CBE ID

0344

Title

Accidental Puncture or Laceration Rate (PDI #1)

Project

Patient Safety

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Fall 2017

Removal Date

Sun, 05/09/2021 - 20:00

Initial Endorsement

Wed, 05/14/2008 - 20:00

Steward

Agency for Healthcare Research and Quality

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Accidental punctures or lacerations (secondary diagnosis) during procedure per 1,000 discharges for patients ages 17 years and younger. Includes metrics for discharges grouped by risk category. Excludes obstetric discharges, spinal surgery discharges, discharges with accidental puncture or laceration as a principal diagnosis, discharges with accidental puncture or laceration as a secondary diagnosis that is present on admission, normal newborns, and neonates with birth weight less than 500 grams.

[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 events per 1,000 hospital discharges.]

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.9 Care Setting

Inpatient/Hospital

1.14 Numerator

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for accidental puncture or laceration during a procedure.

1.15 Denominator

Surgical and medical discharges, for patients ages 17 years and younger. Surgical and medical discharges are defined by specific MS-DRG codes.

1.20 Types of Data Sources

Claims Data

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization)

Exclusions

Exclude cases:
• with a principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for accidental puncture or laceration during a procedure (see above)
• with any-listed ICD-10-PCS procedure codes for spine surgery
• normal newborn
• neonate with birth weight less than 500 grams (Birth Weight Category 1)
• 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)

Note: The Denominator Exclusions are identical for Overall and Risk Categories 1, 2, 3, 4, 5, 6, 9

Measure Disclaimer

Not applicable

Planned Use

Public Reporting, Quality Improvement (Internal to the specific organization)

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Children

Steward Organization

Agency for Healthcare Research and Quality

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