



# Redefined Admission Classification Decreases Reportable Patient Safety Indicator Events

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## Background/Problem

- Patient safety indicators (PSIs) are preventable complications that occur following elective surgeries and procedures
- Experiencing increasing rates of PSIs:
  - PSI-10: acute kidney injury requiring dialysis
  - PSI-11: respiratory failure
  - PSI-13: sepsis
- Resulting in poor performance on publicly-reported safety measures

## Interventions

1. Identified inconsistencies in classifying a surgical admission as elective, urgent, or emergent:
  - Criteria varied by department and were outdated.
2. Admission criteria subsequently revised based on clinical need rather than time.
3. Some surgeries, such as cardiothoracic, neurosurgical and ischemic vascular, defaulted to urgent.
4. Cases with potential misclassifications underwent further review and admission classification revision.

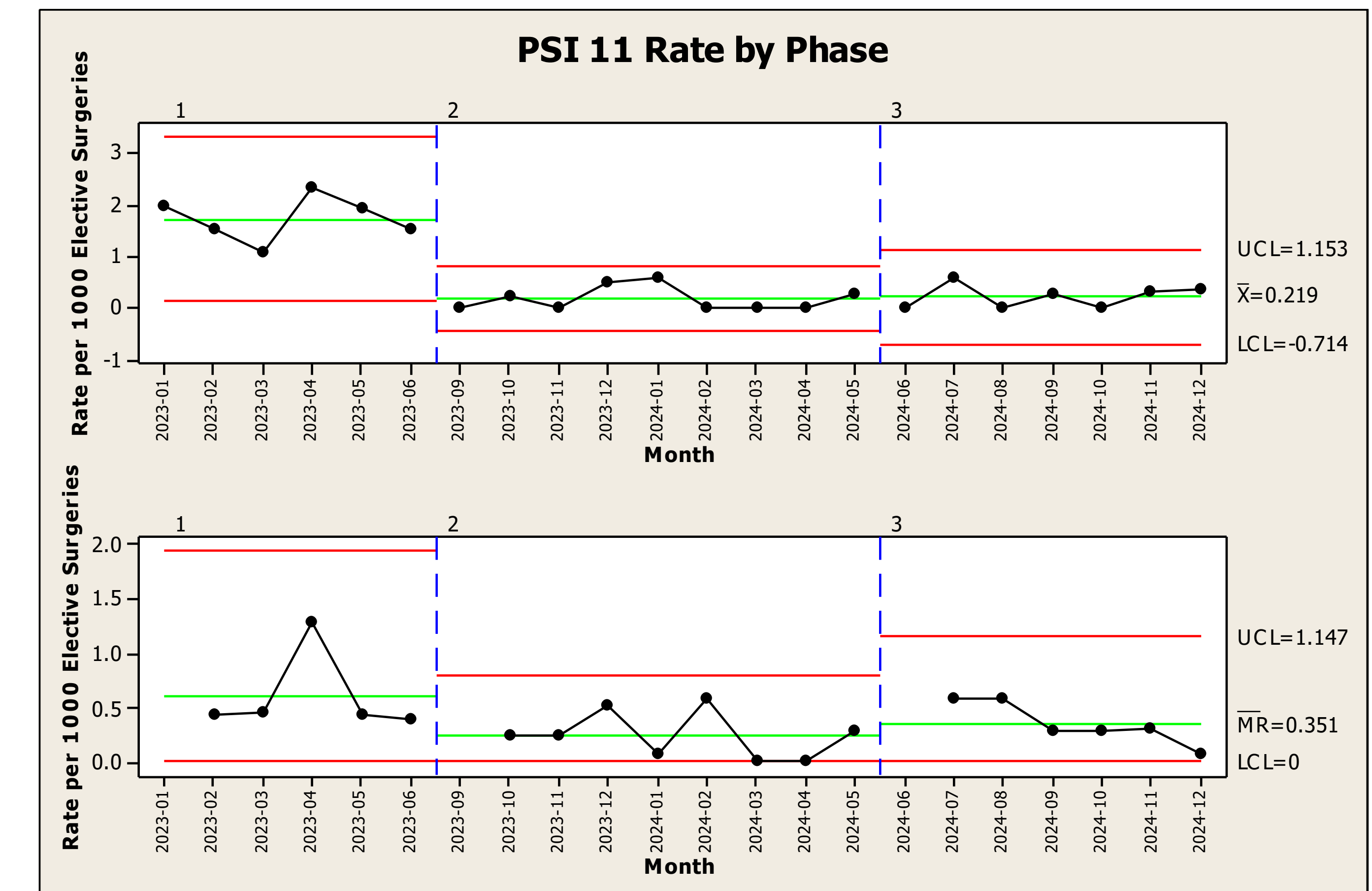
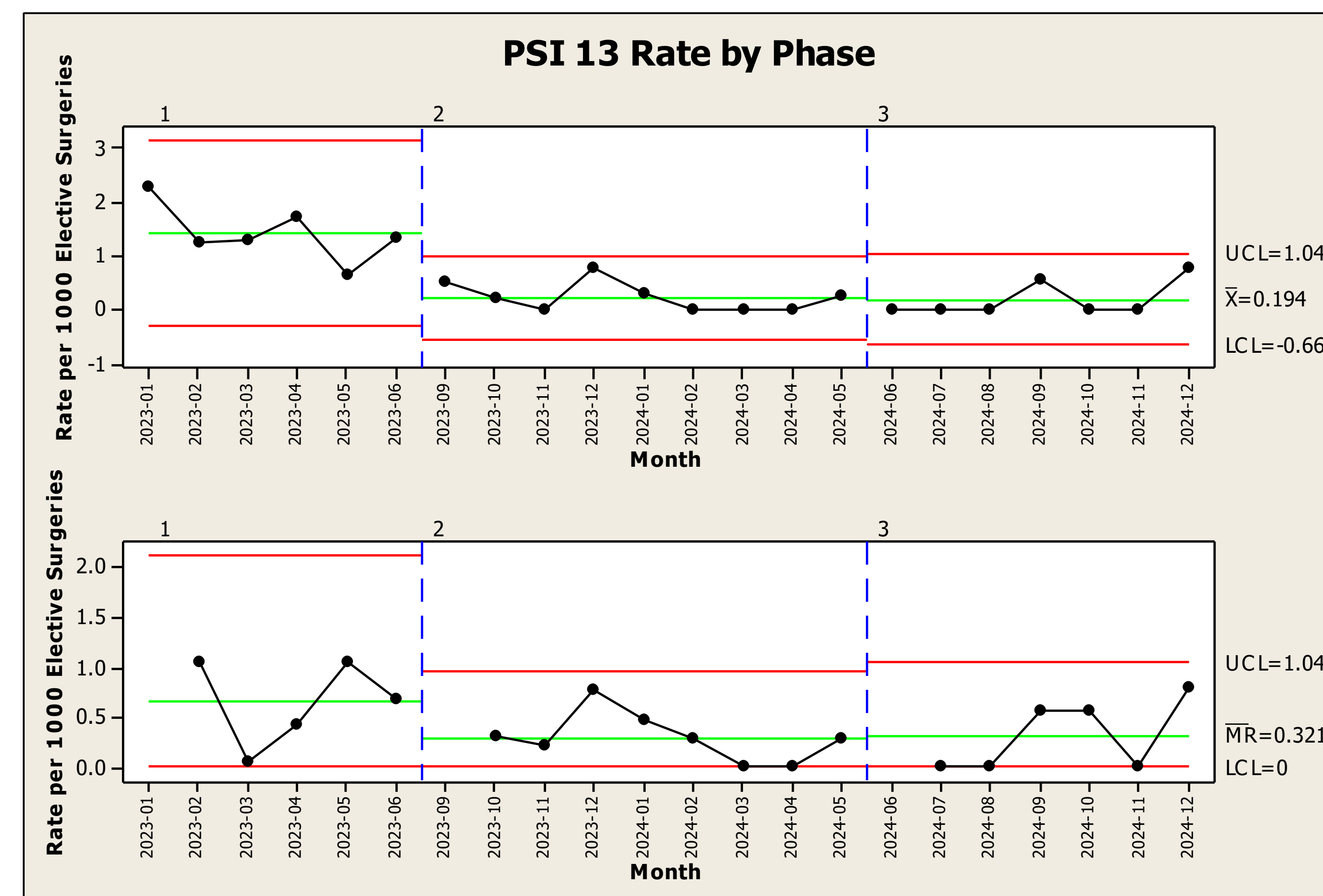
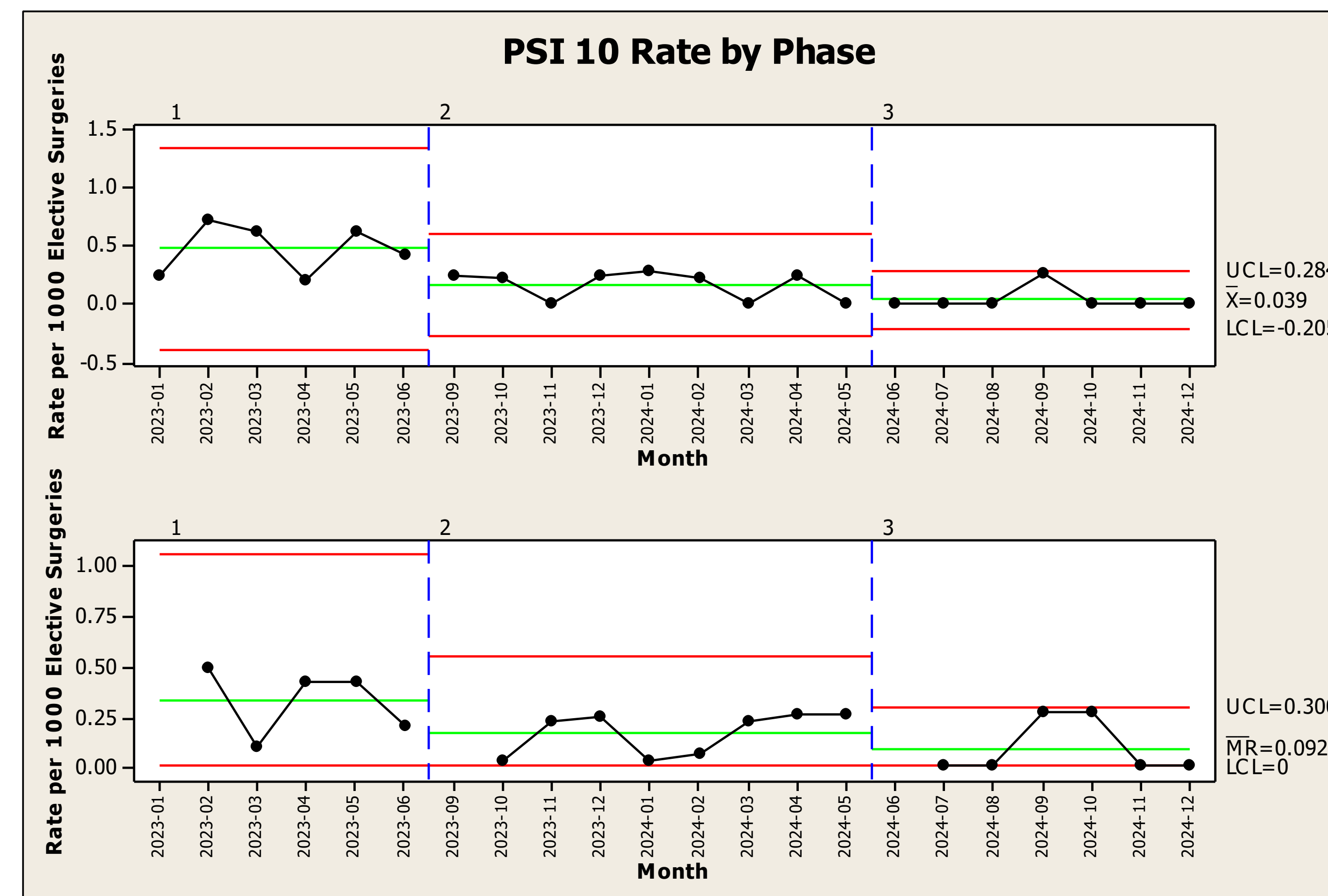
## Takeaways

- Standardize surgical admission classification based on clinical need rather than timing to ensure PSI events are accurately reported.
- Multidisciplinary collaboration, including coding quality, documentation integrity, and revenue cycle teams, is essential for identifying and addressing inconsistencies in admission classification.
- Data-driven methodologies provide actionable insights for sustainable quality improvement in patient safety indicator performance.

Agency for Healthcare Research and Quality. (2024, July). Patient Safety Indicators (PSI) log of coding updates and revisions, v2024. [https://qualityindicators.ahrq.gov/measures/psi\\_log\\_coding\\_updates/v2024](https://qualityindicators.ahrq.gov/measures/psi_log_coding_updates/v2024)

Mattingly, A. S., Eddington, H. S., Rose, L., Morris, A. M., Trickey, A. W., Cullen, M. R., & Wren, S. M. (2023). Defining essential surgery in the US during the COVID-19 pandemic response. *JAMA Surgery*, 158(1), 99–100.

## Results



	Pre-intervention	Post-intervention	Significance	Control Period	Significance
PSI-10 rate	0.481	0.166	0.015	0.039	0.047
PSI-11 rate	1.743	0.180	0.000	0.219	0.737
PSI-13 rate	1.427	0.234	0.003	0.194	0.804

Process variation reduced by ~50%

## Next Steps

- Analyze “urgent” patients that get infections
  - Open cardiovascular procedures most common (aspiration pneumonia)
- Investigate implementation of Robust Esophageal Screening Test (REST) protocol for Cardiac Surgery patients
- Revise hospital sepsis committee format to include focus on post-op patients
- Develop AI tool for pre-operative risk screening