Postoperative Hemorrhage or Hematoma Rate

Patient Safety Indicators #9
Technical Specifications
Provider-Level Indicator
AHRQ Quality Indicators, Version 4.4, March 2012

Numerator

Discharges among cases meeting the inclusion and exclusion rules for the denominator with the following:
- ICD-9-CM code for postoperative hemorrhage or postoperative hematoma in any secondary diagnosis field

ICD-9-CM Postoperative hemorrhage diagnosis code:
99811 HEMORRHAGE COMPLIC PROC

ICD-9-CM Postoperative hematoma diagnosis code:
99812 HEMATOMA COMPLIC PROC

ICD-9-CM Control of postoperative hemorrhage procedure codes:
287 HEMORR CONTROL POST T & A 3887 OCCLUDE ABD VEIN NEC
3880 SURG VESSEL OCCLUS NEC 3888 OCCLUDE LEG ARTERY NEC
3881 OCCLUS INTRACRAN VES NEC 3889 OCCLUDE LEG VEIN NEC
3882 OCCLUS HEAD/NECK VES NEC 3941 POSTOP VASC OP HEM CONTR
3883 OCCLUDE ARM VESSEL NEC 3998 HEMORRHAGE CONTROL NOS
3884 OCCLUDE AORTA NEC 4995 CONTROL ANAL HEMORRHAGE
3885 OCCLUDE THORACIC VES NEC 5793 CONTROL BLADD HEMORRHAGE
3886 OCCLUDE ABD ARTERY NEC 6094 CONTROL PROSTATE HEMORR

ICD-9-CM Drainage of hematoma procedure codes:
1809 EXTERNAL EAR INCIS NEC 7014 VAGINOTOMY NEC
540 ABDOMINAL WALL INCIS 7109 INCIS CULCA/PERINEUM NEC
5412 REOPEN RECENT LAP SITE 7591 EVAC OB INC HEMAT PERIN
5919 PERIVESICAL INCISION NEC 7592 EVAC OB HEMAT VULVA/VAG
610 SCROTUM & TUNICA I & D 8604 OTHER SKIN & SUBQ I & D
6998 UTERINE SUPPORT OP NEC

Denominator

All surgical discharges 18 years and older defined by specific DRGs or MS-DRGs and an ICD-9-CM code for an operating room procedure.

See Patient Safety Indicators Appendices:
- Appendix A – Operating Room Procedure Codes
- Appendix D – Surgical Discharge DRGs
Exclude cases:
- with principal diagnosis of postoperative hemorrhage or postoperative hematoma or secondary diagnosis present on admission*
- where the only operating room procedure is postoperative control of hemorrhage or drainage of hematoma
- where a procedure for postoperative control of hemorrhage or drainage of hematoma occurs before the first operating room procedure

Note: If day of procedure is not available in the input data file, the rate may be slightly lower than if the information was available.
- 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)

* Only for cases that otherwise qualify for the numerator