



Documentation Tips – Patient Safety Indicators (PSI)

The Patient Safety Indicators (PSIs) are a set of indicators providing information on potential hospital complications and adverse events following surgeries, procedures, and childbirth. The PSIs can be used to help hospitals identify potential adverse events that might need further study; provide the opportunity to assess the incidence of adverse events and in hospital complications using administrative data.

It is important to note that not all conditions that occur during or following surgery are classified as complications. There must be a cause-and-effect relationship between the care provided and the condition, and an indication in the documentation that it is a complication.

PSI	Documentation Tips
PSI # 3 Pressure Ulcer	<ul style="list-style-type: none">- Address and document present on admission (POA) status- Document the specific site of the pressure ulcer, specific stage of the pressure ulcer if not documented by another- Document any diagnosis of hemiplegia, paraplegia, quadriplegia, spinabifida or anoxic brain damage, and late effects hemipelgia, paraplegia, etc.- Document nutritional status; consider malnutrition, mild, moderate or severe malnutrition
PSI # 6 Iatrogenic Pneumothorax	<ul style="list-style-type: none">- Address and document present on admission (POA) status- Document if the pneumothorax is intentionally induced (may be deliberately induced in order to collapse the lung)- Document type of pneumothorax i.e. spontaneous or tension.- Risk for spontaneous pneumothorax includes Marfan's Syndrome, barotraumas, emphysema, cancer, TB and acute infections.
PSI # 7 Central Venous Catheter-Related Blood Stream Infection	<ul style="list-style-type: none">- Address and document present on admission (POA) status.- Document "infection due to central venous catheter", if the catheter is the source of the infection.- Document if there is another source of the infection other than the CVC (e.g., bacteremia, sepsis from the urinary tract).- Document all diagnoses or procedures for immunocompromised state i.e. protein malnutrition, severe malnutrition, pancytopenia, neutropenia, CKD Stage V, history of transplant.- Document all diagnoses of cancer.



PSI # 9 Postoperative Hemorrhage or Hematoma	<ul style="list-style-type: none">- Address and document present on admission (POA) status.- Excludes intraoperative hemorrhage or hematoma- Need to distinguish between ecchymosis (flat bruising of the skin) and hematoma (bruising with mass).
PSI # 11 Postoperative Respiratory Failure	<ul style="list-style-type: none">- Address and document present on admission (POA) status.- When clinically indicated document Post-op pulmonary insufficiency related to surgery.- Document all neuromuscular disorders i.e. Myasthenia gravis, Lambert-Eaton syndrome.- Document all degenerative neurological disorders i.e. senile dementia, post concussion syndrome.- Document all craniofacial abnormalities i.e. congenital face/neck anomalies.
PSI # 12 Postoperative Pulmonary Embolism or Deep Vein Thrombosis	<ul style="list-style-type: none">- Address and document present on admission (POA) status.- Inadequate documentation, such as “rule out” DVT or pulmonary embolism, without alternative diagnosis established after study, can lead to inaccurate coding.
PSI # 15 Accidental Puncture or Laceration	<ul style="list-style-type: none">- Address and document present on admission (POA) status- If the puncture, tear, capsular laceration, enterotomy, colotomy, serosal laceration, or other such event was essentially unavoidable due to the nature of the adhesions, the inflammation, the abscess, the tumor, or whatever was present during the operation, recommend to document “inadvertent occurrence due to the patient’s anatomy/architect and or surgical procedure”, to correctly indicate this was not a complication.- Important to distinguish between those that are an inadvertent occurrence due to the patient’s anatomy/architect and or surgical procedure and those that are a complication.- Document if the laceration is an intentional part of the procedure i.e. ‘laceration of plaque”