Accidental Puncture or Laceration Rate Technical Specifications

Patient Safety Indicators #15 (PSI #15) AHRQ Quality Indicators[™], Version 4.5, May 2013 **Provider-Level Indicator** Type of Score: Rate

Description

Accidental punctures or lacerations (secondary diagnosis) during procedure per 1,000 discharges for patients ages 18 years and older. Excludes cases with accidental puncture or laceration as a principal diagnosis, cases with accidental puncture or laceration as a secondary diagnosis that is present on admission, spinal surgery cases, and obstetric cases.

[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

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.

E8706

E8707 E8708

9982

ACC CUT/HEM W HEART CATH

ACCIDENTAL OP LACERATION

ACC CUT/HEM W ENEMA

ACC CUT IN MED CARE NEC E8709 ACC CUT IN MED CARE NOS

ICD-9-CM Accidental	puncture or laceration during a procedure diagr	iosis codes:
	puncture of laceration during a procedure diagr	10313 60463.

E8700	ACC CUT/HEM IN SURGERY
E8701	ACC CUT/HEM IN INFUSION
E8702	ACC CUT/HEM-PERFUSN NEC
E8703	ACC CUT/HEM IN INJECTION
E8704	ACC CUT/HEM W SCOPE EXAM
E8705	ACC CUIT/HEM W/ CATHERTIZ

E8705 ACC CUT/HEM W CATHERTIZ

Denominator

Surgical and medical discharges, for patients ages 18 years and older. Surgical and medical discharges are defined by specific DRG or MS-DRG codes.

See Patient Safety Indicators Appendices:

- Appendix B Medical Discharge DRGs
- Appendix C Medical Discharge MS-DRGs
- Appendix D Surgical Discharge DRGs
- Appendix E Surgical Discharge MS-DRGs

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-CM procedure codes for spine surgery
- 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)

See Patient Safety Indicator Appendices:

• Appendix L –Spine Surgery Procedure Codes