

Foreign Body Left During Procedure

Patient Safety Indicators #21

Technical Specifications

Area-Level Indicator

AHRQ Quality Indicators, Version 4.3, August 2011

Version 4.3a is a maintenance release of Version 4.3. The differences between the two versions are:

- Version 4.3a includes Version 29 of the Limited License edition of the 3M™ APR-DRG Grouper. This grouper corrects an issue found in Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper. The grouper is only used with the Inpatient Quality Indicator (IQI) mortality measures. Version 4.3 includes Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper, which was incorrectly assigning a Risk of Mortality (ROM) subclass for cases dated on or after 10/1/10.
- Version 4.3a allows users to calculate area-level indicators for years 2010 and 2011, correcting an issue previously identified in Version 4.3.

All other aspects of the software, including measure specifications, remain the same. Thus this document (related to Version 4.3) remains unchanged.

Numerator

Discharges, 18 years and older **or** MDC 14 (pregnancy, childbirth, and puerperium), with ICD-9-CM codes for foreign body left in during procedure in any diagnosis field of medical and surgical discharges defined by specific DRGs or MS-DRGs.

ICD-9-CM Foreign body left in during procedure diagnosis codes:

9984	FOREIGN BODY ACCIDENTALLY LEFT DURING A PROCEDURE	E8713	INJECTION OR VACCINATION
9987	ACUTE REACTIONS TO FOREIGN SUBSTANCE ACCIDENTALLY LEFT DURING A PROCEDURE	E8714	ENDOSCOPIC EXAMINATION
		E8715	ASPIRATION OF FLUID OR TISSUE, PUNCTURE, AND CATHETERIZATION
		E8716	HEART CATHETERIZATION
		E8717	REMOVAL OF CATHETER OR PACKING
		E8718	OTHER SPECIFIED PROCEDURES
		E8719	UNSPECIFIED PROCEDURE

Foreign body left in during:

E8710	SURGICAL OPERATION
E8711	INFUSION OR TRANSFUSION
E8712	KIDNEY DIALYSIS OR OTHER PERFUSION

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

Denominator

Discharges in the numerator are assigned to the denominator based on the Metro Area¹ or county of the patient residence, not the Metro Area or county of the hospital where the discharge occurred.

Exclude cases:

- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing), county (PSTCO=missing)

¹ The term "metropolitan area" (MA) was adopted by the U.S. Census in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs) and primary metropolitan statistical areas (PMSAs). In addition, "area" could refer to either 1) FIPS county, 2) modified FIPS county, 3) 1999 OMB Metropolitan Statistical Area or 3) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.