

PSI # 14: Postoperative Wound Dehiscence

NQF#: 0368

Developer: Agency for Healthcare Research and Quality (AHRQ)

Data Source: CMS; MHCC

Description: This measure is used to assess the number of cases of reclosure of postoperative disruption of abdominal wall per 1,000 cases of abdominopelvic surgery.

Rationale: Widespread consensus exists that health care organizations can reduce patient injuries by improving the environment for safety from implementing technical changes, such as electronic medical record systems, to improving staff awareness of patient safety risks. Clinical process interventions also have strong evidence for reducing the risk of adverse events related to a patient's exposure to hospital care. Patient Safety Indicators (PSIs), which are based on computerized hospital discharge abstracts from the AHRQ's Healthcare Cost and Utilization Project (HCUP), can be used to better prioritize and evaluate local and national initiatives. Analyses of these and similar inexpensive, readily available administrative data sets may provide a screen for potential medical errors and a method for monitoring trends over time. The postoperative wound dehiscence indicator is intended to flag cases of wound dehiscence in patients who have undergone abdominal and pelvic surgery.

Evidence for Rationale:

- AHRQ quality indicators. Guide to patient safety indicators [version 3.1]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ);2007 mar 12. 76 p. (AHRQ Pub; no.03-R203).
- Kohn LT, Corrigan JM, Donaldson MS, editor(s). To err is human: building a safer health system. Washington (DC): National Academy Press; 2000.

Numerator: Discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code for reclosure of postoperative disruption of abdominal wall in any procedure field.

Denominator: All abdominopelvic surgical discharges, for patients aged 18 and older. Exclude cases: where a procedure for reclosure of postoperative disruption of abdominal wall occurs before or on the same day as the first abdominopelvic surgery procedure; where length of stay is less than 2 days; with any diagnosis or procedure code for immunocompromised state; MDC 14 (pregnancy, childbirth, and puerperium); with an ICD-9-CM principal or secondary diagnosis code present on admission for disruption of internal operation wound; with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

Impact:

- Patient/societal consequences of poor quality.

Evidence of High Impact:

- Hannan EL, Bernard HR, O'Donnell JF, Kilburn H, Jr. A methodology for targeting hospital cases for quality of care record reviews. Am J Public Health 1989;79(4):430-6.

Opportunity:

- Little opportunity for improvement exists, as the coefficient of variation is less than 1.

Evidence:

- Expert opinion, systematic synthesis of research.

[http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V60-ICD09/TechSpecs/PSI_14 Postoperative Wound Deohiscence Rate.pdf](http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V60-ICD09/TechSpecs/PSI_14_Postoperative_Wound_Deohiscence_Rate.pdf)