

# Patient Safety Indicator 02 (PSI 02) Death Rate in Low-Mortality Diagnosis Related Groups (DRGs) July 2019 Provider-Level Indicator Type of Score: Rate

# **Prepared by:**

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## DESCRIPTION

In-hospital deaths per 1,000 discharges for low mortality (< 0.5%) Diagnosis Related Groups (DRGs) among patients ages 18 years and older or obstetric patients. Excludes cases with trauma, cases with cancer, cases with an immunocompromised state, and transfers to an acute care facility.

[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 inhospital deaths per 1,000 hospital discharges.]

## NUMERATOR

Number of deaths (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator.

## DENOMINATOR

Discharges, for patients ages 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium), with a lowmortality (less than 0.5% mortality) MS-DRG code (*LOWMODR*<sup>\*</sup>). If an MS-DRG is divided into "without/with (major) complications and comorbidities," both codes without complications/comorbidities and codes with (major) complications/comorbidities must have mortality rates below 0.5% in the reference population to qualify for inclusion.

#### **DENOMINATOR EXCLUSIONS**

Exclude cases:

- with any listed ICD-10-CM diagnosis codes for trauma (Appendix G: TRAUMID)
- with any listed ICD-10-CM diagnosis codes for cancer (Appendix H: CANCEID)
- with any listed ICD-10-CM diagnosis codes for immunocompromised state (Appendix I: IMMUNID)
- with any listed ICD-10-PCS procedure codes for immunocompromised state (Appendix I: IMMUNIP)
- transfer to an acute care facility (DISP=2)
- with missing discharge disposition (DISP=missing), gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

<u>Appendix G - Trauma Diagnosis Codes</u> <u>Appendix H - Cancer Diagnosis Codes</u> <u>Appendix I - Immunocompromised State Diagnosis and Procedure Codes</u>

\* See below for code list

## AHRQ QI<sup>™</sup> ICD-10-CM/PCS Specification v2019 PSI 02 Death Rate in Low-Mortality Diagnosis Related Groups (DRGs) www.qualityindicators.ahrq.gov

# Low-mortality (less than 0.5%) MS-DRG codes: (LOWMODR)

116	Intraocular procedures with CC/MCC	776	Postpartum and post abortion diagnoses without O.R. procedure
201	Pneumothorax without CC/MCC	777	Ectopic pregnancy
203	Bronchitis and asthma without CC/MCC	778	Threatened abortion
205	Other respiratory system diagnoses with MCC	779	Abortion without D&C
304	Hypertension with MCC	780	False labor
305	Hypertension without MCC	781	Other antepartum diagnoses with medical complications
307	Cardiac congenital and valvular disorders without MCC	782	Other antepartum diagnoses without medical complications
413	Cholecystectomy with c.d.e. without CC/MCC	794	Neonate with other significant problems
533	Fractures of femur with MCC	812	Red blood cell disorders without MCC
534	Fractures of femur without MCC	814	Reticuloendothelial and immunity disorders with MCC
614	Adrenal and pituitary procedures with CC/MCC	815	Reticuloendothelial and immunity disorders with CC
615	Adrenal and pituitary procedures without CC/MCC	821	Lymphoma and leukemia with major O.R. procedure with CC
652	Kidney transplant	822	Lymphoma and leukemia with major O.R. procedure without CC/MCC
691	Urinary stones with esw lithotripsy with CC/MCC	825	Lymphoma and non-acute leukemia with other O.R. procedure without CC/MCC
692	Urinary stones with esw lithotripsy without CC/MCC	829	Myeloproliferative disorders or poorly differentiated neoplasms with other O.R. procedure with CC/MCC
707	Major male pelvic procedures with CC/MCC	864	Fever and inflammatory conditions
708	Major male pelvic procedures without CC/MCC	876	O.R. procedure with principal diagnoses of mental illness
709	Penis procedures with CC/MCC	880	Acute adjustment reaction and psychosocial dysfunction
710	Penis procedures without CC/MCC	881	Depressive neuroses
742	Uterine and adnexa procedures for non- malignancy with CC/MCC	882	Neuroses except depressive
743	Uterine and adnexa procedures for non- malignancy without CC/MCC	883	Disorders of personality and impulse control
746	Vagina cervix and vulva procedures with CC/MCC	885	Psychoses
747	Vagina cervix and vulva procedures without CC/MCC	886	Behavioral and developmental disorders
748	Female reproductive system reconstructive procedures	887	Other mental disorder diagnoses

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760	Menstrual and other female reproductive system disorders with CC/MCC	894	Alcohol drug abuse or dependence left ama
761	Menstrual and other female reproductive system disorders without CC/MCC	895	Alcohol drug abuse or dependence with rehabilitation therapy
765	Cesarean section with CC/MCC	904	Skin grafts for injuries with CC/MCC
766	Cesarean section without CC/MCC	905	Skin grafts for injuries without CC/MCC
767	Vaginal delivery with sterilization and/or D&C	906	Hand procedures for injuries
768	Vaginal delivery with O.R. procedure except sterilization and/or D&C	909	Other O.R. procedures for injuries without CC/MCC
769	Postpartum and post abortion diagnoses with O.R. procedure	935	Non-extensive burns
770	Abortion with D&C aspiration curettage or hysterotomy	945	Rehabilitation with CC/MCC
774	Vaginal delivery with complicating diagnoses	946	Rehabilitation without CC/MCC
775	Vaginal delivery without complicating diagnoses		