

Postoperative Respiratory Failure

Quality Metric Alert!

Did you know this diagnosis codes to a Patient Safety Indicator (PSI#11)

Certain diagnostic codes negatively impact hospital and physician quality metrics

Example: Patient undergoes Whipple procedure and is liberated from the ventilator 12 hours after surgery. The consulting pulmonologist documents “Post Op Respiratory Failure, resolved” in his progress notes. Therefore, the hospital and the surgeon are tracked by PSI #11, Postoperative Respiratory Failure.

- “**Acute Respiratory Failure**” is the preferred term if the respiratory failure is due to an underlying medical diagnosis, such as COPD, pneumonia, CHF or sepsis.
 - The provider should document the cause of the respiratory failure or it may be coded as Acute Postprocedural Respiratory Failure, which is tracked in PSI #11.
- “**Acute Respiratory Failure Following Surgery**” and “**Acute Postprocedural Respiratory Failure**” are appropriate terms ***only*** if the reason for prolonged mechanical ventilation is ***directly*** related to the surgery itself. **Quality Alert:** Both terms count as PSI#11.
 - “Prolonged mechanical ventilation” should be defined based on your institutional norms, but should only be considered if the patient remains ventilated for ***more than 48 hours after surgery***.
 - **DO NOT** use these terms if the patient did not remain on the ventilator longer than would typically be expected for the surgery or procedure performed.

Recommendation: Pulmonologists and Hospitalists document “Expected Vent time after surgery”, which will support their physician billing, but will **not** trigger the PSI#11 **Quality Metric Alert**

Reference:

https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V70/TechSpecs/PSI_11_Postoperative_Respiratory_Failure_Rate.pdf