

Accidental Puncture/Laceration Documentation Reference

Indiana University Health needs your help to correctly submit safety data that is publicly reported by the government. Patient Safety Indicator (PSI) 15, or “Accidental Puncture and Laceration” (APL), is an inpatient quality and patient safety indicator that is publicly reported on the Centers for Medicare and Medicaid Services (CMS) Hospital Compare website as part of the PSI-90 Composite. PSI-15 currently makes up 47% of our total score in the PSI-90 composite.

Background

CMS defines many APLs as a complication: a “condition, that when present, leads to substantially increased hospital resource use such as intensive monitoring, expensive and technically complex services and extensive care requiring a greater number of caregivers.”

For an APL to be considered a true complication, it must meet the following requirements:

- Must be more than a routinely expected condition or occurrence
- Must be a cause-and-effect relationship between the care provided and the condition
- Must include an indication in the documentation from the physician that the condition is a complication. It is the physician’s responsibility to determine whether something that occurred during surgery is a complication or an expected outcome

Note: an injury, tear or repair that was reasonably necessary to accomplish a surgery DOES NOT meet the definition of a PSI-15; however, it is still necessary to document all intraoperative events

Recommendation

- Document puncture/laceration in the operative report according to the following guidelines:
 - Use clear, specific terminology
 - List any procedures or techniques employed to prevent the P/L from occurring
 - Describe any information in detail that improves understanding of the process by which the P/L occurred (i.e., the difficulty of dissection, the severity of adhesions, the quality of tissue, the difficulty of exposure, expectation of event to occur, etc.)
 - Describe the consequences of the laceration or injury
 - Document increased surgery time in the operative report (e.g., repair added 2 hours to the case or changed the intended procedure(s))
 - Document potential increased length of stay due to the complication
 - If an intentional or unavoidable enterotomy was made to complete a procedure, document that in the operative report to let the coder know that this is not a complication

Terms that indicate an accidental puncture or laceration		Terms that indicate a non-accidental puncture or laceration	
Inadvertent	Complication	To facilitate	Necessary
Complicated by	Accidental	Required	Intentional
Unintended	Unintentionally	Inherent	Integral
Unexpected	Iatrogenic	Expected	Sacrificed

Note: If a specification is not provided or if the documentation is unclear or conflicting, Clinical Documentation Integrity will contact the physician for clarification. Please respond promptly to this query.

If the P/L was not a complication, document that in the record as well:

- Tear or laceration was insignificant and did not require repair
- This did not affect patient care or affect patient’s course of treatment or recovery