

PSI # 15: Unrecognized Abdominopelvic Accidental Puncture or Laceration
NQF#: 0345
Developer: Agency for Healthcare Research and Quality (AHRQ)
Data Source: CMS
Description: This measure is used to assess the number of cases of accidental punctures or lacerations (secondary diagnosis) during a procedure of the abdomen or pelvis per 1,000 discharges for patients aged 18 years and older that require a second abdominopelvic procedure one or more days after the index procedure.
Rationale: Widespread consensus exists that health care organizations can reduce patient injuries by improving the environment for safety from implementing technical changes, such as electronic medical record systems, to improving staff awareness of patient safety risks. Clinical process interventions also have strong evidence for reducing the risk of adverse events related to a patient's exposure to hospital care. Patient Safety Indicators (PSIs), which are based on computerized hospital discharge abstracts from the AHRQ's Healthcare Cost and Utilization Project (HCUP), can be used to better prioritize and evaluate local and national initiatives. Analyses of these and similar inexpensive, readily available administrative data sets may provide a screen for potential medical errors and a method for monitoring trends over time. The accidental puncture or laceration indicator is intended to flag cases of complications that arise due to technical difficulties in medical care—specifically, those involving an accidental puncture or laceration.
Evidence for Rationale: <ul style="list-style-type: none"> • AHRQ quality indicators. Guide to patient safety indicators [version 3.1]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ);2007 mar 12. 76 p. (AHRQ Pub; no.03-R203). • Kohn LT, Corrigan JM, Donaldson MS, editor(s). To err is human: building a safer health system. Washington (DC): National Academy Press; 2000.
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" and second abdominopelvic procedure >=1 day after an index abdominopelvic procedure.
Denominator: Surgical or medical discharges for patients aged 18 years and older with any procedure code for an abdominopelvic procedure. Exclude cases: with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission) for accidental puncture or lacerations during a procedure among patients otherwise qualifying for the numerator; 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)
Impact: <ul style="list-style-type: none"> • Large number of patients affected. • Severity of harm.
Opportunity: <ul style="list-style-type: none"> • Opportunity for improvement exists, based on the coefficient of variation for the measure.
Evidence: <ul style="list-style-type: none"> • Supported by suggestive clinical evidence and theoretical rationale
Citations for Evidence: <ul style="list-style-type: none"> • AHRQ quality indicators. Guide to patient safety indicators [version 3.1]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ);2007 mar 12. 76 p. (AHRQ Pub; no.03-R203).

[http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V60-ICD09/TechSpecs/PSI_15_%20Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate.pdf](http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V60-ICD09/TechSpecs/PSI_15_%20Unrecognized_Abdominopelvic_Accidental_Puncture_or_Laceration_Rate.pdf)