

Accidental Puncture or Laceration Rate Technical Specifications

Patient Safety Indicators 15 (PSI 15)

AHRQ Quality Indicators™, Version 5.0

March 2015

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.

ICD-9-CM Accidental puncture or laceration during a procedure diagnosis code:

9982 ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE

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:

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- 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