

PSI 15

Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate

Background

The government is tracking Patient Safety Indicators “PSIs” to assess the quality of care provided.

PSI 15 is a quality metric intended to measure a physician’s rate of **inadvertent** cuts, punctures, perforations and lacerations during an abdominopelvic surgical procedure.

FY 2018 Payment Year - Inpatient Quality Reporting (IQR) & Hospital Acquired Condition (HAC) programs can significantly be affected by inaccurately documented and coded PSI 15 cases

Inclusion criteria (*now only includes abdominopelvic procedure*)

- Secondary diagnosis of an **accidental** puncture or laceration for patients age 18 years and older who have undergone an abdominopelvic procedure, in which a **second** abdominopelvic procedure follows **one or more days** after the initial **abdominopelvic** procedure.

Exclusion criteria

- Obstetric cases
- Cases with an accidental puncture or laceration that is **present on admission** such as a patient returning to the hospital after discharge from a recent surgical procedure.

Documentation Tips

When coding for punctures or lacerations, it is important to distinguish between those that are an incidental occurrence inherent to the procedure itself and those that are a complication.

Whenever there is a laceration, puncture, cut or other inadvertent injury to an organ, the surgeon should document if the injury was **accidental** or if it was an **incidental injury inherent to the procedure** (necessary to complete the procedure). Accidental injuries will be assigned an accidental injury code. If the patient later returns to the OR, the case will count as a complication under PSI 15 (for abdominopelvic surgeries). When returning to the OR, the surgeon should clearly document the reason for return.