

Death Rate in Low-Mortality Diagnosis Related Groups (DRGs) Technical Specifications

Patient Safety Indicators 02 (PSI 02)

AHRQ Quality Indicators™, Version 5.0

March 2015

Provider-Level Indicator

Type of Score: Rate

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) DRG or MS-DRG code. If a DRG or 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.

Exclude cases:

- with any-listed ICD-9-CM diagnosis codes for trauma
- with any-listed ICD-9-CM diagnosis codes for cancer
- with any-listed ICD-9-CM diagnosis codes or any-listed ICD-9-CM 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)

See *Patient Safety Indicators Appendices*:

- Appendix G – Trauma Diagnosis Codes
- Appendix H – Cancer Diagnosis Codes
- Appendix I – Immunocompromised State Diagnosis and Procedure Codes

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

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| 069 | TRANSIENT ISCHEMIA |
| 102 | HEADACHES W MCC |
| 103 | HEADACHES W/O MCC |
| 113 | ORBITAL PROCEDURES W CC/MCC |
| 114 | ORBITAL PROCEDURES W/O CC/MCC |
| 115 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT |
| 121 | ACUTE MAJOR EYE INFECTIONS W CC/MCC |
| 122 | ACUTE MAJOR EYE INFECTIONS W/O CC/MCC |
| 123 | NEUROLOGICAL EYE DISORDERS |
| 137 | MOUTH PROCEDURES W CC/MCC |
| 138 | MOUTH PROCEDURES W/O CC/MCC |
| 139 | SALIVARY GLAND PROCEDURES |
| 149 | DYSEQUILIBRIUM |
| 202 | BRONCHITIS & ASTHMA W CC/MCC |
| 203 | BRONCHITIS & ASTHMA W/O CC/MCC |
| 311 | ANGINA PECTORIS |
| 312 | SYNCOPE & COLLAPSE |
| 313 | CHEST PAIN |
| 483 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC |
| 484 | MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC |
| 488 | KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC |
| 489 | KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC |
| 490 | BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM |
| 491 | BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC |
| 506 | MAJOR THUMB OR JOINT PROCEDURES |
| 509 | ARTHROSCOPY |
| 513 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC |
| 514 | HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC |
| 582 | MASTECTOMY FOR MALIGNANCY W CC/MCC |
| 583 | MASTECTOMY FOR MALIGNANCY W/O CC/MCC |
| 600 | NON-MALIGNANT BREAST DISORDERS W CC/MCC |
| 601 | NON-MALIGNANT BREAST DISORDERS W/O CC/MCC |
| 691 | URINARY STONES W ESW LITHOTRIPSY W CC/MCC |
| 692 | URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC |
| 697 | URETHRAL STRICTURE |
| 707 | MAJOR MALE PELVIC PROCEDURES W CC/MCC |
| 708 | MAJOR MALE PELVIC PROCEDURES W/O CC/MCC |
| 742 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC |
| 743 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC |

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| 746 | VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC |
| 747 | VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC |
| 748 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES |
| 760 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC |
| 761 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC |
| 765 | CESAREAN SECTION W CC/MCC |
| 766 | CESAREAN SECTION W/O CC/MCC |
| 767 | VAGINAL DELIVERY W STERILIZATION &/OR D&C |
| 768 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C |
| 769 | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE |
| 770 | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY |
| 774 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES |
| 775 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES |
| 776 | POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE |
| 777 | ECTOPIC PREGNANCY |
| 778 | THREATENED ABORTION |
| 779 | ABORTION W/O D&C |
| 780 | FALSE LABOR |
| 781 | OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS |
| 782 | OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS |
| 864 | FEVER |
| 876 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS |
| 880 | ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION |
| 881 | DEPRESSIVE NEUROSES |
| 882 | NEUROSES EXCEPT DEPRESSIVE |
| 883 | DISORDERS OF PERSONALITY & IMPULSE CONTROL |
| 885 | PSYCHOSES |
| 886 | BEHAVIORAL & DEVELOPMENTAL DISORDERS |
| 887 | OTHER MENTAL DISORDER DIAGNOSES |
| 894 | ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA |
| 895 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY |
| 906 | HAND PROCEDURES FOR INJURIES |
| 945 | REHABILITATION W CC/MCC |
| 946 | REHABILITATION W/O CC/MCC |