 ICD-10-CM/PCS BENCHMARK DATA TABLES**

**Prepared for:**

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## Introduction

The data presented in this document are nationwide comparative rates for Version 2019 of Agency for Healthcare Research and Quality (AHRQ) Quality Indicators™ (QI) Patient Safety Indicators (PSI) software. The numerators, denominators and observed rates shown in this document are based on an analysis of discharge data from the 2016 AHRQ Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID)

HCUP is a family of healthcare databases and related software tools and products developed through a Federal-State-industry partnership. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. The SID contains all-payer, encounter-level information on inpatient discharges, including clinical and resource information typically found on a billing record, such as patient demographics, up to 30 *International Classification of Diseases, Tenth Revision, Clinical Modification/Procedural Classification System (ICD-10-CM/PCS)* diagnoses and procedures, length of stay, expected payer, admission and discharge dates, and discharge disposition. In 2016, the HCUP databases represented more than 97 percent of all annual discharges in the United States.

The analytic dataset used to generate the tables in this document consists of the same hospital discharge records that comprise the reference population for Version 2019 of the AHRQ QI™ software. This reference population file was limited to community hospitals and also excludes rehabilitation and long-term acute care (LTAC) hospitals. Information on the type of hospital was obtained by the American Hospital Association (AHA) Annual Survey of Hospitals. AHA defines community hospitals as “all non-Federal, short-term, general, and other specialty hospitals, excluding hospital units of institutions.” Included among community hospitals are specialty hospitals such as obstetrics-gynecology, ear-nose-throat, orthopedic, and pediatric institutions. Also included are public hospitals and academic medical centers.

In 2016, 45 of the SID include indicators of the diagnoses being present on admission (POA) and included the PRDAY data element. Discharges from these 45 participating States are used to develop hospital-level indicators.<sup>1</sup> Edit checks on POA were developed during an HCUP evaluation of POA coding in the 2011 SID at hospitals that were required to report POA to CMS (<http://www.hcup-us.ahrq.gov/reports/methods/2015-06.pdf>). The edits identify general patterns of suspect reporting of POA. The edits do not evaluate whether a valid POA value (e.g., Y or N) is appropriate for the specific diagnosis. There are three hospital-level edit checks:

1. Indication that a hospital has POA reported as Y on all diagnoses on all discharges
2. Indication that a hospital has POA reported as missing on all non-Medicare discharges
3. Indication that a hospital reported POA as missing on all nonexempt diagnoses for 15 percent or more of discharges. The cut-point of 15 percent was determined by 2 times the standard deviation plus the mean of the percentage for hospitals that are required to report POA to CMS.

Additional information on the reference population and the risk adjustment process may be found in Quality Indicator Empirical Methods, available on the AHRQ QI™ website (<http://www.qualityindicators.ahrq.gov/modules/Default.aspx>).

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<sup>1</sup> States in the 2016 reference population for the hospital-level indicators include: AR, AZ, CA, CO, DE, DC, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, and WV.

The QI observed rates for hospital-level indicators are scaled to the rate per 1,000 persons at risk . Count indicator results are listed as simple counts with no scaling at all. Cell sizes less than 11 are suppressed due to confidentiality; and are designated by an asterisk (\*). When only one data point in a series must be suppressed due to cell sizes, another data point is provided as a range to disallow calculation of the masked variable. In some cases, numerators, denominators or rates are not applicable for the category due to the exclusion criteria in the specification of the indicator, and are designated by dashes (--).

## Acknowledgments

The AHRQ QI program would like to acknowledge the HCUP Partner organizations that participated in the HCUP SID: **Alaska** State Hospital and Nursing Home Association, **Arizona** Department of Health Services, **Arkansas** Department of Health, **California** Office of Statewide Health Planning and Development, **Colorado** Hospital Association, **Connecticut** Hospital Association, **Delaware** Division of Public Health, **District of Columbia** Hospital Association, **Florida** Agency for Health Care Administration, **Georgia** Hospital Association, **Hawaii** Health Information Corporation, **Illinois** Department of Public Health, **Indiana** Hospital Association, **Iowa** Hospital Association, **Kansas** Hospital Association, **Kentucky** Cabinet for Health and Family Services, **Louisiana** Department of Health and Hospitals, **Maine** Health Data Organization, **Maryland** Health Services Cost Review Commission, **Massachusetts** Center for Health Information and Analysis, **Michigan** Health & Hospital Association, **Minnesota** Hospital Association (provides data for **Minnesota** and **North Dakota**), **Mississippi** Department of Health, **Missouri** Hospital Industry Data Institute, **Montana** MHA - An Association of **Montana** Health Care Providers, **Nebraska** Hospital Association, **Nevada** Department of Health and Human Services, **New Hampshire** Department of Health & Human Services, **New Jersey** Department of Health, **New Mexico** Department of Health, **New York** State Department of Health, **North Carolina** Department of Health and Human Services, **North Dakota** (data provided by the Minnesota Hospital Association), **Ohio** Hospital Association, **Oklahoma** State Department of Health, **Oregon** Association of Hospitals and Health Systems, **Oregon** Office of Health Analytics, **Pennsylvania** Health Care Cost Containment Council, **Rhode Island** Department of Health, **South Carolina** Revenue and Fiscal Affairs Office, **South Dakota** Association of Healthcare Organizations, **Tennessee** Hospital Association, **Texas** Department of State Health Services, **Utah** Department of Health, **Vermont** Association of Hospitals and Health Systems, **Virginia** Health Information, **Washington** State Department of Health, **West Virginia** Health Care Authority, **Wisconsin** Department of Health Services, **Wyoming** Hospital Association.

**Table 1. Patient Safety Indicators (PSI) for Overall Population: Provider-Level Indicators**

INDICATOR	LABEL	NUMERATOR	DENOMINATOR	OBSERVED RATE
PSI 2	Death Rate in Low-Mortality Diagnosis Related Groups (DRGs), per 1,000 Admissions	1,209	5,870,467	0.21
PSI 3	Pressure Ulcer Rate, per 1,000 Admissions	7,838	15,417,856	0.51
PSI 4	Death Rate among Surgical Inpatients with Serious Treatable Complications, per 1,000 Admissions	36,728	250,943	146.36
PSI 4 DVT PE	Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum DVT PE, per 1,000 Admissions	1,286	29,528	43.55
PSI 4 Pneumonia	Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum Pneumonia, per 1,000 Admissions	9,990	111,194	89.84
PSI 4 Sepsis	Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum Sepsis, per 1,000 Admissions	11,987	53,611	223.59
PSI 4 Shock/Cardiac Arrest	Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum Shock/Cardiac Arrest, per 1,000 Admissions	11,541	34,792	331.71
PSI 4 GI Hemorrhage	Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum GI Hemorrhage, per 1,000 Admissions	1,924	21,818	88.18
PSI 5	Retained Surgical Item or Unretrieved Device Fragment Count	694	--	--
PSI 6	Iatrogenic Pneumothorax Rate, per 1,000 Admissions	4,901	22,964,667	0.21
PSI 7	Central Venous Catheter-Related Blood Stream Infection Rate, per 1,000 Admissions	2,157	18,580,876	0.12
PSI 8	Postoperative Hip Fracture Rate, per 1,000 Admissions	1,568	19,402,012	0.08
PSI 9	Perioperative Hemorrhage or Hematoma Rate, per 1,000 Admissions	14,568	6,359,705	2.29
PSI 10	Postoperative Physiologic and Metabolic Derangement Rate, per 1,000 Admissions	2,554	3,521,439	0.73
PSI 11	Postoperative Respiratory Failure Rate, per 1,000 Admissions	16,597	3,001,659	5.53
PSI 12	Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate, per 1,000 Admissions	23,180	6,724,100	3.45
PSI 13	Postoperative Sepsis Rate, per 1,000 Admissions	14,125	3,488,850	4.05
PSI 14	Postoperative Wound Dehiscence Rate, per 1,000 Admissions	1,262	1,819,103	0.69
PSI 14 Open	Postoperative Wound Dehiscence Rate - Stratum: Open, per 1,000 Admissions	1,226	848,975	1.44
PSI 14 Non-Open	Postoperative Wound Dehiscence Rate - Stratum : Non-Open, per 1,000 Admissions	36	970,128	0.04
PSI 15	Accidental Puncture or Laceration Rate, per 1,000 Admissions	4,558	4,318,556	1.06
PSI 18	Obstetric Trauma Rate Vaginal Delivery With Instrument, per 1,000 Admissions	16,829	153,133	109.9
PSI 19	Obstetric Trauma Rate Vaginal Delivery Without Instrument, per 1,000 Admissions	37,946	2,193,836	17.3

-- Indicates Not Applicable

**Table 2. PSI 2 - Death Rate in Low-Mortality Diagnosis Related Groups (DRGs), per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	1,209	5,870,467	0.21
Females	757	4,959,630	0.15
Males	452	910,837	0.5
0 to 17 years	****	57,810	****
18 to 39 years	281 -- 290	4,332,575	0.06 -- 0.07
40 to 64 years	253	1,020,018	0.25
65 to 74 years	154	228,191	0.67
75+ years	511	231,873	2.2
Private	223	2,478,094	0.09
Medicare	659	726,423	0.91
Medicaid	257	2,225,456	0.12
Other	33	201,287	0.16
Uninsured (self-pay/no charge)	37	239,207	0.15

\*\*\*\* Obscured due to small sample size

**Table 3. PSI 3 – Pressure Ulcer Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATEx1,000)
Overall	7,838	15,417,856	0.51
Females	3,163	8,024,052	0.39
Males	4,675	7,393,804	0.63
0 to 17 years	--	--	--
18 to 39 years	648	1,872,967	0.35
40 to 64 years	2,746	5,575,159	0.49
65 to 74 years	1,930	3,263,843	0.59
75+ years	2,514	4,705,887	0.53
Private	1,314	3,268,415	0.4
Medicare	4,858	8,836,349	0.55
Medicaid	1,222	2,256,953	0.54
Other	246	446,475	0.55
Uninsured (self-pay/no charge)	198	609,664	0.32

-- Indicates Not Applicable

**Table 4. PSI 4 – Death Rate among Surgical Inpatients with Serious Treatable Complications, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	36,728	250,943	146.36
Females	15,166	112,172	135.2
Males	21,562	138,771	155.38
0 to 17 years	****	54	****
18 to 39 years	2,009 -- 2,018	24,039	83.57 -- 83.95
40 to 64 years	12,483	95,142	131.2
65 to 74 years	10,226	65,228	156.77
75+ years	12,005	66,480	180.58
Private	6,924	60,221	114.98

Medicare	22,950	140,933	162.84
Medicaid	4,473	34,269	130.53
Other	1,012	7,583	133.46
Uninsured (self-pay/no charge)	1,369	7,937	172.48

\*\*\*\* Obscured due to small sample size

**Table 5. PSI 4 DVT PE - Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum DVT PE, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	1,286	29,528	43.55
Females	604	14,727	41.01
Males	682	14,801	46.08
0 to 17 years	****	****	****
18 to 39 years	71 -- 80	3,073 -- 3,082	23.10 -- 25.96
40 to 64 years	424	11,970	35.42
65 to 74 years	382	7,792	49.02
75+ years	407	6,682	60.91
Private	285	8,906	32
Medicare	800	15,002	53.33
Medicaid	124	3,684	33.66
Other	48	1,066	45.03
Uninsured (self-pay/no charge)	29	870	33.33

\*\*\*\* Obscured due to small sample size

**Table 6. PSI 4 Pneumonia - Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum Pneumonia, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	9,990	111,194	89.84
Females	3,782	47,735	79.23
Males	6,208	63,459	97.83
0 to 17 years	****	21	****
18 to 39 years	485 -- 494	10,195	47.57 -- 48.46
40 to 64 years	3,197	40,520	78.9
65 to 74 years	2,662	28,130	94.63
75+ years	3,645	32,328	112.75
Private	1,792	25,230	71.03
Medicare	6,383	64,180	99.45
Medicaid	1,148	14,834	77.39
Other	273	3,361	81.23
Uninsured (self-pay/no charge)	394	3,589	109.78

\*\*\*\* Obscured due to small sample size



**Table 7. PSI 4 Sepsis - Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum Sepsis, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	11,987	53,611	223.59
Females	4,959	23,211	213.65
Males	7,028	30,400	231.18
0 to 17 years	****	15	****
18 to 39 years	519 -- 528	5,094	101.88 -- 103.65
40 to 64 years	3,784	20,582	183.85
65 to 74 years	3,535	14,219	248.61
75+ years	4,144	13,701	302.46
Private	2,166	12,469	173.71
Medicare	7,787	30,092	258.77
Medicaid	1,330	7,873	168.93
Other	317	1,559	203.34
Uninsured (self-pay/no charge)	387	1,618	239.18

\*\*\*\* Obscured due to small sample size

**Table 8. PSI 4 Shock/Cardiac Arrest - Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum Shock/Cardiac Arrest, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	11,541	34,792	331.71
Females	5,035	17,140	293.76
Males	6,506	17,652	368.57
0 to 17 years	****	13	****
18 to 39 years	859 -- 868	4,233	202.93 -- 205.06
40 to 64 years	4,337	13,787	314.57
65 to 74 years	3,117	9,103	342.41
75+ years	3,221	7,656	420.72
Private	2,316	8,812	262.82
Medicare	6,800	18,667	364.28
Medicaid	1,625	5,170	314.31
Other	333	1,023	325.51
Uninsured (self-pay/no charge)	467	1,120	416.96

\*\*\*\* Obscured due to small sample size

**Table 9. PSI 4 GI Hemorrhage - Death Rate among Surgical Inpatients with Serious Treatable Complications - Stratum GI Hemorrhage, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	1,924	21,818	88.18
Females	786	9,359	83.98
Males	1,138	12,459	91.34
0 to 17 years	--	--	--
18 to 39 years	65	1,438	45.2
40 to 64 years	741	8,283	89.46
65 to 74 years	530	5,984	88.57

75+ years	588	6,113	96.19
Private	365	4,804	75.98
Medicare	1,180	12,992	90.83
Medicaid	246	2,708	90.84
Other	41	574	71.43
Uninsured (self-pay/no charge)	92	740	124.32

-- Indicates Not Applicable

**Table 10. PSI 5 – Retained Surgical Item or Unretrieved Device Fragment Count**

GROUP	NUMERATOR
Overall	694
Females	387
Males	307
0 to 17 years	****
18 to 39 years	117 -- 126
40 to 64 years	299
65 to 74 years	158
75+ years	110
Private	220
Medicare	308
Medicaid	123
Other	23
Uninsured (self-pay/no charge)	20

\*\*\*\* Obscured due to small sample size

**Table 11. PSI 6 - Iatrogenic Pneumothorax Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	4,901	22,964,667	0.21
Females	2,846	11,961,744	0.24
Males	2,055	11,002,923	0.19
0 to 17 years	--	--	--
18 to 39 years	385	3,152,102	0.12
40 to 64 years	1,397	8,737,509	0.16
65 to 74 years	1,101	4,756,524	0.23
75+ years	2,018	6,318,532	0.32
Private	949	5,492,075	0.17
Medicare	3,198	12,315,049	0.26
Medicaid	518	3,419,154	0.15
Other	116	703,953	0.16
Uninsured (self-pay/no charge)	120	1,034,436	0.12

-- Indicates Not Applicable

**Table 12. PSI 7 - Central Venous Catheter-Related Blood Stream Infection Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	2,157	18,580,876	0.12
Females	963	11,403,878	0.08
Males	1,194	7,176,998	0.17

0 to 17 years	****	53,304	****
18 to 39 years	535 -- 544	5,508,686	0.10 -- 0.10
40 to 64 years	952	5,928,725	0.16
65 to 74 years	387	2,957,961	0.13
75+ years	281	4,132,200	0.07
Private	449	5,321,341	0.08
Medicare	931	7,912,460	0.12
Medicaid	599	3,927,552	0.15
Other	74	589,238	0.13
Uninsured (self-pay/no charge)	104	830,285	0.13

\*\*\*\* Obscured due to small sample size

**Table 13. PSI 8 - Postoperative Hip Fracture Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	1,568	19,402,012	0.08
Females	995	10,195,554	0.1
Males	573	9,206,458	0.06
0 to 17 years	--	--	--
18 to 39 years	29	2,336,700	0.01
40 to 64 years	316	7,445,738	0.04
65 to 74 years	364	4,221,467	0.09
75+ years	859	5,398,107	0.16
Private	181	4,717,505	0.04
Medicare	1,262	10,635,580	0.12
Medicaid	78	2,676,271	0.03
Other	31	557,430	0.06
Uninsured (self-pay/no charge)	16	815,226	0.02

-- Indicates Not Applicable

**Table 14. PSI 9 - Perioperative Hemorrhage or Hematoma Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	14,568	6,359,705	2.29
Females	6,690	3,323,597	2.01
Males	7,878	3,036,108	2.59
0 to 17 years	--	--	--
18 to 39 years	1,489	707,732	2.1
40 to 64 years	6,434	2,742,420	2.35
65 to 74 years	3,712	1,597,121	2.32
75+ years	2,933	1,312,432	2.23
Private	4,626	2,157,952	2.14
Medicare	7,269	3,056,731	2.38
Medicaid	1,821	692,016	2.63
Other	471	237,496	1.98
Uninsured (self-pay/no charge)	381	215,510	1.77

-- Indicates Not Applicable

**Table 15. PSI 10 - Postoperative Physiologic and Metabolic Derangement Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	2,554	3,521,439	0.73
Females	977	1,968,963	0.5
Males	1,577	1,552,476	1.02
0 to 17 years	--	--	--
18 to 39 years	64	291,915	0.22
40 to 64 years	830	1,590,412	0.52
65 to 74 years	890	1,015,398	0.88
75+ years	770	623,714	1.23
Private	639	1,374,549	0.46
Medicare	1,643	1,681,007	0.98
Medicaid	182	283,194	0.64
Other	69	129,911	0.53
Uninsured (self-pay/no charge)	21	52,778	0.4

-- Indicates Not Applicable

**Table 16. PSI 11 - Postoperative Respiratory Failure Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	16,597	3,001,659	5.53
Females	8,463	1,760,749	4.81
Males	8,134	1,240,910	6.55
0 to 17 years	--	--	--
18 to 39 years	850	273,129	3.11
40 to 64 years	6,603	1,415,831	4.66
65 to 74 years	5,227	848,008	6.16
75+ years	3,917	464,691	8.43
Private	4,265	1,232,371	3.46
Medicare	10,108	1,357,989	7.44
Medicaid	1,567	247,745	6.33
Other	473	117,975	4.01
Uninsured (self-pay/no charge)	184	45,579	4.04

-- Indicates Not Applicable

**Table 17. PSI 12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	23,180	6,724,100	3.45
Females	11,019	3,474,959	3.17
Males	12,161	3,249,141	3.74
0 to 17 years	--	--	--
18 to 39 years	1,818	730,786	2.49
40 to 64 years	8,974	2,879,018	3.12
65 to 74 years	6,295	1,695,624	3.71
75+ years	6,093	1,418,672	4.29
Private	6,276	2,240,749	2.8
Medicare	12,744	3,277,979	3.89

Medicaid	2,673	732,114	3.65
Other	826	246,884	3.35
Uninsured (self-pay/no charge)	661	226,374	2.92

-- Indicates Not Applicable

**Table 18. PSI 13 - Postoperative Sepsis Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	14,125	3,488,850	4.05
Females	6,030	1,949,051	3.09
Males	8,095	1,539,799	5.26
0 to 17 years	--	--	--
18 to 39 years	649	282,102	2.3
40 to 64 years	5,260	1,567,471	3.36
65 to 74 years	4,502	1,014,437	4.44
75+ years	3,714	624,840	5.94
Private	3,575	1,357,997	2.63
Medicare	8,702	1,679,396	5.18
Medicaid	1,342	274,869	4.88
Other	333	127,068	2.62
Uninsured (self-pay/no charge)	173	49,520	3.49

-- Indicates Not Applicable

**Table 19. PSI 14 - Postoperative Wound Dehiscence Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	1,262	1,819,103	0.69
Females	417	1,029,365	0.41
Males	845	789,738	1.07
0 to 17 years	--	--	--
18 to 39 years	110	289,619	0.38
40 to 64 years	543	854,953	0.64
65 to 74 years	354	375,145	0.94
75+ years	255	299,386	0.85
Private	327	687,198	0.48
Medicare	655	717,340	0.91
Medicaid	197	271,364	0.73
Other	37	59,829	0.62
Uninsured (self-pay/no charge)	46	83,372	0.55

-- Indicates Not Applicable

**Table 20. PSI 14 Open - Postoperative Wound Dehiscence Rate Stratum: Open, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	1,226	848,975	1.44
Females	400	495,378	0.81
Males	826	353,597	2.34
0 to 17 years	--	--	--
18 to 39 years	105	115,054	0.91
40 to 64 years	528	403,724	1.31

65 to 74 years	345	186,200	1.85
75+ years	248	143,997	1.72
Private	318	330,118	0.96
Medicare	636	346,119	1.84
Medicaid	192	109,928	1.75
Other	37	31,263	1.18
Uninsured (self-pay/no charge)	43	31,547	1.36

-- Indicates Not Applicable

**Table 21. PSI 14 Non-Open - Postoperative Wound Dehiscence Rate Stratum: Non-Open, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	36	970,128	0.04
Females	17	533,987	0.03
Males	19	436,141	0.04
0 to 17 years	--	--	--
18 to 39 years	****	174,565	****
40 to 64 years	15	451,229	0.03
65 to 74 years	****	188,945	****
75+ years	****	155,389	****
Private	****	357,080	****
Medicare	19	371,221	0.05
Medicaid	****	161,436	****
Other	****	28,566	****
Uninsured (self-pay/no charge)	****	51,825	****

-- Indicates Not Applicable

\*\*\*\* Obscured due to small sample size

**Table 22. PSI 15 - Accidental Puncture or Laceration Rate, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	4,558	4,318,556	1.06
Females	2,553	2,295,366	1.11
Males	2,005	2,023,190	0.99
0 to 17 years	--	--	--
18 to 39 years	426	605,615	0.7
40 to 64 years	1,911	1,830,040	1.04
65 to 74 years	1,119	920,593	1.22
75+ years	1,102	962,308	1.15
Private	1,287	1,348,937	0.95
Medicare	2,364	2,050,777	1.15
Medicaid	620	606,257	1.02
Other	138	128,869	1.07
Uninsured (self-pay/no charge)	149	183,716	0.81

-- Indicates Not Applicable

**Table 23. PSI 18 - Obstetric Trauma Rate Vaginal Delivery With Instrument, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATE*1,000)
Overall	16,829	153,133	109.9
Females	16,829	153,133	109.9
Males	--	--	--
0 to 17 years	370	3,632	101.87
18 to 39 years	16,122	145,466	110.83
40 to 64 years	337	4,035	83.52
65 to 74 years	--	--	--
75+ years	--	--	--
Private	11,270	83,336	135.24
Medicare	82	1,050	78.1
Medicaid	4,540	59,235	76.64
Other	497	4,599	108.07
Uninsured (self-pay/no charge)	440	4,913	89.56

-- Indicates Not Applicable

**Table 24. PSI 19 - Obstetric Trauma Rate Vaginal Delivery Without Instrument, per 1,000 Admissions**

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 (=OBSERVED RATEx1,000)
Overall	37,946	2,193,836	17.3
Females	37,946	2,193,836	17.3
Males	--	--	--
0 to 17 years	697	38,176	18.26
18 to 39 years	36,616	2,104,594	17.4
40 to 64 years	633	51,066	12.4
65 to 74 years	--	--	--
75+ years	--	--	--
Private	25,555	1,099,078	23.25
Medicare	162	14,899	10.87
Medicaid	10,151	959,464	10.58
Other	1,116	66,450	16.79
Uninsured (self-pay/no charge)	962	53,945	17.83

-- Indicates Not Applicable