

Patient Safety Indicators (PSI) Benchmark Data Tables, v2022

Prepared for:

Agency for Healthcare Research and Quality U.S. Department of Health and Human Services 5600 Fishers Lane Rockville, MD 20857 https://qualityindicators.ahrq.gov/

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Table of Contents

Introduction1	
Acknowledgments2	
PSI Benchmark Tables	

Index of Tables

Table 1. Patient Safety Indicators (PSI) for Overall Population: Hospital-Level Indicators
Table 2. PSI 02 – Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)
Table 3. PSI 03 – Pressure Ulcer Rate
Table 4. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications
Table 5. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications Stratum: Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE)
Table 6. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications Stratum: Pneumonia 7
Table 7. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications Stratum: Sepsis
Table 8. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications – Stratum Shock/Cardiac Arrest
Table 9. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications – Stratum Gastrointestinal (GI) Hemorrhage/Acute Ulcer
Table 10. PSI 05 – Retained Surgical Item or Unretrieved Device Fragment Count
Table 11. PSI 06 – Iatrogenic Pneumothorax Rate
Table 12. PSI 07 – Central Venous Catheter-Related Blood Stream Infection Rate10
Table 13. PSI 08 – In Hospital Fall with Hip Fracture Rate10
Table 14. PSI 09 – Perioperative Hemorrhage or Hematoma Rate 11
Table 15. PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate
Table 16. PSI 11 – Postoperative Respiratory Failure Rate 12
Table 17. PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis (PE/DVT) Rate12
Table 18. PSI 13 – Postoperative Sepsis Rate 13
Table 19. PSI 14 – Postoperative Wound Dehiscence Rate 13
Table 20. PSI 14 – Postoperative Wound Dehiscence Rate Stratum: Open
Table 21. PSI 14 – Postoperative Wound Dehiscence Rate Stratum: Non-Open14
Table 22. PSI 15 – Abdominopelvic Accidental Puncture or Laceration Rate 15

Table 23. PSI 17 – Birth Trauma Rate Injury to Neonate	.15
Table 24. PSI 18 – Obstetric Trauma Rate Vaginal Delivery with Instrument	16
Table 25. PSI 19 – Obstetric Trauma Rate Vaginal Delivery without Instrument	.16

Introduction

The data presented in this document are nationwide comparative rates for Version 2022 of the 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 2019 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 2019, 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 2022 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 2019, 46 of the SID include indicators of the diagnoses being present on admission (POA) and 42 included the procedure day (PRDAY) data element. Discharges from these 46 participating States are used to develop hospital-level indicators.¹ 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 the Centers for Medicare & Medicaid Services (CMS, <u>http://www.hcup-us.ahrq.gov/reports/methods/2015-06.pdf</u>). 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

¹ States in the 2018 reference population for the hospital-level indicators include: AK, AR, AZ, CA, CO, DC, DE, 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. Note that Colorado, Hawaii and New York were not used in the development of PSI 17. Wisconsin, Oklahoma, West Virginia, and Delaware were not used to develop PSI 04, PSI 09, PSI 10, PSI 11, PSI 12, PSI 14, AND PSI 15.

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).

The QI observed rates for hospital-level indicators are scaled to the rate per 1,000 persons at risk (discharges). 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.

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, Alaska Department of Health and Social Services, Arizona Department of Health Services, Arkansas Department of Health, California Department of Health Care Access and Information, 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 Laulima Data Alliance, a non-profit subsidiary of the Healthcare Association of Hawaii, Hawaii University of Hawaii at Hilo, 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, 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 State Department of Health, Missouri Hospital Industry Data Institute, Montana Hospital Association, 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 Department of Health and Human Resources, Wisconsin Department of Health Services, Wyoming Hospital Association.

PSI Benchmark Tables

Table 1. Patient Safet	y Indicators (PSI) fo	or Overall Population:	Hospital-Level Indicators

INDICATOR	LABEL	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES	
PSI 02	Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)	841	1,978,879	0.42	
PSI 03	Pressure Ulcer Rate	9,643	16,114,264	0.60	
PSI 04	Death Rate Among Surgical Inpatients with Serious Treatable Complications	35,234	250,745	140.52	
PSI 04 Stratum_DVT_PE	Death Rate Among Surgical Inpatients with Serious Treatable Complications Stratum: Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE)	1,241	30,689	40.44	
PSI 04 Stratum_PNEUMONIA	Death Rate Among Surgical Inpatients with Serious Treatable Complications Stratum: Pneumonia	9,431	104,605	90.16	
PSI 04 Stratum_SEPSIS	Death Rate Among Surgical Inpatients with Serious Treatable Complications Stratum: Sepsis	10,798	51,147	211.12	
PSI 04 Stratum_SHOCK	Death Rate Among Surgical Inpatients with Serious Treatable Complications Stratum: Shock/Cardiac Arrest	11,935	42,189	282.89	
PSI 04 Stratum_GIHEMORRH AGE	Death Rate Among Surgical Inpatients with Serious Treatable Complications Stratum: Gastrointestinal (GI) Hemorrhage/Acute Ulcer	1,829	22,115	82.70	
PSI 05	Retained Surgical Item or Unretrieved Device Fragment Count	597			
PSI 06	Iatrogenic Pneumothorax Rate	3,930	23,306,126	0.17	
PSI 07	Central Venous Catheter-Related Blood Stream Infection Rate	1,712	19,646,071	0.09	
PSI 08	In Hospital Fall with Hip Fracture Rate	1,795	24,704,753	0.07	
PSI 09	Postoperative Hemorrhage or Hematoma Rate	13,536	6,016,190	2.25	
PSI 10	Postoperative Acute Kidney Injury Requiring Dialysis	2,839	3,137,385	0.90	
PSI 11	Postoperative Respiratory Failure Rate	19,224	3,067,006	6.27	

AHRQ Quality Indicators[™] Patient Safety Indicators (PSI) Benchmark Data Tables, v2022

INDICATOR	LABEL	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
PSI 12	Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	20,660	6,386,460	3.23
PSI 13	Postoperative Sepsis Rate	12,338	3,152,923	3.91
PSI 14	Postoperative Wound Dehiscence Rate	2,151	1,362,453	1.58
PSI 14 Stratum_OPEN	Postoperative Wound Dehiscence Rate Stratum: Open	2,050	795,014	2.58
PSI 14 Stratum_NONOPEN	Postoperative Wound Dehiscence Rate Stratum: Non- Open	101	567,439	0.18
PSI 15	Abdominopelvic Accidental Puncture or Laceration Rate	4,165	4,285,731	0.97
PSI 17	Birth Trauma Rate – Injury to Neonate	15,053	3,268,942	4.60
PSI 18	Obstetric Trauma Rate Vaginal Delivery with Instrument	15,820	134,943	117.23
PSI 19	Obstetric Trauma Rate Vaginal Delivery without Instrument	38,195	2,185,244	17.48

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	841	1,978,879	0.42
Females	410	1,099,331	0.37
Males	431	879,548	0.49
0 to 17 years			
18 to 39 years	44	668,927	0.07
40 to 64 years	183	796,001	0.23
65 to 74 years	169	253,327	0.67
75+ years	445	260,624	1.71
Private	111	516,649	0.21
Medicare	604	719,196	0.84
Medicaid	79	520,021	0.15
Other	25	80,755	0.31
Uninsured (self-pay/no charge)	22	142,258	0.15

Table 3. PSI 03 – Pressure Ulcer Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	9,643	16,114,264	0.60
Females	3,844	8,188,877	0.47
Males	5,799	7,925,387	0.73
0 to 17 years			
18 to 39 years	722	1,897,368	0.38
40 to 64 years	3,242	5,593,234	0.58
65 to 74 years	2,468	3,559,476	0.69
75+ years	3,211	5,064,186	0.63
Private	1,565	3,209,422	0.49
Medicare	6,067	9,379,246	0.65
Medicaid	1,469	2,388,940	0.61
Other	308	455,645	0.68
Uninsured (self-pay/no charge)	234	681,011	0.34

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	35,234	250,745	140.52
Females	14,726	112,583	130.80
Males	20,508	138,162	148.43
0 to 17 years	****	61	****
18 to 39 years	1,834 1,843	24,757	74.08 74.44
40 to 64 years	11,519	91,279	126.20
65 to 74 years	10,077	66,574	151.37
75+ years	11,794	68,074	173.25
Private	6,439	58,089	110.85
Medicare	22,102	141,180	156.55
Medicaid	4,154	34,814	119.32
Other	1,090	7,779	140.12
Uninsured (self-pay/no charge)	1,449	8,883	163.12

Table 4, PSI 04 -	- Death Rate among	Surgical Innatients	with Serious Treata	ble Complications
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**** Obscured due to small sample size

Table 5. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications
Stratum: Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE)

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	1,241	30,689	40.44
Females	581	14,972	38.81
Males	660	15,717	41.99
0 to 17 years	****	****	****
18 to 39 years	61 70	3,346 3,355	18.23 20.86
40 to 64 years	414	11,921	34.73
65 to 74 years	368	8,101	45.43
75+ years	394	7,312	53.88
Private	274	8,835	31.01
Medicare	749	15,668	47.80
Medicaid	122	3,983	30.63
Other	45	1,086	41.44
Uninsured (self-pay/no charge)	51	1,117	45.66

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	9,431	104,605	90.16
Females	3,550	44,375	80.00
Males	5,881	60,230	97.64
0 to 17 years	****	21	****
18 to 39 years	446 455	9,372	47.59 48.55
40 to 64 years	2,941	36,638	80.27
65 to 74 years	2,559	27,163	94.21
75+ years	3,482	31,411	110.85
Private	1,650	22,283	74.05
Medicare	6,029	61,001	98.83
Medicaid	1,034	14,219	72.72
Other	293	3,301	88.76
Uninsured (self-pay/no charge)	425	3,801	111.81

 Table 6. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications

 Stratum: Pneumonia

**** Obscured due to small sample size

Table 7. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications Stratum: Sepsis

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	10,798	51,147	211.12
Females	4,462	22,268	200.38
Males	6,336	28,879	219.40
0 to 17 years	****	15	****
18 to 39 years	439 448	5,217	84.15 85.87
40 to 64 years	3,320	18,942	175.27
65 to 74 years	3,256	13,609	239.25
75+ years	3,775	13,364	282.48
Private	1,944	11,661	166.71
Medicare	7,002	28,508	245.62
Medicaid	1,122	7,597	147.69
Other	372	1,638	227.11
Uninsured (self-pay/no charge)	358	1,743	205.39

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	11,935	42,189	282.89
Females	5,366	21,454	250.12
Males	6,569	20,735	316.81
0 to 17 years	****	17	****
18 to 39 years	835 844	5,318	157.01 158.71
40 to 64 years	4,210	15,764	267.06
65 to 74 years	3,355	11,430	293.53
75+ years	3,529	9,660	365.32
Private	2,255	10,688	210.98
Medicare	7,128	22,688	314.17
Medicaid	1,679	6,232	269.42
Other	337	1,186	284.15
Uninsured (self-pay/no charge)	536	1,395	384.23

 Table 8. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications –

 Stratum Shock/Cardiac Arrest

**** Obscured due to small sample size

Table 9. PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications – Stratum Gastrointestinal (GI) Hemorrhage/Acute Ulcer

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	1,829	22,115	82.70
Females	767	9,514	80.62
Males	1,062	12,601	84.28
0 to 17 years	****	****	****
18 to 39 years	33 42	1,496 1,505	22.06 27.91
40 to 64 years	634	8,014	79.11
65 to 74 years	539	6,271	85.95
75+ years	614	6,327	97.04
Private	316	4,622	68.37
Medicare	1,194	13,315	89.67
Medicaid	197	2,783	70.79
Other	43	568	75.70
Uninsured (self-pay/no charge)	79	827	95.53

Table 10. PSI 05 – Retained Surgical Item or Unretrieved Device Fragment Count

GROUP	NUMERATOR
Overall	597
Females	312
Males	285
0 to 17 years	
18 to 39 years	112
40 to 64 years	228
65 to 74 years	140
75+ years	117
Private	188
Medicare	267
Medicaid	101
Other	17
Uninsured (self-pay/no charge)	24

**** Obscured due to small sample size

Table 11. PSI 06 – Iatrogenic Pneumothorax Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	3,930	23,306,126	0.17
Females	2,186	11,917,106	0.18
Males	1,744	11,389,020	0.15
0 to 17 years			
18 to 39 years	261	3,072,418	0.08
40 to 64 years	1,069	8,458,898	0.13
65 to 74 years	977	5,094,443	0.19
75+ years	1,623	6,680,367	0.24
Private	714	5,240,900	0.14
Medicare	2,612	12,751,142	0.20
Medicaid	416	3,457,108	0.12
Other	86	711,884	0.12
Uninsured (self-pay/no charge)	102	1,145,092	0.09

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	1,712	19,646,071	0.09
Females	748	11,732,351	0.06
Males	964	7,913,720	0.12
0 to 17 years	****	40,599	****
18 to 39 years	381 390	5,310,143	0.07 0.07
40 to 64 years	758	5,894,868	0.13
65 to 74 years	309	3,412,319	0.09
75+ years	262	4,988,142	0.05
Private	370	5,213,807	0.07
Medicare	758	9,019,026	0.08
Medicaid	456	3,891,202	0.12
Other	56	595,321	0.09
Uninsured (self-pay/no charge)	72	926,715	0.08

Table 12. PSI 07 -	Central Venous	Catheter-Related	Blood Stream	Infection Rate
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**** Obscured due to small sample size

Table 13. PSI 08 – In Hospital Fall with Hip Fracture Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	1,795	24,704,753	0.07
Females	1,107	12,469,941	0.09
Males	688	12,234,812	0.06
0 to 17 years			
18 to 39 years	31	3,227,862	0.01
40 to 64 years	368	9,039,961	0.04
65 to 74 years	456	5,480,856	0.08
75+ years	940	6,956,074	0.14
Private	179	5,651,299	0.03
Medicare	1,394	13,438,859	0.10
Medicaid	147	3,649,840	0.04
Other	50	759,501	0.07
Uninsured (self-pay/no charge)	25	1,205,254	0.02

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	13,536	6,016,190	2.25
Females	6,181	3,085,065	2.00
Males	7,355	2,931,125	2.51
0 to 17 years			
18 to 39 years	1,350	629,562	2.14
40 to 64 years	5,821	2,441,408	2.38
65 to 74 years	3,585	1,588,369	2.26
75+ years	2,780	1,356,851	2.05
Private	4,133	1,901,118	2.17
Medicare	6,889	3,021,341	2.28
Medicaid	1,662	649,409	2.56
Other	457	221,249	2.07
Uninsured (self-pay/no charge)	395	223,073	1.77

Table 15. PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	2,839	3,137,385	0.90
Females	1,123	1,747,240	0.64
Males	1,716	1,390,145	1.23
0 to 17 years			
18 to 39 years	68	252,510	0.27
40 to 64 years	846	1,314,429	0.64
65 to 74 years	1,067	956,226	1.12
75+ years	858	614,220	1.40
Private	666	1,161,151	0.57
Medicare	1,882	1,557,354	1.21
Medicaid	190	249,089	0.76
Other	69	117,663	0.59
Uninsured (self-pay/no charge)	32	52,128	0.61

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	19,224	3,067,006	6.27
Females	8,344	1,694,424	4.92
Males	10,880	1,372,582	7.93
0 to 17 years			
18 to 39 years	748	247,523	3.02
40 to 64 years	6,727	1,296,222	5.19
65 to 74 years	6,548	933,146	7.02
75+ years	5,201	590,115	8.81
Private	4,728	1,132,713	4.17
Medicare	12,134	1,525,929	7.95
Medicaid	1,549	242,329	6.39
Other	555	115,202	4.82
Uninsured (self-pay/no charge)	258	50,833	5.08

Table 17. PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis (PE/DVT) Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	20,660	6,386,460	3.23
Females	9,733	3,239,052	3.00
Males	10,927	3,147,408	3.47
0 to 17 years			
18 to 39 years	1,717	657,204	2.61
40 to 64 years	7,697	2,573,524	2.99
65 to 74 years	5,645	1,693,671	3.33
75+ years	5,601	1,462,061	3.83
Private	5,371	1,986,972	2.70
Medicare	11,289	3,241,211	3.48
Medicaid	2,616	692,325	3.78
Other	755	230,999	3.27
Uninsured (self-pay/no charge)	629	234,953	2.68

Table 18. PSI 13 – Postoperative Sepsis Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	12,338	3,152,923	3.91
Females	5,274	1,740,042	3.03
Males	7,064	1,412,881	5.00
0 to 17 years			•
18 to 39 years	609	244,391	2.49
40 to 64 years	4,335	1,307,595	3.32
65 to 74 years	3,975	972,869	4.09
75+ years	3,419	628,068	5.44
Private	2,973	1,154,767	2.57
Medicare	7,656	1,591,238	4.81
Medicaid	1,137	239,082	4.76
Other	377	118,620	3.18
Uninsured (self-pay/no charge)	195	49,216	3.96

-- Indicates Not Applicable

Table 19. PSI 14 – Postoperative Wound Dehiscence Rate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	2,151	1,362,453	1.58
Females	749	770,556	0.97
Males	1,402	591,897	2.37
0 to 17 years			
18 to 39 years	188	216,673	0.87
40 to 64 years	942	605,891	1.55
65 to 74 years	610	305,059	2.00
75+ years	411	234,830	1.75
Private	502	504,834	0.99
Medicare	1,181	570,190	2.07
Medicaid	326	180,145	1.81
Other	62	45,376	1.37
Uninsured (self-pay/no charge)	80	61,908	1.29

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	2,050	795,014	2.58
Females	712	437,636	1.63
Males	1,338	357,378	3.74
0 to 17 years			
18 to 39 years	182	98,140	1.85
40 to 64 years	898	358,531	2.50
65 to 74 years	578	193,018	2.99
75+ years	392	145,325	2.70
Private	477	283,988	1.68
Medicare	1,127	359,030	3.14
Medicaid	311	94,146	3.30
Other	60	28,962	2.07
Uninsured (self-pay/no charge)	75	28,888	2.60

Table 20. PSI 14 – Postoperative Wound Dehiscence Rate Stratum: Open

-- Indicates Not Applicable

Table 21. PSI 14 – Postoperative Wound Dehiscence Rate Stratum: Non-Open

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	101	567,439	0.18
Females	37	332,920	0.11
Males	64	234,519	0.27
0 to 17 years			
18 to 39 years	****	118,533	****
40 to 64 years	36 45	247,360	0.15 0.18
65 to 74 years	32	112,041	0.29
75+ years	19	89,505	0.21
Private	25	220,846	0.11
Medicare	54	211,160	0.26
Medicaid	15	85,999	0.17
Other	****	16,414	****
Uninsured (self-pay/no charge)	****	33,020	****

-- Indicates Not Applicable

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	4,165	4,285,731	0.97
Females	2,237	2,234,897	1.00
Males	1,928	2,050,834	0.94
0 to 17 years			•
18 to 39 years	354	560,360	0.63
40 to 64 years	1,717	1,747,370	0.98
65 to 74 years	1,068	976,459	1.09
75+ years	1,026	1,001,542	1.02
Private	1,126	1,269,342	0.89
Medicare	2,258	2,104,367	1.07
Medicaid	517	593,087	0.87
Other	123	124,016	0.99
Uninsured (self-pay/no charge)	141	194,919	0.72

Table 23. PSI 17 – Birth Trauma Rate Injury to Neonate

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	15,053	3,268,942	4.60
Females	6,533	1,595,431	4.09
Males	8,520	1,673,511	5.09
<1 year	15,053	3,268,942	4.60
Private	7,132	1,545,115	4.62
Medicare	41	8,827	4.64
Medicaid	6,655	1,446,280	4.60
Other	390	87,191	4.47
Uninsured (self-pay/no charge)	835	181,529	4.60

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	15,820	134,943	117.23
Females	15,820	134,943	117.23
Males			
0 to 17 years	240	2,573	93.28
18 to 39 years	15,217	128,519	118.40
40 to 64 years	363	3,851	94.26
65 to 74 years			
75+ years			
Private	10,947	75,444	145.10
Medicare	46	794	57.93
Medicaid	3,861	49,816	77.51
Other	463	3,775	122.65
Uninsured (self-pay/no charge)	503	5,114	98.36

Table 24. PSI 18 – Obstetric Trauma Rate Vaginal Delivery with Instrument

-- Indicates Not Applicable

Table 25. PSI 19 – Obstetric Trauma Rate Vaginal Delivery without Instrument

GROUP	NUMERATOR	DENOMINATOR	OBSERVED RATE PER 1,000 DISCHARGES
Overall	38,195	2,185,244	17.48
Females	38,195	2,185,244	17.48
Males			
0 to 17 years	572	30,574	18.71
18 to 39 years	36,928	2,097,354	17.61
40 to 64 years	695	57,316	12.13
65 to 74 years			
75+ years			
Private	26,509	1,122,642	23.61
Medicare	127	12,714	9.99
Medicaid	9,342	922,275	10.13
Other	1,090	63,245	17.23
Uninsured (self-pay/no charge)	1,127	64,368	17.51