



AHRQ Quality Indicators™ (AHRQ QI™) ICD-10-CM/PCS Specification Version 6.0

Patient Safety Indicator 02 (PSI 02) Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)

July 2016

Provider-Level Indicator

Type of Score: Rate

Prepared by:

Agency for Healthcare Research and Quality

U.S. Department of Health and Human Services

www.qualityindicators.ahrq.gov

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 in-hospital 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 low-mortality (less than 0.5% mortality) MS-DRG code. 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.

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

069	TRANSIENT ISCHEMIA	742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC
102	HEADACHES W MCC	743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC
103	HEADACHES W/O MCC	746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC
113	ORBITAL PROCEDURES W CC/MCC	747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC
114	ORBITAL PROCEDURES W/O CC/MCC	748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC
121	ACUTE MAJOR EYE INFECTIONS W CC/MCC	761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC
122	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	765	CESAREAN SECTION W CC/MCC
123	NEUROLOGICAL EYE DISORDERS	766	CESAREAN SECTION W/O CC/MCC
137	MOUTH PROCEDURES W CC/MCC	767	VAGINAL DELIVERY W STERILIZATION &/OR D&C
138	MOUTH PROCEDURES W/O CC/MCC	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C

139	SALIVARY GLAND PROCEDURES	769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
149	DYSEQUILIBRIUM	770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
202	BRONCHITIS & ASTHMA W CC/MCC	774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
203	BRONCHITIS & ASTHMA W/O CC/MCC	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
311	ANGINA PECTORIS	776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
312	SYNCOPE & COLLAPSE	777	ECTOPIC PREGNANCY
313	CHEST PAIN	778	THREATENED ABORTION
483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	779	ABORTION W/O D&C
484	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC	780	FALSE LABOR
488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	781	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	782	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
490	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM	864	FEVER
491	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
506	MAJOR THUMB OR JOINT PROCEDURES	880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION

509	ARTHROSCOPY	881	DEPRESSIVE NEUROSES
513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	882	NEUROSES EXCEPT DEPRESSIVE
514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	883	DISORDERS OF PERSONALITY & IMPULSE CONTROL
582	MASTECTOMY FOR MALIGNANCY W CC/MCC	885	PSYCHOSES
583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	886	BEHAVIORAL & DEVELOPMENTAL DISORDERS
600	NON-MALIGNANT BREAST DISORDERS W CC/MCC	887	OTHER MENTAL DISORDER DIAGNOSES
601	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
691	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	895	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY
692	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	906	HAND PROCEDURES FOR INJURIES
697	URETHRAL STRICTURE	945	REHABILITATION W CC/MCC
707	MAJOR MALE PELVIC PROCEDURES W CC/MCC	946	REHABILITATION W/O CC/MCC
708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC		

DENOMINATOR EXCLUSIONS

Exclude cases:

- with any-listed ICD-10-CM diagnosis codes for trauma
- with any-listed ICD-10-CM diagnosis codes for cancer
- with any-listed ICD-10-CM diagnosis codes or any-listed ICD-10-PCS procedure codes for immunocompromised state
- 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)

[*Appendix G - Trauma Diagnosis Codes*](#)

[*Appendix H - Cancer Diagnosis Codes*](#)

[*Appendix I - Immunocompromised State Diagnosis and Procedure Codes*](#)