Activity in Acute Public Hospitals in Ireland

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This is a report on in-patient and day patient discharges from acute public hospitals participating in the Hospital In-Patient Enquiry (HIPE) scheme in 2013. Discharge activity is examined by type of patient and hospital, and by demographic parameters (such as age and sex). Particular issues of relevance to the Irish health care system covered in the report relate to the composition of discharges by medical card and public/private status. Discharges are also analysed by diagnoses, procedures, major diagnostic categories, and diagnosis related groups. *Maternity* discharges are examined separately from other discharges. The analysis is presented at the national level and is also disaggregated by Health Service Executive (HSE) administrative areas.

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The production of this annual report requires commitment and hard work from many individuals. Responsibility for collecting, coding, inputting, and validating data for the Hospital In-Patient Enquiry (HIPE) scheme rests with colleagues in acute hospitals throughout Ireland. Ensuring the continued operation of the HIPE scheme requires willing contributions from clinicians, clinical coders, HIPE/casemix coordinators, medical records staff, IT personnel, and administrative departments, together with hospital managers. We are greatly indebted to these individuals for their support and efforts.

The HIPE team within the Healthcare Pricing Office oversees a wide range of tasks related to the management of this system, including software development and support, personnel training, data quality and audit, data management and analysis, and information dissemination. We acknowledge gratefully the dedication, skill and expertise that all the members of this team bring to their work on this scheme.

We would also like to thank, specifically, Maureen Cronin, Nathan Cunningham, Brian McCarthy, Deirdre Murphy and Clíona O'Donovan for reviewing and commenting on earlier drafts of this report.

Inevitably, a number of individuals have to carry most of the responsibility for producing a report of this type. In this case, Karen Kearns, Shane Leavy, Laura Metcalfe, Aisling Mulligan and Sinéad O'Hara were to the fore in the preparation of the report for publication. We wish to express our sincere thanks to these colleagues for all of their hard work on the report. Their commitment, enthusiasm, and professionalism are gratefully acknowledged and sincerely appreciated.

Up to the end of 2013, Professor Miriam M Wiley was head of the Health Research and Information Division at the Economic and Social Research Institute and was responsible for the management of the HIPE and NPRS systems. We would like to acknowledge the valuable contribution that Professor Miriam M Wiley made to these systems.

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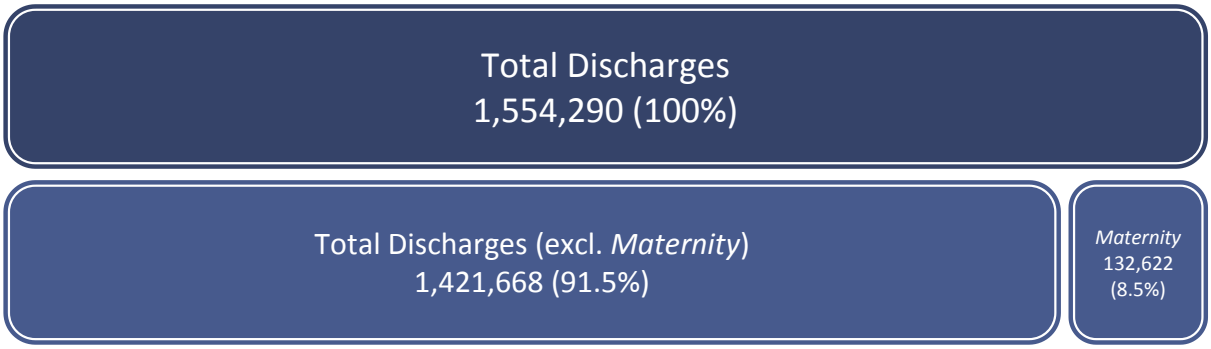
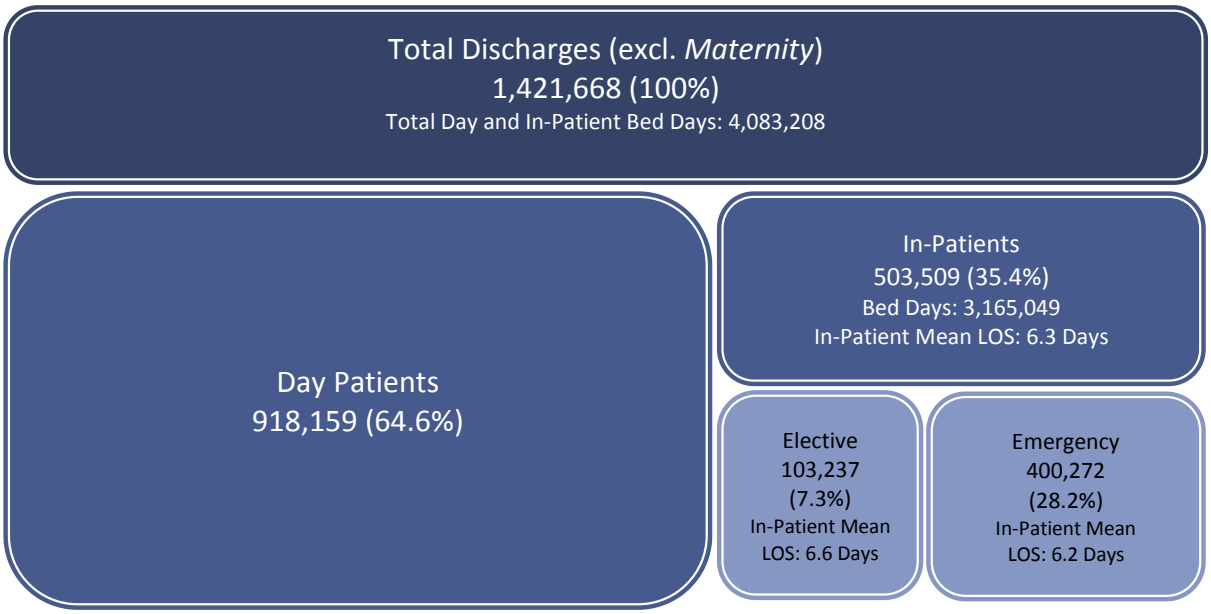
EXECUTIVE SUMMARY

The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland. Since the 1st January 2014 the Healthcare Pricing Office (HPO) has overseen the administration and management of this scheme. The HPO is now responsible for overseeing all functions associated with the operation of this database, including the development and support of the data collection and reporting software, training of coders and data quality audit, reporting, and responding to requests for information.

This report relates to discharges that occurred in the 2013 calendar year. The aim is to present an overview of discharge activity in acute public hospitals in Ireland. The demographic and morbidity analysis for *Maternity* discharges are presented separately in specified sections of the *Activity in Acute Public Hospitals in Ireland Annual Report 2013* to enable a comprehensive overview of trends in this area.



TOTAL DISCHARGES (EXCL. *MATERNITY*), 2013



WHO

Sex

- Females accounted for 49.8 per cent of total discharges (excl. *Maternity*) with males accounting for 50.2 per cent.

Age

- The 65–74 years age group accounted for the largest proportion of both male and female discharges, 21.0 per cent and 16.8 per cent respectively.

Marital/Civil Status

- Married discharges accounted for 47.3 per cent of total discharges (excl. *Maternity*).

Public/Private Status

- Almost 84 per cent of total discharges (excl. *Maternity*) were treated on a public basis with 16.3 per cent treated on a private basis.
- The 85 years and over age group had the largest proportion of total discharges (excl. *Maternity*) treated publicly (88.7 per cent) with only 11.3 per cent treated on a private basis.

General Medical Service (GMS) Status

- Of total discharges (excl. *Maternity*), 57.1 per cent were GMS discharges.
- Of discharges in the 85 years and over age group 82.5 per cent were GMS discharges compared to just 17.8 per cent of the less than 1 years age group.

WHERE

HSE Area of Hospitalisation

- The largest proportion of total discharges (excl. *Maternity*) were hospitalised in the HSE Dublin Mid Leinster area (29.4 per cent) with the smallest proportion hospitalised in the HSE South area (22.8 per cent).

HSE Area of Residence

- A larger proportion of discharges resident in the HSE West area were aged 85 years and older (4.9 per cent) compared to 4.2 per cent in the HSE South area.

Admission Source

- The majority of total discharges (excl. *Maternity*) in all HSE areas were admitted from home, ranging from 95.2 per cent in the HSE Dublin North East area to 97.1 per cent in the HSE Dublin Mid Leinster area.

Discharge Destination

- The majority of in-patient discharges (excl. *Maternity*) were discharged home, ranging from 86.5 per cent in HSE West area to 87.3 per cent in the HSE South area.

WHEN

Day of Admission

- The proportion of in-patient discharges (excl. *Maternity*) admitted on an elective basis decreased throughout the week, with over 62 per cent of elective in-patients admitted between Monday and Wednesday, falling to 7.0 per cent at the weekend.

Day of Discharge

- The proportion of elective in-patients discharged increased throughout the week, from 10.3 per cent on Monday to 23.4 per cent on Friday, falling to 10.3 per cent on Saturday and 5.0 per cent on Sunday.

Month of Admission

- The largest number of emergency in-patients (34,889 discharges) was admitted in January.

MORBIDITY ANALYSIS

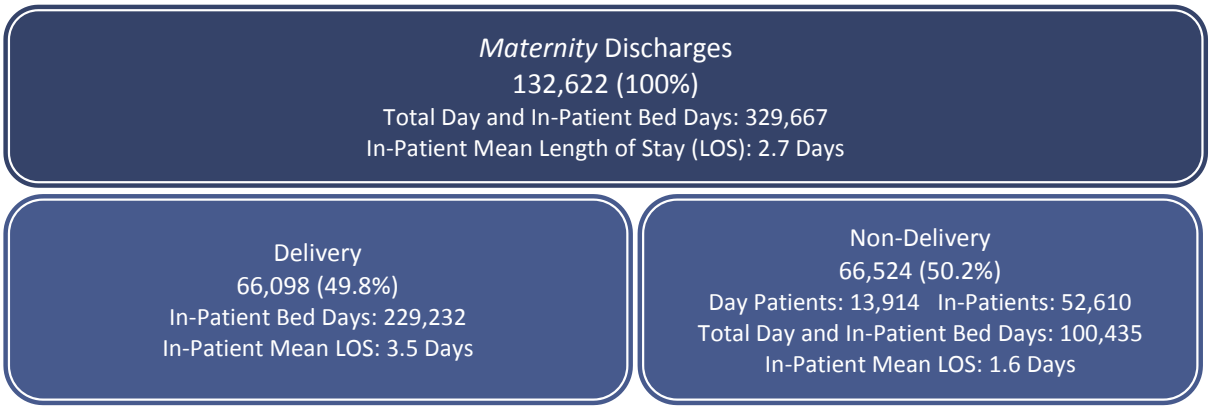
Day Patients

- Day patients with a principal diagnosis of *care involving dialysis* and those with a principal diagnosis of *other medical care* (includes *chemotherapy* and *radiotherapy* encounters) each accounted for 18.0 per cent of day patient discharges.
- At least one procedure was recorded for 94.1 per cent of day patient discharges.
- *Haemodialysis* was reported as a principal procedure for 19.1 per cent of day patient discharges with at least one procedure reported.

In-Patients

- In-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 4.0 per cent of in-patients.
- At least one procedure was recorded for 63.1 per cent of in-patient discharges.
- *Generalised allied health interventions* were reported as a principal procedure for 15.3 per cent of in-patient discharges with at least one procedure. This category includes interventions such as physiotherapy, dietetics, occupational therapy pharmacy, social work, and speech pathology.

MATERNITY DISCHARGES, 2013



DELIVERY

- Over 57 per cent of *Delivery* discharges were in the 25–34 years age group.
- Non-instrumental deliveries accounted for the largest proportion of *Delivery* discharges (56.1 per cent), followed by Caesarean section at 29.0 per cent. Instrumental deliveries accounted for 15.0 per cent.
- Non-instrumental deliveries accounted for 41.1 per cent of primiparous *Delivery* discharges compared to 65.4 per cent for multiparous discharges. Instrumental deliveries accounted for 28.9 per cent of primiparous *Delivery* discharges compared to 6.4 per cent for multiparous *Delivery* discharges.
- Elective Caesarean section deliveries accounted for 7.9 per cent of total primiparous *Delivery* discharges compared to 19.8 per cent for multiparous *Delivery* discharges.
- Emergency Caesarean section deliveries accounted for 22.2 per cent of total primiparous *Delivery* discharges compared to 8.5 per cent for multiparous *Delivery* discharges.
- Of *Delivery* discharges, 81.0 per cent were treated on a public basis and 19.0 per cent on a private basis. 26.9 per cent of *Delivery* discharges treated on a public basis had a Caesarean section compared to 37.8 per cent of those treated privately.
- At least one procedure was recorded for 98.2 per cent of primiparous *Delivery* discharges and 91.8 per cent of multiparous *Delivery* discharges.

CASE MIX ANALYSIS

Total Discharges
1,554,290 (100%)

The case mix classification presents analysis of patients who undergo similar treatment processes and incur similar levels of resource use.

- The MDC with the largest proportion of day patients reported was *Diseases and Disorders of the Kidney and Urinary Tract* (MDC 11), which accounted for 20.3 per cent of day patients
    - *Haemodialysis* (AR-DRG L61Z) accounted for 86.9 per cent of day patients within this MDC and 17.7 per cent of total day patients.
- The MDC with the largest proportion of in-patient discharges (19.0 per cent) was *Pregnancy, Childbirth and the Puerperium*, MDC 14.
    - *Vaginal Delivery* (AR-DRG O60Z) accounted for 38.8 per cent of in-patients within this MDC and 7.4 per cent of total in-patient discharges.

Overview SECTION

ONE

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1.1 INTRODUCTION

This report aims to present an overview of discharge activity in acute public hospitals in Ireland during 2013 using data from the Hospital In-Patient Enquiry (HIPE) scheme. HIPE collects information on day patient and in-patient activity from participating hospitals.[1] A HIPE discharge record is created when a patient is discharged from (or dies in) hospital. This record contains administrative, demographic and clinical information for an episode of care. An episode of care begins at admission to hospital, as a day patient or an in-patient, and ends at discharge from (or death in) that hospital.

Section One provides an overview of the 2013 report. It outlines briefly the background of the HIPE scheme which is the principal data source for the report, and highlights other data sources used throughout the report. This is followed by an outline of the structure of the 2013 report. In addition, the scope of the HIPE data and the methods used in the report are outlined. Finally, an analysis of the trends in the main HIPE variables is undertaken using data from the period 2009–2013.

1.2 BACKGROUND

From 1st January 2014 the Health Research and Information Division at the ESRI and the National Casemix Programme (HSE) became the Healthcare Pricing Office (HPO).[2] While the HPO has initially been established on an administrative basis, attached to the HSE, it is planned that this Office will ultimately be established on a statutory basis.[3] Part of the remit of the HPO is to oversee all functions associated with the operation of the HIPE database, including the development and support of the data collection and reporting software, training of coders, data quality, audit, reporting, and responding to requests for information. [4,5]

Given the comprehensive coverage achieved by this information system, the data gathered by HIPE have become increasingly used by policymakers, clinical teams and researchers. Data sets of HIPE discharges are provided to a number of state agencies in order to address specific data requirements. In addition to responding to requests for HIPE information, the HPO also manages the HIPE Statistics Reporter which is available online.[6]

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1 See Appendix I for a list of hospitals participating in HIPE in 2013.

2 From 1990 until 2013 the Economic and Social Research Institute (ESRI) oversaw the administration and management of the HIPE scheme on behalf of the Health Service Executive (HSE) and the Department of Health (DoH).

3 This development is in line with the proposals in the 'Money Follows the Patient' policy paper published by the Department of Health in February 2013.

4 The HIPE Portal is a web-based software application designed and developed at the HPO for the collection and reporting of HIPE data within public hospitals.

5 The Healthcare Pricing Office also oversees the administration and management of the National Perinatal Reporting System (NPRS).

6 Available at www.hpo.ie

1.3 Data Sources for Annual Report 2013

HIPE: The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland.[7,8] In 2013, 54 public hospitals in Ireland participated in HIPE (see Appendix I).[9]

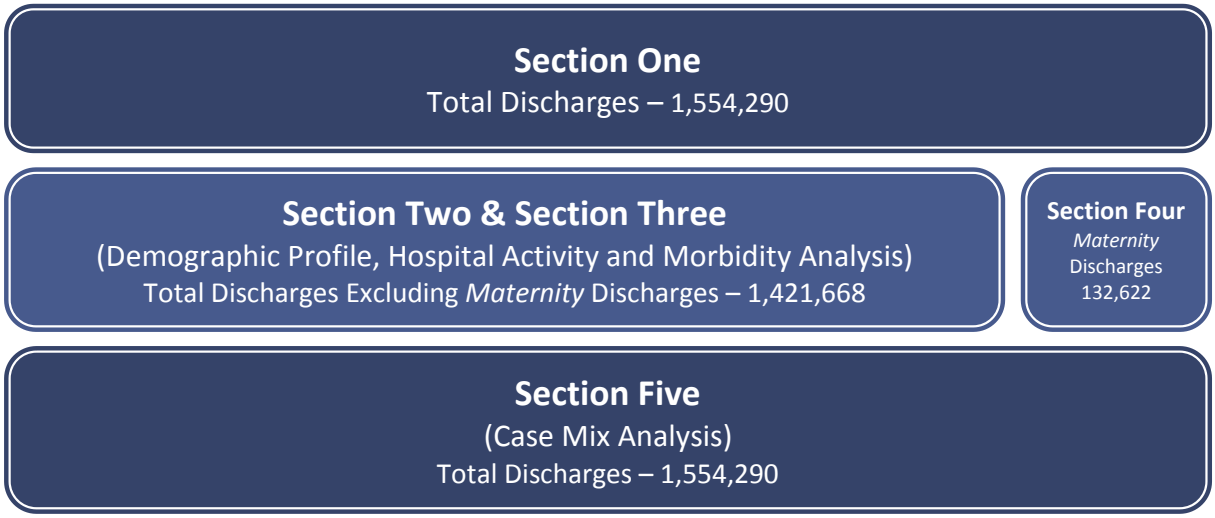
Hospital Beds: Hospital bed data from 2009–2013 were obtained from the Business Information Unit of the HSE (see Appendix IV for 2013 bed data).

Population Estimates: Population estimates for 2009–2013 are based on Census 2011 data published by the Central Statistics Office.

1.4 Structure of Annual Report 2013

Figure 1.1 outlines the structure of the Annual Report 2013. It presents the number of discharges included in each of the five sections of the report. The report follows the same structure as *Activity in Acute Public Hospitals in Ireland* Annual Reports 2010, 2011 and 2012.[10]

FIGURE 1.1 Structure of the Activity in Acute Public Hospitals in Ireland Annual Report, 2013



7 See Appendix II for details of data collected by HIPE, see also the HIPE Data Dictionary 2013 Version 5.0 available at www.hpo.ie

8 A copy of the HIPE data entry form for 2013 is contained in Appendix III.

9 For historical reasons, a small number of non-acute hospitals also reported to HIPE in 2013. Discharges from these hospitals have been included in this report.

10 See www.hpo.ie for the latest versions of these reports.

The remainder of the report is structured as follows:

Section Two

In Section Two the report is concerned with providing a demographic (WHO), regional (WHERE) and temporal (WHEN) profile of discharges reported to HIPE in 2013. Section Two *excludes Maternity* discharges, which are reported separately in Section Four. Section Two includes many of the administrative variables reported to HIPE, including age, sex, marital/civil status, GMS status, and discharge status. The regional analysis uses HSE area of hospitalisation, HSE area of residence, and county of residence to see where discharges are being hospitalised, while the temporal analysis looks at day of admission, day of discharge, and month of admission.

Section Three

Section Three focuses on the diagnoses and procedures recorded for discharges reported to HIPE. Section Three excludes *Maternity* discharges which are reported separately in Section Four. Section Three presents analysis of hospital activity by patient type with top 20 principal diagnoses and procedure blocks presented for day patients and for total, elective and emergency in-patients. Further analysis is presented for diagnoses and procedures reported for total discharges (excl. *Maternity*), by sex and age group. The mean length of stay for acute in-patient discharges is presented for principal diagnoses and principal procedures.

Section Four

Section Four analyses *Maternity* discharges reported to HIPE.[11] Data in Section Four are disaggregated by the delivery status of the discharges, that is, whether they had a diagnosis of delivery or not. Variables presented include method of delivery, length of stay, age, marital status, public/private status, and day of admission. Analysis of principal diagnoses and procedures is also presented.

Section Five

Section Five provides analysis of all HIPE data by case mix. Each Major Diagnostic Category (MDC) is presented with its associated Australian Refined Diagnosis Related Groups (AR-DRGs) for all discharges, including *Maternity*. The analyses provide a breakdown of MDCs and AR-DRGs by patient type, with in-patient mean and median length of stay also provided.

Annex

The annex is designed to highlight particular topics of interest that merit further analysis. This year's topic of interest is Hip replacements.

[11] *Maternity* discharges in HIPE are those who were admitted in relation to their obstetrical experience (from conception to 6 weeks post delivery). These discharges were allocated to Admission Type code *Maternity*. *Maternity* discharges are a large subset of the acute public hospital discharge population. All discharges are female and are within a narrow age range. Discharges in this group report a very narrow range of diagnoses and procedures and the majority have a short acute in-patient mean length of stay (2.6 days) compared to total discharges excluding *Maternity* (4.4 days).

Glossary and Abbreviations

This section provides definitions of the terminology used in this report along with explanations of the abbreviations.

1.5 SCOPE OF HIPE DATA

- *Each HIPE discharge record represents one episode of care.* Patients may be admitted to hospital more than once in any given time period with the same or different diagnoses. In the absence of a unique health identifier, therefore, the data reported to HIPE facilitate analysis of hospital discharge activity but do not permit analysis of certain parameters, such as the number of hospital encounters per patient or estimate the incidence or prevalence of a particular disease.
- *Emergency In-Patient Admissions:* HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.
- *Coverage of data:* Coverage of the HIPE system is estimated using the discharges returned as 'coded' as a proportion of total discharges reported within each hospital. The data available from participating hospitals for 2013 indicate that for day patient and in-patient discharges appropriate for inclusion in the HIPE data set, 99.1 per cent of the discharges reported from hospital systems were coded and returned for inclusion in the national HIPE data set.[12,13]
- *Hospital factors:* Restructuring of the hospital system is reflected in the analysis presented in this report. From April 2011 St. Luke's Radiation Oncology Network commenced providing services at centres in Beaumont and St. James's Hospitals, as well as continuing to provide services at St. Luke's Hospital, Rathgar. HIPE activity data from St. Luke's Hospital, Rathgar are returned to the HPO. For 2013, it is estimated that approximately 47,000 day cases received radiotherapy from St. Luke's Radiation Oncology Network at Beaumont and St. James's Hospitals. Data on these discharges were not returned to HIPE in 2013.[14]

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12 This method of calculating coverage does not capture the under-reporting of data in particular hospitals as it cannot make any comparison for cases that were not downloaded within the hospital. Hospitals known to have underreported data in 2013 include; Bantry Hospital (coded and returned 16.5 per cent of their discharges), Midwestern Regional Hospital, Ennis (coded and returned 90.1 per cent of their discharges), Cork University Hospital (coded and returned 96.3 per cent of their discharges) and Midwestern Regional Hospital, Dooradoyle (coded and returned 96.7 per cent of their discharges).

13 There is an ongoing review that aims to align the data collected by the Business Intelligence Unit in the HSE via Monthly Data Returns from hospitals with that collected through HIPE. These data systems are currently not comparable due to differences in data collection for particular activity in certain hospitals which may or may not be captured on HIPE, differences in time points for data collection, and use of different definitions for particular activity.

14 For 2012, the first complete year of operation, it is estimated that 39,000 day cases received radiotherapy from St. Luke's Radiation Oncology Network at Beaumont and St. James's Hospitals. Data on these discharges were not returned to HIPE in 2012. This is a revised estimate to that published in *Activity in Acute Public Hospitals in Ireland, 2012 Annual Report*.

1.6 METHODS AND DEFINITIONS

Some of the methods used to present data in the report are detailed below.

- *Maternity Discharges*: *Maternity* discharges in HIPE are those who were admitted in relation to their obstetrical experience (from conception to 6 weeks post delivery); that is, they were allocated to Admission Type code *Maternity*.[15]
- *Hospital Type*: Data are presented at the aggregated hospital category groupings of 'General' and 'Other' hospitals. General hospitals comprise voluntary, regional and county hospitals, while 'Other' hospitals specialise in the treatment of particular conditions or patient groupings.[16]
- *Derived Variables*: For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. These derivations are presented in Appendix V for admission type, admission source, and discharge destination.
- *Length of Stay*: In addition to the in-patient mean length of stay, the in-patient median length of stay is provided to highlight the effect of outlier cases.
- *Reporting of small numbers:* It is policy of the Healthcare Pricing Office (HPO) not to report cells where the number of discharges reported to HIPE is 5 or fewer. The tables contained in this report have been suppressed in this manner by replacing such cells with ~. Where further suppression is necessary to ensure that cells with 5 or fewer discharges are not disclosed, the cell with the next lowest number of discharges has been replaced with *. Where cells containing 5 or fewer discharges have been suppressed, the associated mean in-patient length of stay figures have been suppressed using ^. In Section 3, the symbol ǂ is used to denote where the sex and/or age group breakdown for a particular diagnosis or procedure has not been provided, as the numbers reported would result in suppression across the majority of categories.

[15] See Appendix II for details of data collected by HIPE and the HIPE Data Dictionary 2013 Version 5.0 available at www.hpo.ie

[16] See Appendix I for a list of hospitals and their associated categories participating in HIPE in 2013.

1.7 DISCHARGES REPORTED TO HIPE, 2009-2013

In 2013, 1,554,290 discharges were reported to HIPE by participating acute public hospitals, representing a mean annual increase of 2.5 per cent over the period 2009-2013 and an increase of less than 1 per cent over the period 2012-2013.

Table 1.1 and Figures 1.2 to 1.3 show the distribution of discharges over the period 2009-2013 by selected variables.

- The number of day patients has increased from 820,234 in 2009 to 932,073 in 2013, a mean annual increase of 3.3 per cent.
- The number of in-patients has increased from 590,160 in 2009 to 622,217 in 2013, a mean annual increase of 1.4 per cent, with a decrease of less than 1 per cent between 2012 and 2013.
- Emergency in-patient discharges comprised 76.4 per cent of total in-patient discharges in 2009, which has increased to 79.5 per cent in 2013.
- *Maternity* discharges decreased annually by a mean of 0.5 per cent over the period 2009-2013 from 135,156 to 132,622 discharges. Between 2012 and 2013 there was a 3.6 per cent decrease in the proportion of *Maternity* discharges reported to HIPE.
- The male-female split in 2013 has remained consistent with previous years with a larger proportion of female discharges (54.1 per cent).
- The 65 years and over age group accounts for the largest proportion of total discharges in 2013 (34.1per cent), this represents a mean annual increase of 4.1 per cent for this age group between 2009 and 2013.
- There has been a decreasing trend in the proportion of private discharges. Between 2009 and 2013 there was a mean annual decrease of 3.1 per cent, and a 2.2 per cent decrease in the number of private discharges between 2012 and 2013.
- The number of GMS discharges increased by a mean of 3.5 per cent per year between 2009 and 2013, from 735,723 to 843,727 discharges, with an increase of 1.9 per cent between 2012 and 2013.
- Total and acute in-patient mean lengths of stay have fallen over the period 2009-2013, both reporting a mean annual decrease of over 2 per cent.
- General hospitals continued to account for the largest proportion of total discharges (89.0 per cent) in 2013 with the remainder accounted for by 'other' hospitals (11.0 per cent). Voluntary and county hospitals accounted for the largest proportions of total discharges (32.5 and 30.9 per cent, respectively) in the general hospital category in 2013 (see Figure 1.3).

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2009–2013

	2009 N (%)	2010 N (%)	2011 N (%)	2012 N (%)	2013 N (%)	Mean Annual % Change 2009–2013[a]	% Change 2012–2013
Total Discharges	**1,410,394 (100)**	**1,447,108 (100)**	**1,470,778 (100)**	**1,541,084 (100)**	**1,554,290 (100)**	**2.5**	**0.9**
Patient Type							
Day Patients	820,234 (58.2)	855,618 (59.1)	879,140 (59.8)	916,018 (59.4)	932,073 (60.0)	3.3	1.8
In-Patients	590,160 (41.8)	591,490 (40.9)	591,638 (40.2)	625,066 (40.6)	622,217 (40.0)	1.4	-0.5
Total Discharges (excl. *Maternity*)[b]	**1,275,238 (90.4)**	**1,310,527 (90.6)**	**1,332,680 (90.6)**	**1,403,562 (91.1)**	**1,421,668 (91.5)**	**2.8**	**1.3**
Day Patients	808,469 (57.3)	845,331 (58.4)	868,369 (59.0)	905,687 (58.8)	918,159 (59.1)	3.2	1.4
Dialysis/Radiotherapy/ Chemotherapy	332,452 (23.6)	341,722 (23.6)	336,788 (22.9)	332,360 (21.6)	327,249 (21.1)	-0.4	-1.5
Other Day Patients	476,017 (33.8)	503,609 (34.8)	531,581 (36.1)	573,327 (37.2)	590,910 (38.0)	5.6	3.1
In-Patients	466,769 (33.1)	465,196 (32.1)	464,311 (31.6)	497,875 (32.3)	503,509 (32.4)	2.0	1.1
Elective	110,355 (7.8)	108,825 (7.5)	104,604 (7.1)	106,807 (6.9)	103,237 (6.6)	-1.6	-3.3
Emergency[c,d]	356,414 (25.3)	356,371 (24.6)	359,707 (24.5)	391,068 (25.4)	400,272 (25.8)	3.0	2.4
***Maternity* Discharges**	**135,156 (9.6)**	**136,581 (9.4)**	**138,098 (9.4)**	**137,522 (8.9)**	**132,622 (8.5)**	**-0.5**	**-3.6**
Day Patients[e]	11,765 (0.8)	10,287 (0.7)	10,771 (0.7)	10,331 (0.7)	13,914 (0.9)	5.7	34.7
In-Patients	123,391 (8.7)	126,294 (8.7)	127,327 (8.7)	127,191 (8.3)	118,708 (7.6)	-0.9	-6.7
Patient Characteristics							
Sex							
Males	651,525 (46.2)	674,978 (46.6)	678,845 (46.2)	706,179 (45.8)	713,652 (45.9)	2.3	1.1
Females	758,869 (53.8)	772,130 (53.4)	791,933 (53.8)	834,905 (54.2)	840,638 (54.1)	2.6	0.7
Age Group							
Under 15 years	127,264 (9.0)	128,551 (8.9)	135,221 (9.2)	137,766 (8.9)	131,439 (8.5)	0.9	-4.6
15–44 years	435,965 (30.9)	439,317 (30.4)	442,830 (30.1)	459,680 (29.8)	459,158 (29.5)	1.3	-0.1
45–64 years	395,924 (28.1)	406,013 (28.1)	412,461 (28.0)	432,493 (28.1)	433,535 (27.9)	2.3	0.2
65 years and over	451,241 (32.0)	473,227 (32.7)	480,266 (32.7)	511,145 (33.2)	530,158 (34.1)	4.1	3.7
Public/Private Status[f]							
Public Discharges	1,123,154 (79.6)	1,171,066 (80.9)	1,215,522 (82.6)	1,282,656 (83.2)	1,301,481 (83.7)	3.8	1.5
Private Discharges	287,240 (20.4)	276,042 (19.1)	255,256 (17.4)	258,428 (16.8)	252,809 (16.3)	-3.1	-2.2
GMS Status							
GMS (Medical card holders)	735,723 (52.2)	773,622 (53.5)	784,021 (53.3)	827,738 (53.7)	843,727 (54.3)	3.5	1.9
Non-GMS (Non-medical card holders)	660,812 (46.9)	657,214 (45.4)	668,332 (45.4)	692,992 (45.0)	699,003 (45.0)	1.4	0.9
Unknown[g]	13,859 (1.0)	16,272 (1.1)	18,425 (1.3)	20,354 (1.3)	11,560 (0.7)	-0.5	-43.2
Mean Length of Stay							
Total In-Patients	6.1	6.0	5.8	5.6	5.6	-2.1	-0.1
Acute[h]	4.5	4.4	4.3	4.1	4.1	-2.4	-0.3
Extended[i]	64.9	65.1	65.3	64.7	63.2	-0.7	-2.3
Discharge Rate Per 1,000 Population[j,k]	**311.1**	**317.7**	**321.5**	**336.1**	**338.4**	**2.1**	**0.7**

Contd. overleaf

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2009–2013 (contd.)

	2009 N (%)	2010 N (%)	2011 N (%)	2012 N (%)	2013 N (%)	Mean Annual % Change 2009–2013[a]	% Change 2012–2013
Hospital Type							
General Hospitals	1,225,574 (86.9)	1,252,454 (86.5)	1,278,909 (87.0)	1,355,898 (88.0)	1,383,274 (89.0)	3.1	2.0
Voluntary Hospitals	424,683 (30.1)	437,638 (30.2)	450,860 (30.7)	478,779 (31.1)	505,350 (32.5)	4.5	5.5
Regional Hospitals	369,774 (26.2)	379,846 (26.2)	383,902 (26.1)	399,049 (25.9)	397,349 (25.6)	1.8	-0.4
County Hospitals	431,117 (30.6)	434,970 (30.1)	444,147 (30.2)	478,070 (31.0)	480,575 (30.9)	2.8	0.5
'Other' Hospitals[l]	184,820 (13.1)	194,654 (13.5)	191,869 (13.0)	185,186 (12.0)	171,016 (11.0)	-1.8	-7.7
Total Bed Days	**4,428,882**	**4,426,574**	**4,339,510**	**4,395,949**	**4,412,875**	**-0.1**	**0.4**
Day Patients	820,234 (18.5)	855,618 (19.3)	879,140 (20.3)	916,018 (20.8)	932,073 (21.1)	3.3	1.8
In-Patients	3,608,648 (81.5)	3,570,956 (80.7)	3,460,370 (79.7)	3,479,931 (79.2)	3,480,802 (78.9)	-0.9	0.0
Under 15 Years	301,909 (6.8)	295,262 (6.7)	302,237 (7.0)	300,415 (6.8)	294,238 (6.7)	-0.6	-2.1
15 to 44 Years	814,708 (18.4)	785,964 (17.8)	752,480 (17.3)	756,925 (17.2)	718,445 (16.3)	-3.1	-5.1
45 to 64 Years	730,938 (16.5)	714,472 (16.1)	683,008 (15.7)	678,050 (15.4)	672,759 (15.2)	-2.0	-0.8
65 Years and Over	1,761,093 (39.8)	1,775,258 (40.1)	1,722,645 (39.7)	1,744,541 (39.7)	1,795,360 (40.7)	0.5	2.9

Notes: Percentage columns are subject to rounding.

a The mean annual percentage change is the mean of the four annual percentage growth rates over the five years.

b The 2009 Annual Report did not present *Maternity* discharges separately. We have presented them in this report to allow for comparability over the five-year period.

c HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

d HIPE collects Mode of Emergency Admission to indicate where the emergency in-patient was treated prior to being admitted, for example in an Emergency Department or in a registered Acute Medical Assessment Unit (AMU/AMAU/MAU). In 2012, the National Clinical Programme for Acute Medicine released national guidelines for AMU/AMAU/MAU's. There was a subsequent increase in the number of these units operating between 2011 and 2012 and this has led to an increase in the number of emergency in-patient admissions from 2012 onwards.

e Caution should be exercised when analysing the increase in *Maternity* day patients reported between 2012 and 2013, this increase is as a result of one hospital reclassifying activity previously reported as same-day in-patient activity to day patient activity in 2013; this reclassification is in line with how other hospitals would report this activity for *Maternity* discharges.

f Public/Private status refers to whether the patient saw the consultant on a private or public basis. It does not relate to the type of bed occupied nor is it an indicator of private health insurance.

g Includes discharges for which GMS status was not known.

h Relates to lengths of stay for in-patients between 0 and 30 days (inclusive).

i Relates to lengths of stay of more than 30 days.

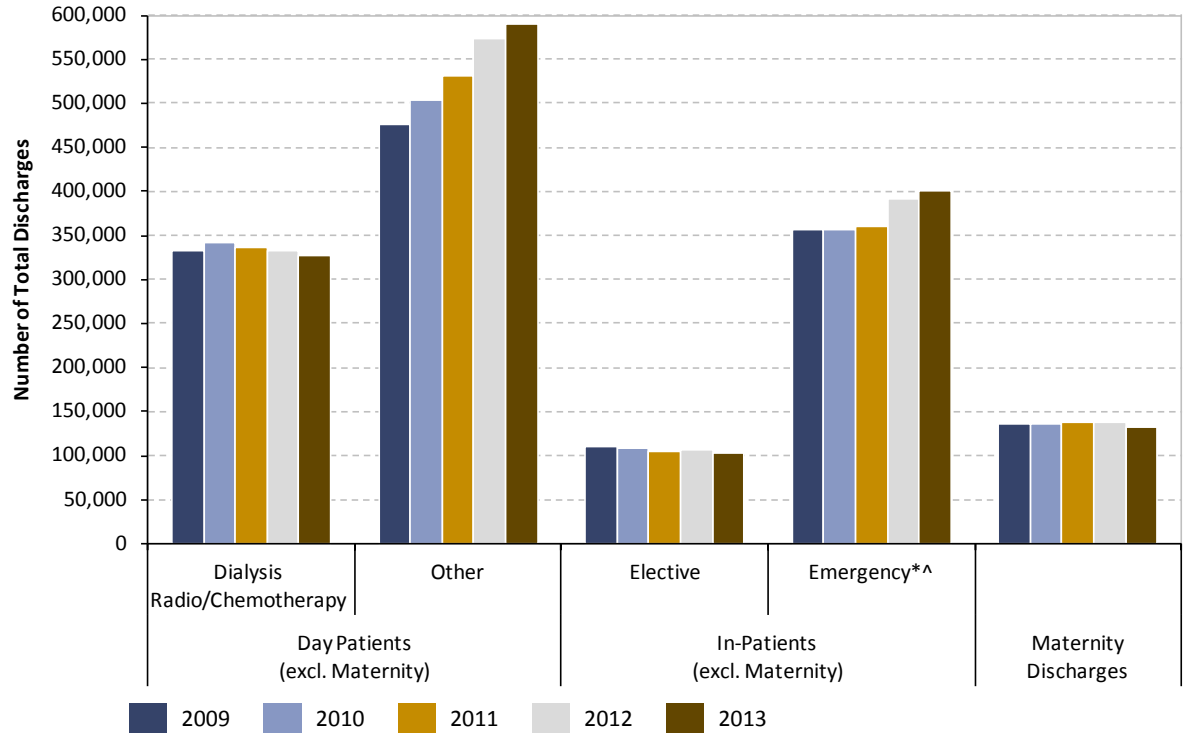
j Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland are excluded, the crude discharge rate is 337.6 per 1,000 population.

k These rates are based on population estimates published by the CSO which are based on the 'usual residence' concept.

l 'Other' hospitals include Maternity; Cancer; Orthopaedic; Paediatric; Eye, Ear, Nose and Throat and 'Other Care' (covering a range of specialist services including infectious disease, palliative medicine, rheumatology, elderly care, and care of the young disabled). See Appendix I for the list of hospitals participating in HIPE in 2013.

Sources: Data on discharges and bed days for 2009–2013 were obtained from HIPE.
Population estimates for 2009–2013 were obtained from the Central Statistics Office.
(http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/Define.asp?maintable=PEA11&PLanguage=0 – Accessed: 23 September 2014.)

FIGURE 1.2 Total Discharges by Patient Type and Admission Type (N), 2009–2013



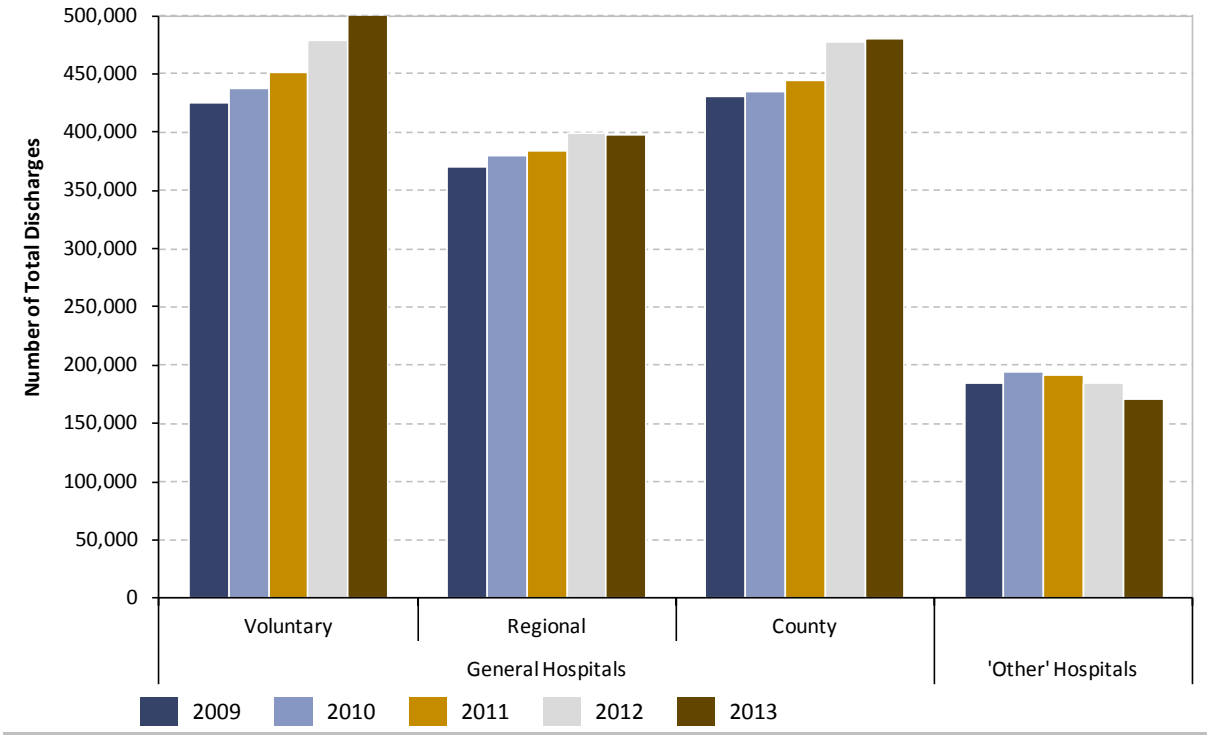
Notes: See Appendix I for a list of hospitals that participated in HIPE in 2013.

* An emergency in-patient admission is unforeseen and requires urgent care. Emergency admissions do not capture patients who attended the Emergency Department but were not subsequently admitted to hospital. For this reason, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the volume of activity in Emergency Departments.

^ A factor contributing to the increase in the number of emergency in-patient admissions from 2012 onwards is the increase in the number of AMU/AMAU/MAU's authorised for reporting to HIPE (see Table 1.1 Note d).

Source: Data for 2009–2013 were obtained from HIPE.

FIGURE 1.3 Total Discharges by Hospital Type (N), 2009–2013



Note: See Appendix I for a list of hospitals that participated in HIPE in 2013.

Source: Data for 2009–2013 were obtained from HIPE.

Discharge Overview 2013

SECTION TWO

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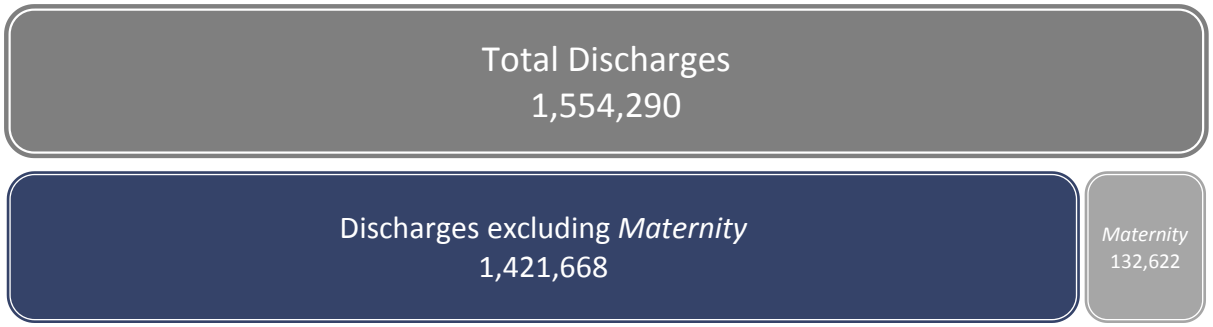


2.1 INTRODUCTION

Section Two provides an overview of the demographic, regional and temporal distribution of day patient and in-patient discharges. The discharges reported in this section relate to total discharges excluding those with Admission Type *Maternity*.[1] Section Two therefore provides an analysis of 1,421,668 discharges and is divided into three sections.

- Section 2.2 discusses *who* the discharges were (age, sex, marital/civil status, public/private status, and GMS status).
- Section 2.3 discusses *where* discharges were hospitalised, reside, where they were coming from, and where they were discharged to (HSE area of hospitalisation, hospital type, HSE area of residence, admission source, and discharge destination).
- Section 2.4 discusses *when* discharges were admitted to, and discharged from, hospital (day of admission, day of discharge, and month of admission).

[1] Section Four of this report provides a similar analysis of activity for discharges with Admission Type *Maternity*.

2.2 WHO

Section 2.2 examines patient characteristics. Total discharges (excl. *Maternity)* are disaggregated in the following tables and figures by age, sex, marital/civil status, public/private status, and GMS status.

A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and is discharged alive, as scheduled, on the same day. In 2013, day patient discharges accounted for 64.6 per cent of total discharges (excl. *Maternity*). In-patient discharges accounted for the remaining 35.4 per cent of total discharges (excl. *Maternity*) with 79.5 per cent of in-patients admitted on an emergency basis and 20.5 per cent admitted on an elective basis.

2.2.1 Age

Table 2.1a disaggregates total discharges (excl. *Maternity*) by patient type, (day patient and in-patient) and age group. In-patient discharges are disaggregated into acute and extended stay discharges. Acute in-patient discharges are defined as those with a length of stay of 30 days or less, while extended stay in-patient discharges have a length of stay in excess of 30 days.

Discharges

- The largest proportion of total discharges (excl. *Maternity*) was in the 65–74 years age group (18.9 per cent). They accounted for the largest proportion of day patient discharges (20.9 per cent) and acute in-patient discharges (15.1 per cent).
- The 75–84 years age group accounted for the largest proportion of extended stay in-patient discharges (28.0 per cent).
- The 1–14 years age group accounted for 11.2 per cent of in-patient discharges and 4.2 per cent of in-patient bed days.
- Discharges in the older age groups accounted for a relatively large proportion of bed days; the 75–84 years age group accounted for 14.6 per cent of in-patient discharges and 23.5 per cent of in-patient bed days.

Length of Stay

- Apart from those aged less than one year, mean length of stay increased with age for acute in-patient discharges rising from 2.2 days for discharges aged 1–14 years to 7.8 days for discharges aged 85 years and over.
- Across all age groups median length of stay for extended stay in-patient discharges ranged from 43 to 49 days.

TABLE 2.1a Total Discharges (excl. *Maternity*): Patient Type by Age Group (N, %, Bed Days, %, and In-Patient Length of Stay)

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Discharges (excl. *Maternity*)	
			Acute (0–30 days)				Extended (> 30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	4,361	0.5	26,789	5.5	106,337	4.9	913	5.8	56,313	5.7	27,702	5.5	162,650	5.1	32,063	2.3
1–14 Years	42,958	4.7	56,240	11.5	122,887	5.7	153	1.0	8,652	0.9	56,393	11.2	131,539	4.2	99,351	7.0
15–24 Years	34,380	3.7	32,371	6.6	83,276	3.8	203	1.3	12,019	1.2	32,574	6.5	95,295	3.0	66,954	4.7
25–34 Years	71,769	7.8	37,426	7.7	106,548	4.9	378	2.4	23,936	2.4	37,804	7.5	130,484	4.1	109,573	7.7
35–44 Years	105,500	11.5	44,487	9.1	140,689	6.5	589	3.8	37,903	3.8	45,076	9.0	178,592	5.6	150,576	10.6
45–54 Years	139,446	15.2	52,608	10.8	198,158	9.1	1,002	6.4	63,724	6.4	53,610	10.6	261,882	8.3	193,056	13.6
55–64 Years	174,966	19.1	63,095	12.9	291,961	13.5	1,876	12.0	117,286	11.8	64,971	12.9	409,247	12.9	239,937	16.9
65–74 Years	192,071	20.9	73,882	15.1	407,603	18.8	3,023	19.3	185,927	18.7	76,905	15.3	593,530	18.8	268,976	18.9
75–84 Years	123,837	13.5	68,909	14.1	463,187	21.3	4,398	28.0	281,474	28.3	73,307	14.6	744,661	23.5	197,144	13.9
85 Years and Over	28,871	3.1	32,005	6.6	249,472	11.5	3,162	20.1	207,697	20.9	35,167	7.0	457,169	14.4	64,038	4.5
Total Discharges (excl. *Maternity*)	**918,159**	**100**	**487,812**	**100**	**2,170,118**	**100**	**15,697**	**100**	**994,931**	**100**	**503,509**	**100**	**3,165,049**	**100**	**1,421,668**	**100**

In-Patient Length of Stay								
	Acute (0–30 days)		Extended (> 30 days)			Total In-Patient		
	Mean	Median		Mean	Median		Mean	Median
< 1 Year	4.0	2	< 1 Year	61.7	46	< 1 Year	5.9	2
1–14 Years	2.2	1	1–14 Years	56.5	43	1–14 Years	2.3	1
15–24 Years	2.6	1	15–24 Years	59.2	46	15–24 Years	2.9	1
25–34 Years	2.8	1	25–34 Years	63.3	45	25–34 Years	3.5	1
35–44 Years	3.2	2	35–44 Years	64.4	46	35–44 Years	4.0	2
45–54 Years	3.8	2	45–54 Years	63.6	45	45–54 Years	4.9	2
55–64 Years	4.6	3	55–64 Years	62.5	46	55–64 Years	6.3	3
65–74 Years	5.5	4	65–74 Years	61.5	47	65–74 Years	7.7	4
75–84 Years	6.7	5	75–84 Years	64.0	47	75–84 Years	10.2	5
85 Years and Over	7.8	6	85 Years and Over	65.7	49	85 Years and Over	13.0	7
Acute In-Patients (excl. *Maternity*)	**4.4**	**2**	**Extended In-Patients (excl. *Maternity*)**	**63.4**	**47**	**Total In-Patients (excl. *Maternity*)**	**6.3**	**2**

Note: Percentage columns are subject to rounding.

2.2.1.1 Age and Sex

The data presented in Table 2.1a is disaggregated by male and female discharges in Tables 2.1b and 2.1c respectively. In 2013, females accounted for 49.8 per cent of total discharges (excl. *Maternity*).

Discharges

- The 65–74 years age group accounted for the largest proportion of both male and female discharges, 21.0 per cent and 16.8 per cent respectively.
- Discharges aged 65 years and over accounted for 36.0 per cent of male in-patient discharges and 54.1 per cent of male in-patient bed days, while for females this group accounted for 37.6 per cent of female in-patient discharges and 59.4 per cent of female in-patient bed days.
- The 75–84 years age group accounted for the largest proportion of in-patient bed days for both males (22.9 per cent) and females (24.2 per cent).

Length of Stay

- Female acute in-patient discharges had a slightly longer mean length of stay (4.5 days) compared to male acute in-patients (4.4 days). As displayed in Figure 2.1, acute mean length of stay generally increased with age for both sexes.
- Mean length of stay for extended stay in-patient discharges was similar across the age groups for both males and females (see Figure 2.2). Median length of stay ranged between 42 days and 49 days for male discharges and between 43 days and 50 days for female discharges. Median length of stay was generally longest in the older age categories for both sexes.

TABLE 2.1b Total Male Discharges: Patient Type by Age Group (N, %, Bed Days, % and In-Patient Length of Stay)

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Male Discharges	
			Acute (0–30 days)				Extended (> 30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	2,371	0.5	15,175	6.2	60,189	5.5	465	6.0	30,252	6.1	15,640	6.2	90,441	5.7	18,011	2.5
1–14 Years	24,915	5.4	30,840	12.5	65,346	6.0	71	0.9	4,095	0.8	30,911	12.2	69,441	4.4	55,826	7.8
15–24 Years	16,973	3.7	15,372	6.3	40,558	3.7	108	1.4	6,840	1.4	15,480	6.1	47,398	3.0	32,453	4.5
25–34 Years	30,067	6.5	17,060	6.9	50,646	4.6	210	2.7	12,772	2.6	17,270	6.8	63,418	4.0	47,337	6.6
35–44 Years	45,020	9.8	21,098	8.6	68,839	6.3	325	4.2	21,733	4.4	21,423	8.4	90,572	5.7	66,443	9.3
45–54 Years	60,091	13.1	26,214	10.7	101,616	9.3	562	7.2	35,547	7.2	26,776	10.6	137,163	8.6	86,867	12.2
55–64 Years	91,358	19.9	33,633	13.7	160,153	14.7	1,106	14.2	70,743	14.3	34,739	13.7	230,896	14.5	126,097	17.7
65–74 Years	108,196	23.5	40,060	16.3	224,817	20.6	1,742	22.4	106,646	21.5	41,802	16.5	331,463	20.9	149,998	21.0
75–84 Years	66,166	14.4	34,144	13.9	227,527	20.8	2,102	27.0	135,564	27.4	36,246	14.3	363,091	22.9	102,412	14.4
85 Years and Over	14,853	3.2	12,266	5.0	93,007	8.5	1,089	14.0	70,687	14.3	13,355	5.3	163,694	10.3	28,208	4.0
Total Male Discharges	**460,010**	**100**	**245,862**	**100**	**1,092,698**	**100**	**7,780**	**100**	**494,879**	**100**	**253,642**	**100**	**1,587,577**	**100**	**713,652**	**100**

In-Patient Length of Stay								
	Acute (0–30 days)		Extended (> 30 days)			Total In-Patient		
	Mean	Median		Mean	Median		Mean	Median
< 1 Year	4.0	2	< 1 Year	65.1	46	< 1 Year	5.8	2
1–14 Years	2.1	1	1–14 Years	57.7	42	1–14 Years	2.2	1
15–24 Years	2.6	1	15–24 Years	63.3	48	15–24 Years	3.1	1
25–34 Years	3.0	1	25–34 Years	60.8	47	25–34 Years	3.7	1
35–44 Years	3.3	2	35–44 Years	66.9	49	35–44 Years	4.2	2
45–54 Years	3.9	2	45–54 Years	63.3	45	45–54 Years	5.1	2
55–64 Years	4.8	3	55–64 Years	64.0	47	55–64 Years	6.6	3
65–74 Years	5.6	4	65–74 Years	61.2	47	65–74 Years	7.9	4
75–84 Years	6.7	5	75–84 Years	64.5	48	75–84 Years	10.0	5
85 Years and Over	7.6	6	85 Years and Over	64.9	47	85 Years and Over	12.3	6
Acute Male In-Patients	**4.4**	**2**	**Extended Male In-Patients**	**63.6**	**47**	**Total Male In-Patients**	**6.3**	**2**

Note: Percentage columns are subject to rounding.

TABLE 2.1c Total Female Discharges (excl. *Maternity*): Patient Type by Age Group (N, %, Bed Days, % and In-Patient Length of Stay)

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Female Discharges (excl. *Maternity*)	
			Acute (0–30 days)				Extended (>30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	1,990	0.4	11,614	4.8	46,148	4.3	448	5.7	26,061	5.2	12,062	4.8	72,209	4.6	14,052	2.0
1–14 Years	18,043	3.9	25,400	10.5	57,541	5.3	82	1.0	4,557	0.9	25,482	10.2	62,098	3.9	43,525	6.1
15–24 Years	17,407	3.8	16,999	7.0	42,718	4.0	95	1.2	5,179	1.0	17,094	6.8	47,897	3.0	34,501	4.9
25–34 Years	41,702	9.1	20,366	8.4	55,902	5.2	168	2.1	11,164	2.2	20,534	8.2	67,066	4.3	62,236	8.8
35–44 Years	60,480	13.2	23,389	9.7	71,850	6.7	264	3.3	16,170	3.2	23,653	9.5	88,020	5.6	84,133	11.9
45–54 Years	79,355	17.3	26,394	10.9	96,542	9.0	440	5.6	28,177	5.6	26,834	10.7	124,719	7.9	106,189	15.0
55–64 Years	83,608	18.2	29,462	12.2	131,808	12.2	770	9.7	46,543	9.3	30,232	12.1	178,351	11.3	113,840	16.1
65–74 Years	83,875	18.3	33,822	14.0	182,786	17.0	1,281	16.2	79,281	15.9	35,103	14.0	262,067	16.6	118,978	16.8
75–84 Years	57,671	12.6	34,765	14.4	235,660	21.9	2,296	29.0	145,910	29.2	37,061	14.8	381,570	24.2	94,732	13.4
85 Years and Over	14,018	3.1	19,739	8.2	156,465	14.5	2,073	26.2	137,010	27.4	21,812	8.7	293,475	18.6	35,830	5.1
Total Female Discharges (excl. *Maternity*)	**458,149**	**100**	**241,950**	**100**	**1,077,420**	**100**	**7,917**	**100**	**500,052**	**100**	**249,867**	**100**	**1,577,472**	**100**	**708,016**	**100**

In-Patient Length of Stay								
	Acute (0–30 days)		Extended (> 30 days)			Total In-Patient		
	Mean	Median		Mean	Median		Mean	Median
< 1 Year	4.0	2	< 1 Year	58.2	45	< 1 Year	6.0	2
1–14 Years	2.3	1	1–14 Years	55.6	44	1–14 Years	2.4	1
15–24 Years	2.5	1	15–24 Years	54.5	44	15–24 Years	2.8	1
25–34 Years	2.7	1	25–34 Years	66.5	45	25–34 Years	3.3	1
35–44 Years	3.1	2	35–44 Years	61.3	43	35–44 Years	3.7	2
45–54 Years	3.7	2	45–54 Years	64.0	45	45–54 Years	4.6	2
55–64 Years	4.5	3	55–64 Years	60.4	45	55–64 Years	5.9	3
65–74 Years	5.4	4	65–74 Years	61.9	46	65–74 Years	7.5	4
75–84 Years	6.8	5	75–84 Years	63.5	46	75–84 Years	10.3	5
85 Years and Over	7.9	6	85 Years and Over	66.1	50	85 Years and Over	13.5	7
Acute Female In-Patients (excl. *Maternity*)	**4.5**	**2**	**Extended Female In-Patients (excl. *Maternity*)**	**63.2**	**47**	**Total Female In-Patients (excl. *Maternity*)**	**6.3**	**2**

Note: Percentage columns are subject to rounding.

FIGURE 2.1 Acute In-Patients (excl. *Maternity*): Mean Length of Stay by Sex and Age Group

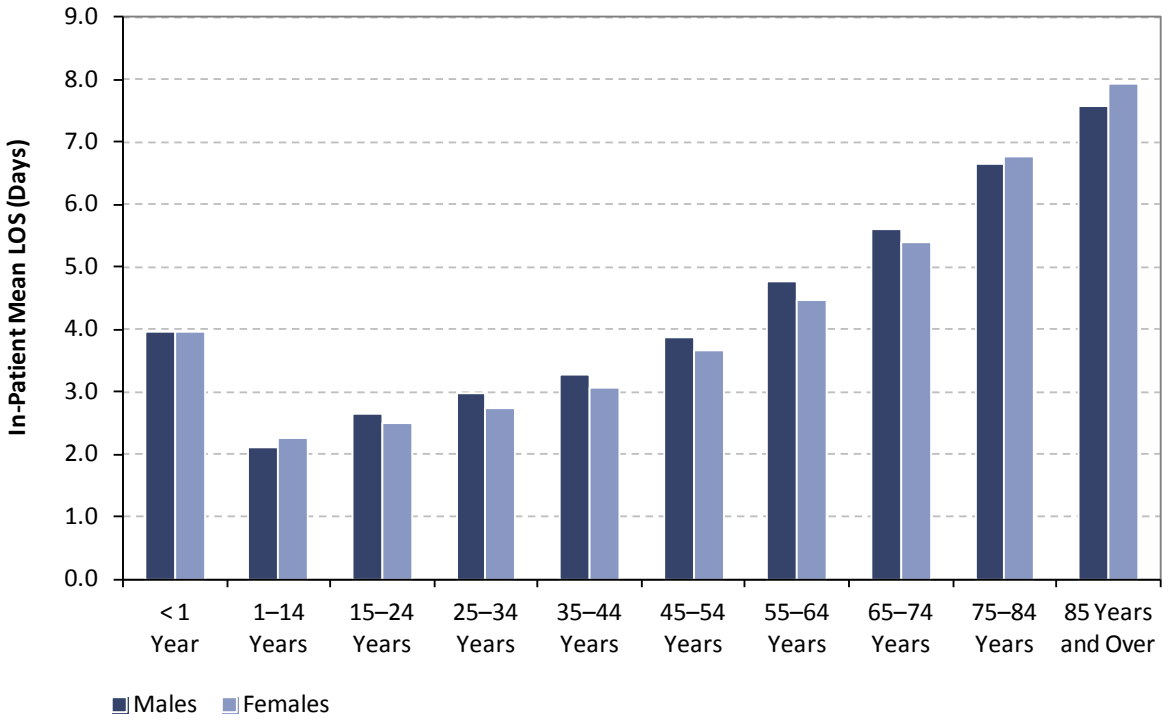
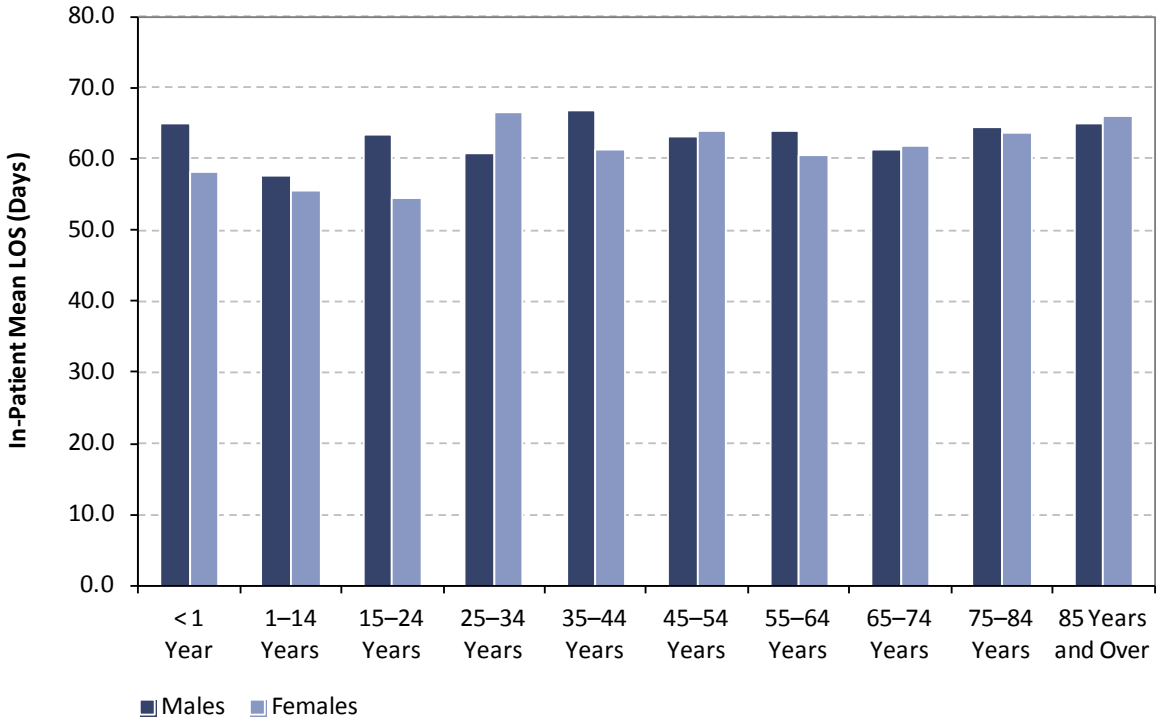


FIGURE 2.2 Extended Stay In-Patients (excl. *Maternity*): Mean Length of Stay by Sex and Age Group

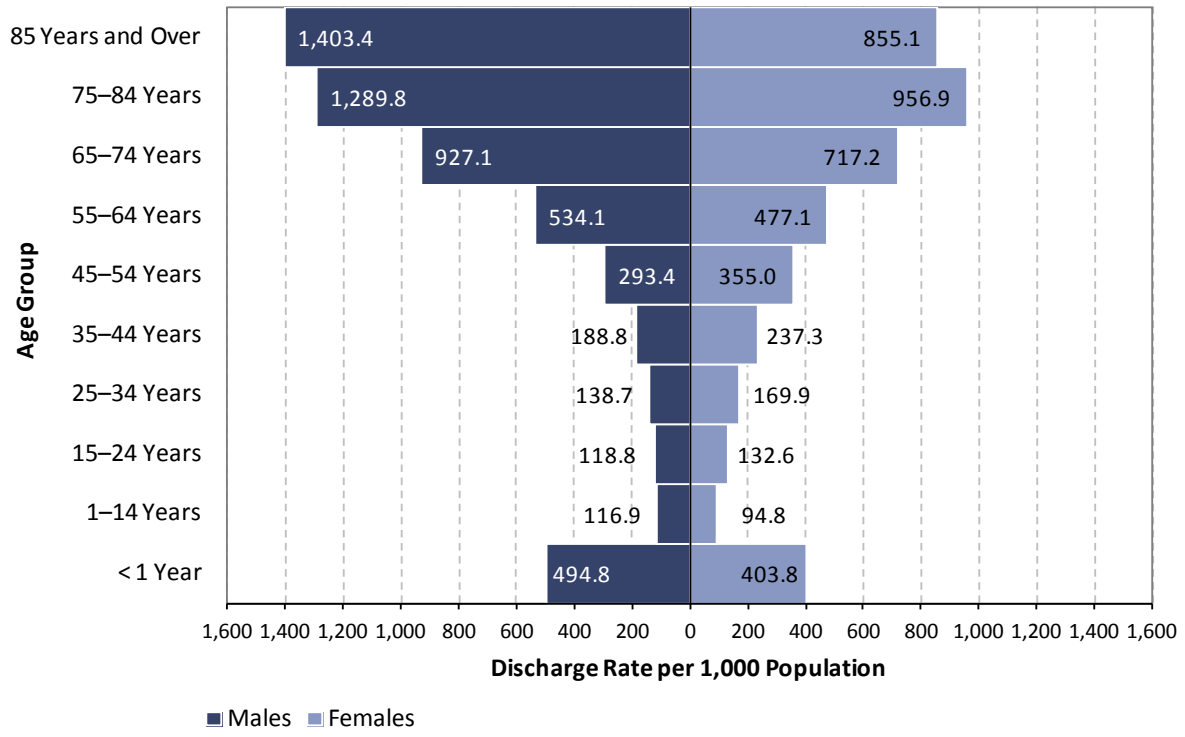


2.2.1.2 Discharge Rates by Age and Sex

Figure 2.3 shows the discharge rates per 1,000 population by sex and age group for total discharges (excl. *Maternity*).

- Apart from the youngest age group, for both males and females, the discharge rate generally increased with age. Males aged 85 years and over recorded the highest discharge rate (1,403.4 per 1,000 population of males) whilst the highest discharge rate for females was amongst those aged between 75 and 84 years (956.9 per 1,000 population of females).
- Females aged between 15 and 54 years had a higher discharge rate per 1,000 population than males; males had a higher discharge rate for all other age groups.

FIGURE 2.3 Total Discharges (excl. *Maternity*): Sex by Age Group (Discharge Rate per 1,000 Population)



Note: Population estimates for 2013 by sex and age group were obtained from the CSO. http://www.cso.ie/px/pxeirestat/Database/eirestat/Annual%20Population%20Estimates/Annual%20Population%20Estimates_statnk.asp?SP=Annual%20Population%20Estimates&Planguage=0 [accessed 28th October 2014]

2.2.2 Marital/Civil Status

2.2.2.1 Marital/Civil Status by Patient Type

Table 2.2 disaggregates total discharges (excl. *Maternity*) by patient type and marital/civil status.

- Married discharges accounted for 47.3 per cent of total discharges (excl. *Maternity*).
- Discharges who were single accounted for the largest proportion of acute in-patient discharges (42.9 per cent), while married discharges accounted for the largest proportion of extended stay in-patient discharges (36.5 per cent).
- Discharges who were widowed accounted for 10.0 per cent of total discharges (excl. *Maternity*). However, they accounted for almost a quarter of extended stay in-patient discharges (24.7 per cent).

TABLE 2.2 Total Discharges (excl. *Maternity*): Patient Type by Marital/Civil Status (N, %)

	Day Patients		In-Patients						Total Discharges (excl. *Maternity*)	
			Acute (0–30 days)		Extended (> 30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
Single	283,307	30.9	209,418	42.9	4,801	30.6	214,219	42.5	497,526	35.0
Married	476,988	52.0	189,267	38.8	5,723	36.5	194,990	38.7	671,978	47.3
Widowed	83,089	9.0	55,339	11.3	3,882	24.7	59,221	11.8	142,310	10.0
Other*	40,680	4.4	19,425	4.0	683	4.4	20,108	4.0	60,788	4.3
Unknown	21,826	2.4	8,614	1.8	451	2.9	9,065	1.8	30,891	2.2
Divorced	12,269	1.3	5,749	1.2	157	1.0	5,906	1.2	18,175	1.3
Total Discharges (excl. *Maternity*)	**918,159**	**100**	**487,812**	**100**	**15,697**	**100**	**503,509**	**100**	**1,421,668**	**100**

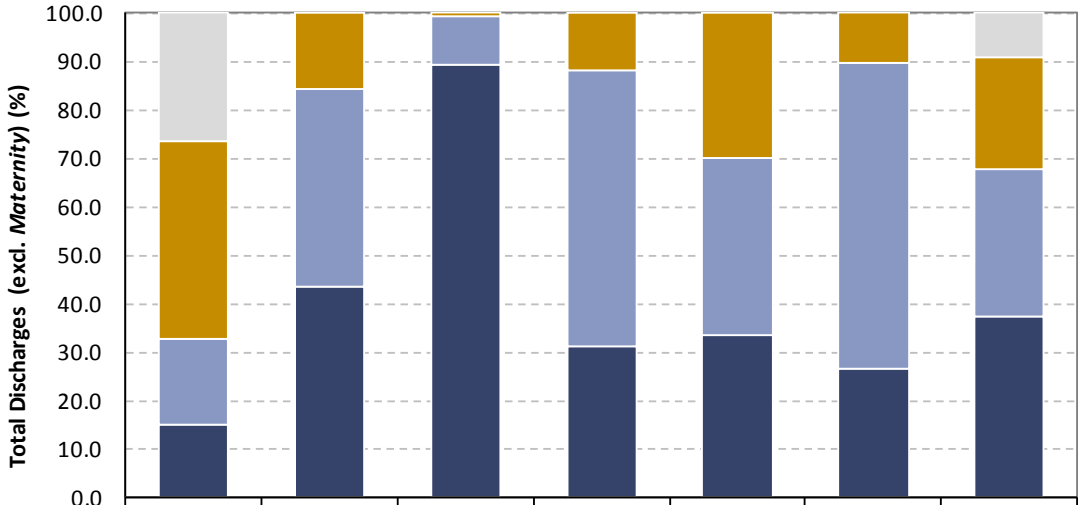
Notes: Percentage columns are subject to rounding.
* Other includes Separated, Civil Partner, Formal Civil Partner, and Surviving Civil Partner

2.2.2.2 Marital/Civil Status by Age

Figure 2.4 shows the proportion of total discharges (excl. *Maternity*) by marital/civil status and age group.

- Two out of every five discharges (40.7 per cent) who were single were aged 15–44 years.
- For discharges who were widowed, 89.4 per cent were aged 65 years and over.

FIGURE 2.4 Total Discharges (excl. *Maternity*): Marital/Civil Status by Age Group (%)



	Single	Married	Widowed	Other*	Unknown	Divorced	Total
Under 15 Years	26.4	0.0	0.0	0.0	0.1	0.0	9.2
15–44 Years	40.7	15.7	0.5	11.8	29.7	10.4	23.0
45–64 Years	17.8	40.5	10.1	57.0	36.7	62.9	30.5
65 Years and Over	15.0	43.7	89.4	31.2	33.6	26.7	37.3

Notes: Percentage columns are subject to rounding.
* Other includes Separated, Civil Partner, Formal Civil Partner, and Surviving Civil Partner

2.2.3 Public/Private Status

In HIPE, public/private status relates to whether the patient saw the consultant on a private or public basis. It does not relate to the type of bed occupied nor is it an indicator of possession of private health insurance. Table 2.3 disaggregates total discharges (excl. *Maternity*) by public/private status and age group.[2]

- Of total discharges (excl. *Maternity*), 83.7 per cent were discharged on a public basis.
- Apart from the oldest age group, the 25–34 years age group had the largest proportion of total discharges (excl. *Maternity*) treated publicly (88.3 per cent) with only 11.7 per cent treated on a private basis.
- The 1–14 years age group had the largest proportion of total discharges (excl. *Maternity*) that were treated on a private basis, which accounted for 23.2 per cent of all discharges in this age group.

[2] For length of stay analysis see Table 2.11.

TABLE 2.3 Total Discharges (excl. *Maternity*): Public/Private Status by Age Group (N, %)

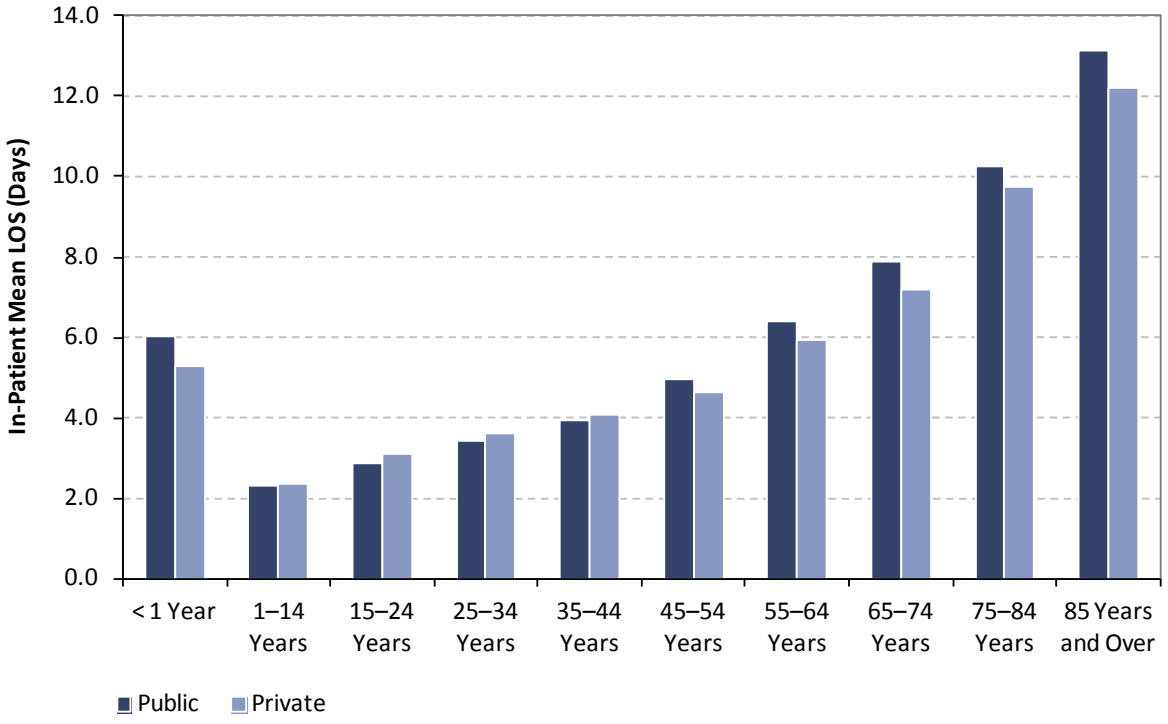
	Public		Private		Total Discharges (excl. *Maternity*)	
	N	%	N	%	N	%
< 1 Year	25,895	80.8	6,168	19.2	32,063	100
1–14 Years	76,258	76.8	23,093	23.2	99,351	100
15–24 Years	56,719	84.7	10,235	15.3	66,954	100
25–34 Years	96,710	88.3	12,863	11.7	109,573	100
35–44 Years	126,201	83.8	24,375	16.2	150,576	100
45–54 Years	160,105	82.9	32,951	17.1	193,056	100
55–64 Years	196,629	82.0	43,308	18.0	239,937	100
65–74 Years	223,611	83.1	45,365	16.9	268,976	100
75–84 Years	170,807	86.6	26,337	13.4	197,144	100
85 Years and Over	56,791	88.7	7,247	11.3	64,038	100
Total Discharges (excl. *Maternity*)	**1,189,726**	**83.7**	**231,942**	**16.3**	**1,421,668**	**100**

Note: Percentage columns are subject to rounding.

Figure 2.5 disaggregates total in-patient mean length of stay (excl. *Maternity*) by public/private status and age group.

- Public in-patient discharges aged 45 years and over recorded a longer in-patient mean length of stay compared to private in-patient discharges. The longest in-patient mean length of stay was recorded for public in-patients aged 85 years and over (13.1 days).
- For those in the younger age groups, mean length of stay was broadly similar between public and private in-patient discharges, with the shortest mean length of stay recorded in the 1-14 years age group for both public in-patients (2.3 days) and private in-patients (2.4 days).

FIGURE 2.5 Total In-Patient Length of Stay (excl. *Maternity*): Public/Private Status by Age Group (Mean)



2.2.4 GMS Status

GMS status refers to the medical card status of each HIPE discharge.[3] Eligibility for a medical card is predominately dependent on income. It should be noted that where discharges are recorded as having a medical card this does not necessarily imply that the hospital discharge was publicly funded and vice versa.

Table 2.4 disaggregates total discharges (excl. *Maternity*) by GMS status and age group.[4]

- Of total discharges (excl. *Maternity*), 57.1 per cent were GMS discharges.
- The proportion of total discharges (excl. *Maternity*) that were GMS discharges generally increased with age, with the largest proportion in the 85 years and over age group (82.5 per cent).

TABLE 2.4 Total Discharges (excl. *Maternity*): GMS Status by Age Group (N, %)

	GMS		Non-GMS		Unknown[a]		Total Discharges (excl. *Maternity*)	
	N	%	N	%	N	%	N	%
< 1 Year	5,698	17.8	26,102	81.4	263	0.8	32,063	100
1–14 Years	48,096	48.4	50,928	51.3	327	0.3	99,351	100
15–24 Years	31,676	47.3	34,651	51.8	627	0.9	66,954	100
25–34 Years	50,268	45.9	58,289	53.2	1,016	0.9	109,573	100
35–44 Years	70,884	47.1	78,765	52.3	927	0.6	150,576	100
45–54 Years	93,233	48.3	98,468	51.0	1,355	0.7	193,056	100
55–64 Years	126,860	52.9	111,811	46.6	1,266	0.5	239,937	100
65–74 Years	174,781	65.0	92,066	34.2	2,129	0.8	268,976	100
75–84 Years	157,868	80.1	37,311	18.9	1,965	1.0	197,144	100
85 Years and Over	52,822	82.5	10,349	16.2	867	1.4	64,038	100
Total Discharges (excl. *Maternity*)	**812,186**	**57.1**	**598,740**	**42.1**	**10,742**	**0.8**	**1,421,668**	**100**

Notes: Percentage columns are subject to rounding.
a Relates to discharges for whom GMS status was not known.

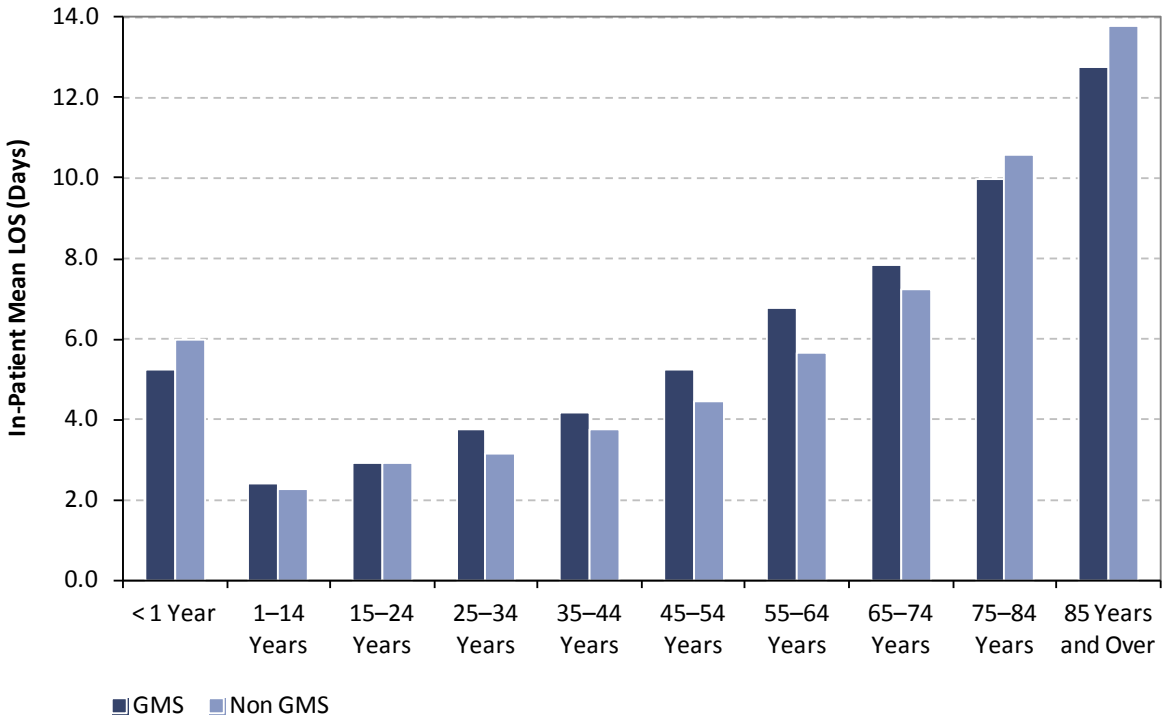
3 The HSE reported that 1,849,380 individuals were covered by a medical card at the end of December 2013. Using population estimates obtained from CSO in 2013, this equates to 40.3 per cent of the population. http://www.hse.ie/eng/services/publications/corporate/performanceassurancereports/dec13pareport.pdf

4 For length of stay analysis see Table 2.7.

Figure 2.6 disaggregates in-patient mean length of stay (excl. *Maternity*) by GMS status and age group.

- GMS discharges aged between 25 and 74 years had a longer in-patient mean length of stay compared to non-GMS discharges. Within these age groups the longest in-patient mean length of stay was recorded for GMS discharges aged 65–74 years (7.8 days) compared to 7.2 days for non-GMS discharges.
- Non-GMS discharges recorded a longer in-patient mean length of stay for both the youngest and oldest age groups compared to GMS discharges. Those aged 85 years and over recorded a mean length of stay of 13.8 days for non-GMS discharges compared to 12.8 days for GMS discharges, while those aged less than 1 year recorded a mean length of stay of 6.0 days for non-GMS discharges compared to 5.2 days for GMS discharges.

FIGURE 2.6 Total In-Patient Length of Stay (excl. *Maternity*): GMS Status by Age Group (Mean)



Note: Data for discharges whose GMS status was 'unknown' are not presented in this figure.

2.2.5 Public/Private Status by GMS Status and Patient Type

Table 2.5 and Figure 2.7 disaggregate total discharges (excl. *Maternity*) by public/private status, GMS status and patient type.

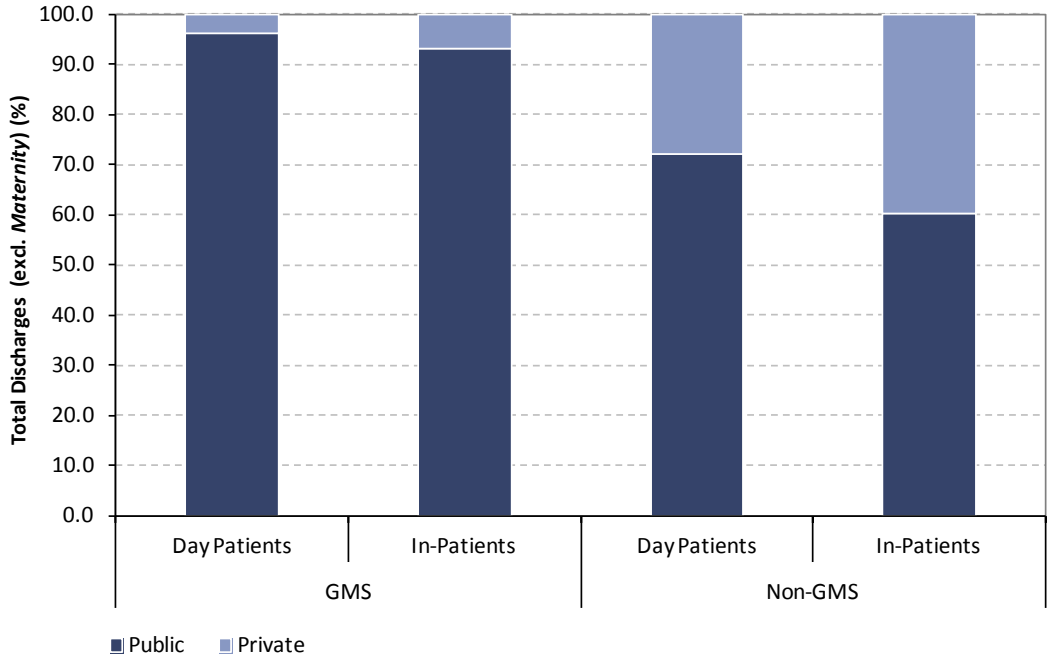
- For GMS in-patient discharges, 93.2 per cent were treated on a public basis compared to 6.8 per cent who were treated privately.
- For non-GMS in-patient discharges, 60.3 per cent were treated on a public basis with the remaining 39.7 per cent treated on a private basis.

TABLE 2.5 Total Discharges (excl. *Maternity*): Public/Private Status by GMS Status and Patient Type (N, %)

		Public		Private		Total Discharges (excl. *Maternity*)	
		N	%	N	%	N	%
GMS	Day Patients	504,919	96.3	19,585	3.7	524,504	100
	In-Patients	268,156	93.2	19,526	6.8	287,682	100
	Total GMS	**773,075**	**95.2**	**39,111**	**4.8**	**812,186**	**100**
Non-GMS	Day Patients	279,164	72.1	108,017	27.9	387,181	100
	In-Patients	127,602	60.3	83,957	39.7	211,559	100
	Total Non-GMS	**406,766**	**67.9**	**191,974**	**32.1**	**598,740**	**100**
Unknown [a]	Day Patients	6,040	93.3	434	6.7	6,474	100
	In-Patients	3,845	90.1	423	9.9	4,268	100
	Total GMS Unknown	**9,885**	**92.0**	**857**	**8.0**	**10,742**	**100**
Total	Day Patients	790,123	86.1	128,036	13.9	918,159	100
	In-Patients	399,603	79.4	103,906	20.6	503,509	100
	Total Discharges (excl. *Maternity*)	**1,189,726**	**83.7**	**231,942**	**16.3**	**1,421,668**	**100**

Notes: Percentage columns are subject to rounding.
a Relates to discharges for whom GMS status was not known.

FIGURE 2.7 Total Discharges (excl. *Maternity*): Public/Private Status, by GMS Status and Patient Type (%)



Note: Discharges for whom GMS status was 'unknown' are not presented in this figure.

2.3 WHERE

Section 2.3 examines where discharges were hospitalised, where they were resident, and where they were admitted from and discharged to. Data are presented in the following tables and figures by HSE area of hospitalisation, HSE area of residence, hospital type, and admission source and discharge destination.

2.3.1 HSE Area of Hospitalisation

HSE area of hospitalisation reflects the HSE administrative area in which the discharge was hospitalised (see Appendix I). Total discharges (excl. *Maternity*) are disaggregated by patient type and admission type across each HSE area, followed by a further breakdown by GMS status to show the distribution of medical card holders across the HSE areas.

2.3.1.1 Patient Type and Admission Type by HSE Area of Hospitalisation

Table 2.6 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation, patient type and admission type.

Discharges

- The largest proportion of total discharges (excl. *Maternity*) were hospitalised in the HSE Dublin Mid Leinster area (29.4 per cent) with the smallest proportion hospitalised in the HSE South area (22.8 per cent).
- The largest proportion of day patients were hospitalised in the HSE Dublin Mid Leinster area (30.7 per cent) while the smallest proportion of day patient discharges were hospitalised in the HSE South area (21.6 per cent).
- The HSE Dublin Mid Leinster area accounted for 30.1 per cent of total elective in-patient discharges, and 26.3 per cent of total emergency in-patient discharges, accounting for the highest proportion across all HSE areas.

Length of Stay

- For acute emergency in-patient length of stay, the HSE Dublin Mid Leinster area recorded the longest mean length of stay of 4.8 days compared to the HSE South which recorded the lowest acute emergency in-patient length of stay at 4.0 days.
- Acute in-patient mean length of stay ranged from 4.0 days in the HSE South area to 4.8 days in the HSE Dublin Mid Leinster area.
- Extended stay in-patient mean length of stay was longest in the HSE Dublin North East and HSE Dublin Mid Leinster areas at 67.4 days which was over 14 days longer than in the HSE West area (53.1 days).

TABLE 2.6 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type and Admission Type (N, % and In-Patient Length of Stay)

			Discharges									
			Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
			N	%	N	%	N	%	N	%	N	%
Day Patients			**213,610**	**23.3**	**281,941**	**30.7**	**198,111**	**21.6**	**224,497**	**24.5**	**918,159**	**100**
In-Patients	**Elective**	Acute (0–30 days)	21,988	22.1	29,238	29.4	22,223	22.4	25,866	26.0	99,315	100
		Extended (> 30 days)	887	22.6	1,831	46.7	697	17.8	507	12.9	3,922	100
		Total Elective	**22,875**	**22.2**	**31,069**	**30.1**	**22,920**	**22.2**	**26,373**	**25.5**	**103,237**	**100**
	Emergency[a]	Acute (0–30 days)	89,005	22.9	100,733	25.9	101,068	26.0	97,691	25.1	388,497	100
		Extended (> 30 days)	3,147	26.7	4,484	38.1	2,217	18.8	1,927	16.4	11,775	100
		Total Emergency	**92,152**	**23.0**	**105,217**	**26.3**	**103,285**	**25.8**	**99,618**	**24.9**	**400,272**	**100**
	Total	Acute (0–30 days)	110,993	22.8	129,971	26.6	123,291	25.3	123,557	25.3	487,812	100
		Extended (> 30 days)	4,034	25.7	6,315	40.2	2,914	18.6	2,434	15.5	15,697	100
		Total In-Patients	**115,027**	**22.8**	**136,286**	**27.1**	**126,205**	**25.1**	**125,991**	**25.0**	**503,509**	**100**
Total Discharges (excl. *Maternity*)			**328,637**	**23.1**	**418,227**	**29.4**	**324,316**	**22.8**	**350,488**	**24.7**	**1,421,668**	**100**

		In-Patient Length of Stay									
		Dublin North East		Dublin Mid Leinster		South		West		Total In-Patients	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Elective	Acute (0–30 days)	5.2	3	4.7	2	4.2	2	4.1	2	4.5	2
	Extended (> 30 days)	62.2	47	58.6	46	62.3	47	55.1	44	59.6	46
	Total Elective	**7.4**	**3**	**7.9**	**3**	**5.9**	**2**	**5.1**	**2**	**6.6**	**3**
Emergency[a]	Acute (0–30 days)	4.5	2	4.8	3	4.0	2	4.4	2	4.4	2
	Extended (> 30 days)	68.8	48	71.0	50	56.2	45	52.6	43	64.6	47
	Total Emergency	**6.7**	**2**	**7.7**	**3**	**5.1**	**2**	**5.4**	**2**	**6.2**	**2**
Total	Acute (0–30 days)	4.6	2	4.8	2	4.0	2	4.4	2	4.4	2
	Extended (> 30 days)	67.4	48	67.4	49	57.7	45	53.1	43	63.4	47
	Total In-Patients (excl. *Maternity*)	**6.8**	**2**	**7.7**	**3**	**5.2**	**2**	**5.3**	**2**	**6.3**	**2**

Notes: Percentage columns are subject to rounding.

a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

Figures 2.8a and 2.8b show the cumulative distribution of length of stay for elective and emergency in-patient discharges respectively by HSE area of hospitalisation.

- 84.0 per cent of elective in-patients discharged in the HSE West and 82.6 per cent in the HSE South areas spent 7 days or less in hospital. In contrast, 75.0 per cent of elective in-patients discharged in the HSE Dublin North East area and 76.2 per cent in the HSE Dublin Mid Leinster area had a length of stay of 7 days or less.
- 83.1 per cent of emergency in-patients discharged in the HSE South and 80.8 per cent in the HSE West areas spent 7 days or less in hospital. This compared to 78.9 per cent in the HSE Dublin North East area and 76.7 in the HSE Dublin Mid Leinster area.

FIGURE 2.8a Elective In-Patient Discharges: Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)

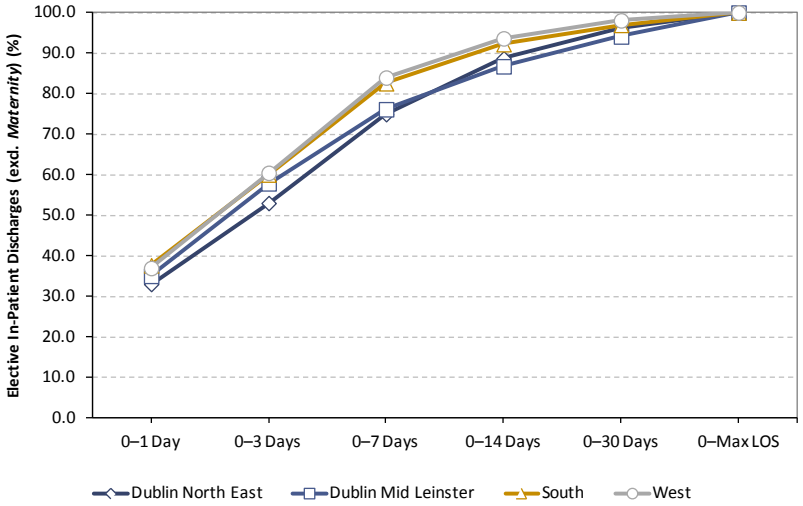
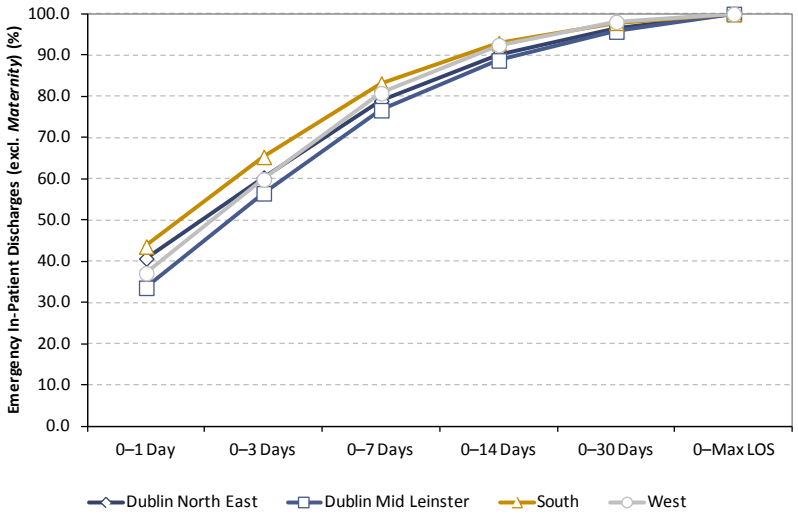


FIGURE 2.8b Emergency In-Patient Discharges[a]: Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)



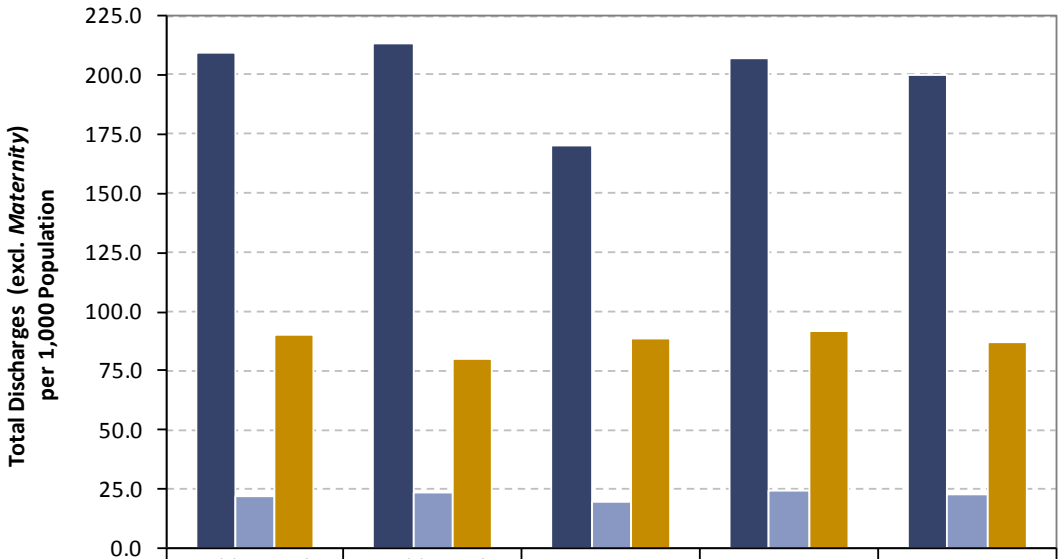
Note: a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.3.1.2 Discharge Rates by HSE Area of Hospitalisation

Figure 2.9 shows the discharge rates per 1,000 population for total discharges (excl. *Maternity*) by HSE area of hospitalisation, patient and admission type.

- The HSE Dublin Mid Leinster area recorded the highest discharge rate for day patients (213.4 per 1,000 population) compared with the lowest rate in the HSE South area (170.5 per 1,000 population).
- Elective in-patient discharges recorded a similar rate across all areas ranging from 19.7 per 1,000 population in the HSE South area to 24.4 per 1,000 population in the HSE West area.
- The HSE West area recorded the highest discharge rate for emergency in-patient discharges (92.0 per 1,000 population) compared with the lowest rate in the HSE Dublin Mid Leinster area (79.7 per 1,000 population).

FIGURE 2.9 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type and Admission Type (Discharge Rate per 1,000 Population)



	Dublin North East	Dublin Mid Leinster	South	West	Total
Day Patients	209.0	213.4	170.5	207.3	200.1
Elective In-Patients	22.4	23.5	19.7	24.4	22.5
Emergency In-Patients*	90.2	79.7	88.9	92.0	87.2

Notes: As 2013 population estimates by HSE Region were not available, rates are based on population data obtained from Census 2011 (CSO) and rates must therefore be interpreted with caution.

* HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.3.1.3 HSE Area of Hospitalisation by GMS Status

Table 2.7 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation and GMS status.

Discharges

- The HSE West area treated the largest proportion of GMS discharges (28.8 per cent) while the HSE Dublin North East area treated the smallest proportion of GMS discharges (20.8 per cent).
- For extended stay in-patients, the HSE Dublin Mid Leinster area treated the largest proportion of both GMS discharges (37.8 per cent) and non-GMS discharges (46.4 per cent).

Length of Stay

- GMS discharges had a mean length of stay which was 2 days longer than their non-GMS counterparts (7.1 days compared to 5.1 days). Median length of stay was 1 day longer for GMS discharges.
- The HSE West area and the HSE South area both recorded the shortest in-patient mean length of stay for GMS discharges (6.0 days) and the HSE West area recorded the shortest in-patient mean length of stay for non-GMS discharges (4.1 days).
- The HSE Dublin North East area had the longest in-patient mean length of stay for extended stay in-patients for both GMS discharges (69.8 days) and non-GMS discharges (65.1 days).

TABLE 2.7 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by GMS Status and Patient Type (N, Row % and In-Patient Length of Stay)

			Discharges									
			Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
			N	%	N	%	N	%	N	%	N	%
GMS	Day Patient		**107,631**	**20.5**	**150,586**	**28.7**	**110,795**	**21.1**	**155,492**	**29.6**	**524,504**	**100**
	In-Patients	Acute (0–30 days)	59,113	21.3	69,806	25.2	71,369	25.7	76,906	27.7	277,194	100
		Extended (> 30 days)	2,559	24.4	3,969	37.8	2,093	20.0	1,867	17.8	10,488	100
		Total	61,672	21.4	73,775	25.6	73,462	25.5	78,773	27.4	287,682	100
	Total GMS		169,303	20.8	224,361	27.6	184,257	22.7	234,265	28.8	812,186	100
Non-GMS	**Day Patient**		**105,457**	**27.2**	**129,581**	**33.5**	**85,067**	**22.0**	**67,076**	**17.3**	**387,181**	**100**
	In-Patients	Acute (0–30 days)	49,988	24.2	59,335	28.7	51,449	24.9	45,953	22.2	206,725	100
		Extended (> 30 days)	1,227	25.4	2,245	46.4	808	16.7	554	11.5	4,834	100
		Total	51,215	24.2	61,580	29.1	52,257	24.7	46,507	22.0	211,559	100
	Total Non-GMS		156,672	26.2	191,161	31.9	137,324	22.9	113,583	19.0	598,740	100
Unknown[a]	**Day Patient**		**522**	**8.1**	**1,774**	**27.4**	**2,249**	**34.7**	**1,929**	**29.8**	**6,474**	**100**
	In-Patients	Acute (0–30 days)	1,892	48.6	830	21.3	473	12.2	698	17.9	3,893	100
		Extended (> 30 days)	248	66.1	101	26.9	13	3.5	13	3.5	375	100
		Total	2,140	50.1	931	21.8	486	11.4	711	16.7	4,268	100
	Total GMS Unknown		2,662	24.8	2,705	25.2	2,735	25.5	2,640	24.6	10,742	100
Total	**Day Patient**		**213,610**	**23.3**	**281,941**	**30.7**	**198,111**	**21.6**	**224,497**	**24.5**	**918,159**	**100**
	In-Patients	Acute (0–30 days)	110,993	22.8	129,971	26.6	123,291	25.3	123,557	25.3	487,812	100
		Extended (> 30 days)	4,034	25.7	6,315	40.2	2,914	18.6	2,434	15.5	15,697	100
		Total	115,027	22.8	136,286	27.1	126,205	25.1	125,991	25.0	503,509	100
	Total Discharges (excl. *Maternity*)		**328,637**	**23.1**	**418,227**	**29.4**	**324,316**	**22.8**	**350,488**	**24.7**	**1,421,668**	**100**

		In-Patient Length of Stay									
		Dublin North East		Dublin Mid Leinster		South		West		Total In-Patients	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
GMS	Acute (0–30 days)	5.1	3	5.4	3	4.5	2	4.9	3	4.9	3
	Extended (> 30 days)	69.8	49	69.0	49	57.4	45	52.0	43	63.9	47
	Total GMS	**7.7**	**3**	**8.8**	**3**	**6.0**	**2**	**6.0**	**3**	**7.1**	**3**
Non-GMS	Acute (0–30 days)	3.8	2	4.1	2	3.3	2	3.5	2	3.7	2
	Extended (> 30 days)	65.1	47	64.6	49	58.7	45	57.0	44	62.9	47
	Total Non-GMS	**5.3**	**2**	**6.3**	**2**	**4.2**	**2**	**4.1**	**2**	**5.1**	**2**
Unknown[a]	Acute (0–30 days)	12.4	13	6.3	3	4.2	2	4.6	3	8.7	7
	Extended (> 30 days)	53.5	45	67.4	54	50.8	46	38.6	37	56.6	46
	Total GMS Unknown	**17.2**	**14**	**12.9**	**4**	**5.4**	**2**	**5.2**	**3**	**12.9**	**8**
Total	Acute (0–30 days)	4.6	2	4.8	2	4.0	2	4.4	2	4.4	2
	Extended (> 30 days)	67.4	48	67.4	49	57.7	45	53.1	43	63.4	47
	Total In-Patients (excl. *Maternity*)	**6.8**	**2**	**7.7**	**3**	**5.2**	**2**	**5.3**	**2**	**6.3**	**2**

Notes: Percentage columns are subject to rounding.

a Relates to discharges for whom GMS status was not known.

Figures 2.10a and 2.10b show the cumulative distribution of length of stay for GMS and non-GMS in-patient discharges respectively by HSE area of hospitalisation.

- 79.5 per cent of GMS in-patient discharges in the HSE South area and 77.7 per cent in the HSE West area spent 7 days or less in hospital. This compared to 72.3 per cent in the HSE Dublin Mid Leinster area and 74.9 per cent in HSE Dublin North East area.
- Approximately 88 per cent of non-GMS discharges in both the HSE South and HSE West areas spent 7 days or less in hospital. This compared to 84.4 per cent in the HSE Dublin North East area and 81.8 per cent in HSE Dublin Mid Leinster area.

FIGURE 2.10a GMS In-Patient Discharges (excl. *Maternity*): Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)

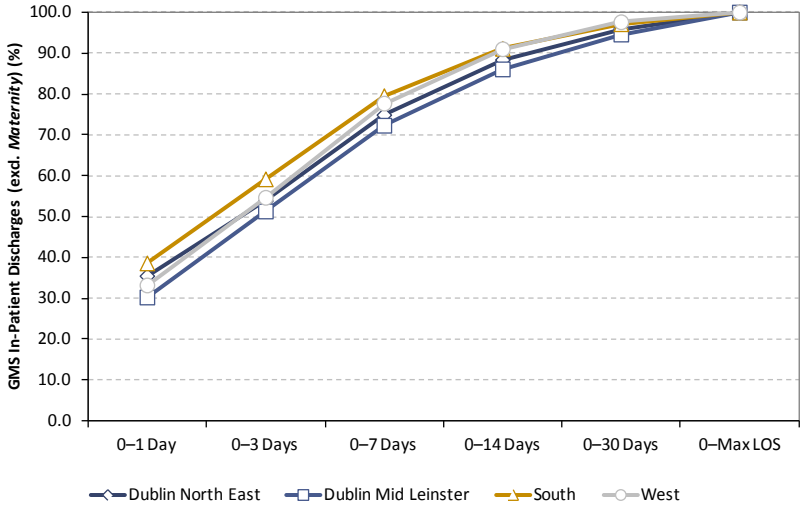
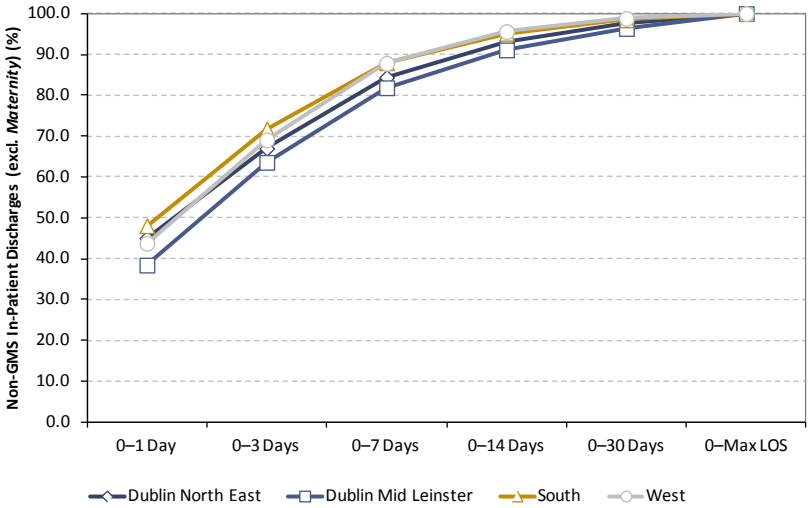


FIGURE 2.10b Non-GMS In-Patient Discharges (excl. *Maternity*): Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)



2.3.2 HSE Area of Residence

HSE area of residence reflects the HSE administrative area in which the discharge was resident. Total discharges (excl. *Maternity*) are disaggregated by age group across each HSE administrative area.

2.3.2.1 HSE Area of Residence by Age Group

Table 2.8 disaggregates total discharges (excl. *Maternity*) by HSE area of residence and age group.

- A larger proportion of discharges resident in the HSE West area were aged 85 years and older (4.9 per cent) compared to 4.2 per cent in the HSE South area, and 4.5 per cent in both the HSE Dublin North East and HSE Dublin Mid Leinster areas.
- Compared to the other HSE areas, a larger proportion of discharges in the two youngest age categories were resident in the HSE South.

TABLE 2.8 Total Discharges (excl. *Maternity*): HSE Area of Residence and Age Group (N, %)

	Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)[a]	
	N	%	N	%	N	%	N	%	N	%
< 1 Year	7,100	2.2	8,247	2.1	8,575	2.5	8,045	2.2	31,967	2.3
1–14 Years	20,625	6.5	26,432	6.8	25,219	7.4	26,723	7.3	98,999	7.0
15–24 Years	15,081	4.8	19,283	4.9	15,995	4.7	16,340	4.4	66,699	4.7
25–34 Years	26,567	8.4	32,723	8.4	24,463	7.1	25,491	6.9	109,244	7.7
35–44 Years	36,637	11.5	43,758	11.2	35,068	10.2	34,757	9.4	150,220	10.6
45–54 Years	44,317	14.0	54,414	14.0	46,841	13.7	47,019	12.8	192,591	13.6
55–64 Years	52,134	16.4	63,922	16.4	58,306	17.0	65,037	17.7	239,399	16.9
65–74 Years	57,319	18.1	71,081	18.2	67,285	19.7	72,645	19.7	268,330	18.9
75–84 Years	43,429	13.7	52,568	13.5	46,363	13.5	54,359	14.8	196,719	13.9
85 Years and Over	14,262	4.5	17,540	4.5	14,218	4.2	17,905	4.9	63,925	4.5
Total Discharges (excl. *Maternity*)	**317,471**	**100**	**389,968**	**100**	**342,333**	**100**	**368,321**	**100**	**1,418,093**	**100**

Notes: Percentage columns are subject to rounding.

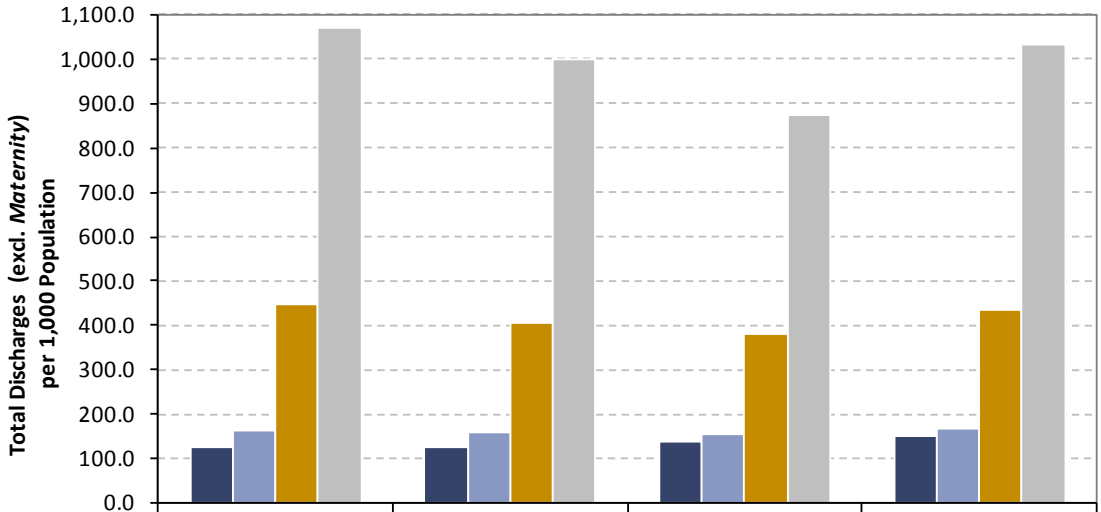
a A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes discharges for whom HSE area of residence was unknown or not applicable.

2.3.2.2 Discharge Rates by HSE Area of Residence and Age Group

Figure 2.11 shows the discharge rates per 1,000 population for total discharges (excl. *Maternity*) by HSE area of residence and age group.

- For the 65 years and over age group the HSE Dublin North East area recorded the highest discharge rate of 1,072.6 per 1,000 population compared to the lowest rate recorded for this age group in the HSE South area of 874.7per 1,000 population.
- The highest discharge rate for the youngest age group, aged under 15 years, was recorded for residents of the HSE West area (150.7 per 1,000 population) compared to a much lower rate in the HSE Dublin North East area (124.6 per 1,000 population).

FIGURE 2.11 Total Discharges (excl. *Maternity*): HSE Area of Residence by Age (Discharge Rate per 1,000 Population)



	Dublin North East	Dublin Mid Leinster	South	West
Under 15 Years	124.6	124.9	135.9	150.7
15–44 Years	164.3	157.4	153.5	168.9
45–64 Years	446.6	403.5	381.9	433.7
65 and Over	1072.6	997.7	874.7	1031.7

Notes: As 2013 population estimates by HSE Region were not available, rates are based on population data obtained from Census 2011 (CSO) and rates must therefore be interpreted with caution.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This figure excludes discharges for whom HSE area of residence was unknown or not applicable.

2.3.3 Inter-Regional Flows

Where a patient is hospitalised may be influenced by many factors including services required and proximity to local hospital, which may result in a flow of patients across HSE areas. To illustrate patient flows across HSE areas, the following section examines inter-regional flows by HSE area and by county of residence.

2.3.3.1 HSE Area of Residence by HSE Area of Hospitalisation

Table 2.9 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation, HSE area of residence, patient type and admission type.

- Inter-regional flows are evident for elective in-patient discharges. For example, 83.0 per cent of elective in-patient discharges residing in the HSE West area were hospitalised in this area compared to 92.2 per cent of emergency in-patient discharges and 92.5 per cent of day patient discharges.
- Crossover between HSE regions was most evident between the HSE Dublin North East and HSE Dublin Mid Leinster areas. For example, for total discharges (excl. *Maternity*), of the 11.1 per cent of HSE Dublin North East area residents who were hospitalised outside their HSE area of residence, 10.7 per cent were hospitalised in the HSE Dublin Mid Leinster area.

TABLE 2.9 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by HSE Area of Residence, Patient Type and Admission Type (%)

		HSE Area of Hospitalisation				
		Dublin North East	Dublin Mid Leinster	South	West	Total Discharges (excl. *Maternity*)
		%	%	%	%	%
HSE Area of Residence	**Day Patients**					
	Dublin North East	**88.0**	11.7	0.0	0.2	100
	Dublin Mid Leinster	8.4	**89.3**	0.2	2.0	100
	South	1.6	7.1	**90.5**	0.7	100
	West	1.8	3.8	1.9	**92.5**	100
	Elective In-Patients					
	Dublin North East	**82.6**	17.0	0.1	0.3	100
	Dublin Mid Leinster	14.4	**83.3**	0.3	2.0	100
	South	4.5	12.2	**81.6**	1.8	100
	West	5.0	8.9	3.0	**83.0**	100
	Emergency In-Patients[a]					
	Dublin North East	**92.4**	6.9	0.3	0.3	100
	Dublin Mid Leinster	6.4	**90.2**	1.0	2.4	100
	South	0.9	2.8	**95.6**	0.7	100
	West	1.7	2.8	3.3	**92.2**	100
	Total Discharges (excl. *Maternity*)					
	Dublin North East	**88.9**	10.7	0.1	0.3	100
	Dublin Mid Leinster	8.3	**89.2**	0.4	2.1	100
	South	1.7	6.2	**91.3**	0.8	100
	West	2.1	3.9	2.4	**91.6**	100

Notes: Percentage columns are subject to rounding.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes discharges for whom HSE area of residence was unknown or not applicable.

a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.3.3.2 County of Residence by HSE Area of Hospitalisation

Figures 2.12a–2.12d present county level inter-regional flows for total discharges (excl. *Maternity*), day patients, elective in-patients, and emergency in-patients.[5]

- Over 95 per cent of discharges in Cork, Galway, Mayo, and Kerry were hospitalised within their HSE area of residence for total discharges (excl. *Maternity*), day patients, and emergency in-patients.
- For elective in-patient discharges only Cork had over 90 per cent of discharges hospitalised within their HSE area of residence.
- Carlow (part of HSE South area) had the smallest proportion of total discharges (excl. *Maternity*) hospitalised within its own HSE area of residence (65.0 per cent). This was also the case for both day patients (49.8 per cent) and elective in-patients (47.2 per cent).

[5] The reference table containing the data for these figures is in Appendix VI.

FIGURE 2.12a Total Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Area of Residence (%)

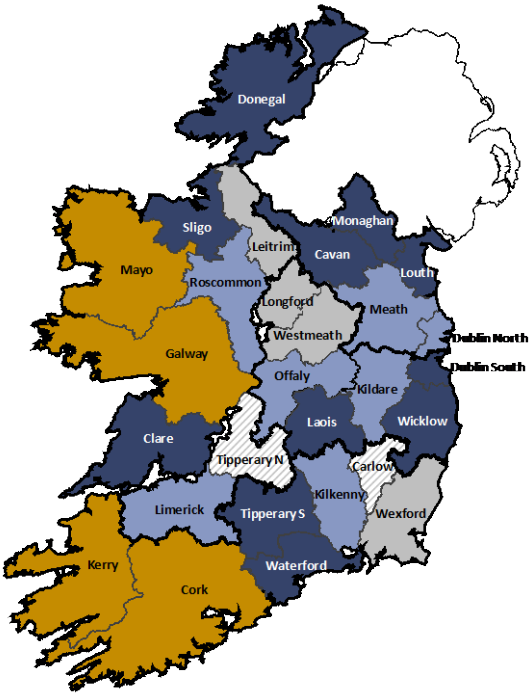


FIGURE 2.12b Day Patient Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Area of Residence (%)

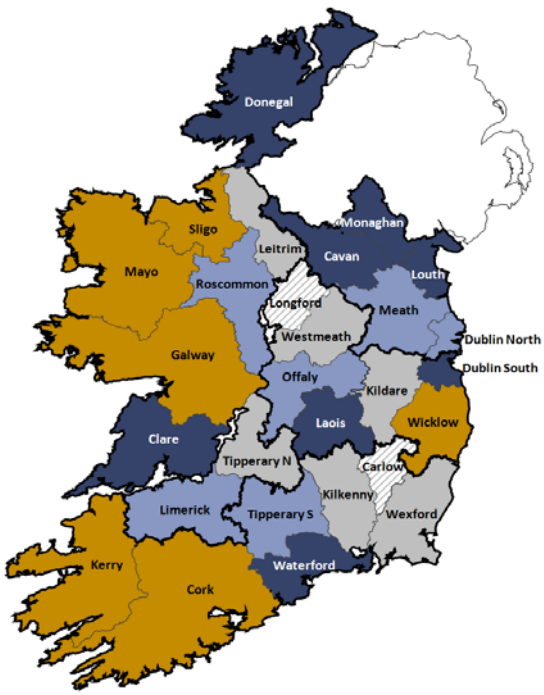


FIGURE 2.12c Elective In-Patient Discharges: Proportion of Discharges Hospitalised within their HSE Area of Residence (%)

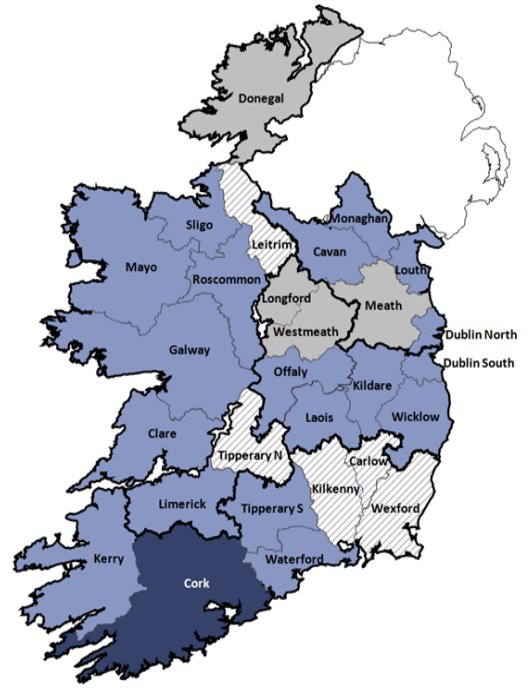
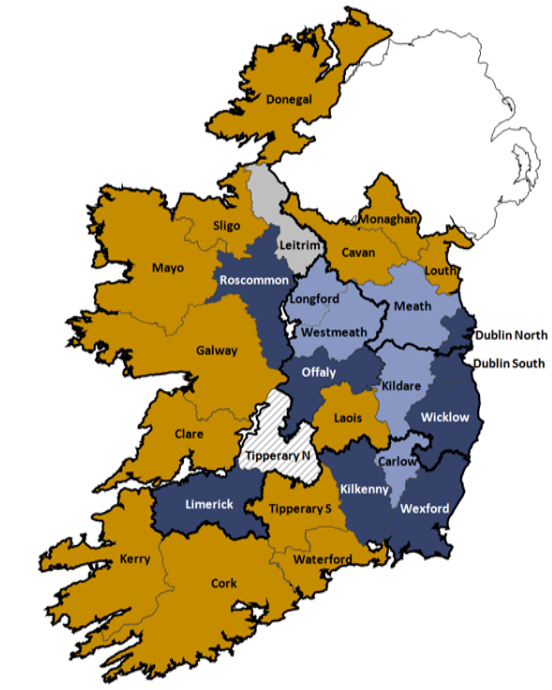


FIGURE 2.12d Emergency In-Patient Discharges[a]: Proportion of Discharges Hospitalised within their HSE Area of Residence (%)



45–69.9 | 70–79.9 | 80–89.9 | 90–94.9 | 95–100

Notes:

The reference table containing the data for these figures is in Appendix VI.

The heavy black lines demarcate the four HSE regions.

A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). These figures exclude discharges for whom HSE area of residence was unknown or not applicable.

a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.3.4 Hospital Type

Hospital types are broadly categorised into general hospitals and 'other' hospitals. General hospitals comprise voluntary, regional and county hospitals, and treated the largest volume of total discharges (excl. *Maternity*) (91.9 per cent), while the remainder were discharged from 'other' hospitals that specialise in the treatment of particular conditions or patient groupings.[6]

2.3.4.1 Hospital Type by Admission Type

Table 2.10 and Figure 2.13 disaggregate total discharges (excl. *Maternity*) by hospital type, patient type and admission type.

Discharges

- Across all hospital types day patient discharges comprised the largest proportion of discharges. This was largest in voluntary hospitals which treated 73.3 per cent of their discharges as day patients and smallest in county hospitals which treated only 53.1 per cent as day patients.
- Across the general hospital groupings, county hospitals treated the largest proportion of total in-patient discharges as emergency in-patients (89.5 per cent) compared to voluntary hospitals which treated 74.5 per cent of their in-patients on an emergency basis.
- 'Other' hospitals treated 63.5 per cent of their discharges as day patients and the remaining 36.5 per cent as in-patients. Of these in-patient discharges, 53.3 per cent were treated on an elective basis.

Length of Stay

- The acute in-patient mean length of stay for elective in-patient discharges was 3.7 days in regional hospitals compared to 5.7 days in 'other' hospitals.
- Across the general hospital groupings, the acute in-patient mean length of stay for emergency in-patient discharges was 3.9 days in county hospitals compared to 5.5 days in voluntary hospitals.
- Voluntary hospitals recorded the longest acute in-patient mean length of stay (5.3 days) compared to county hospitals (3.9 days).
- Voluntary hospitals recorded the longest extended stay in-patient mean length of stay (71.2 days) compared to regional hospitals (55.5 days).

[6] 'Other' hospitals include Maternity; Cancer; Orthopaedic; Paediatric; Eye, Ear, Nose and Throat and 'Other Care' (covering a range of specialist services including palliative medicine, rheumatology, elderly care, and care of the young disabled). See Appendix I for the list of hospitals participating in HIPE in 2013.

TABLE 2.10 Total Discharges (excl. *Maternity*): Hospital Type by Patient Type and Admission Type (N, % and In-Patient Length of Stay)

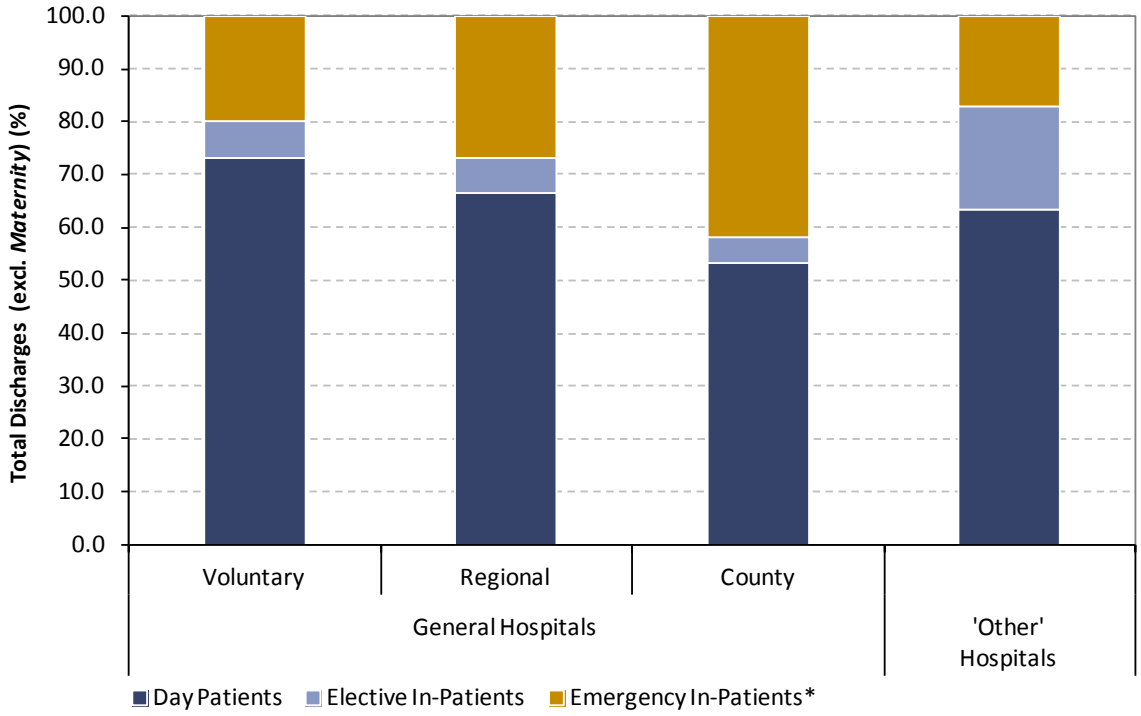
			Discharges											
			General Hospitals								'Other'		Total Discharges (excl. *Maternity*)	
			Voluntary		Regional		County		Total General					
			N	%	N	%	N	%	N	%	N	%	N	%
Day Patient			**370,005**	**40.3**	**247,013**	**26.9**	**228,235**	**24.9**	**845,253**	**92.1**	**72,906**	**7.9**	**918,159**	**100**
In-Patients	Elective	Acute (0–30 days)	33,518	33.7	24,797	25.0	20,403	20.5	78,718	79.3	20,597	20.7	99,315	100
		Extended (> 30 days)	963	24.6	430	11.0	757	19.3	2,150	54.8	1,772	45.2	3,922	100
		Total	**34,481**	**33.4**	**25,227**	**24.4**	**21,160**	**20.5**	**80,868**	**78.3**	**22,369**	**21.7**	**103,237**	**100**
	Emergency[a]	Acute (0–30 days)	95,032	24.5	97,536	25.1	176,951	45.5	369,519	95.1	18,978	4.9	388,497	100
		Extended (> 30 days)	5,479	46.5	2,422	20.6	3,253	27.6	11,154	94.7	621	5.3	11,775	100
		Total	**100,511**	**25.1**	**99,958**	**25.0**	**180,204**	**45.0**	**380,673**	**95.1**	**19,599**	**4.9**	**400,272**	**100**
	Total	Acute (0–30 days)	128,550	26.4	122,333	25.1	197,354	40.5	448,237	91.9	39,575	8.1	487,812	100
		Extended (> 30 days)	6,442	41.0	2,852	18.2	4,010	25.5	13,304	84.8	2,393	15.2	15,697	100
		Total	**134,992**	**26.8**	**125,185**	**24.9**	**201,364**	**40.0**	**461,541**	**91.7**	**41,968**	**8.3**	**503,509**	**100**
Total Discharges (excl. *Maternity*)			**504,997**	**35.5**	**372,198**	**26.2**	**429,599**	**30.2**	**1,306,794**	**91.9**	**114,874**	**8.1**	**1,421,668**	**100**

		In-Patient Length of Stay											
		General Hospitals								'Other'		Total In-Patients	
		Voluntary		Regional		County		Total General					
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Elective	Acute (0–30 days)	4.6	2	3.7	2	4.2	2	4.2	2	5.7	3	4.5	2
	Extended (> 30 days)	61.4	45	58.0	43	63.1	48	61.3	45	57.5	46	59.6	46
	Total	**6.2**	**3**	**4.7**	**2**	**6.3**	**2**	**5.7**	**2**	**9.8**	**4**	**6.6**	**3**
Emergency[a]	Acute (0–30 days)	5.5	3	4.4	2	3.9	2	4.4	2	4.0	2	4.4	2
	Extended (> 30 days)	73.0	51	55.0	44	57.9	45	64.7	47	64.0	47	64.6	47
	Total	**9.2**	**3**	**5.6**	**2**	**4.9**	**2**	**6.2**	**2**	**5.9**	**2**	**6.2**	**2**
Total	Acute (0–30 days)	5.3	3	4.2	2	3.9	2	4.4	2	4.9	3	4.4	2
	Extended (> 30 days)	71.2	50	55.5	44	58.9	46	64.1	47	59.2	47	63.4	47
	Total In-Patients (excl. *Maternity*)	**8.4**	**3**	**5.4**	**2**	**5.0**	**2**	**6.1**	**2**	**8.0**	**3**	**6.3**	**2**

Notes: Percentage columns are subject to rounding.

a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

FIGURE 2.13 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Hospital Type (%)



Note: * HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

Figures 2.14a and 2.14b show the cumulative lengths of stay for elective and emergency discharges by hospital type.

- 70.0 per cent of elective in-patients discharged from 'other' hospitals spent 7 days or less in hospital. This was a smaller cumulative proportion than for voluntary (79.3 per cent), regional (86.0 per cent) and county (81.2 per cent) hospitals.
- 71.2 per cent of emergency in-patients discharged from voluntary hospitals spent 7 days or less in hospital. This was a smaller cumulative proportion than for regional (80.6 per cent), county (83.9 per cent) and 'other' hospitals (83.2 per cent).

FIGURE 2.14a Elective In-Patient Discharges: Length of Stay by Hospital Type (Cumulative Percentage)

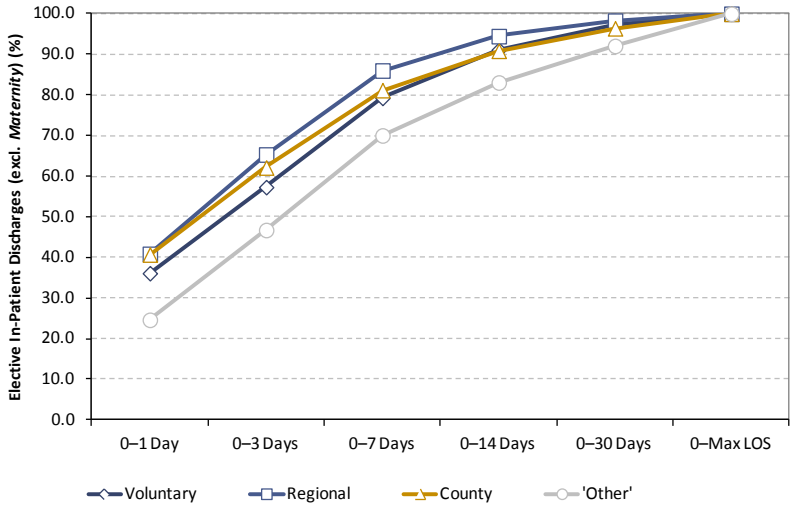
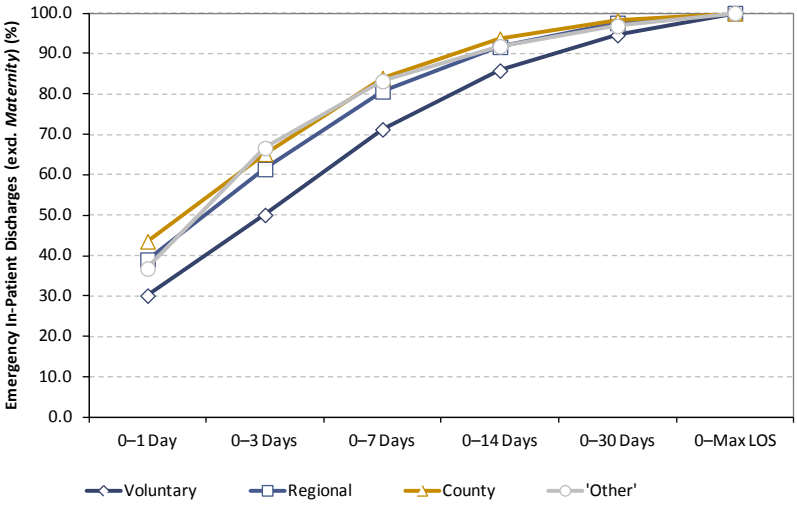


FIGURE 2.14b Emergency In-Patient Discharges[a]: Length of Stay by Hospital Type (Cumulative Percentage)



Note: a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.3.4.2 Hospital Type by Public/Private Status

Table 2.11 disaggregates total discharges (excl. *Maternity*) by hospital type, public/private status and patient type.

Discharges

- County hospitals treated the largest proportion of total discharges (excl. *Maternity*) on a public basis (84.9 per cent) compared to the smallest proportion in 'other' hospitals (75.8 per cent).
- 'Other' hospitals had the largest proportion of public discharges as extended stay in-patients (1.8 per cent) which ranged from 0.6 per cent to 1.0 per cent across the general hospitals groups.
- In contrast to all other hospital types where the majority of private discharges were treated as day patients, county hospitals treated a slightly larger proportion of their private discharges as in-patients (7.7 per cent) compared to day patients (7.5 per cent).

Length of Stay

- Total mean in-patient length of stay was 6.4 days for public discharges compared to 5.9 days for private discharges.
- Voluntary hospitals recorded the longest acute in-patient mean length of stay for public discharges (5.2 days), almost a day longer than regional hospitals which recorded an acute in-patient mean length of stay of 4.3 days. This difference was greater for private discharges, with voluntary hospitals recording an acute in-patient mean length of stay of 5.6 days compared to 4.2 days in regional hospitals.
- County hospitals recorded the shortest acute in-patient mean length of stay for both public discharges (3.9 days) and private discharges (4.0 days).
- For 'other' hospitals, acute in-patient mean length of stay for public discharges was 5.0 days compared to 4.5 days for private discharges.

TABLE 2.11 Total Discharges (excl. *Maternity*): Hospital Type by Public/Private Status and Patient Type (N, % and In-Patient Length of Stay)

			Discharges											
			General Hospitals								'Other'		Total Discharges (excl. *Maternity*)	
			Voluntary		Regional		County		Total General					
			N	%	N	%	N	%	N	%	N	%	N	%
Public	Day Patient		323,356	64.0	214,550	57.6	196,182	45.7	734,088	56.2	56,035	48.8	790,123	55.6
	In-Patient	Acute (0–30 days)	99,375	19.7	93,342	25.1	164,842	38.4	357,559	27.4	29,016	25.3	386,575	27.2
		Extended (> 30 days)	5,183	1.0	2,290	0.6	3,517	0.8	10,990	0.8	2,038	1.8	13,028	0.9
		Total	104,558	20.7	95,632	25.7	168,359	39.2	368,549	28.2	31,054	27.0	399,603	28.1
	Total		427,914	84.7	310,182	83.3	364,541	84.9	1,102,637	84.4	87,089	75.8	1,189,726	83.7
Private	Day Patient		46,649	9.2	32,463	8.7	32,053	7.5	111,165	8.5	16,871	14.7	128,036	9.0
	In-Patient	Acute (0–30 days)	29,175	5.8	28,991	7.8	32,512	7.6	90,678	6.9	10,559	9.2	101,237	7.1
		Extended (> 30 days)	1,259	0.2	562	0.2	493	0.1	2,314	0.2	355	0.3	2,669	0.2
		Total	30,434	6.0	29,553	7.9	33,005	7.7	92,992	7.1	10,914	9.5	103,906	7.3
	Total		77,083	15.3	62,016	16.7	65,058	15.1	204,157	15.6	27,785	24.2	231,942	16.3
Total	Day Patient		370,005	73.3	247,013	66.4	228,235	53.1	845,253	64.7	72,906	63.5	918,159	64.6
	In-Patient	Acute (0–30 days)	128,550	25.5	122,333	32.9	197,354	45.9	448,237	34.3	39,575	34.5	487,812	34.3
		Extended (> 30 days)	6,442	1.3	2,852	0.8	4,010	0.9	13,304	1.0	2,393	2.1	15,697	1.1
		Total	134,992	26.7	125,185	33.6	201,364	46.9	461,541	35.3	41,968	36.5	503,509	35.4
	Total Discharges (excl. *Maternity*)		504,997	100.0	372,198	100.0	429,599	100.0	1,306,794	100.0	114,874	100.0	1,421,668	100.0

		In-Patient Length of Stay											
		General Hospitals								'Other'		Total In-Patients	
		Voluntary		Regional		County		Total General					
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Public	Acute (0–30 days)	5.2	3	4.3	2	3.9	2	4.4	2	5.0	3	4.4	2
	Extended (> 30 days)	74.7	52	55.8	44	59.5	46	65.9	48	60.3	47	65.0	48
	Total	8.6	3	5.5	2	5.1	2	6.2	2	8.6	3	6.4	2
Private	Acute (0–30 days)	5.6	3	4.2	2	4.0	2	4.6	3	4.5	3	4.6	3
	Extended (> 30 days)	56.9	44	54.2	44	54.8	44	55.8	44	53.0	44	55.4	44
	Total	7.7	4	5.2	2	4.8	2	5.9	3	6.1	3	5.9	3
Total	Acute (0–30 days)	5.3	3	4.2	2	3.9	2	4.4	2	4.9	3	4.4	2
	Extended (> 30 days)	71.2	50	55.5	44	58.9	46	64.1	47	59.2	47	63.4	47
	Total In-Patients (excl. *Maternity*)	8.4	3	5.4	2	5.0	2	6.1	2	8.0	3	6.3	2

Note: Percentage columns are subject to rounding.

Figures 2.15a and 2.15b show the cumulative distribution of length of stay for public and private in-patient discharges by hospital type.

- 81.5 per cent and 83.5 per cent of public in-patients discharged from regional and county hospitals, respectively, spent less than 7 days in hospital. In contrast, 73.5 per cent and 74.4 per cent of public in-patients discharged from voluntary and 'other' hospitals, respectively, had a length of stay of 7 days or less.
- 72.6 per cent of private in-patients discharged from voluntary hospitals spent 7 days or less in hospital. This was a smaller cumulative proportion than for regional (82.6 per cent), county (84.3 per cent) and 'other' (81.2 per cent) hospitals.

FIGURE 2.15a Public In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage)

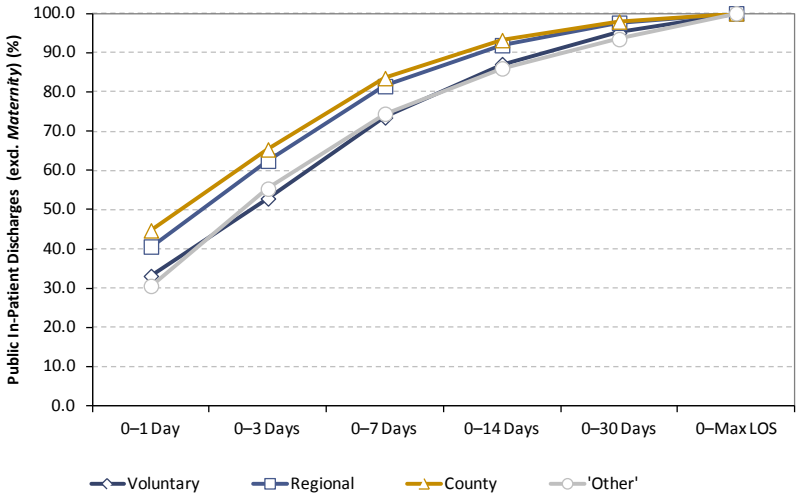
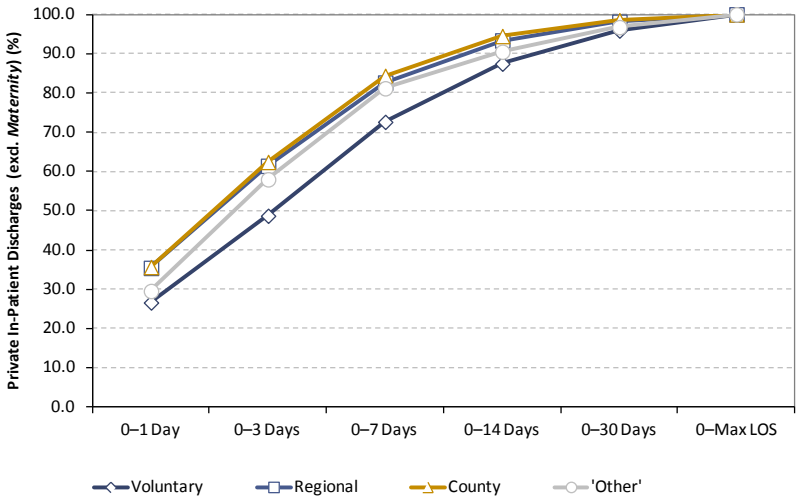


FIGURE 2.15b Private In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage)



2.3.5 Admission Source

Admission source describes where the patient was admitted from. It does not refer to where an emergency or accident occurred. Table 2.12 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation and admission source.

- The majority of total discharges (excl. *Maternity*) in all HSE areas were admitted from home, ranging from 95.2 per cent in the HSE Dublin North East area to 97.1 per cent in the HSE Dublin Mid Leinster area.
- The HSE Dublin North East area had the largest proportion of in-patient discharges who were transferred from another hospital (7.6 per cent) compared to 3.8 per cent in the HSE South area.
- The HSE South area had the largest proportion of in-patient discharges admitted from long stay accommodation (2.3 per cent) compared to only 1.4 per cent of in-patients in the HSE Dublin North East area.

TABLE 2.12 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type, Admission Type and Admission Source (N, %)

		Discharges									
		HSE Area of Hospitalisation								Total Discharges (excl. *Maternity*)	
		Dublin North East		Dublin Mid Leinster		South		West			
		N	%	N	%	N	%	N	%	N	%
Day Patients	Home	210,847	98.7	281,440	99.8	196,863	99.4	223,603	99.6	912,753	99.4
	Long stay accommodation	383	0.2	231	0.1	493	0.2	220	0.1	1,327	0.1
	Transfer from other Hospital	2,373	1.1	198	0.1	716	0.4	652	0.3	3,939	0.4
	Other	7	0.0	72	0.0	39	0.0	22	0.0	140	0.0
	Total Day Patients	**213,610**	**100**	**281,941**	**100**	**198,111**	**100**	**224,497**	**100**	**918,159**	**100**
In-Patients – Elective	Home	19,352	84.6	28,583	92.0	20,384	88.9	22,573	85.6	90,892	88.0
	Long stay accommodation	*	0.1	90	0.3	148	0.6	*	0.4	372	0.4
	Transfer from other Hospital	3,488	15.2	2,377	7.7	2,376	10.4	3,691	14.0	11,932	11.6
	Other	~	0.0	19	0.1	12	0.1	*	0.0	41	0.0
	Total Elective In-Patients	**22,875**	**100**	**31,069**	**100**	**22,920**	**100**	**26,373**	**100**	**103,237**	**100**
In-Patients – Emergency[a]	Home	82,552	89.6	96,059	91.3	94,918	91.9	93,212	93.6	366,741	91.6
	Long stay accommodation	1,531	1.7	1,921	1.8	2,763	2.7	2,613	2.6	8,828	2.2
	Transfer from other Hospital	5,237	5.7	4,277	4.1	2,380	2.3	1,507	1.5	13,401	3.3
	Other	2,832	3.1	2,960	2.8	3,224	3.1	2,286	2.3	11,302	2.8
	Total Emergency In-Patients	**92,152**	**100**	**105,217**	**100**	**103,285**	**100**	**99,618**	**100**	**400,272**	**100**
In-Patients – Total	Home	101,904	88.6	124,642	91.5	115,302	91.4	115,785	91.9	457,633	90.9
	Long stay accommodation	1,562	1.4	2,011	1.5	2,911	2.3	2,716	2.2	9,200	1.8
	Transfer from other Hospital	8,725	7.6	6,654	4.9	4,756	3.8	5,198	4.1	25,333	5.0
	Other	2,836	2.5	2,979	2.2	3,236	2.6	2,292	1.8	11,343	2.3
	Total In-Patients	**115,027**	**100**	**136,286**	**100**	**126,205**	**100**	**125,991**	**100**	**503,509**	**100**
Total	Home	312,751	95.2	406,082	97.1	312,165	96.3	339,388	96.8	1,370,386	96.4
	Long stay accommodation	1,945	0.6	2,242	0.5	3,404	1.0	2,936	0.8	10,527	0.7
	Transfer from other Hospital	11,098	3.4	6,852	1.6	5,472	1.7	5,850	1.7	29,272	2.1
	Other	2,843	0.9	3,051	0.7	3,275	1.0	2,314	0.7	11,483	0.8
	Total Discharges (excl. *Maternity*)	**328,637**	**100**	**418,227**	**100**	**324,316**	**100**	**350,488**	**100**	**1,421,668**	**100**

Notes: Percentage columns are subject to rounding. ~ Denotes five or less discharges reported to HIPE.* Further suppression required to prevent disclosure of five or less discharges.
See Appendix V for information on how the HIPE variable 'Admission Source' was grouped for this report.

a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.3.6 Discharge Destination

Discharge destination identifies the destination of the discharge upon completion of their episode of care. Table 2.13 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation and discharge destination.

- The majority of in-patient discharges were discharged home, ranging from 86.5 per cent in the HSE West area to 87.3 per cent in the HSE South area.
- The proportion of in-patient discharges discharged to long stay accommodation ranged from 4.0 per cent in the HSE Dublin Mid Leinster area to 6.2 per cent in the HSE West area.
- For emergency in-patient discharges, the proportion of discharges transferred to another hospital ranged from 4.9 per cent in the HSE West area to 5.6 per cent in the HSE Dublin Mid Leinster area.

TABLE 2.13 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type, Admission Type and Discharge Destination (N, %)

		Discharges									
		HSE Area of Hospitalisation								Total Discharges (excl. *Maternity*)	
		Dublin North East		Dublin Mid Leinster		South		West			
		N	%	N	%	N	%	N	%	N	%
Day Patients	Home	210,980	98.8	281,243	99.8	196,882	99.4	223,690	99.6	912,795	99.4
	Long stay accommodation	482	0.2	281	0.1	546	0.3	280	0.1	1,589	0.2
	Transfer to other Hospital	2,129	1.0	331	0.1	654	0.3	488	0.2	3,602	0.4
	Died[a]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Other	19	0.0	86	0.0	29	0.0	39	0.0	173	0.0
	Total Day Patients	**213,610**	**100**	**281,941**	**100**	**198,111**	**100**	**224,497**	**100**	**918,159**	**100**
In-Patients – Elective	Home	20,908	91.4	28,499	91.7	21,204	92.5	24,067	91.3	94,678	91.7
	Long stay accommodation	898	3.9	558	1.8	766	3.3	1,012	3.8	3,234	3.1
	Transfer to other Hospital	764	3.3	1,272	4.1	640	2.8	1,001	3.8	3,677	3.6
	Died	159	0.7	620	2.0	213	0.9	207	0.8	1,199	1.2
	Other	146	0.6	120	0.4	97	0.4	86	0.3	449	0.4
	Total Elective In-patients	**22,875**	**100**	**31,069**	**100**	**22,920**	**100**	**26,373**	**100**	**103,237**	**100**
In-Patients – Emergency[b]	Home	78,990	85.7	90,288	85.8	88,951	86.1	84,861	85.2	343,090	85.7
	Transfer to long stay accommodation	4,519	4.9	4,844	4.6	4,816	4.7	6,774	6.8	20,953	5.2
	Transfer to other Hospital	4,892	5.3	5,941	5.6	5,459	5.3	4,899	4.9	21,191	5.3
	Died	2,420	2.6	2,870	2.7	2,545	2.5	2,168	2.2	10,003	2.5
	Other	1,331	1.4	1,274	1.2	1,514	1.5	916	0.9	5,035	1.3
	Total Emergency In-Patients	**92,152**	**100**	**105,217**	**100**	**103,285**	**100**	**99,618**	**100**	**400,272**	**100**
In-Patients – Total	Home	99,898	86.8	118,787	87.2	110,155	87.3	108,928	86.5	437,768	86.9
	Long stay accommodation	5,417	4.7	5,402	4.0	5,582	4.4	7,786	6.2	24,187	4.8
	Transfer to other Hospital	5,656	4.9	7,213	5.3	6,099	4.8	5,900	4.7	24,868	4.9
	Died	2,579	2.2	3,490	2.6	2,758	2.2	2,375	1.9	11,202	2.2
	Other	1,477	1.3	1,394	1.0	1,611	1.3	1,002	0.8	5,484	1.1
	Total In-Patients	**115,027**	**100**	**136,286**	**100**	**126,205**	**100**	**125,991**	**100**	**503,509**	**100**
Total	Home	310,878	94.6	400,030	95.6	307,037	94.7	332,618	94.9	1,350,563	95.0
	Long stay accommodation	5,899	1.8	5,683	1.4	6,128	1.9	8,066	2.3	25,776	1.8
	Transfer to other Hospital	7,785	2.4	7,544	1.8	6,753	2.1	6,388	1.8	28,470	2.0
	Died	2,579	0.8	3,490	0.8	2,758	0.9	2,375	0.7	11,202	0.8
	Other	1,496	0.5	1,480	0.4	1,640	0.5	1,041	0.3	5,657	0.4
	Total Discharges (excl. *Maternity*)	**328,637**	**100**	**418,227**	**100**	**324,316**	**100**	**350,488**	**100**	**1,421,668**	**100**

Notes: Percentage columns are subject to rounding.

See Appendix V for information on how the HIPE variable 'Discharge Destination' was grouped for this report.

a A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and is discharged alive, as scheduled, on the same day.

b HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.3.7 Admission Source by Discharge Destination

Table 2.14 disaggregates in-patient discharges (excl. *Maternity*) by discharge destination and admission source.

- Of in-patients who were admitted from home, 90.0 per cent were discharged home.
- In-patients admitted from long stay accommodation were primarily discharged back to a long stay accommodation (83.8 per cent).
- Almost a quarter of in-patients (24.9 per cent) who were admitted from another hospital were transferred to another hospital, while almost two-thirds were discharged home (63.5 per cent).

TABLE 2.14 In-Patient Discharges (excl. Maternity): Discharge Destination by Admission Source (N, %)

	Discharges											
	Discharge Destination										Total In-Patient Discharges (excl. *Maternity*)	
	Home		Long Stay Accommodation		Transfer to other Hospital		Died		Other			
Admission Source	N	%	N	%	N	%	N	%	N	%	N	%
Home	411,748	90.0	14,881	3.3	17,451	3.8	8,910	1.9	4,643	1.0	457,633	100
Long Stay Accommodation	158	1.7	7,706	83.8	327	3.6	1,002	10.9	7	0.1	9,200	100
Transfer from other Hospital	16,093	63.5	1,589	6.3	6,313	24.9	1,180	4.7	158	0.6	25,333	100
Other	9,769	86.1	11	0.1	777	6.9	110	1.0	676	6.0	11,343	100
Total In-Patient Discharges (excl. *Maternity*)	**437,768**	**86.9**	**24,187**	**4.8**	**24,868**	**4.9**	**11,202**	**2.2**	**5,484**	**1.1**	**503,509**	**100**

Notes: Percentage columns are subject to rounding.
See Appendix V for information on how the HIPE variables 'Discharge Destination' and 'Admission Source' were grouped for this report.

2.4 WHEN

Section 2.4 profiles when discharges were admitted to and discharged from hospital. Activity is presented here by day of admission, day of discharge, and month of admission for total discharges (excl. *Maternity*).

2.4.1 Day of Admission

Table 2.15 disaggregates total discharges (excl. *Maternity*) by patient type, admission type, and day of admission (see also Figure 2.16).

Discharges

- The proportion of in-patient discharges (excl. *Maternity*) admitted on an elective basis decreased throughout the week, with over 62 per cent admitted between Monday and Wednesday, falling to 7.0 per cent at the weekend.
- The proportion of in-patient discharges (excl. *Maternity*) admitted on an emergency basis remained relatively constant throughout the week at approximately 16 per cent per day, but fell at weekends when approximately 10 per cent were admitted per day.
- The majority of day patients were admitted mid-week, ranging from 20.4 per cent on both Tuesday and Wednesday to only 2.8 per cent on Saturday and 1.0 per cent on Sunday.

Length of Stay

- Mean length of stay for elective in-patients ranged from 6.2 days for those admitted on a Tuesday to 9.0 days for those admitted on a Saturday.
- Mean length of stay for emergency in-patients ranged from 5.8 days for those admitted on a Monday to 6.6 days for those admitted on a Friday or a Saturday.

TABLE 2.15 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Admission (N, % and In-Patient Length of Stay)

	Discharges									
	Day Patients		In-Patients						Total Discharges (excl. *Maternity*)	
			Elective		Emergency[a]		Total			
	N	%	N	%	N	%	N	%	N	%
Monday	166,133	18.1	22,681	22.0	62,416	15.6	85,097	16.9	251,230	17.7
Tuesday	187,127	20.4	21,250	20.6	66,643	16.6	87,893	17.5	275,020	19.3
Wednesday	187,472	20.4	20,828	20.2	64,676	16.2	85,504	17.0	272,976	19.2
Thursday	179,840	19.6	18,849	18.3	62,804	15.7	81,653	16.2	261,493	18.4
Friday	162,658	17.7	12,395	12.0	63,478	15.9	75,873	15.1	238,531	16.8
Saturday	25,614	2.8	1,858	1.8	42,401	10.6	44,259	8.8	69,873	4.9
Sunday	9,315	1.0	5,376	5.2	37,854	9.5	43,230	8.6	52,545	3.7
Total Discharges (excl. *Maternity*)	**918,159**	**100**	**103,237**	**100**	**400,272**	**100**	**503,509**	**100**	**1,421,668**	**100**

	In-Patient Length of Stay					
	Elective		Emergency[a]		Total	
	Mean	Median	Mean	Median	Mean	Median
Monday	6.3	3	5.8	2	5.9	2
Tuesday	6.2	3	6.0	2	6.1	2
Wednesday	6.6	2	6.2	2	6.3	2
Thursday	6.5	2	6.2	2	6.3	2
Friday	7.8	3	6.6	3	6.8	3
Saturday	9.0	5	6.6	3	6.7	3
Sunday	7.2	4	6.1	2	6.2	3
In-Patient Discharges (excl. *Maternity*)	**6.6**	**3**	**6.2**	**2**	**6.3**	**2**

Notes: Percentage columns are subject to rounding.

a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.4.2 Day of Discharge

Table 2.16 disaggregates total discharges (excl. *Maternity*) by patient type, admission type and day of discharge (see also Figure 2.17).

Discharges

- The proportion of elective in-patients discharged increased throughout the week, from 10.3 per cent on Monday to 23.4 per cent on Friday, falling to 10.3 per cent on Saturday and 5.0 per cent on Sunday.
- The largest proportion of emergency in-patients was discharged on Friday (20.2 per cent), with the smallest proportion discharged on Sunday (6.3 per cent).

Length of Stay

- Elective in-patients discharged on a Monday had the longest mean length of stay (9.5 days).
- Emergency in-patient mean length of stay fell throughout the week from 6.8 days for those discharged on a Monday to 4.1 days for those discharged on a Sunday.

TABLE 2.16 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (N, % and In-Patient Length of Stay)

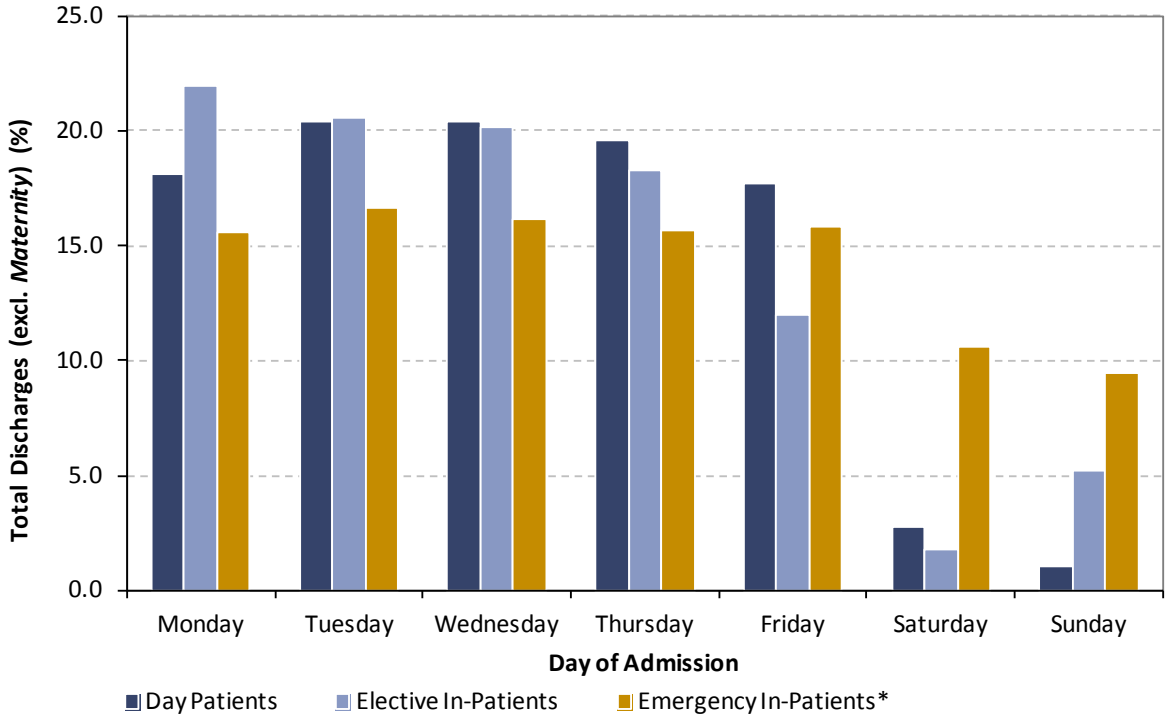
	Discharges									
	Day Patients		In-Patients						Total Discharges (excl. *Maternity*)	
			Elective		Emergency[a]		Total			
	N	%	N	%	N	%	N	%	N	%
Monday	166,133	18.1	10,662	10.3	61,744	15.4	72,406	14.4	238,539	16.8
Tuesday	187,127	20.4	16,531	16.0	67,694	16.9	84,225	16.7	271,352	19.1
Wednesday	187,472	20.4	17,853	17.3	67,460	16.9	85,313	16.9	272,785	19.2
Thursday	179,840	19.6	18,202	17.6	65,697	16.4	83,899	16.7	263,739	18.6
Friday	162,658	17.7	24,116	23.4	80,762	20.2	104,878	20.8	267,536	18.8
Saturday	25,614	2.8	10,672	10.3	31,537	7.9	42,209	8.4	67,823	4.8
Sunday	9,315	1.0	5,201	5.0	25,378	6.3	30,579	6.1	39,894	2.8
Total Discharges (excl. *Maternity*)	**918,159**	**100**	**103,237**	**100**	**400,272**	**100**	**503,509**	**100**	**1,421,668**	**100**

	In-Patient Length of Stay					
	Elective		Emergency[a]		Total	
	Mean	Median	Mean	Median	Mean	Median
Monday	9.5	5	6.8	3	7.2	3
Tuesday	7.0	2	6.6	3	6.7	3
Wednesday	6.8	2	6.5	2	6.6	2
Thursday	5.9	2	6.5	2	6.3	2
Friday	6.7	3	6.2	3	6.3	3
Saturday	4.3	2	4.5	2	4.5	2
Sunday	6.0	4	4.1	2	4.5	2
In-Patient Discharges (excl. *Maternity*)	**6.6**	**3**	**6.2**	**2**	**6.3**	**2**

Notes: Percentage columns are subject to rounding.

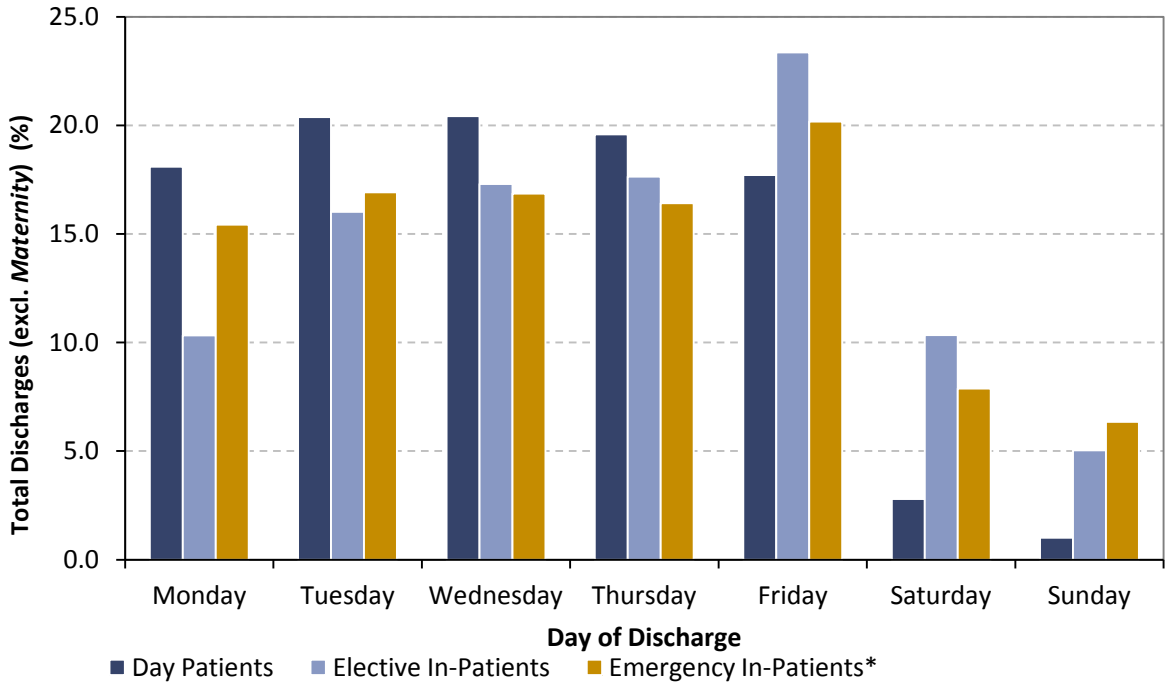
a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

FIGURE 2.16 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Admission (%)



Note: * HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

FIGURE 2.17 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (%)



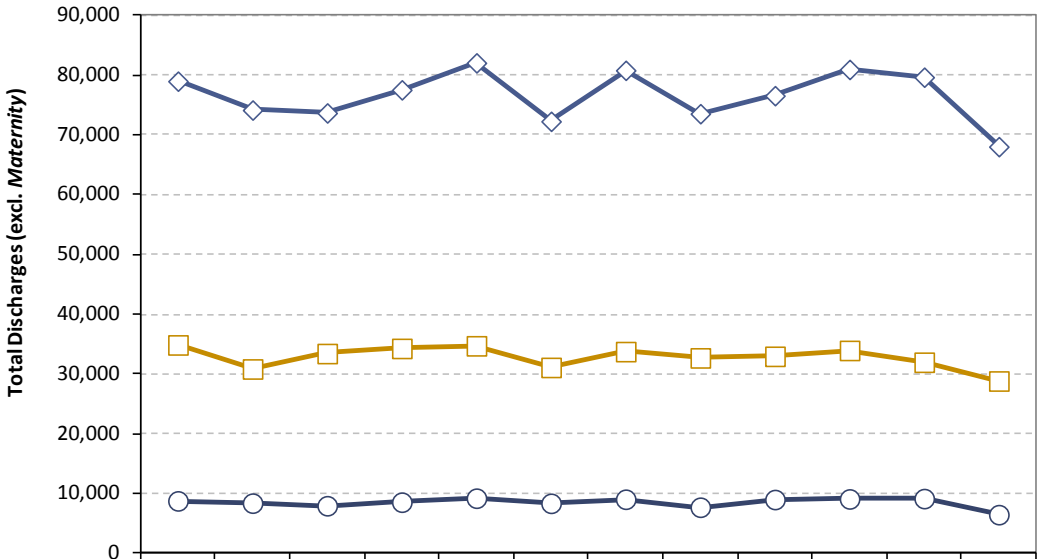
Note: * HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.4.3 Month of Admission

Figure 2.18 shows total discharges (excl. *Maternity*) by month of admission disaggregated by patient type and admission type. The data presented here are based on discharges admitted and discharged in 2013.

- The largest number of day patients was treated in May with 82,039 discharges, while December recorded the smallest number of day patients (68,035 discharges).
- Admissions were lowest in December for both elective and emergency in-patients. Monthly trends over the rest of the year showed that:
    - hospital admissions peaked in May for elective in-patients (9,264 discharges), while August recorded the smallest number of elective in-patient admissions with only 7,753 in-patient discharges admitted in this month.
    - hospital admissions peaked in January for emergency in-patients (34,889 discharges), while the smallest number of emergency in-patients was admitted in February with 30,869 discharges.

FIGURE 2.18 Total Discharges (excl. *Maternity*): Month of Admission by Patient Type and Admission Type (N)



	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
Day Patients	78,982	74,154	73,668	77,530	82,039	72,269	80,794	73,544	76,559	80,938	79,647	68,035
Elective In-Patients	8,815	8,439	8,004	8,597	9,264	8,409	9,091	7,753	9,043	9,142	9,202	6,514
Emergency In-Patients*	34,889	30,869	33,450	34,304	34,741	31,127	33,775	32,723	32,984	33,967	31,993	28,859

Notes: This does not include 7,555 discharges that were admitted prior to 2013 but were discharged in 2013.

* HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

Morbidity Analysis 2013

SECTION THREE

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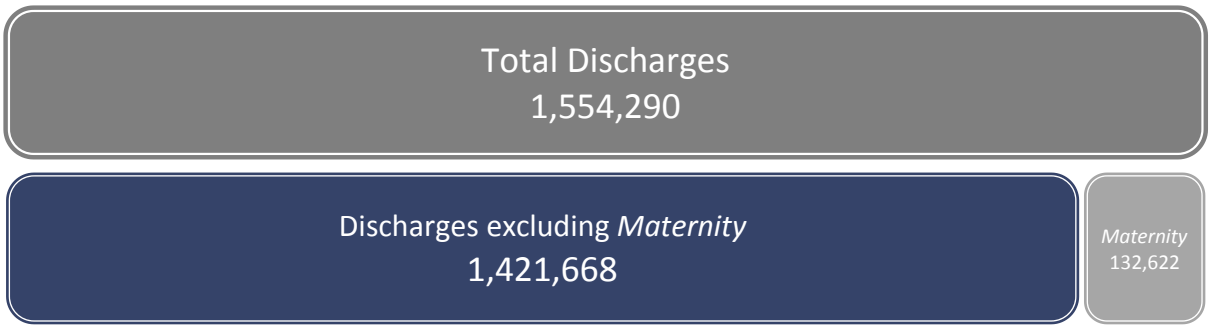

3.1 INTRODUCTION

Section Three focuses on the diagnoses and procedures recorded for total discharges (excl. *Maternity*) reported to HIPE by acute public hospitals.[1] This section excludes *Maternity* discharges which are reported separately in Section Four.[2]

- Section 3.2 outlines the clinical coding process, the classification and definitions used in the assignment of diagnosis and procedure codes to a discharge, and analysis of the mean number of diagnoses and procedures reported for discharges (excl. *Maternity*).
- Section 3.3 provides a summary of related hospital activity (excl. *Maternity*). Top 20 diagnoses and procedure blocks, along with Top 10 Australian Refined Diagnosis Related Groups (AR-DRGs), are provided for day patient and in-patient discharges (total, elective and emergency). Demographic data, including sex and age group, and administrative analyses including admission source, mode of emergency admission (for emergency in-patients only), and discharge destination are also presented.
- Section 3.4 provides details of the diagnoses and procedures reported for total discharges (excl. *Maternity*), by sex and age group. The mean length of stay for acute in-patient discharges (with a length of stay of 30 days or less and excluding day patients) is presented for principal diagnoses and principal procedures.

1 The National Psychiatric In-Patient Reporting System, supported by the Health Research Board, reports information on all admissions to psychiatric hospitals and units nationally.

2 A small number of obstetric diagnoses and/or procedures are reported in this section as the admission of the patient was not related to their obstetrical experience and therefore they were not allocated to Admission Type *Maternity*; these are not included in the discussion of this section. See Section Four for details of *Maternity* activity reported.

3.2 CODING OF DIAGNOSES AND PROCEDURES

Coding of HIPE hospital activity is performed by the HIPE Clinical Coder who translates medical terminology into code; the Coder performs an essential function in providing high quality, accurate, standardised medical information. The source document for coding for the HIPE system is the medical record or chart. Documentation within the medical record includes the discharge summary or letter, nursing notes, consultation reports, progress notes, operative reports, pre- and post-operative reports, and pathology reports. The Coder uses the whole chart to extract the diagnoses and procedures that are critical to representing the essential features of the patient and their hospital stay in accordance with international and national coding standards. Appendix III contains the HIPE Data Entry Form for 2013, which details the information coded for each hospital discharge. No interpretation of test results may be presumed by the Coder and all diagnoses recorded must be documented by a clinician in the chart.[3]

Discharges are coded using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Australian Classification of Health interventions (ACHI), Australian Coding Standards (ACS), 6th Edition and Irish Coding Standards (ICS).[4, 5, 6, 7, 8] Details of the diagnosis and procedure coding scheme are provided in Tables 3.1 and 3.2. ACS are developed to provide guidance in the application of ICD-10-AM and ACHI codes. Standards are categorised by site and/or body system according to the clinical specialty to which a disease or procedure relates. ICS apply to activity coded in HIPE and provide guidance and instruction on all aspects of HIPE data collection by addressing issues relevant to the Irish hospital system. ICS are developed to complement the ACS and are revised regularly to reflect changing clinical practice.

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3 The Healthcare Pricing Office (HPO) is responsible for training coders. For further information see www.hpo.ie

4 For further information on the selection of ICD-10-AM as the clinical coding scheme for Ireland, see Murphy, D., Wiley, MM., Clifton, A., McDonagh, D., 2004, *Updating Clinical Coding in Ireland: Options and Opportunities*. Dublin: The Economic and Social Research Institute.

5 National Centre for Classification in Health (NCCH), 2008: *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (6th Ed)*: NCCH, Faculty of Health Sciences, The University of Sydney.

6 The spelling conventions of ICD-10-AM comply with the Macquarie Dictionary, as recommended by the Australian government style manual.

7 Ireland changed from ICD-10-AM 4th Edition to ICD-10-AM 6th Edition in 2009. For further information on changes in coding, see previous HIPE national reports, available at www.hpo.ie

8 Irish Coding Standards provide guidelines for the collection of HIPE data for all discharges and are to be used in conjunction with 6th Edition ICD-10-AM/ACHI/ACS and the relevant HIPE Instruction Manual. For further information, see www.hpo.ie

Table 3.1 provides details of the structure of ICD-10-AM Diagnosis Codes and presents the chapter structure of ICD-10-AM diagnosis codes.

TABLE 3.1 ICD-10-AM Diagnosis Codes, Chapter and Title

ICD-10-AM Diagnosis Codes

The 'core' disease classification of ICD-10-AM is the three character code, which is the mandatory level of coding for international reporting to the World Health Organization (WHO) for general international comparisons. This core set of codes has been expanded to four and five character codes so that important specific disease entities can be identified, while also maintaining the ability to present data in broad groups to enable useful and understandable information to be obtained.

The ICD-10-AM is a variable-axis classification. Its structure is designed principally to facilitate epidemiological analysis. Diseases are organised in the following groups: epidemic diseases; constitutional or general diseases; local disease arranged by site; developmental diseases; and injuries.

Most of the tabular is taken up with the main disease classification composed of 22 chapters. The first character of the ICD-10-AM code is a letter, and each letter is associated with a particular chapter, except for the letter D, which spans both Chapter 2 *Neoplasms* and Chapter 3 *Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism*, and the letter H, which is used in both Chapter 7 *Diseases of the eye and adnexa* and Chapter 8 *Diseases of the ear and mastoid process*. Four chapters (Chapters 1, 2, 19 and 20) use more than one letter in the first position of their codes.

WHO intends the codes U00–U99 to be used for provisional assignment of new diseases of uncertain aetiology and for specific research purposes. U50–U71 are used in ICD-10-AM to classify sporting activities previously classified to Y93.0 *Activity, While engaged in sports*.

Chapter and Title		Code Prefix	Chapter and Title		Code Prefix
1	Certain infectious and parasitic diseases	A, B	12	Diseases of the skin and subcutaneous tissue	L
2	Neoplasms	C, D	13	Diseases of the musculoskeletal system and connective tissue	M
3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D	14	Diseases of the genitourinary system	N
4	Endocrine, nutritional and metabolic diseases	E	15	Pregnancy, childbirth and the puerperium	O
5	Mental and behavioural disorders	F	16	Certain conditions originating in the perinatal period	P
6	Diseases of the nervous system	G	17	Congenital malformations, deformations and chromosomal abnormalities	Q
7	Diseases of the eye and adnexa	H	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R
8	Diseases of the ear and mastoid process	H	19	Injury, poisoning and certain other consequences of external causes	S, T
9	Diseases of the circulatory system	I	20	External causes of morbidity and mortality	U, V, W, X, Y
10	Diseases of the respiratory system	J	21	Factors influencing health status and contact with health services	Z
11	Diseases of the digestive system	K	22	Codes for special purposes	U

Source: National Centre for Classification in Health (NCCH), 2008: *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (6th Ed): Australian Coding Standards.* Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. p. 2.

Table 3.2 provides details of the structure of ACHI Procedure Codes and presents the chapter structure for these ACHI procedure codes.

TABLE 3.2 Australian Classification of Health Interventions (ACHI), Chapter and Title

Australian Classification of Health Interventions (ACHI)

The Australian Classification of Health Interventions (ACHI) was developed by the NCCH and is generally based on the Commonwealth Medicare Benefits Schedule (MBS).

The main features of the classification are:

1) The procedure classification captures procedures and interventions performed in public and private hospitals, day centres and ambulatory settings. Allied health interventions, dental services and procedures performed outside the operating theatre are included.[9]
2) The procedure classification is based on the Commonwealth Medicare Benefits Schedule (MBS) and consists of a seven character code in the format xxxxx-xx. Generally, the first five characters represent the MBS item number. A two character extension number has been attached to each MBS item number to represent individual procedural concepts (e.g., 36564-00). The two character extensions are also used in anaesthetic procedure codes to indicate ASA, while in pharmacotherapy they are used to indicate drug type.
   Other ACHI interventions which are not represented in MBS are allocated a code number from the 90000 series. Note: 97000 codes are reserved for dental services.
3) The structure of the procedure classification is based on anatomy rather than surgical specialty. Chapters closely follow the chapter headings of the WHO ICD-10 to maintain parity with the disease classification.
4) Nonsurgical procedures are listed separately from the surgical procedures, whenever feasible.
5) A hierarchical structure with the following axes:
   - First level – anatomical site axis
   - Second level – procedure type axis
   - Third level – block axis
6) Inclusion of many more procedures which can be utilised in non-institutional settings, such as community based health and ambulatory care.

Chapter and Title		Chapter and Title	
1	Procedures on nervous system	11	Procedures on urinary system
2	Procedures on endocrine system	12	Procedures on male genital organs
3	Procedures on eye and adnexa	13	Gynaecological procedures
4	Procedures on ear and mastoid process	14	Obstetric procedures
5	Procedures on nose, mouth and pharynx	15	Procedures on musculoskeletal system
6	Dental services	16	Dermatological and plastic procedures
7	Procedures on respiratory system	17	Procedures on breast
8	Procedures on cardiovascular system	18	Radiation oncology procedures
9	Procedures on blood and blood-forming organs	19	Non-invasive, cognitive and other interventions, not elsewhere classified
10	Procedures on digestive system	20	Imaging services

Sources: National Centre for Classification in Health (NCCH), 2008: *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (6th Ed): Australian Coding Standards*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. p. 3.
National Centre for Classification in Health (NCCH), 2008: *The Australian Classification of Health Interventions (ACHI) Tabular List of Interventions.* Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. p. iii.

9 HIPE collects data on discharges from, and deaths in, acute public hospitals.

3.2.1 Definition of a Diagnosis

In 2013, HIPE collected a principal diagnosis for each discharge, together with up to 29 additional diagnosis codes.

DIAGNOSES

A **principal diagnosis** is defined as, 'the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or attendance at the healthcare establishment, as represented by a code'.[10]

An **additional diagnosis** is defined as, 'a condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code' and may be used as an indication of the level of comorbidity.[11]

Additional diagnoses are interpreted as conditions that affect patient management in terms of requiring commencement, alteration or adjustment of therapeutic treatment, diagnostic procedures, increased clinical care, and/or monitoring.

3.2.1.1 Mean Number of Diagnoses Reported

Table 3.3 outlines the mean number of diagnoses collected for day patient, in-patient, and total discharges (excl. *Maternity*), by sex and age group.

- The mean number of diagnoses recorded for total discharges (excl. *Maternity*) was 2.6.
- The mean number of diagnoses recorded for in-patient discharges was 3.7, compared to 2.0 for day patients.
- The mean number of diagnoses recorded was slightly higher for male discharges (2.7) compared with female discharges (2.5).

TABLE 3.3 Total Discharges (excl. *Maternity*): Mean Number of All-Listed Diagnoses by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges (excl. *Maternity*)
Total	**2.0**	**3.7**	**2.6**
Sex			
Male	2.0	3.8	2.7
Female	2.0	3.5	2.5
Age Group			
< 15 Years	1.8	2.6	2.3
15–44 Years	1.7	2.8	2.1
45–64 Years	2.0	3.6	2.5
65 Years and Over	2.2	4.9	3.1

[10] National Centre for Classification in Health (NCCH), 2008: *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (6th Ed): Australian Coding Standards*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. p. 10.

[11] National Centre for Classification in Health (NCCH), op. cit., p. 13.

3.2.2 Definition of a Procedure

In 2013, a principal procedure and up to 19 additional procedure codes for each discharge could be reported to HIPE where appropriate.

PROCEDURES

The classification of procedures in ICD-10-AM uses the Australian Classification of Health Interventions (ACHI).[12] Procedures are coded in HIPE in accordance with the following hierarchy:

- procedure performed for treatment of the principal diagnosis
- procedure performed for treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to additional diagnoses for the episode of care.[13]

A key feature of the ACHI procedure classification is a seven-character code in the format xxxxx-xx. The structure is organised on an anatomical basis and thus does not always appear in numerical order. Procedure blocks were introduced to provide a sequential framework for both coding and reporting purposes. The blocks represent homogenous groups of procedures, while the seven-digit codes allow for greater detail.[14] For example, procedure block 0732 represents 'direct closure of vein', containing the procedures 'direct closure of renal vein' (33833-04) and 'direct closure of vena cava' (90215-02). In this report, tables have been produced using the block framework.[15]

3.2.2.1 Discharges with a Procedure

Table 3.4 provides details of the number and percentage of discharges (excl. *Maternity*) that had a principal procedure recorded by patient type and admission type. Section 4 provides details of procedures reported for *Maternity* discharges.

- Of the 1,421,668 total discharges (excl. *Maternity*), principal procedures were recorded for 1,181,817 discharges (83.1 per cent).
- Over 94 per cent of day patient discharges had a principal procedure recorded.
- Over 63 per cent of in-patient discharges had a principal procedure recorded, with 89.9 per cent of elective in-patients and 56.2 per cent of emergency in-patients undergoing a principal procedure.

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12 National Centre for Classification in Health (NCCH) 2008, *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (6th Ed)*: *Australian Coding Standards*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney.

13 National Centre for Classification in Health (NCCH), 2008, *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (6th Ed): Australian Coding Standards*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. p. 32.

14 National Centre for Classification in Health (NCCH), 2008, *Australian Classification of Health Interventions (ACHI) Tabular List of Interventions.* Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. p. viii.

15 The move to the ACHI introduced significant changes to the collection of procedures from 2005, including the use of Australian Coding Standard (ACS) number 0042 (see Appendix VII).

TABLE 3.4 Total Discharges (excl. *Maternity*): Number and Percentage of Discharges with a Principal Procedure by Patient Type and Admission Type

	Total Discharges (excl. *Maternity*)	Total Discharges (excl. *Maternity*) with a Principal Procedure	
	N	N	%
Total Discharges (excl. *Maternity*)	**1,421,668**	**1,181,817**	**83.1**
Day Patients	918,159	864,178	94.1
In-Patients	503,509	317,639	63.1
Elective In-Patients	103,237	92,822	89.9
Emergency In-Patients	400,272	224,817	56.2

3.2.2.2 Mean Number of Procedures Reported

Table 3.5 outlines the mean number of procedures reported for day patients, in-patients, and total discharges (excl. *Maternity*), by sex and age group. The calculation of mean procedures is based on discharges with at least one procedure reported to HIPE.[16]

- For those discharges who underwent at least one procedure, in-patient discharges had a mean number of 2.9 procedures recorded, compared to a mean of 1.4 procedures for day patients.
- While the mean number of procedures increased with age for in-patient discharges, the day patient pattern differed. For those undergoing a procedure, day patient discharges aged less than 15 years recorded a mean of 1.9 procedures, which was larger than that reported for older age groups.

TABLE 3.5 Total Discharges (excl. *Maternity*): Mean Number of All-Listed Procedures by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges (excl. *Maternity*)
Total (excl. *Maternity*)	**1.4**	**2.9**	**1.8**
Sex			
Male	1.4	2.9	1.8
Female	1.4	2.8	1.8
Age Group			
< 15 Years	1.9	2.5	2.2
15–44 Years	1.5	2.5	1.7
45–64 Years	1.4	3.0	1.7
65 Years and Over	1.3	3.1	1.8

[16] Includes all anaesthesia except local. See ACS 0031 Anaesthesia in National Centre for Classification in Health (NCCH), 2008, *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (6th Ed): Australian Coding Standards*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. p. 48.

3.3 Morbidity Analysis: Summary of Day Patient and In-Patient Activity

Section 3.3 provides a summary of the day patient and in-patient hospital activity reported to HIPE.[17] This analysis reports on the most commonly recorded diagnoses, procedure blocks and diagnosis related groups, as well as providing demographic and administrative information for these discharges.

3.3.1 Day Patient Activity (excl. *Maternity*)

A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and is discharged alive, as scheduled, on the same day (Department of Health and Children, 2001). Deliveries are not included. Table 3.6 presents a summary of day patient activity reported to HIPE.

Day Patients – Profile

- Day patient discharges accounted for 64.6 per cent of total discharges (excl. *Maternity*).
- Day patients aged 65–74 years accounted for 20.9 per cent of day patient discharges.

Day Patients – Top 20 Principal Diagnoses

- Day patients with a principal diagnosis of *care involving dialysis* and those with a principal diagnosis of *other medical care* (includes *chemotherapy* and *radiotherapy* encounters) each accounted for 18.0 per cent of day patient discharges. [18]

Day Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 94.1 per cent of day patient discharges (see Table 3.4).
- Procedures from the block *haemodialysis* were reported as a principal procedure for 19.1 per cent of day patients with at least one procedure.

Day Patients – Top 10 Australian Refined Diagnosis Related Groups (AR-DRGs)

- The top three AR-DRGs accounted for over 35 per cent of day patient discharges reported to HIPE when analysed by diagnosis related group.[19]
- *Haemodialysis* accounted for 17.9 per cent, and *chemotherapy* and *radiotherapy* accounted for 10.4 and 7.2 per cent respectively of day patient discharges.

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17 See Section Four for details of *Maternity* activity reported.

18 Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

19 See Section Five for details of the case mix classification.

TABLE 3.6 Day Patient Activity (excl. *Maternity*) (N, %)

Top 20 Principal Diagnoses[a]		N	%
Z49	Care involving dialysis	164,989	18.0
Z51	Other medical care[c,d]	164,831	18.0
E83	Disorders of mineral metabolism	23,358	2.5
L40	Psoriasis	17,026	1.9
K29	Gastritis and duodenitis	13,652	1.5
H35	Other retinal disorders	12,349	1.3
M54	Dorsalgia	11,169	1.2
M25	Other joint disorders, not elsewhere classified	9,421	1.0
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	9,160	1.0
C44	Other malignant neoplasms of skin	8,947	1.0
I84	Haemorrhoids	8,716	0.9
K57	Diverticular disease of intestine	8,330	0.9
K44	Diaphragmatic hernia	7,801	0.8
Z08	Follow-up examination after treatment for malignant neoplasms	7,708	0.8
Z45	Adjustment and management of implanted device	7,308	0.8
E11	Type 2 diabetes mellitus	7,041	0.8
R10	Abdominal and pelvic pain	7,024	0.8
Z13	Special screening examination for other diseases and disorders	6,067	0.7
H26	Other cataract	6,015	0.7
K21	Gastro-oesophageal reflux disease	5,988	0.7

Day Patients

918,159

Sex	N	%
Male	460,010	50.1
Female	458,149	49.9

Age Group	N	%
< 1 Year	4,361	0.5
1–14 Years	42,958	4.7
15–24 Years	34,380	3.7
25–34 Years	71,769	7.8
35–44 Years	105,500	11.5
45–54 Years	139,446	15.2
55–64 Years	174,966	19.1
65–74 Years	192,071	20.9
75–84 Years	123,837	13.5
85 Years and Over	28,871	3.1

Top 20 Principal Procedure Blocks[b]		N	%
1060	Haemodialysis	164,869	19.1
1920	Administration of pharmacotherapy	126,966	14.7
1788	Megavoltage radiation treatment[d]	62,615	7.2
1008	Panendoscopy with excision	44,034	5.1
1620	Excision of lesion of skin and subcutaneous tissue	35,345	4.1
0905	Fibreoptic colonoscopy	27,525	3.2
0911	Fibreoptic colonoscopy with excision	26,137	3.0
0725	Other incision procedures on veins	23,492	2.7
1552	Administration of agent into other musculoskeletal sites	18,917	2.2
1610	Ultraviolet B [UVB] light therapy of skin	15,802	1.8
0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	15,166	1.8
1893	Administration of blood and blood products	14,524	1.7
1089	Examination procedures on bladder	13,622	1.6
0668	Coronary angiography	9,802	1.1
1005	Panendoscopy	9,293	1.1
0197	Extracapsular crystalline lens extraction by phacoemulsification	9,038	1.0
0544	Bronchoscopy with biopsy or removal of foreign body	5,661	0.7
1601	Dressing of other wound	5,185	0.6
1259	Examination procedures on uterus	4,828	0.6
1279	Examination procedures on vagina	4,773	0.6

Admission Source	N	%
Home	912,753	99.4
Long stay accommodation	1,327	0.1
Transfer from other hospital	3,939	0.4
Other	140	0.0

Discharge Destination	N	%
Home	912,795	99.4
Long stay accommodation	1,589	0.2
Transfer to other hospital	3,602	0.4
Other	173	0.0

Top 10 AR-DRGs		N	%
L61Z	Haemodialysis	164,619	17.9
R63Z	Chemotherapy	95,774	10.4
R64Z	Radiotherapy[d]	65,999	7.2
G48C	Colonoscopy, sameday	41,661	4.5
G47C	Other Gastroscopy, sameday	39,350	4.3
J11Z	Other Skin, subcutaneous tissue and breast procedures	38,137	4.2
Q61B	Red blood cell disorders w/o catastrophic or severe cc	32,127	3.5
Z64B	Other factors influencing health status, sameday	26,740	2.9
J68C	Major skin disorders, sameday	19,973	2.2
C03Z	Retinal procedures	17,273	1.9

Notes: Percentage columns are subject to rounding.

a ICD-10-AM diagnosis codes are analysed at three-digit level.

b ACHI Procedure codes are analysed at block level. The percentage (%) is based on day patients with principal procedure reported.

c *Other medical care* includes chemotherapy and radiotherapy encounters.

d Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at over 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

3.3.2 In-Patient Activity (excl. *Maternity*)

An in-patient is admitted to hospital for treatment or investigation on an elective or emergency basis (Department of Health and Children, 2001). An elective in-patient would stay for at least one night (unlike emergency admissions, where the date of admission and discharge may be the same). Table 3.7 presents a summary of in-patient activity reported to HIPE.

In-Patients – Profile

- In-patient discharges accounted for 35.4 per cent of total discharges (excl. *Maternity*).
- Over 96 per cent (487,812) of in-patients were acute in-patient discharges (i.e., those with a length of stay of 30 days or less); they used 68.6 per cent of in-patient bed days (excl. *Maternity*). Extended stay in-patients accounted for 3.1 per cent of in-patient discharges and 31.4 per cent of in-patient bed days.

In-Patients – Top 20 Principal Diagnoses

- In-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 4.0 per cent of in-patient discharges.
- In-patient discharges with a principal diagnosis of *other chronic obstructive pulmonary disease* and those with a principal diagnosis of *unspecified acute lower respiratory infection* each accounted for 2.7 and 2.6 per cent of in-patients respectively.

In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 63.1 per cent of total in-patient discharges (Table 3.4).
- Procedures from the block *generalised allied health interventions* were reported for 15.3 per cent of in-patient discharges with at least one procedure reported. This block includes interventions such as physiotherapy, dietetics, occupational therapy, pharmacy, social work, and speech pathology. Together, these six interventions accounted for close to 92 per cent of cases within this procedure block.

In-Patients – Top 10 Australian Refined Diagnosis Related Groups (AR-DRGs)

- The top three AR-DRGs accounted for 8.1 per cent of in-patient discharges when analysed by diagnosis related group.[20]
- *Chest pain* accounted for 3.8 per cent of in-patient discharges. *Abdominal pain or mesenteric adenitis* and *chronic obstructive airways disease w/o catastrophic cc* each accounted for 2.2 and 2.1 per cent of in-patient discharges respectively.

[20] See Section Five for details of the case mix classification.

TABLE 3.7 In-Patient Activity (excl. *Maternity)* (N, %, and Length of Stay)

Top 20 Principal Diagnoses[a]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
R07	Pain in throat and chest	20,318	4.0	1.8	1.7
J44	Other chronic obstructive pulmonary disease	13,616	2.7	8.1	6.4
J22	Unspecified acute lower respiratory infection	12,971	2.6	6.4	5.0
R10	Abdominal and pelvic pain	11,802	2.3	2.2	2.2
N39	Other disorders of urinary system	10,902	2.2	8.0	5.5
J18	Pneumonia, organism unspecified	10,166	2.0	9.8	7.2
R55	Syncope and collapse	9,198	1.8	4.7	3.6
A09	Other gastroenteritis and colitis of infectious and unspecified origin	6,513	1.3	3.5	3.0
I48	Atrial fibrillation and flutter	6,404	1.3	4.2	3.7
I21	Acute myocardial infarction	6,155	1.2	7.2	5.7
R51	Headache	6,143	1.2	2.0	1.9
I50	Heart failure	5,968	1.2	10.8	8.0
K80	Cholelithiasis	5,967	1.2	4.6	4.1
K35	Acute appendicitis	5,924	1.2	3.3	3.3
L03	Cellulitis	5,607	1.1	6.9	5.3
Z50	Care involving use of rehabilitation procedures	5,216	1.0	27.4	13.6
S52	Fracture of forearm	4,927	1.0	2.5	2.0
I25	Chronic ischaemic heart disease	4,798	1.0	5.3	4.2
J35	Chronic diseases of tonsils and adenoids	4,668	0.9	1.3	1.3
R06	Abnormalities of breathing	4,367	0.9	2.2	2.1

In-Patients
503,509

Discharges	N	%
Total	**503,509**	**100.0**
Acute	487,812	96.9
Extended	15,697	3.1

Bed Days	N	%
Total	**3,165,049**	**100.0**
Acute	2,170,118	68.6
Extended	994,931	31.4

Length of Stay	Mean
Total	**6.3**
Acute	4.4
Extended	63.4

Top 20 Principal Procedure Blocks[b]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
1916	Generalised allied health interventions	48,555	15.3	11.9	8.0
1952	Computerised tomography of brain	33,267	10.5	9.1	5.2
1920	Administration of pharmacotherapy	10,752	3.4	7.2	5.4
1963	Computerised tomography of abdomen and pelvis	8,543	2.7	6.1	5.1
2015	Magnetic resonance imaging	8,196	2.6	9.3	6.8
1966	Other computerised tomography	7,165	2.3	7.4	5.9
1008	Panendoscopy with excision	7,073	2.2	9.1	6.5
1893	Administration of blood and blood products	6,474	2.0	8.2	6.2
0926	Appendicectomy	6,408	2.0	3.2	3.1
0668	Coronary angiography	6,136	1.9	5.2	4.6
1489	Arthroplasty of hip	5,220	1.6	10.6	7.6
0412	Tonsillectomy or adenoidectomy	4,554	1.4	1.3	1.3
0570	Noninvasive ventilatory support	3,606	1.1	14.2	9.2
0965	Cholecystectomy	3,507	1.1	3.5	3.3
1961	Computerised tomography of chest, abdomen and pelvis	3,273	1.0	10.0	7.8
0569	Ventilatory support	3,247	1.0	23.9	9.0
1960	Computerised tomography of chest	3,089	1.0	9.0	7.3
0671	Transluminal coronary angioplasty with stenting	3,062	1.0	3.9	3.3
0030	Lumbar puncture	2,924	0.9	7.3	5.2
1962	Computerised tomography of abdomen	2,794	0.9	6.9	5.2

Admission Source	N	%
Home	457,633	90.9
Long stay accommodation	9,200	1.8
Transfer from other hospital	25,333	5.0
Other	11,343	2.3

Discharge Destination	N	%
Home	437,768	86.9
Long stay accommodation	24,187	4.8
Transfer to other hospital	24,868	4.9
Died	11,202	2.2
Other	5,484	1.1

Sex	N	%
Male	253,642	50.4
Female	249,867	49.6

Age Group	N	%
< 1 Year	27,702	5.5
1–14 Years	56,393	11.2
15–24 Years	32,574	6.5
25–34 Years	37,804	7.5
35–44 Years	45,076	9.0
45–54 Years	53,610	10.6
55–64 Years	64,971	12.9
65–74 Years	76,905	15.3
75–84 Years	73,307	14.6
85 Years and Over	35,167	7.0

Top 10 AR-DRGs		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
F74Z	Chest pain	19,131	3.8	1.7	1.7
G66Z	Abdominal pain or mesenteric adenitis	10,879	2.2	2.0	2.0
E65B	Chronic obstructive airways disease w/o catastrophic cc	10,646	2.1	6.1	5.4
G67B	Oesophagitis and gastroenteritis w/o cat/sev cc	10,279	2.0	2.3	2.2
B77Z	Headache	9,352	1.9	2.0	1.9
G70B	Other digestive system diagnoses w/o catastrophic or severe cc	9,271	1.8	3.0	2.9
D63Z	Otitis media and URI	8,513	1.7	2.0	2.0
F73B	Syncope and collapse w/o catastrophic or severe cc	7,919	1.6	3.0	2.7
L36B	Kidney and urinary tract infections w/o catastrophic or severe cc	7,702	1.5	5.1	4.4
E75C	Other respiratory system diagnosis w/o cc	7,134	1.4	2.9	2.8

Notes:

Percentage columns are subject to rounding.

a ICD-10-AM diagnosis codes are analysed at three-digit level.

b ACHI Procedure codes are analysed at block level. The percentage (%) is based on in-patients with principal procedure reported.

c Includes mean length of stay for acute in-patients (length of stay of 30 days or less) and extended stay in-patients (length of stay greater than 30 days).

d Includes mean length of stay for acute in-patients only.

3.3.2.1 Elective In-Patient Activity

An elective in-patient is an admission that has been arranged in advance (Department of Health and Children, 2001). Table 3.8 presents a summary of elective in-patient activity reported to HIPE.

Elective In-Patients – Profile

- Elective in-patient discharges accounted for 7.3 per cent of total discharges (excl. *Maternity*) and 20.5 per cent of in-patients.
- Elective in-patient discharges accounted for 684,382 bed days, or 21.6 per cent of total in-patient bed days (see Table 3.7).
- Eighty-eight per cent of elective in-patient discharges were admitted from home and a further 11.6 per cent were admitted by transfer from another hospital.
- Over 91 per cent of elective in-patient discharges were discharged home.

Elective In-Patients – Top 20 Principal Diagnoses

- Elective in-patients with a principal diagnosis of *care involving use of rehabilitation procedures* accounted for 5.0 per cent of elective in-patient discharges and reported the longest acute mean length of stay of the top 20 principal diagnoses for elective in-patient discharges, at 13.7 days.
- *Chronic diseases of tonsils and adenoids* accounted for 4.4 per cent of elective in-patient discharges.

Elective In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 89.9 per cent of elective in-patient discharges (see Table 3.4).
- The procedure block *generalised allied health interventions* was reported for 10.4 per cent of elective in-patients who had a principal procedure reported.
- Almost five per cent of elective in-patient discharges with a principal procedure reported had a principal procedure from the block *tonsillectomy or adenoidectomy* reported, with an acute mean length of stay of 1.3 days.

Elective In-Patients – Top 10 Australian Refined Diagnosis Related Groups (AR-DRGs)

- The top three AR-DRGs accounted for 11.9 per cent of elective in-patient discharges reported to HIPE when analysed by diagnosis related group.[21]
- *Tonsillectomy and/or adenoidectomy* accounted for 4.4 per cent, *rehabilitation w/o catastrophic cc* accounted for 4.1 per cent, and *hip replacement w/o catastrophic cc* accounted for 3.3 per cent of elective in-patient discharges.

[21] See Section Five for details of the case mix classification.

TABLE 3.8 Elective In-Patient Activity (N, %, and Length of Stay)

Top 20 Principal Diagnoses[a]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
Z50	Care involving use of rehabilitation procedures	5,156	5.0	27.6	13.7
J35	Chronic diseases of tonsils and adenoids	4,522	4.4	1.2	1.2
M16	Coxarthrosis [arthrosis of hip]	3,535	3.4	5.5	5.4
G47	Sleep disorders	2,509	2.4	1.3	1.2
M17	Gonarthrosis [arthrosis of knee]	2,468	2.4	5.2	5.1
K80	Cholelithiasis	2,311	2.2	2.3	2.1
I25	Chronic ischaemic heart disease	2,092	2.0	3.7	3.0
Z48	Other surgical follow-up care	2,064	2.0	11.4	7.1
C50	Malignant neoplasm of breast	1,945	1.9	6.2	4.3
N81	Female genital prolapse	1,592	1.5	4.0	4.0
K40	Inguinal hernia	1,425	1.4	1.7	1.7
C34	Malignant neoplasm of bronchus and lung	1,228	1.2	12.4	8.0
N39	Other disorders of urinary system	1,003	1.0	3.9	3.1
C18	Malignant neoplasm of colon	993	1.0	10.6	8.3
C67	Malignant neoplasm of bladder	922	0.9	5.8	4.7
J44	Other chronic obstructive pulmonary disease	847	0.8	10.8	7.8
Z51	Other medical care	822	0.8	14.7	11.3
C61	Malignant neoplasm of prostate	815	0.8	11.0	5.5
R06	Abnormalities of breathing	762	0.7	1.9	1.8
D25	Leiomyoma of uterus	746	0.7	4.2	4.1

Elective In-Patients

103,237

Discharges	N	%
Total	**103,237**	**100.0**
Acute	99,315	96.2
Extended	3,922	3.8

Bed Days	N	%
Total	**684,382**	**100.0**
Acute	450,610	65.8
Extended	233,772	34.2

Length of Stay	Mean
Total	**6.6**
Acute	4.5
Extended	59.6

Top 20 Principal Procedure Blocks[b]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
1916	Generalised allied health interventions	9,639	10.4	20.0	11.1
0412	Tonsillectomy or adenoidectomy	4,517	4.9	1.3	1.3
1489	Arthroplasty of hip	3,579	3.9	5.9	5.6
1920	Administration of pharmacotherapy	3,356	3.6	7.8	5.1
1828	Sleep study	2,698	2.9	1.2	1.2
0965	Cholecystectomy	2,667	2.9	2.3	2.2
1518	Arthroplasty of knee	2,261	2.4	5.6	5.5
1268	Abdominal hysterectomy	1,552	1.7	6.0	5.7
0990	Repair of inguinal hernia	1,401	1.5	1.7	1.6
1893	Administration of blood and blood products	1,364	1.5	5.3	4.1
0668	Coronary angiography	1,312	1.4	2.8	2.6
0671	Transluminal coronary angioplasty with stenting	1,025	1.1	1.6	1.6
1620	Excision of lesion of skin and subcutaneous tissue	951	1.0	3.4	2.7
2015	Magnetic resonance imaging	906	1.0	7.7	5.3
0913	Colectomy	906	1.0	12.8	9.8
1269	Vaginal Hysterectomy	855	0.9	4.4	4.4
1748	Simple mastectomy	840	0.9	4.5	4.5
1744	Excision of lesion of breast	838	0.9	1.9	1.9
1008	Panendoscopy with excision	812	0.9	6.1	4.9
1283	Repair of prolapse of uterus, pelvic floor or enterocele	795	0.9	3.8	3.8

Admission Source	N	%
Home	90,892	88.0
Long stay accommodation	372	0.4
Transfer from other hospital	11,932	11.6
Other	41	0.0

Discharge Destination	N	%
Home	94,678	91.7
Long stay accommodation	3,234	3.1
Transfer to other hospital	3,677	3.6
Died	1,199	1.2
Other	449	0.4

Sex	N	%
Male	50691	49.1
Female	52546	50.9

Age Group	N	%
< 1 Year	1,734	1.7
1–14 Years	10,424	10.1
15–24 Years	5,155	5.0
25–34 Years	6,636	6.4
35–44 Years	9,954	9.6
45–54 Years	13,521	13.1
55–64 Years	17,699	17.1
65–74 Years	20,180	19.5
75–84 Years	13,924	13.5
85 Years and Over	4,010	3.9

Top 10 AR-DRGs		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
D11Z	Tonsillectomy and/or adenoidectomy	4,559	4.4	1.3	1.2
Z60B	Rehabilitation w/o catastrophic cc	4,282	4.1	23.2	13.5
I03B	Hip replacement w/o catastrophic cc	3,443	3.3	5.4	5.4
Z63B	Other surgical follow up and medical care w/o catastrophic cc	2,404	2.3	11.1	8.2
H08B	Laparoscopic cholecystectomy w/o closed CDE w/o cat or sev cc	2,273	2.2	1.6	1.6
E63Z	Sleep apnoea	2,037	2.0	1.3	1.2
I04B	Knee replacement w/o catastrophic or severe cc	1,986	1.9	5.1	5.1
G10B	Hernia procedures w/o cc	1,925	1.9	1.8	1.8
J06Z	Major procedures for breast conditions	1,775	1.7	2.9	2.9
N04B	Hysterectomy for non-malignancy w/o catastrophic or severe cc	1,754	1.7	4.7	4.7

Notes:

Percentage columns are subject to rounding.

a ICD-10-AM diagnosis codes are analysed at three-digit level.

b ACHI Procedure codes are analysed at block level. The percentage (%) is based on elective in- patients with principal procedure reported.

c Includes mean length of stay for acute in-patients (length of stay of 30 days or less) and extended stay in-patients (length of stay greater than 30 days).

d Includes mean length of stay for acute in-patients only.

3.3.2.2 Emergency In-Patient Activity

An emergency in-patient admission is unforeseen and requires urgent care (Department of Health and Children, 2001).[22] Table 3.9 presents a summary of emergency in-patient activity reported to HIPE.[23]

Emergency In-Patients – Profile

- Emergency in-patient discharges accounted for 28.2 per cent of total discharges (excl. *Maternity*) and 79.5 per cent of in-patients.
- Emergency in-patient discharges accounted for 78.4 per cent of in-patient bed days (see Table 3.7).
- Over 68 per cent of emergency in-patient discharges were admitted from an Emergency Department, with 8.1 per cent admitted via a medical assessment unit (where they were treated as an in-patient).

Emergency In-Patients – Top 20 Principal Diagnoses

- Emergency in-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 4.9 per cent of emergency in-patients.
- Emergency in-patient discharges with a principal diagnosis of *other chronic obstructive pulmonary disease* and those with a principal diagnosis of *unspecified acute lower respiratory infection* each accounted for over 3 per cent of emergency in-patients.

Emergency In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 56.2 per cent of emergency in-patient discharges (see Table 3.4).
- Procedures from the block *generalised allied health interventions* were reported for 17.3 per cent of emergency in-patient discharges with a procedure recorded.

Emergency In-Patient – Top 10 Australian Refined Diagnosis Related Groups (AR-DRGs)

- The top three AR-DRGs accounted for 9.9 per cent of emergency in-patient discharges reported to HIPE when analysed by diagnosis related group.[24]
- *Chest pain* accounted for 4.7 per cent of emergency in-patient discharges. *Abdominal pain or mesenteric adenitis* and *oesophagitis and gastroenteritis w/o cat/sev cc* each accounted for 2.7 and 2.5 per cent of emergency in-patient discharges respectively.

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22 HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

23 See Sections 1.5 and 1.7 for notes on emergency in-patients.

24 See Section Five for details of the case mix classification.

TABLE 3.9 Emergency In-Patient Activity (N, %, and Length of Stay)

Top 20 Principal Diagnoses[a]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
R07	Pain in throat and chest	19,812	4.9	1.8	1.7
J44	Other chronic obstructive pulmonary disease	12,769	3.2	7.9	6.3
J22	Unspecified acute lower respiratory infection	12,664	3.2	6.3	5.0
R10	Abdominal and pelvic pain	11,393	2.8	2.2	2.2
J18	Pneumonia, organism unspecified	9,957	2.5	9.7	7.1
N39	Other disorders of urinary system	9,899	2.5	8.4	5.7
R55	Syncope and collapse	9,055	2.3	4.7	3.6
A09	Other gastroenteritis and colitis of infectious and unspecified origin	6,364	1.6	3.5	3.0
R51	Headache	6,027	1.5	2.0	1.9
K35	Acute appendicitis	5,884	1.5	3.3	3.3
I48	Atrial fibrillation and flutter	5,772	1.4	4.4	3.9
I21	Acute myocardial infarction	5,690	1.4	7.4	5.8
I50	Heart failure	5,651	1.4	10.8	8.0
L03	Cellulitis	5,451	1.4	6.8	5.3
S52	Fracture of forearm	4,593	1.1	2.5	2.1
B34	Viral infection of unspecified site	4,262	1.1	1.8	1.8
I63	Cerebral infarction	4,246	1.1	19.6	9.6
S72	Fracture of femur	4,111	1.0	18.3	11.4
R56	Convulsions, not elsewhere classified	4,022	1.0	3.3	2.8
K80	Cholelithiasis	3,656	0.9	6.0	5.4

Emergency In-Patients
400,272

Discharges	N	%
Total	**400,272**	**100.0**
Acute	388,497	97.1
Extended	11,775	2.9

Bed Days	N	%
Total	**2,480,667**	**100.0**
Acute	1,719,508	69.3
Extended	761,159	30.7

Length of Stay	Mean
Total	**6.2**
Acute	4.4
Extended	64.6

Top 20 Principal Procedure Blocks[b]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
1916	Generalised allied health interventions	38,916	17.3	9.9	7.3
1952	Computerised tomography of brain	32,704	14.5	9.0	5.2
1963	Computerised tomography of abdomen and pelvis	8,298	3.7	6.0	5.1
1920	Administration of pharmacotherapy	7,396	3.3	6.9	5.6
2015	Magnetic resonance imaging	7,290	3.2	9.5	7.0
1966	Other computerised tomography	6,911	3.1	7.4	5.9
1008	Panendoscopy with excision	6,261	2.8	9.5	6.7
0926	Appendicectomy	6,254	2.8	3.2	3.2
1893	Administration of blood and blood products	5,110	2.3	9.0	6.7
0668	Coronary angiography	4,824	2.1	5.8	5.2
0569	Ventilatory support	3,162	1.4	23.7	9.0
0570	Noninvasive ventilatory support	3,057	1.4	15.5	10.4
1961	Computerised tomography of chest, abdomen and pelvis	2,962	1.3	10.0	7.8
1960	Computerised tomography of chest	2,852	1.3	9.1	7.3
0030	Lumbar puncture	2,736	1.2	7.3	5.2
1962	Computerised tomography of abdomen	2,692	1.2	6.9	5.2
1005	Panendoscopy	2,387	1.1	10.0	7.3
1427	Closed reduction of fracture of radius	2,095	0.9	1.7	1.6
0671	Transluminal coronary angioplasty with stenting	2,037	0.9	5.0	4.2
0911	Fibreoptic colonoscopy with excision	1,996	0.9	10.8	8.2

Admission Source	N	%
Home	366,741	91.6
Long stay accommodation	8,828	2.2
Transfer from other hospital	13,401	3.3
Other	11,302	2.8

Discharge Destination	N	%
Home	343,090	85.7
Long stay accommodation	20,953	5.2
Transfer to other hospital	21,191	5.3
Died	10,003	2.5
Other	5,035	1.3

Mode of Emergency Admission	N	%
Emergency Department	274,101	68.5
Medical assessment unit - admitted as in-patient	32,594	8.1
Medical assessment unit - day only	47,466	11.9
Other	46,021	11.5
Unknown	90	0.0

Sex	N	%
Male	202,951	50.7
Female	197,321	49.3

Age Group	N	%
< 1 Year	25,968	6.5
1–14 Years	45,969	11.5
15–24 Years	27,419	6.9
25–34 Years	31,168	7.8
35–44 Years	35,122	8.8
45–54 Years	40,089	10.0
55–64 Years	47,272	11.8
65–74 Years	56,725	14.2
75–84 Years	59,383	14.8
85 Years and Over	31,157	7.8

Top 10 AR-DRGs		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
F74Z	Chest pain	18,783	4.7	1.7	1.7
G66Z	Abdominal pain or mesenteric adenitis	10,668	2.7	2.0	2.0
G67B	Oesophagitis and gastroenteritis w/o cat/sev cc	10,097	2.5	2.2	2.2
E65B	Chronic obstructive airways disease w/o catastrophic cc	9,866	2.5	5.8	5.3
B77Z	Headache	9,192	2.3	1.9	1.9
G70B	Other Digestive system diagnoses w/o catastrophic or severe cc	8,651	2.2	2.9	2.8
D63Z	Otitis media and URI	8,267	2.1	2.0	2.0
F73B	Syncope and collapse w/o catastrophic or severe cc	7,810	2.0	2.9	2.7
L63B	Kidney and urinary tract infections w/o catastrophic or severe cc	7,552	1.9	5.1	4.3
E75C	Other respiratory system diagnosis w/o cc	7,008	1.8	2.9	2.8

Notes: Percentage columns are subject to rounding.

a ICD-10-AM diagnosis codes are analysed at three-digit level.

b ACHI Procedure codes are analysed at block level. The percentage (%) is based on emergency in-patients with principal procedure reported.

c Includes mean length of stay for acute in-patients (length of stay of 30 days or less) and extended stay in-patients (length of stay greater than 30 days).

d Includes mean length of stay for acute in-patients only.

3.4 Morbidity Analysis: Total Discharge Activity (excl. *Maternity*)

The analysis presented in Section 3.4 is based on total discharges (excl. *Maternity*).[25] Morbidity data are presented by chapter within the ICD-10-AM diagnosis coding scheme, with certain specific conditions within these chapters reported separately. Procedures are generally reported by block at chapter level with certain specific procedures reported separately. Discussion of morbidity analysis will be limited to chapter level. Diagnosis and procedure tables are cross tabulated by sex and age group.

3.4.1 Total Discharges (excl. *Maternity*) by Principal Diagnosis, Sex and Age Group

Table 3.10 presents the distribution of total discharges (excl. *Maternity*) by sex, age group and principal diagnosis.

- Over 28 per cent of total discharges (excl. *Maternity*) had a principal diagnosis of *factors influencing health status and contact with health services*; this includes persons encountering health services for examination and investigation or for specific procedures and health care (e.g., *chemotherapy*, *radiotherapy* and *dialysis*). [26]
- The chapter *diseases of the digestive system* had the second largest number of principal diagnoses, with 10.0 per cent of total discharges (excl. *Maternity*).
- For discharges aged less than 15 years (including discharges < 1 year), the most common principal diagnosis came from the chapter *diseases of the respiratory system,* which accounted for 13.1 per cent of total discharges within this age category.
- Diagnoses from the chapter *factors influencing health status and contact with health services* were the most common principal diagnoses for the remaining age categories.

3.4.2 Acute In-Patient Mean Length of Stay by Principal Diagnosis, Sex and Age Group

Table 3.11 presents the acute in-patient mean length of stay for principal diagnosis by sex and age group. The analysis presented here is limited to the mean length of stay for acute in-patient discharges (excl. *Maternity*) with a length of stay of 30 days or less, and excluding day patients. It should also be noted that the analysis by mean length of stay does not take into account the status of the patient on discharge. For example, a patient with a length of stay of one day for a diagnosis of chronic

[25] See Section Four for details of the diagnoses and procedures reported for *Maternity* discharges.

[26] Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at over 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

ischaemic heart disease may be transferred to another facility on discharge. Care must be taken, therefore, in interpreting the data on mean length of stay presented in Table 3.11, in the absence of information on discharge destination.[27] Discussion of acute in-patient mean length of stay is limited to ICD-10-AM chapter level.

- The longest acute in-patient mean length of stay was recorded for acute in-patient discharges with a principal diagnosis of *factors influencing health status and contact with health services* (7.1 days). When this diagnosis is analysed by sex, male discharges reported 6.3 days and females reported 7.9 days.
- For discharges aged less than 15 years, those with a principal diagnosis of *congenital malformations, deformations and chromosomal abnormalities* recorded an acute in-patient mean length of stay of 4.5 days.
- The longest acute in-patient mean length of stay for discharges aged 15–44 years was reported for those with a principal diagnosis of *endocrine, nutritional and metabolic diseases*, at 5.3 days.
- The shortest acute in-patient mean length of stay for all ages was recorded for acute in-patient discharges with a principal diagnosis from the chapter *diseases of the ear and mastoid process* (2.3 days). When analysed by age group, 1.7 days was reported for discharges aged less than 15 years and 3.6 days for discharges aged 65 years and older.

3.4.3 All-Listed Diagnoses by Sex and Age Group

Table 3.12 provides details of all-listed diagnoses reported by sex and age group. Over 3.6 million diagnoses were recorded for total discharges (excl. *Maternity*) reported to HIPE. As one principal diagnosis and up to 29 secondary diagnoses may be collected per discharge, the number of diagnoses will not equal the number of discharges.

- The chapter *factors influencing health status and contact with health services* was the most frequently reported diagnosis across both sexes and all age groups for total discharges (excl. *Maternity*). It accounted for 820,602 diagnoses, or 22.3 per cent of all-listed diagnoses (excl. *Maternity*) reported.
- *Neoplasms* accounted for 460,984 diagnoses or 12.5 per cent of all-listed diagnoses reported for total discharges (excl. *Maternity*).
- For total discharges (excl. *Maternity*) aged less than 15 years, *external causes of morbidity and mortality,* accounted for 12.5 per cent of all-listed diagnoses reported for this age group.[28]

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27 See Section Two for details of discharge destination.

28 The codes in this chapter [chapter 20] allow the classification of "environmental events and circumstances as the cause of injury, poisoning and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used in addition to a code from another chapter of the Classification indicating the nature of the condition." Extracted from NCCH eBook, July 2008, External Causes.

TABLE 3.10 Total Discharges (excl. *Maternity*): Principal Diagnosis by Sex and Age Group (N)

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. *Maternity*)	–	**73,837**	**146,233**	**212,964**	**280,618**	**713,652**	**57,577**	**180,870**	**220,029**	**249,540**	**708,016**	**131,414**	**327,103**	**432,993**	**530,158**	**1,421,668**
Certain infectious and parasitic diseases	**A00–B99**	**5,982**	**3,276**	**1,915**	**2,070**	**13,243**	**5,141**	**3,308**	**2,088**	**2,736**	**13,273**	**11,123**	**6,584**	**4,003**	**4,806**	**26,516**
Intestinal infectious diseases including diarrhoea	A00–A09	3,488	1,145	854	1,006	6,493	3,104	1,500	1,116	1,560	7,280	6,592	2,645	1,970	2,566	13,773
Tuberculosis	A15–A19	8	120	69	39	236	6	113	28	16	163	14	233	97	55	399
Septicaemia	A40–A41	100	119	238	627	1,084	75	91	199	663	1,028	175	210	437	1,290	2,112
Human immunodeficiency virus [HIV] disease	B20–B24	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	60
Neoplasms	**C00–D48**	**2,677**	**7,663**	**19,619**	**30,490**	**60,449**	**2,948**	**15,147**	**21,194**	**23,423**	**62,712**	**5,625**	**22,810**	**40,813**	**53,913**	**123,161**
Malignant neoplasms	C00–C96	1,906	3,913	14,730	23,266	43,815	2,068	4,768	14,261	17,524	38,621	3,974	8,681	28,991	40,790	82,436
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	~	*	1,622	2,714	4,554	~	*	1,028	1,483	2,689	~	*	2,650	4,197	7,243
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	0	51	1,077	1,947	3,075	0	70	1,058	1,581	2,709	0	121	2,135	3,528	5,784
Malignant neoplasm of skin (primary)	C43–C44	~	*	1,494	4,577	6,460	~	*	1,156	3,039	4,622	~	*	2,650	7,616	11,082
Malignant neoplasm of breast (primary)	C50	0	~	*	31	46	0	1,311	3,824	2,844	7,979	0	*	*	2,875	8,025
Malignant neoplasms of female genital organs (primary)	C51–C58	0	0	0	0	0	44	544	1,493	1,119	3,200	44	544	1,493	1,119	3,200
Malignant neoplasm of prostate (primary)	C61	0	21	1,723	2,583	4,327	0	0	~	0	~	0	21	*	2,583	*
Malignant neoplasm of bladder (primary)	C67	24	55	328	1,218	1,625	0	27	164	458	649	24	82	492	1,676	2,274
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	907	1,598	3,834	4,835	11,174	912	1,210	2,364	3,627	8,113	1,819	2,808	6,198	8,462	19,287
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	771	3,700	4,596	6,343	15,410	878	7,973	6,009	4,763	19,623	1,649	11,673	10,605	11,106	35,033
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**2,332**	**2,018**	**2,228**	**3,825**	**10,403**	**1,517**	**3,145**	**2,833**	**4,248**	**11,743**	**3,849**	**5,163**	**5,061**	**8,073**	**22,146**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**1,564**	**7,452**	**12,625**	**8,823**	**30,464**	**1,372**	**4,225**	**5,769**	**6,824**	**18,190**	**2,936**	**11,677**	**18,394**	**15,647**	**48,654**
Diabetes mellitus	E10–E14	325	1,149	2,893	4,151	8,518	317	924	1,394	3,161	5,796	642	2,073	4,287	7,312	14,314
Cystic fibrosis	E84	434	1,016	69	0	1,519	375	1,040	59	0	1,474	809	2,056	128	0	2,993
Mental and behavioural disorders	**F00–F99**	**316**	**1,300**	**1,048**	**797**	**3,461**	**241**	**946**	**757**	**933**	**2,877**	**557**	**2,246**	**1,805**	**1,730**	**6,338**
Mental and behavioural disorders due to alcohol	F10	23	653	666	240	1,582	27	258	295	91	671	50	911	961	331	2,253
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	~	140	20	~	163	~	70	9	*	89	~	210	29	10	252
Diseases of nervous system	**G00–G99**	**1,646**	**4,231**	**4,757**	**4,036**	**14,670**	**1,368**	**6,787**	**5,492**	**4,223**	**17,870**	**3,014**	**11,018**	**10,249**	**8,259**	**32,540**
Multiple sclerosis	G35	0	1,103	519	55	1,677	0	2,331	1,098	86	3,515	0	3,434	1,617	141	5,192
Epilepsy	G40, G41	674	865	503	299	2,341	589	750	347	303	1,989	1,263	1,615	850	602	4,330
Transient cerebral ischaemic attacks and related syndromes	G45	0	69	484	1,035	1,588	0	84	389	1,237	1,710	0	153	873	2,272	3,298
Diseases of the eye and adnexa	**H00–H59**	**707**	**1,688**	**4,017**	**10,952**	**17,364**	**714**	**1,733**	**3,576**	**15,344**	**21,367**	**1,421**	**3,421**	**7,593**	**26,296**	**38,731**
Diseases of the ear and mastoid process	**H60–H95**	**2,394**	**1,329**	**1,095**	**743**	**5,561**	**1,670**	**1,333**	**1,107**	**775**	**4,885**	**4,064**	**2,662**	**2,202**	**1,518**	**10,446**
Diseases of the circulatory system	**I00–I99**	**576**	**5,728**	**16,023**	**22,936**	**45,263**	**560**	**5,597**	**8,935**	**17,638**	**32,730**	**1,136**	**11,325**	**24,958**	**40,574**	**77,993**
Hypertensive diseases	I10–I15	26	259	408	282	975	35	245	416	516	1,212	61	504	824	798	2,187
Angina pectoris	I20	0	130	1,339	1,745	3,214	0	55	484	939	1,478	0	185	1,823	2,684	4,692
Acute myocardial infarction	I21–I22	0	248	1,878	2,437	4,563	0	55	450	1,430	1,935	0	303	2,328	3,867	6,498
Other ischaemic heart disease	I23–I25	0	263	3,187	3,851	7,301	~	*	973	1,790	2,845	~	*	4,160	5,641	10,146
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	~	*	275	411	844	*	*	219	582	1,027	17	367	494	993	1,871
Conduction disorders and cardiac arrhythmias	I44–I49	98	653	2,512	4,026	7,289	63	336	1,029	3,192	4,620	161	989	3,541	7,218	11,909
Heart failure	I50	~	*	451	2,938	3,428	0	21	205	2,477	2,703	~	*	656	5,415	6,131
Cerebrovascular disease	I60–I69	35	235	1,028	2,473	3,771	28	212	718	2,476	3,434	63	447	1,746	4,949	7,205
Atherosclerosis (non-coronary)	I70	0	27	415	784	1,226	~	*	156	506	691	~	*	571	1,290	1,917
Diseases of the respiratory system	**J00–J99**	**9,679**	**5,900**	**7,236**	**16,439**	**39,254**	**7,478**	**7,386**	**7,950**	**16,119**	**38,933**	**17,157**	**13,286**	**15,186**	**32,558**	**78,187**
Acute upper respiratory infections and influenza	J00–J11	3,168	848	269	146	4,431	2,376	1,418	328	204	4,326	5,544	2,266	597	350	8,757
Pneumonia	J12–J18	692	508	933	3,421	5,554	628	506	851	3,370	5,355	1,320	1,014	1,784	6,791	10,909
Chronic diseases of tonsils and adenoids	J35	1,759	581	53	10	2,403	1,651	1,201	71	12	2,935	3,410	1,782	124	22	5,338

TABLE 3.10 Total Discharges (excl. *Maternity*): Principal Diagnosis by Sex and Age Group (N) (contd.)

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	45	313	1,940	5,968	8,266	18	411	2,473	5,761	8,663	63	724	4,413	11,729	16,929
Asthma	J45–J46	980	515	710	315	2,520	588	1,081	1,203	457	3,329	1,568	1,596	1,913	772	5,849
Diseases of the digestive system	**K00–K93**	**6,182**	**22,000**	**23,012**	**19,377**	**70,571**	**5,076**	**24,496**	**23,002**	**19,503**	**72,077**	**11,258**	**46,496**	**46,014**	**38,880**	**142,648**
Diseases of oesophagus, stomach and duodenum	K20–K31	747	5,955	7,522	5,494	19,718	619	6,215	7,606	5,728	20,168	1,366	12,170	15,128	11,222	39,886
Diseases of appendix	K35–K38	1,068	1,895	346	115	3,424	850	1,843	295	115	3,103	1,918	3,738	641	230	6,527
Inguinal hernia	K40	426	772	1,174	1,190	3,562	108	54	62	106	330	534	826	1,236	1,296	3,892
Noninfective enteritis and colitis	K50–K52	322	3,988	1,757	758	6,825	243	3,727	1,724	824	6,518	565	7,715	3,481	1,582	13,343
Alcoholic liver disease	K70	0	162	469	124	755	0	100	186	58	344	0	262	655	182	1,099
Cholelithiasis	K80	24	463	869	1,310	2,666	22	2,419	1,594	1,467	5,502	46	2,882	2,463	2,777	8,168
Diseases of the skin and subcutaneous tissue	**L00–L99**	**1,779**	**13,226**	**8,504**	**7,018**	**30,527**	**1,356**	**11,566**	**8,482**	**7,174**	**28,578**	**3,135**	**24,792**	**16,986**	**14,192**	**59,105**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	401	1,211	1,184	1,261	4,057	350	684	658	1,484	3,176	751	1,895	1,842	2,745	7,233
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**1,735**	**8,947**	**12,013**	**9,290**	**31,985**	**1,776**	**9,423**	**16,557**	**15,230**	**42,986**	**3,511**	**18,370**	**28,570**	**24,520**	**74,971**
Rheumatoid arthritis	M05–M06	0	380	1,021	683	2,084	~	*	2,219	1,511	4,545	~	*	3,240	2,194	6,629
Coxarthrosis and Gonarthrosis	M16–M17	~	*	1,871	2,336	4,549	~	*	1,994	3,398	5,680	6	624	3,865	5,734	10,229
Intervertebral disc disorders	M50–M51	~	603	526	*	1,348	~	630	678	*	1,668	9	1,233	1,204	570	3,016
Dorsalgia (back pain)	M54	67	1,755	2,131	1,207	5,160	82	2,242	3,223	2,453	8,000	149	3,997	5,354	3,660	13,160
Diseases of the genitourinary system	**N00–N99**	**4,077**	**4,784**	**6,650**	**9,292**	**24,803**	**2,055**	**21,383**	**15,510**	**10,000**	**48,948**	**6,132**	**26,167**	**22,160**	**19,292**	**73,751**
Chronic kidney disease	N18	153	217	374	489	1,233	103	225	223	298	849	256	442	597	787	2,082
Urolithiasis	N20–N23	78	1,466	1,629	701	3,874	24	872	893	275	2,064	102	2,338	2,522	976	5,938
Hyperplasia of prostate	N40	0	79	1,253	2,568	3,900	0	0	0	0	0	0	79	1,253	2,568	3,900
Disorders of breast	N60–N64	~	104	32	*	162	17	1,443	1,350	307	3,117	*	1,547	1,382	*	3,279
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	22	1,232	388	80	1,722	22	1,232	388	80	1,722
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	185	14,132	9,013	2,357	25,687	185	14,132	9,013	2,357	25,687
Pregnancy, childbirth and the puerperium [a]	**O00–O99**	**0**	**0**	**0**	**0**	**0**	ǂ	ǂ	ǂ	ǂ	**40**	ǂ	ǂ	ǂ	ǂ	**40**
Certain conditions originating in the perinatal period	**P00–P96**	ǂ	ǂ	ǂ	ǂ	**5,706**	ǂ	ǂ	ǂ	ǂ	**4,361**	ǂ	ǂ	ǂ	ǂ	**10,067**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**5,420**	**684**	**198**	**93**	**6,395**	**3,583**	**815**	**281**	**102**	**4,781**	**9,003**	**1,499**	**479**	**195**	**11,176**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**6,272**	**15,281**	**18,481**	**19,657**	**59,691**	**5,587**	**24,241**	**20,144**	**19,310**	**69,282**	**11,859**	**39,522**	**38,625**	**38,967**	**128,973**
Abdominal and pelvic pain	R10	924	2,403	1,668	1,040	6,035	1,198	7,103	2,999	1,491	12,791	2,122	9,506	4,667	2,531	18,826
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**7,141**	**13,010**	**6,026**	**5,637**	**31,814**	**4,846**	**6,263**	**5,058**	**8,592**	**24,759**	**11,987**	**19,273**	**11,084**	**14,229**	**56,573**
Intracranial injury	S06	152	590	314	379	1,435	83	185	156	334	758	235	775	470	713	2,193
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	2,188	2,428	620	585	5,821	1,388	695	300	730	3,113	3,576	3,123	920	1,315	8,934
Fracture of femur	S72	130	133	194	930	1,387	55	42	257	2,408	2,762	185	175	451	3,338	4,149
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	225	1,094	387	116	1,822	278	1,276	516	155	2,225	503	2,370	903	271	4,047
Factors influencing health status and contact with health services [b]	**U00–U49, Z00–Z99**	**7,654**	**27,714**	**67,517**	**109,143**	**212,028**	**5,929**	**33,035**	**71,294**	**77,366**	**187,624**	**13,583**	**60,749**	**138,811**	**186,509**	**399,652**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,701	5,149	27,201	42,774	77,825	2,654	11,594	43,052	30,601	87,901	5,355	16,743	70,253	73,375	165,726

Notes: ~ Denotes five or fewer discharges reported to HIPE.

* Further suppression required to prevent disclosure of five or fewer discharges.

ǂ Denotes that no breakdown is provided.

a Discharges reported within this chapter were not assigned admission type of *Maternity*. Their admission was for reasons other than their obstetric condition, but they received obstetric care during this episode of care. See Section Four for details of morbidity analysis for *Maternity* discharges.

b This category includes discharges in the code range U00–U49 'codes for special purposes'.

TABLE 3.11 Acute In-Patient Discharges (excl. *Maternity*): Mean Length of Stay (Days) by Principal Diagnosis, Sex and Age Group[a]

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Acute In-Patient Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Acute In-Patient Discharges	**–**	**2.7**	**3.0**	**4.4**	**6.3**	**4.4**	**2.8**	**2.8**	**4.1**	**6.5**	**4.5**	**2.8**	**2.9**	**4.2**	**6.4**	**4.4**
Certain infectious and parasitic diseases	**A00–B99**	**2.0**	**3.9**	**5.5**	**7.7**	**3.5**	**2.0**	**3.4**	**4.9**	**7.1**	**3.6**	**2.0**	**3.6**	**5.2**	**7.4**	**3.6**
Intestinal infectious diseases including diarrhoea	A00–A09	1.8	2.9	4.5	6.1	2.8	1.8	2.8	3.9	6.2	3.1	1.8	2.9	4.2	6.2	2.9
Tuberculosis	A15–A19	1.3	9.7	9.7	12.2	9.6	2.0	10.0	7.6	11.6	9.3	1.6	9.8	9.0	12.0	9.4
Septicaemia	A40–A41	5.6	8.3	8.7	10.2	9.2	4.1	7.4	8.9	9.5	8.8	4.9	7.9	8.8	9.8	9.0
Human immunodeficiency virus [HIV] disease	B20–B24	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	8.9
Neoplasms	**C00–D48**	**4.2**	**5.9**	**7.5**	**8.1**	**7.5**	**3.7**	**4.8**	**6.3**	**7.7**	**6.5**	**3.9**	**5.2**	**6.8**	**7.9**	**7.0**
Malignant neoplasms	C00–C96	4.2	6.3	7.7	8.4	7.8	3.8	5.8	6.9	8.1	7.2	4.0	6.0	7.3	8.3	7.5
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	^	8.4	8.8	9.6	9.3	^	7.2	7.6	10.0	9.0	^	7.8	8.3	9.7	9.2
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	-	9.6	7.7	9.9	9.1	-	7.5	7.6	9.0	8.5	-	8.2	7.6	9.5	8.8
Malignant neoplasm of skin (primary)	C43–C44	^	3.6	5.5	5.1	5.1	-	3.2	3.5	4.7	4.3	^	3.4	4.8	5.0	4.8
Malignant neoplasm of breast (primary)	C50	-	^	^	5.8	5.8	-	4.4	4.7	5.6	5.0	-	4.4	4.7	5.6	5.0
Malignant neoplasms of female genital organs (primary)	C51–C58	-	-	-	-	-	2.7	5.3	6.9	7.8	7.0	2.7	5.3	6.9	7.8	7.0
Malignant neoplasm of prostate (primary)	C61	-	6.7	5.6	7.2	6.5	-	-	-	-	-	-	6.7	5.6	7.2	6.5
Malignant neoplasm of bladder (primary)	C67	4.6	6.9	6.1	6.0	6.0	-	^	6.3	5.6	5.8	4.6	6.7	6.2	5.9	5.9
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	4.3	7.2	8.1	7.8	7.5	4.2	7.8	9.2	7.8	7.7	4.3	7.5	8.5	7.8	7.6
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	4.0	3.7	4.5	5.5	4.8	3.5	3.6	4.3	5.3	4.2	3.7	3.6	4.4	5.4	4.4
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**2.8**	**4.0**	**4.7**	**5.1**	**4.3**	**3.6**	**3.6**	**4.7**	**5.4**	**4.6**	**3.1**	**3.8**	**4.7**	**5.3**	**4.5**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**4.1**	**6.0**	**5.4**	**7.2**	**6.0**	**4.5**	**4.7**	**4.3**	**6.4**	**5.3**	**4.3**	**5.3**	**4.9**	**6.8**	**5.6**
Diabetes mellitus	E10–E14	3.7	3.4	5.7	7.6	5.8	4.0	3.3	4.8	6.9	5.2	3.8	3.3	5.4	7.3	5.6
Cystic fibrosis	E84	7.8	12.3	13.2	-	11.0	9.0	11.2	14.7	-	10.6	8.4	11.8	14.0	-	10.8
Mental and behavioural disorders	**F00–F99**	**2.4**	**3.6**	**4.1**	**7.1**	**4.4**	**4.4**	**4.1**	**4.7**	**7.8**	**5.4**	**3.5**	**3.8**	**4.3**	**7.5**	**4.8**
Mental and behavioural disorders due to alcohol	F10	1.3	2.6	3.9	6.0	3.6	1.1	2.7	4.5	5.5	3.8	1.2	2.6	4.1	5.9	3.7
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	^	8.7	13.2	^	9.1	^	11.5	11.7	7.9	11.1	^	9.6	12.8	8.0	9.8
Diseases of nervous system	**G00–G99**	**3.1**	**2.9**	**3.4**	**5.5**	**3.8**	**2.9**	**2.9**	**3.7**	**5.3**	**3.8**	**3.0**	**2.9**	**3.6**	**5.4**	**3.8**
Multiple sclerosis	G35	-	4.4	6.1	7.8	5.5	-	5.0	6.2	8.1	5.7	-	4.9	6.2	8.0	5.6
Epilepsy	G40, G41	2.9	3.1	3.8	5.7	3.6	3.1	3.0	4.2	6.4	3.8	3.0	3.1	4.0	6.0	3.7
Transient cerebral ischaemic attacks and related syndromes	G45	-	3.1	3.5	4.4	4.1	-	3.1	3.5	4.5	4.2	-	3.1	3.5	4.5	4.1
Diseases of the eye and adnexa	**H00–H59**	**2.5**	**2.9**	**3.3**	**3.4**	**3.2**	**2.3**	**2.8**	**2.8**	**3.1**	**2.9**	**2.4**	**2.8**	**3.1**	**3.2**	**3.0**
Diseases of the ear and mastoid process	**H60–H95**	**1.7**	**2.1**	**2.5**	**4.1**	**2.3**	**1.6**	**2.1**	**2.6**	**3.1**	**2.3**	**1.7**	**2.1**	**2.5**	**3.6**	**2.3**
Diseases of the circulatory system	**I00–I99**	**2.9**	**3.8**	**4.7**	**6.3**	**5.5**	**2.6**	**3.6**	**4.5**	**6.5**	**5.7**	**2.8**	**3.7**	**4.6**	**6.4**	**5.6**
Hypertensive diseases	I10–I15	1.9	2.2	2.2	2.6	2.3	3.2	2.1	2.0	2.7	2.4	2.6	2.2	2.1	2.7	2.4
Angina pectoris	I20	-	3.1	4.2	4.7	4.4	-	2.2	3.5	4.4	4.0	-	2.9	4.0	4.6	4.3
Acute myocardial infarction	I21–I22	-	3.9	4.5	6.4	5.5	-	3.8	4.4	6.7	6.1	-	3.9	4.5	6.5	5.7
Other ischaemic heart disease	I23–I25	-	3.2	3.9	4.7	4.3	-	3.4	3.6	4.3	4.1	-	3.2	3.9	4.6	4.2
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	^	6.0	6.5	8.2	7.2	^	5.3	7.0	8.5	7.5	4.3	5.6	6.7	8.3	7.4
Conduction disorders and cardiac arrhythmias	I44–I49	3.7	2.6	3.2	4.3	3.8	4.0	2.6	3.2	4.6	4.1	3.8	2.6	3.2	4.4	3.9
Heart failure	I50	^	8.1	7.5	7.9	7.9	-	7.1	6.9	8.2	8.1	^	7.7	7.3	8.0	8.0
Cerebrovascular disease	I60–I69	7.4	7.2	8.0	8.9	8.5	5.7	6.8	7.6	9.4	8.8	6.6	7.0	7.8	9.1	8.7
Atherosclerosis (non-coronary)	I70	-	6.3	6.1	8.8	7.8	^	3.4	6.6	7.6	7.3	^	5.0	6.2	8.3	7.6
Diseases of the respiratory system	**J00–J99**	**2.2**	**3.0**	**5.0**	**7.1**	**4.9**	**2.2**	**2.5**	**4.8**	**7.3**	**4.9**	**2.2**	**2.7**	**4.9**	**7.2**	**4.9**
Acute upper respiratory infections and influenza	J00–J11	1.7	2.1	2.5	4.1	1.9	1.8	2.0	2.3	4.2	2.0	1.7	2.0	2.4	4.2	1.9
Pneumonia	J12–J18	3.6	5.3	6.5	8.4	7.1	3.5	4.7	6.5	8.7	7.4	3.6	5.0	6.5	8.5	7.3
Chronic diseases of tonsils and adenoids	J35	1.2	1.3	2.0	^	1.3	1.2	1.3	1.7	^	1.3	1.2	1.3	1.8	2.4	1.3
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	3.8	4.5	5.3	6.6	6.2	2.8	3.6	5.4	6.9	6.4	3.5	3.9	5.3	6.7	6.3
Asthma	J45–J46	1.8	2.3	3.2	4.1	2.2	1.9	2.5	3.5	4.9	2.9	1.8	2.4	3.4	4.7	2.6
Diseases of the digestive system	**K00–K93**	**2.7**	**3.6**	**4.8**	**5.7**	**4.5**	**2.8**	**3.5**	**4.5**	**6.2**	**4.5**	**2.8**	**3.5**	**4.7**	**5.9**	**4.5**
Diseases of oesophagus, stomach and duodenum	K20–K31	2.3	2.7	3.8	5.2	3.7	2.0	2.7	3.2	5.4	3.7	2.2	2.7	3.5	5.3	3.7
Diseases of appendix	K35–K38	3.3	2.9	4.1	6.8	3.3	3.4	3.0	4.3	6.5	3.3	3.3	2.9	4.2	6.6	3.3

TABLE 3.11 Acute In-Patient Discharges (excl. *Maternity*): Mean Length of Stay (Days) by Principal Diagnosis, Sex and Age Group[a] (contd.)

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Acute In-Patient Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Inguinal hernia	K40	1.8	1.4	1.7	2.5	2.0	1.5	2.0	1.9	3.5	2.6	1.8	1.5	1.7	2.6	2.1
Noninfective enteritis and colitis	K50–K52	2.8	5.8	6.2	6.1	5.7	3.6	5.8	5.8	7.0	5.9	3.2	5.8	6.0	6.6	5.8
Alcoholic liver disease	K70	-	7.5	9.0	9.0	8.7	-	8.4	9.1	10.6	9.1	-	7.8	9.0	9.5	8.8
Cholelithiasis	K80	2.9	3.5	4.2	5.8	4.8	3.2	2.9	3.4	5.8	3.8	3.0	3.0	3.7	5.8	4.1
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2.8**	**3.1**	**4.8**	**6.3**	**4.3**	**3.0**	**2.8**	**4.3**	**7.0**	**4.7**	**2.9**	**3.0**	**4.6**	**6.7**	**4.5**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	3.1	3.5	5.0	6.4	4.8	3.3	3.0	4.7	7.0	5.2	3.2	3.3	4.9	6.7	5.0
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**3.1**	**2.6**	**3.7**	**5.4**	**4.0**	**3.2**	**2.6**	**3.3**	**5.2**	**4.0**	**3.2**	**2.6**	**3.5**	**5.3**	**4.0**
Rheumatoid arthritis	M05–M06	-	4.9	3.2	7.1	5.2	^	2.1	4.1	5.2	4.2	^	3.3	3.8	5.9	4.6
Coxarthrosis and Gonarthrosis	M16–M17	^	3.7	4.6	5.7	5.2	^	4.2	4.7	5.8	5.4	^	3.9	4.6	5.8	5.3
Intervertebral disc disorders	M50–M51	^	3.0	3.7	6.6	3.9	^	3.5	3.7	6.4	4.0	7.4	3.2	3.7	6.5	4.0
Dorsalgia (back pain)	M54	2.4	2.2	3.1	4.9	3.3	2.7	2.5	3.1	5.2	3.5	2.6	2.4	3.1	5.1	3.4
Diseases of the genitourinary system	**N00–N99**	**2.4**	**2.7**	**4.2**	**6.6**	**4.6**	**2.8**	**2.7**	**3.7**	**6.6**	**4.2**	**2.6**	**2.7**	**3.9**	**6.6**	**4.4**
Chronic kidney disease	N18	3.3	5.3	7.2	7.2	6.2	4.1	5.5	5.8	7.3	6.0	3.6	5.4	6.6	7.2	6.1
Urolithiasis	N20–N23	3.1	2.2	2.7	3.8	2.7	1.4	2.6	3.2	4.2	3.0	2.5	2.3	2.9	3.9	2.8
Hyperplasia of prostate	N40	-	^	4.5	5.0	4.9	-	-	-	-	-	-	^	4.5	5.0	4.9
Disorders of breast	N60–N64	^	1.4	1.8	^	1.7	2.7	2.5	2.5	3.8	2.6	2.7	2.4	2.5	3.7	2.5
Inflammatory diseases of female pelvic organs	N70–N77	-	-	-	-	-	1.8	2.4	3.3	5.3	2.7	1.8	2.4	3.3	5.3	2.7
Noninflammatory disorders of female genital tract	N80–N98	-	-	-	-	-	2.1	2.4	3.2	4.2	2.9	2.1	2.4	3.2	4.2	2.9
Pregnancy, childbirth and the puerperium[b]	**O00–O99**	-	-	-	-	-	ǂ	ǂ	ǂ	ǂ	**2.0**	ǂ	ǂ	ǂ	ǂ	**2.0**
Certain conditions originating in the perinatal period	**P00–P96**	ǂ	ǂ	ǂ	ǂ	**5.9**	ǂ	ǂ	ǂ	ǂ	**5.8**	ǂ	ǂ	ǂ	ǂ	**5.9**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**4.4**	**3.4**	**5.1**	**5.8**	**4.3**	**4.6**	**3.5**	**4.3**	**5.3**	**4.5**	**4.5**	**3.4**	**4.6**	**5.5**	**4.4**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**1.8**	**1.8**	**2.3**	**4.0**	**2.6**	**2.0**	**1.8**	**2.3**	**3.9**	**2.6**	**1.9**	**1.8**	**2.3**	**3.9**	**2.6**
Abdominal and pelvic pain	R10	1.6	1.9	2.5	3.4	2.2	1.7	1.9	2.7	3.6	2.2	1.6	1.9	2.6	3.5	2.2
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**1.5**	**2.6**	**4.2**	**7.2**	**3.5**	**1.6**	**2.5**	**3.9**	**8.0**	**4.5**	**1.6**	**2.6**	**4.1**	**7.7**	**3.9**
Intracranial injury	S06	2.4	3.4	5.1	7.0	4.6	2.2	2.7	4.9	7.2	5.0	2.3	3.3	5.0	7.1	4.7
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1.3	2.0	2.4	4.6	2.1	1.2	1.7	2.4	4.9	2.3	1.2	2.0	2.4	4.8	2.2
Fracture of femur	S72	3.7	5.9	9.2	12.8	10.6	2.8	6.3	8.8	12.4	11.7	3.5	6.0	8.9	12.5	11.4
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	1.3	2.3	3.4	4.1	2.5	1.6	1.9	2.7	4.1	2.2	1.5	2.1	3.0	4.1	2.3
Factors influencing health status and contact with health services[c]	**U00–U49, Z00–Z99**	**2.4**	**4.4**	**6.3**	**9.2**	**6.3**	**2.6**	**3.7**	**6.9**	**12.0**	**7.9**	**2.5**	**4.0**	**6.6**	**10.8**	**7.1**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	3.6	3.5	8.5	11.3	9.5	6.3	2.0	9.3	12.7	11.5	5.0	2.7	8.8	12.2	10.6

Notes:
^ Denotes that length of stay calculation was based on five or fewer discharges.
\- Mean length of stay cannot be calculated as no acute in-patients (length of stay of 30 days or less) are reported.
ǂ Denotes that no breakdown is provided.
a Includes mean length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.
b Discharges reported within this chapter were not assigned admission type of *Maternity*. Their admission was for reasons other than their obstetric condition, but they received obstetric care during this episode of care. See Section Four for details of morbidity analysis for *Maternity* discharges.
c This category includes discharges in the code range U00–U49 'codes for special purposes'.

TABLE 3.12 Total Discharges (excl. *Maternity*): All-Listed Diagnoses by Sex and Age Group (N)

Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. *Maternity*)		**73,837**	**146,233**	**212,964**	**280,618**	**713,652**	**57,577**	**180,870**	**220,029**	**249,540**	**708,016**	**131,414**	**327,103**	**432,993**	**530,158**	**1,421,668**
All Conditions	–	**172,038**	**322,809**	**537,996**	**865,915**	**1,898,758**	**129,984**	**351,720**	**527,270**	**775,452**	**1,784,426**	**302,022**	**674,529**	**1,065,266**	**1,641,367**	**3,683,184**
Certain infectious and parasitic diseases	**A00-B99**	**8,969**	**8,804**	**8,289**	**11,779**	**37,841**	**7,972**	**8,940**	**7,505**	**14,780**	**39,197**	**16,941**	**17,744**	**15,794**	**26,559**	**77,038**
Intestinal infectious diseases including diarrhoea	A00–A09	4,138	1,851	1,822	2,695	10,506	3,625	2,479	2,210	3,983	12,297	7,763	4,330	4,032	6,678	22,803
Tuberculosis	A15–A19	9	150	106	81	346	7	166	46	29	248	16	316	152	110	594
Septicaemia	A40–A41	190	450	1,078	2,583	4,301	144	362	831	2,363	3,700	334	812	1,909	4,946	8,001
Human immunodeficiency virus [HIV] disease	B20–B24	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	705
Neoplasms	**C00–D48**	**6,445**	**17,636**	**73,836**	**112,669**	**210,586**	**6,504**	**39,822**	**112,779**	**91,293**	**250,398**	**12,949**	**57,458**	**186,615**	**203,962**	**460,984**
Malignant neoplasms	C00–C96	5,488	13,170	66,926	100,825	186,409	5,403	27,289	101,437	81,550	215,679	10,891	40,459	168,363	182,375	402,088
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	~	*	8,343	11,097	20,430	~	*	4,912	5,953	11,722	~	*	13,255	17,050	32,152
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	~	*	4,347	6,174	10,710	0	*	4,063	4,782	9,167	~	510	8,410	10,956	19,877
Malignant neoplasm of skin (primary)	C43–C44	~	*	2,262	7,290	10,238	~	*	1,641	4,325	6,612	7	1,325	3,903	11,615	16,850
Malignant neoplasm of breast (primary)	C50	0	6	62	186	254	0	8,230	30,615	15,734	54,579	0	8,236	30,677	15,920	54,833
Malignant neoplasms of female genital organs (primary)	C51–C58	0	0	0	0	0	77	2,328	6,783	4,605	13,793	77	2,328	6,783	4,605	13,793
Malignant neoplasm of prostate (primary)	C61	0	58	8,289	20,939	29,286	0	0	~	0	~	0	58	*	20,939	*
Malignant neoplasm of bladder (primary)	C67	36	128	818	2,530	3,512	0	51	319	1,023	1,393	36	179	1,137	3,553	4,905
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	2,604	3,592	8,939	13,718	28,853	2,442	2,648	6,234	9,644	20,968	5,046	6,240	15,173	23,362	49,821
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	957	4,406	6,546	10,602	22,511	1,099	9,642	8,208	7,545	26,494	2,056	14,048	14,754	18,147	49,005
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**3,942**	**4,478**	**6,911**	**15,695**	**31,026**	**2,619**	**5,603**	**8,572**	**15,263**	**32,057**	**6,561**	**10,081**	**15,483**	**30,958**	**63,083**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**5,632**	**15,013**	**40,160**	**66,571**	**127,376**	**4,331**	**11,493**	**23,054**	**55,081**	**93,959**	**9,963**	**26,506**	**63,214**	**121,652**	**221,335**
Diabetes mellitus	E10–E14	515	4,225	18,400	40,388	63,528	519	3,503	9,657	27,029	40,708	1,034	7,728	28,057	67,417	104,236
Cystic fibrosis	E84	516	1,327	90	0	1,933	438	1,344	*	~	1,858	954	2,671	*	~	3,791
Mental and behavioural disorders	**F00–F99**	**1,771**	**8,192**	**8,346**	**10,452**	**28,761**	**919**	**5,500**	**5,770**	**12,861**	**25,050**	**2,690**	**13,692**	**14,116**	**23,313**	**53,811**
Mental and behavioural disorders due to alcohol	F10	26	3,351	4,584	2,569	10,530	41	1,336	1,759	837	3,973	67	4,687	6,343	3,406	14,503
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	*	1,979	381	*	2,407	~	808	163	*	1,058	18	2,787	544	116	3,465
Diseases of nervous system	**G00–G99**	**3,998**	**7,388**	**8,946**	**12,842**	**33,174**	**2,942**	**9,531**	**9,125**	**12,309**	**33,907**	**6,940**	**16,919**	**18,071**	**25,151**	**67,081**
Multiple sclerosis	G35		1,218	831	228	2,277	0	2,554	1,687	368	4,609	0	3,772	2,518	596	6,886
Epilepsy	G40, G41	1,270	1,467	1,089	1,071	4,897	1,091	1,280	918	924	4,213	2,361	2,747	2,007	1,995	9,110
Transient cerebral ischaemic attacks and related syndromes	G45	~	*	537	1,245	1,868	~	*	439	1,432	1,974	~	*	976	2,677	3,842
Diseases of the eye and adnexa	**H00–H59**	**1,544**	**3,158**	**6,958**	**17,451**	**29,111**	**1,297**	**3,021**	**6,088**	**23,195**	**33,601**	**2,841**	**6,179**	**13,046**	**40,646**	**62,712**
Diseases of the ear and mastoid process	**H60–H95**	**3,635**	**1,811**	**1,480**	**1,325**	**8,251**	**2,472**	**1,770**	**1,509**	**1,377**	**7,128**	**6,107**	**3,581**	**2,989**	**2,702**	**15,379**
Diseases of the circulatory system	**I00–I99**	**1,568**	**13,839**	**53,337**	**120,633**	**189,377**	**1,478**	**11,267**	**28,859**	**98,245**	**139,849**	**3,046**	**25,106**	**82,196**	**218,878**	**329,226**
Hypertensive diseases	I10–I15	304	4,262	17,032	38,017	59,615	212	2,741	10,568	35,112	48,633	516	7,003	27,600	73,129	108,248
Angina pectoris	I20	0	150	1,717	2,679	4,546	0	66	656	1,659	2,381	0	216	2,373	4,338	6,927
Acute myocardial infarction	I21–I22	0	294	2,248	3,285	5,827	0	68	561	2,128	2,757	0	362	2,809	5,413	8,584
Other ischaemic heart disease	I23–I25	~	*	10,085	19,050	29,809	~	*	2,961	9,657	12,846	~	*	13,046	28,707	42,655
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	91	272	660	1,194	2,217	105	310	713	1,493	2,621	196	582	1,373	2,687	4,838
Conduction disorders and cardiac arrhythmias	I44–I49	187	1,472	6,086	22,801	30,546	126	660	2,454	18,376	21,616	313	2,132	8,540	41,177	52,162
Heart failure	I50	26	131	1,460	10,191	11,808	31	78	691	8,924	9,724	57	209	2,151	19,115	21,532
Cerebrovascular disease	I60–I69	85	566	2,279	5,506	8,436	70	421	1,362	5,468	7,321	155	987	3,641	10,974	15,757
Atherosclerosis (non-coronary)	I70	0	72	1,025	2,535	3,632	~	*	353	1,365	1,765	~	*	1,378	3,900	5,397
Diseases of the respiratory system	**J00–J99**	**12,914**	**10,362**	**16,190**	**40,059**	**79,525**	**10,046**	**11,818**	**15,892**	**38,258**	**76,014**	**22,960**	**22,180**	**32,082**	**78,317**	**155,539**
Acute upper respiratory infections and influenza	J00–J11	4,093	1,109	426	337	5,965	3,132	1,785	504	390	5,811	7,225	2,894	930	727	11,776
Pneumonia	J12–J18	835	1,178	1,815	6,310	10,138	755	1,120	1,497	6,032	9,404	1,590	2,298	3,312	12,342	19,542
Chronic diseases of tonsils and adenoids	J35	2,257	624	66	11	2,958	2,048	1,267	77	14	3,406	4,305	1,891	143	25	6,364

TABLE 3.12 Total Discharges (excl. *Maternity*): All-Listed Diagnoses by Sex and Age Group (N) (contd.)

Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	95	538	4,001	13,508	18,142	77	647	4,583	12,249	17,556	172	1,185	8,584	25,757	35,698
Asthma	J45–J46	1,531	1,325	1,340	972	5,168	943	2,113	2,232	1,731	7,019	2,474	3,438	3,572	2,703	12,187
Diseases of the digestive system	**K00–K93**	**8,192**	**35,460**	**45,073**	**45,240**	**133,965**	**6,719**	**37,828**	**43,129**	**45,600**	**133,276**	**14,911**	**73,288**	**88,202**	**90,840**	**267,241**
Diseases of oesophagus, stomach and duodenum	K20–K31	1,336	11,797	16,269	14,158	43,560	1,058	11,138	15,490	14,223	41,909	2,394	22,935	31,759	28,381	85,469
Diseases of appendix	K35–K38	1,083	1,927	374	141	3,525	872	1,896	314	131	3,213	1,955	3,823	688	272	6,738
Inguinal hernia	K40	532	794	1,229	1,407	3,962	120	58	67	137	382	652	852	1,296	1,544	4,344
Noninfective enteritis and colitis	K50–K52	372	4,818	2,474	1,388	9,052	295	4,659	2,547	1,673	9,174	667	9,477	5,021	3,061	18,226
Alcoholic liver disease	K70	0	448	1,462	477	2,387	0	243	552	200	995	0	691	2,014	677	3,382
Cholelithiasis	K80	33	600	1,121	1,971	3,725	30	2,735	1,920	2,288	6,973	63	3,335	3,041	4,259	10,698
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2,609**	**14,700**	**11,019**	**12,278**	**40,606**	**2,019**	**12,932**	**10,451**	**12,268**	**37,670**	**4,628**	**27,632**	**21,470**	**24,546**	**78,276**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	540	1,668	1,920	2,907	7,035	471	956	1,135	3,067	5,629	1,011	2,624	3,055	5,974	12,664
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**2,781**	**11,633**	**16,985**	**17,999**	**49,398**	**2,697**	**12,979**	**23,175**	**30,371**	**69,222**	**5,478**	**24,612**	**40,160**	**48,370**	**118,620**
Rheumatoid arthritis	M05–M06	0	424	1,250	1,172	2,846	~	*	2,708	2,521	6,296	~	*	3,958	3,693	9,142
Coxarthrosis and Gonarthrosis	M16–M17	~	*	2,157	3,223	5,790	~	*	2,295	4,735	7,365	6	739	4,452	7,958	13,155
Intervertebral disc disorders	M50–M51	7	722	774	583	2,086	7	784	969	854	2,614	14	1,506	1,743	1,437	4,700
Dorsalgia (back pain)	M54	123	2,057	2,656	1,776	6,612	129	2,832	3,893	3,617	10,471	252	4,889	6,549	5,393	17,083
Diseases of the genitourinary system	**N00–N99**	**7,168**	**17,467**	**32,714**	**69,720**	**127,069**	**3,418**	**36,953**	**35,633**	**56,005**	**132,009**	**10,586**	**54,420**	**68,347**	**125,725**	**259,078**
Chronic kidney disease	N18	1,217	9,672	21,382	44,518	76,789	323	6,988	11,572	30,925	49,808	1,540	16,660	32,954	75,443	126,597
Urolithiasis	N20–N23	114	1,600	1,817	988	4,519	38	994	1,039	445	2,516	152	2,594	2,856	1,433	7,035
Hyperplasia of prostate	N40	0	113	1,740	5,313	7,166	0	0	0	0	0	0	113	1,740	5,313	7,166
Disorders of breast	N60–N64	9	113	41	40	203	20	1,717	1,706	519	3,962	29	1,830	1,747	559	4,165
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	51	2,208	822	287	3,368	51	2,208	822	287	3,368
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	276	18,582	13,109	4,170	36,137	276	18,582	13,109	4,170	36,137
Pregnancy, childbirth and the puerperium[a]	**O00–O99**	**0**	**0**	**0**	**0**	**0**	ǂ	ǂ	ǂ	ǂ	**264**	ǂ	ǂ	ǂ	ǂ	**264**
Certain conditions originating in the perinatal period	**P00–P96**	ǂ	ǂ	ǂ	ǂ	**15,422**	ǂ	ǂ	ǂ	ǂ	**11,739**	ǂ	ǂ	ǂ	ǂ	**27,161**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**16,036**	**2,327**	**1,246**	**551**	**20,160**	**10,955**	**2,527**	**1,816**	**1,107**	**16,405**	**26,991**	**4,854**	**3,062**	**1,658**	**36,565**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**13,491**	**25,916**	**34,400**	**49,578**	**123,385**	**11,187**	**38,555**	**35,526**	**50,133**	**135,401**	**24,678**	**64,471**	**69,926**	**99,711**	**258,786**
Abdominal and pelvic pain	R10	1,133	3,112	2,365	1,674	8,284	1,477	8,741	4,056	2,345	16,619	2,610	11,853	6,421	4,019	24,903
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**8,819**	**21,483**	**11,363**	**11,521**	**53,186**	**6,054**	**9,894**	**8,323**	**15,338**	**39,609**	**14,873**	**31,377**	**19,686**	**26,859**	**92,795**
Intracranial injury	S06	251	1,090	648	673	2,662	125	324	290	588	1,327	376	1,414	938	1,261	3,989
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	2,523	3,828	1,330	1,428	9,109	1,605	1,090	544	1,662	4,901	4,128	4,918	1,874	3,090	14,010
Fracture of femur	S72	148	183	268	1,259	1,858	62	59	340	3,207	3,668	210	242	608	4,466	5,526
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	278	1,962	697	219	3,156	351	2,198	957	300	3,806	629	4,160	1,654	519	6,962
External causes of morbidity and mortality	**U50–Y98**	**22,383**	**44,544**	**23,863**	**28,834**	**119,624**	**15,319**	**22,628**	**19,914**	**40,123**	**97,984**	**37,702**	**67,172**	**43,777**	**68,957**	**217,608**
Transport accidents	V01–V99	610	1,698	614	313	3,235	395	796	337	261	1,789	1,005	2,494	951	574	5,024
Factors influencing health status and contact with health services[b]	**U00–U49, Z00–Z99**	**24,729**	**58,590**	**136,878**	**220,718**	**440,915**	**19,305**	**68,388**	**130,149**	**161,845**	**379,687**	**44,034**	**126,978**	**267,027**	**382,563**	**820,602**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,813	5,419	28,950	47,035	84,217	2,781	11,993	44,641	34,485	93,900	5,594	17,412	73,591	81,520	178,117

Notes:
~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
ǂ Denotes that no breakdown is provided.
a Discharges reported within this chapter were not assigned admission type of *Maternity*. Their admission was for reasons other than their obstetric condition, but they received obstetric care during this episode of care. See Section Four for details of morbidity analysis for *Maternity* discharges.
b This category includes discharges in the code range U00–U49 'codes for special purposes'.

3.4.4 Total Discharges (excl. *Maternity*) by Principal Procedure, Sex and Age Group

In 2013, over 83 per cent of total discharges (excl. *Maternity*) had a principal procedure recorded (see Table 3.4). Discussion of procedures is confined to ACHI chapter level.

Table 3.13 provides a breakdown of principal procedure by sex and age group.

- Procedures from the chapter *non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 22.2 per cent of total discharges (excl. *Maternity*) with a principal procedure reported. Over 31 per cent of discharges aged less than 15 years, 22.4 per cent aged between 45–64 years and 23.3 percent aged 65 years and older had a procedure from this chapter recorded as a principal procedure. For the 15–44 year age group, the most common principal procedure was from the chapter *procedures on digestive system,* at 19.1 per cent.
- The chapter *non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 20.4 per cent of all principal procedures for male discharges and 24.1 percent of all principal procedures for female discharges.
- Over 65 per cent of total discharges (excl. *Maternity*) with a principal procedure from the chapter *procedures on cardiovascular system* were male discharges.
- Over 74 per cent of total discharges (excl. *Maternity*) with a principal procedure from the chapter *procedures on endocrine system* were female discharges (excl. *Maternity*).
- Over 67 per cent of total discharges (excl. *Maternity*) with a principal procedure from the chapter *procedures on eye and adnexa* were aged 65 years and over.

3.4.5 Acute In-Patient Mean Length of Stay by Principal Procedure, Sex and Age Group

Table 3.14 presents the acute in-patient mean length of stay for principal procedure by sex and age group. The analysis presented here is limited to the mean length of stay for acute in-patient discharges (excl. *Maternity*), with a length of stay of 30 days or less and excluding day patients. This measure includes pre-operative and post-operative length of stay. It should also be noted that this analysis by mean length of stay does not take into account the status of the patient on discharge. For example, a patient may be transferred to another facility on discharge. Care must be taken, therefore, in interpreting the data on mean length of stay presented in Table 3.14, in the absence of information on discharge destination.[29]

- At chapter level, the longest acute in-patient mean length of stay was reported for *radiation oncology procedures* at 10.0 days, with male and female discharges

[29] See Section Two for details of discharge destination.

reporting at 9.8 and 10.1 days respectively for this chapter. It should be noted that the majority of discharges with *radiation oncology* recorded as a principal procedure were day patients.[30]

- The longest acute in-patient mean length of stay for those less aged than 15 years was reported for the chapter *procedures on respiratory system* at 9.3 days.
- The shortest acute in-patient mean length of stay was reported for the chapters *procedures on ear and mastoid process* and *procedures on nose, mouth and pharynx* at 2.0 days for total discharges (excl. *Maternity*); when analysed by age group the length of stay increased as discharges got older for both chapters.

3.4.6 All-Listed Procedures by Sex and Age Group

Table 3.15 provides details of all-listed procedures reported by sex and age group for total discharges (excl. *Maternity*). As one principal procedure and up to 19 secondary procedures may be collected as applicable per discharge, the total number of procedures will not equal the number of total discharges (excl. *Maternity*).

- Over 2 million procedures were reported for total discharges (excl. *Maternity*).
- Procedures within the chapter *non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 895,061 of all-listed procedures or 42.2 per cent of all procedures reported for total discharges (excl. *Maternity*).
- Total discharges *(excl. Maternity)* aged 65 years and older accounted for over 65 per cent of procedures from the chapter *procedures on eye and adnexa*.
- Total discharges (excl. *Maternity)* aged less than 15 years accounted for over 47 per cent of procedures from the chapter *procedures on ear and mastoid process*.

[30] Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at over 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

TABLE 3.13 Total Discharges (excl. *Maternity*): Principal Procedure by Sex and Age Group (N)

Principal Procedure	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. *Maternity*)	-	**73,837**	**146,233**	**212,964**	**280,618**	**713,652**	**57,577**	**180,870**	**220,029**	**249,540**	**708,016**	**131,414**	**327,103**	**432,993**	**530,158**	**1,421,668**
All Principal Procedures	0001–2016	**45,069**	**120,768**	**184,148**	**244,408**	**594,393**	**33,393**	**147,377**	**192,735**	**213,919**	**587,424**	**78,462**	**268,145**	**376,883**	**458,327**	**1,181,817**
Procedures on nervous system	**0001–0086**	**828**	**3,335**	**3,718**	**2,350**	**10,231**	**667**	**4,206**	**5,368**	**3,661**	**13,902**	**1,495**	**7,541**	**9,086**	**6,011**	**24,133**
Lumbar puncture	0030	621	495	292	202	1,610	487	915	416	202	2,020	1,108	1,410	708	404	3,630
Procedures on endocrine system	**0110–0129**	**24**	**143**	**204**	**119**	**490**	**36**	**512**	**577**	**315**	**1,440**	**60**	**655**	**781**	**434**	**1,930**
Procedures on eye and adnexa	**0160–0256**	**777**	**1,672**	**4,689**	**11,360**	**18,498**	**737**	**1,390**	**3,462**	**15,124**	**20,713**	**1,514**	**3,062**	**8,151**	**26,484**	**39,211**
Lens extraction	0195–0202	46	134	812	3,615	4,607	35	104	834	5,231	6,204	81	238	1,646	8,846	10,811
Procedures on ear and mastoid process	**0300–0333**	**2,186**	**1,181**	**832**	**570**	**4,769**	**1,575**	**1,099**	**806**	**515**	**3,995**	**3,761**	**2,280**	**1,638**	**1,085**	**8,764**
Myringotomy	0309	1,470	201	143	101	1,915	979	149	133	85	1,346	2,449	350	276	186	3,261
Procedures on nose, mouth and pharynx	**0370–0422**	**2,809**	**3,022**	**2,187**	**1,519**	**9,537**	**2,298**	**3,307**	**1,969**	**1,364**	**8,938**	**5,107**	**6,329**	**4,156**	**2,883**	**18,475**
Tonsillectomy or adenoidectomy	0412	1,692	512	47	8	2,259	1,583	1,087	43	6	2,719	3,275	1,599	90	14	4,978
Dental services	**0450–0490**	**2,126**	**744**	**186**	**64**	**3,120**	**1,967**	**1,054**	**152**	**59**	**3,232**	**4,093**	**1,798**	**338**	**123**	**6,352**
Procedures on respiratory system	**0520–0570**	**1,987**	**1,941**	**3,661**	**4,938**	**12,527**	**1,429**	**1,514**	**3,355**	**4,148**	**10,446**	**3,416**	**3,455**	**7,016**	**9,086**	**22,973**
Bronchoscopy with/without biopsy	0543–0544, 41892-01[0545]	241	740	1,519	2,063	4,563	175	636	1,603	1,722	4,136	416	1,376	3,122	3,785	8,699
Procedures on cardiovascular system	**0600–0777**	**731**	**7,177**	**18,309**	**14,124**	**40,341**	**755**	**3,840**	**8,763**	**8,130**	**21,488**	**1,486**	**11,017**	**27,072**	**22,254**	**61,829**
Coronary angiography	0668	156	745	4,511	4,613	10,025	157	359	2,348	3,049	5,913	313	1,104	6,859	7,662	15,938
Transluminal coronary angioplasty with/without stenting	0670–0671	0	130	1,476	1,361	2,967	0	22	314	580	916	0	152	1,790	1,941	3,883
CABG	0672–0679	0	*	*	388	708	0	~	*	83	119	0	19	337	471	827
Leg varicose vein ligation	0727–0728	~	343	525	*	1,038	0	924	856	293	2,073	~	1,267	1,381	*	3,111
Procedures on blood and blood-forming organs	**0800–0817**	**147**	**476**	**826**	**995**	**2,444**	**109**	**575**	**787**	**827**	**2,298**	**256**	**1,051**	**1,613**	**1,822**	**4,742**
Procedures on digestive system	**0850–1011**	**2,838**	**22,795**	**29,743**	**26,901**	**82,277**	**2,064**	**28,368**	**29,870**	**24,973**	**85,275**	**4,902**	**51,163**	**59,613**	**51,874**	**167,552**
Fibreoptic colonoscopy with/without excision	0905, 0911	48	7,148	10,964	10,398	28,558	44	8,528	11,635	9,626	29,833	92	15,676	22,599	20,024	58,391
Appendicectomy	0926	1,066	1,876	305	86	3,333	846	1,921	274	78	3,119	1,912	3,797	579	164	6,452
Procedures for haemorrhoids	0941	~	985	923	*	2,188	~	932	723	*	1,946	~	1,917	1,646	*	4,134
Cholecystectomy	0965	6	353	542	358	1,259	15	1,773	1,135	427	3,350	21	2,126	1,677	785	4,609
Division of abdominal adhesions	0986	9	46	41	70	166	10	352	111	75	548	19	398	152	145	714
Repair of inguinal and obstructed hernia	0990, 0997	408	764	1,174	1,133	3,479	103	71	87	144	405	511	835	1,261	1,277	3,884
Panendoscopy with/without excision	1005–1008	365	8,576	11,134	9,691	29,766	345	10,571	12,299	10,484	33,699	710	19,147	23,433	20,175	63,465
Procedures on urinary system	**1040–1129**	**1,459**	**17,948**	**36,504**	**64,916**	**120,827**	**451**	**14,169**	**21,890**	**40,797**	**77,307**	**1,910**	**32,117**	**58,394**	**105,713**	**198,134**
Examination procedures on bladder (includes cystoscopy)	1089	69	1,160	2,711	5,215	9,155	45	1,300	1,894	2,254	5,493	114	2,460	4,605	7,469	14,648
Procedures on male genital organs	**1160–1203**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**3,535**	**1,553**	**2,987**	**2,702**	**10,777**
Prostatectomy	1165–1167	0	12	486	735	1,233	0	0	0	0	0	0	12	486	735	1,233
Circumcision	30653-00[1196]	1,721	514	242	111	2,588	0	0	0	0	0	1,721	514	242	111	2,588
Gynaecological procedures	**1240–1299**	**0**	**0**	**0**	**0**	**0**	**95**	**19,448**	**11,656**	**2,579**	**33,778**	**95**	**19,448**	**11,656**	**2,579**	**33,778**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	13	307	332	103	755	13	307	332	103	755
Salpingectomy	1251	0	0	0	0	0	~	95	*	0	118	~	95	*	0	118
Examination procedures on uterus	1259	0	0	0	0	0	~	2,058	2,815	*	5,421	~	2,058	2,815	*	5,421
Curettage and evacuation of uterus	1265	0	0	0	0	0	0	1,381	1,900	355	3,636	0	1,381	1,900	355	3,636
Hysterectomy	1268–1269	0	0	0	0	0	~	*	1,409	560	2,493	~	*	1,409	560	2,493
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	78	416	307	801	0	78	416	307	801
Obstetric procedures[a]	**1330–1347**	**0**	**0**	**0**	**0**	**0**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**9**
Procedures on musculoskeletal system	**1360–1579**	**3,886**	**11,843**	**9,160**	**7,368**	**32,257**	**2,917**	**6,448**	**11,240**	**12,564**	**33,169**	**6,803**	**18,291**	**20,400**	**19,932**	**65,426**
Arthroplasty of hip	1489	0	121	791	1,479	2,391	~	*	653	2,091	2,830	*	*	1,444	3,570	5,221
Arthroplasty of knee	1518–1519	0	24	374	545	943	0	24	453	882	1,359	0	48	827	1,427	2,302
Dermatological and plastic procedures	**1600–1718**	**3,731**	**16,705**	**11,499**	**12,640**	**44,575**	**2,943**	**16,520**	**12,009**	**11,226**	**42,698**	**6,674**	**33,225**	**23,508**	**23,866**	**87,273**
Excision of lesion(s) of skin and subcutaneous tissue	1620	609	5,359	5,009	6,680	17,657	558	6,973	5,564	5,777	18,872	1,167	12,332	10,573	12,457	36,529

TABLE 3.13 Total Discharges (excl. *Maternity*): Principal Procedure by Sex and Age Group (N) (contd.)

Principal Procedure	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Other debridement of skin and subcutaneous tissue	1628	203	495	320	258	1,276	137	143	148	216	644	340	638	468	474	1,920
Skin graft	1640–1650	22	66	48	66	202	18	27	27	56	128	40	93	75	122	330
Procedures on breast	**1740–1759**	**~**	**81**	*****	**45**	**170**	**15**	**3,584**	**4,165**	**1,749**	**9,513**	*****	**3,665**	**4,207**	*****	**9,683**
Breast biopsy	1743–1744	0	26	27	32	85	11	2,488	2,704	1,270	6,473	11	2,514	2,731	1,302	6,558
Mastectomy	1747–1748	0	20	~	*	36	0	184	415	268	867	0	204	*	*	903
Radiation oncology procedures[b]	**1786–1799**	**385**	**1,379**	**12,323**	**22,000**	**36,087**	**356**	**4,086**	**16,772**	**10,537**	**31,751**	**741**	**5,465**	**29,095**	**32,537**	**67,838**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**13,425**	**20,006**	**35,459**	**52,519**	**121,409**	**11,370**	**27,209**	**48,788**	**54,163**	**141,530**	**24,795**	**47,215**	**84,247**	**106,682**	**262,939**
Administration of blood and blood products	1893	1,777	1,144	2,310	6,124	11,355	1,147	1,157	2,420	4,919	9,643	2,924	2,301	4,730	11,043	20,998
Conduction anaesthesia	1909	*	19	18	*	50	~	10	20	*	39	8	29	38	14	89
Cerebral anaesthesia	1910	*	*	14	19	65	~	*	24	23	73	17	41	38	42	138
Imaging services	**1940–2016**	**4,195**	**8,767**	**11,819**	**19,278**	**44,059**	**3,606**	**10,041**	**11,105**	**21,188**	**45,940**	**7,801**	**18,808**	**22,924**	**40,466**	**89,999**
Computerised tomography scan	1952–1966	1,024	6,907	8,996	15,671	32,598	753	7,400	8,629	17,510	34,292	1,777	14,307	17,625	33,181	66,890
Magnetic resonance imaging	2015	1,843	959	1,153	1,395	5,350	1,502	1,636	1,232	1,441	5,811	3,345	2,595	2,385	2,836	11,161

Notes:
~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
ǂ Denotes that no breakdown is provided.
a Discharges reported within this chapter were not assigned admission type of *Maternity*. Their admission was for reasons other than their obstetric condition, but they received obstetric care during this episode of care. See Section Four for details of morbidity analysis for *Maternity* discharges.
b Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at over 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

TABLE 3.14 Acute In-Patient Discharges (excl. *Maternity*): Mean Length of Stay (Days) by Principal Procedure, Sex and Age Group[a]

Principal Procedure	Procedure Block	Male					Female (excl. *Maternity*)					Total Acute In-Patient Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Acute In-Patient Discharges	-	**2.7**	**3.0**	**4.4**	**6.3**	**4.4**	**2.8**	**2.8**	**4.1**	**6.5**	**4.5**	**2.8**	**2.9**	**4.2**	**6.4**	**4.4**
All Principal Procedures	**0001–2016**	**3.8**	**3.7**	**5.4**	**7.6**	**5.7**	**3.9**	**3.7**	**5.1**	**7.9**	**5.8**	**3.8**	**3.7**	**5.3**	**7.8**	**5.7**
Procedures on nervous system	**0001–0086**	**4.8**	**4.6**	**6.0**	**8.6**	**5.7**	**5.1**	**4.5**	**5.9**	**7.8**	**5.6**	**4.9**	**4.6**	**5.9**	**8.2**	**5.6**
Lumbar puncture	0030	4.6	4.5	6.5	10.6	5.6	4.6	4.0	5.5	9.9	5.0	4.6	4.2	5.9	10.3	5.2
Procedures on endocrine system	**0110–0129**	**3.9**	**3.6**	**4.2**	**5.5**	**4.3**	**2.0**	**3.2**	**3.3**	**4.6**	**3.5**	**2.7**	**3.3**	**3.6**	**4.8**	**3.7**
Procedures on eye and adnexa	**0160–0256**	**2.2**	**2.6**	**3.0**	**3.0**	**2.9**	**2.1**	**2.6**	**2.8**	**2.9**	**2.8**	**2.2**	**2.6**	**3.0**	**3.0**	**2.8**
Lens extraction	0195–0202	2.2	2.7	2.7	2.3	2.4	2.0	2.8	2.4	2.2	2.3	2.1	2.7	2.5	2.2	2.3
Procedures on ear and mastoid process	**0300–0333**	**1.5**	**2.2**	**2.2**	**3.6**	**2.0**	**1.4**	**2.0**	**2.6**	**2.8**	**1.9**	**1.4**	**2.1**	**2.4**	**3.3**	**2.0**
Myringotomy	0309	1.3	2.6	^	^	1.5	1.4	2.5	3.6	^	1.7	1.3	2.6	3.2	^	1.6
Procedures on nose, mouth and pharynx	**0370–0422**	**1.3**	**1.9**	**3.3**	**4.8**	**2.2**	**1.3**	**1.7**	**2.9**	**4.3**	**1.9**	**1.3**	**1.8**	**3.2**	**4.6**	**2.0**
Tonsillectomy or adenoidectomy	0412	1.2	1.3	2.9	4.7	1.3	1.2	1.3	1.8	2.3	1.3	1.2	1.3	2.4	3.5	1.3
Dental services	**0450–0490**	**1.7**	**2.3**	**2.6**	**2.6**	**2.0**	**1.4**	**2.6**	**4.3**	**^**	**2.4**	**1.5**	**2.5**	**3.3**	**5.2**	**2.2**
Procedures on respiratory system	**0520–0570**	**9.3**	**7.2**	**8.4**	**10.0**	**9.0**	**9.3**	**7.7**	**8.6**	**9.8**	**9.1**	**9.3**	**7.4**	**8.5**	**9.9**	**9.1**
Bronchoscopy with/without biopsy	0543–0544, 41892-1 [0545]	7.1	8.4	9.5	10.7	9.7	6.6	8.6	9.4	10.6	9.6	6.9	8.5	9.4	10.6	9.6
Procedures on cardiovascular system	**0600–0777**	**7.6**	**6.4**	**5.2**	**6.6**	**6.1**	**7.5**	**5.6**	**5.1**	**6.7**	**6.1**	**7.6**	**6.1**	**5.2**	**6.6**	**6.1**
Coronary angiography	0668	2.9	3.5	4.2	5.3	4.6	2.6	4.2	3.8	5.5	4.6	2.8	3.7	4.1	5.3	4.6
Transluminal coronary angioplasty with/without stenting	0670–0671	-	2.8	2.9	3.6	3.2	-	3.2	3.2	3.8	3.6	-	2.9	3.0	3.7	3.3
CABG	0672–0679	-	10.2	12.1	13.7	12.9	-	~	13.0	13.5	13.3	-	10.2	12.2	13.6	13.0
Leg varicose vein ligation	0727–0728	-	1.2	1.0	1.7	1.2	-	1.1	1.1	1.4	1.1	-	1.1	1.1	1.5	1.2
Procedures on blood and blood-forming organs	**0800–0817**	**7.5**	**7.8**	**10.6**	**9.5**	**9.3**	**8.0**	**5.5**	**7.8**	**8.7**	**7.6**	**7.7**	**6.6**	**9.2**	**9.2**	**8.5**
Procedures on digestive system	**0850–1011**	**3.9**	**4.0**	**6.0**	**7.8**	**5.9**	**3.9**	**3.9**	**5.8**	**8.3**	**5.8**	**3.9**	**3.9**	**5.9**	**8.1**	**5.9**
Fibreoptic colonoscopy with/without excision	0905, 0911	5.9	5.7	6.3	7.0	6.5	8.9	5.5	6.1	7.5	6.7	7.6	5.6	6.2	7.2	6.6
Appendicectomy	0926	3.2	2.8	3.7	6.9	3.1	3.2	2.9	4.3	6.2	3.2	3.2	2.9	4.0	6.5	3.1
Procedures for haemorrhoids	0941	-	2.2	2.0	3.8	2.4	~	1.8	2.0	3.4	2.1	~	2.0	2.0	3.6	2.3
Cholecystectomy	0965	^	3.3	3.6	5.3	4.1	4.3	2.7	2.7	4.5	3.0	3.9	2.8	3.0	4.9	3.3
Division of abdominal adhesions	0986	9.2	5.9	10.0	12.4	9.8	6.6	3.8	6.4	11.2	5.8	8.0	4.1	7.5	11.7	6.9
Repair of inguinal and obstructed hernia	0990, 0997	1.8	1.6	1.9	2.8	2.2	1.5	2.2	3.1	5.5	4.0	1.8	1.7	2.0	3.1	2.5
Panendoscopy with/without excision	1005–1008	2.7	4.0	6.0	8.2	6.6	2.7	4.6	5.7	8.3	6.7	2.7	4.3	5.8	8.2	6.6
Procedures on urinary system	**1040–1129**	**4.5**	**4.1**	**5.4**	**6.7**	**5.8**	**5.3**	**4.2**	**4.6**	**7.0**	**5.3**	**4.8**	**4.1**	**5.0**	**6.8**	**5.6**
Examination procedures on bladder (includes cystoscopy)	1089	2.5	3.6	5.0	6.6	5.9	3.8	3.9	4.2	7.0	5.5	2.9	3.7	4.7	6.7	5.7
Procedures on male genital organs	**1160–1203**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**1.3**	**2.2**	**4.8**	**5.6**	**3.8**
Prostatectomy	1165–1167	-	6.4	5.4	5.8	5.6	-	-	-	-	-	-	6.4	5.4	5.8	5.6
Circumcision	30653-00 [1196]	1.2	1.4	1.9	2.9	1.6	-	-	-	-	-	1.2	1.4	1.9	2.9	1.6
Gynaecological procedures	**1240–1299**	**-**	**-**	**-**	**-**	**-**	**2.7**	**2.9**	**4.1**	**4.8**	**3.8**	**2.7**	**2.9**	**4.1**	**4.8**	**3.8**
Oophorectomy and salpingo-oophorectomy	1243, 1252	-	-	-	-	-	3.0	3.7	3.1	5.2	3.7	3.0	3.7	3.1	5.2	3.7
Salpingectomy	1251	-	-	-	-	-	^	2.2	2.7	-	2.3	^	2.2	2.7	-	2.3
Examination procedures on uterus	1259	-	-	-	-	-	-	1.9	1.9	3.5	2.3	-	1.9	1.9	3.5	2.3
Curettage and evacuation of uterus	1265	-	-	-	-	-	-	1.4	1.9	2.8	1.9	-	1.4	1.9	2.8	1.9
Hysterectomy	1268–1269	-	-	-	-	-	^	5.0	5.4	6.0	5.4	~	5.0	5.4	6.0	5.4
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	-	-	-	-	-	3.3	3.7	3.9	3.8	-	3.3	3.7	3.9	3.8
Obstetric procedures[b]	**1330–1347**	-	-	-	-	-	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ
Procedures on musculoskeletal system	**1360–1579**	**1.9**	**2.6**	**4.5**	**7.7**	**4.2**	**1.9**	**2.7**	**4.0**	**7.7**	**5.2**	**1.9**	**2.6**	**4.3**	**7.7**	**4.7**
Arthroplasty of hip	1489	-	4.6	5.0	8.1	6.9	^	4.6	5.5	9.4	8.3	^	4.6	5.3	8.8	7.6
Arthroplasty of knee	1518–1519	-	4.6	4.9	5.7	5.3	-	5.2	5.0	5.9	5.6	-	4.9	4.9	5.8	5.5

TABLE 3.14 Acute In-Patient Discharges (excl. *Maternity*): Mean Length of Stay (Days) by Principal Procedure, Sex and Age Group[a] (contd.)

Principal Procedure	Procedure Block	Male					Female (excl. *Maternity*)					Total Acute In-Patient Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Dermatological and plastic procedures	**1600–1718**	**2.7**	**2.7**	**4.5**	**5.6**	**3.4**	**2.7**	**2.7**	**4.2**	**7.2**	**3.8**	**2.7**	**2.7**	**4.4**	**6.3**	**3.6**
Excision of lesion(s) of skin and subcutaneous tissue	1620	2.0	1.5	3.0	3.5	3.0	1.1	1.6	2.4	4.0	3.1	1.7	1.6	2.8	3.7	3.0
Other debridement of skin and subcutaneous tissue	1628	1.5	3.7	6.0	9.5	5.0	1.5	4.2	7.5	11.1	6.5	1.5	3.8	6.5	10.2	5.5
Skin graft	1640–1650	7.8	5.7	5.9	7.2	6.3	11.6	6.1	9.4	10.2	9.3	9.4	5.8	7.0	9.0	7.6
Procedures on breast	**1740–1759**	**^**	**1.8**	**1.8**	**4.0**	**2.4**	**2.8**	**3.0**	**3.2**	**3.4**	**3.2**	**2.4**	**3.0**	**3.2**	**3.4**	**3.2**
Breast biopsy	1743–1744	-	^	^	^	1.6	^	2.1	2.0	2.5	2.2	^	2.1	2.0	2.5	2.2
Mastectomy	1747–1748	-	2.6	^	5.3	3.8	-	4.4	4.6	4.5	4.5	-	4.4	4.6	4.6	4.5
Radiation oncology procedures[c]	**1786–1799**	**-**	**7.7**	**8.7**	**10.8**	**9.8**	**-**	**6.2**	**9.5**	**12.7**	**10.1**	**-**	**6.5**	**9.1**	**11.7**	**10.0**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**4.3**	**4.8**	**5.8**	**8.1**	**6.5**	**4.5**	**4.7**	**6.2**	**8.9**	**7.2**	**4.4**	**4.8**	**6.0**	**8.5**	**6.8**
Administration of blood and blood products	1893	3.3	5.1	6.3	6.8	6.2	3.9	3.6	5.6	7.1	6.1	3.6	4.1	5.9	7.0	6.2
Conduction anaesthesia	1909	-	^	^	^	2.3	-	^	^	^	5.7	-	^	^	^	3.7
Cerebral anaesthesia	1910	^	3.9	^	6.7	5.8	~	^	^	6.8	5.9	^	3.9	6.4	6.7	5.8
Imaging services	**1940–2016**	**3.6**	**3.6**	**5.1**	**7.5**	**5.7**	**3.7**	**3.4**	**4.8**	**7.5**	**5.7**	**3.6**	**3.5**	**4.9**	**7.5**	**5.7**
Computerised tomography scan	1952-1966	2.7	3.2	4.8	7.3	5.5	2.8	3.1	4.5	7.3	5.5	2.7	3.1	4.6	7.3	5.5
Magnetic resonance imaging	2015	3.9	5.6	7.0	9.2	7.0	4.1	5.0	6.5	9.3	6.6	4.0	5.2	6.7	9.3	6.8

Notes:
^ Denotes that length of stay calculation was based on five or fewer discharges.
ǂ Denotes that no breakdown is provided.
- Mean length of stay cannot be calculated as no acute in-patients (length of stay of 30 days or less) are reported.
a Includes mean length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.
b Discharges reported within this chapter were not assigned admission type of *Maternity*. Their admission was for reasons other than their obstetric condition, but they received obstetric care during this episode of care. See Section Four for details of morbidity analysis for *Maternity* discharges.
c Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at over 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

TABLE 3.15 Total Discharges (excl. *Maternity*): All-Listed Procedures by Sex and Age Group (N)

All Procedures	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. *Maternity*)	-	**73,837**	**146,233**	**212,964**	**280,618**	**713,652**	**57,577**	**180,870**	**220,029**	**249,540**	**708,016**	**131,414**	**327,103**	**432,993**	**530,158**	**1,421,668**
All Procedures	**0001–2016**	**98,448**	**209,475**	**318,607**	**432,527**	**1,059,057**	**73,190**	**257,221**	**331,112**	**398,568**	**1,060,091**	**171,638**	**466,696**	**649,719**	**831,095**	**2,119,148**
Procedures on nervous system	**0001–0086**	**1,819**	**4,507**	**5,068**	**3,328**	**14,722**	**1,447**	**5,619**	**6,916**	**5,004**	**18,986**	**3,266**	**10,126**	**11,984**	**8,332**	**33,708**
Lumbar puncture	0030	1,407	929	594	451	3,381	1,128	1,503	768	450	3,849	2,535	2,432	1,362	901	7,230
Procedures on endocrine system	**0110–0129**	**28**	**158**	**231**	**155**	**572**	**39**	**524**	**612**	**343**	**1,518**	**67**	**682**	**843**	**498**	**2,090**
Procedures on eye and adnexa	**0160–0256**	**1,032**	**1,960**	**5,200**	**12,084**	**20,276**	**937**	**1,596**	**3,832**	**15,807**	**22,172**	**1,969**	**3,556**	**9,032**	**27,891**	**42,448**
Lens extraction	0195–0202	55	137	830	3,653	4,675	37	109	845	5,275	6,266	92	246	1,675	8,928	10,941
Procedures on ear and mastoid process	**0300–0333**	**2,979**	**1,318**	**930**	**651**	**5,878**	**2,125**	**1,222**	**888**	**570**	**4,805**	**5,104**	**2,540**	**1,818**	**1,221**	**10,683**
Myringotomy	0309	1,925	224	161	111	2,421	1,302	173	148	94	1,717	3,227	397	309	205	4,138
Procedures on nose, mouth and pharynx	**0370–0422**	**3,348**	**3,753**	**2,863**	**1,897**	**11,861**	**2,653**	**3,852**	**2,461**	**1,678**	**10,644**	**6,001**	**7,605**	**5,324**	**3,575**	**22,505**
Tonsillectomy or adenoidectomy	0412	1,834	516	54	11	2,415	1,679	1,092	45	6	2,822	3,513	1,608	99	17	5,237
Dental services	**0450–0490**	**4,447**	**1,264**	**321**	**105**	**6,137**	**3,751**	**1,411**	**216**	**81**	**5,459**	**8,198**	**2,675**	**537**	**186**	**11,596**
Procedures on respiratory system	**0520–0570**	**3,282**	**2,932**	**5,906**	**8,103**	**20,223**	**2,362**	**2,125**	**4,742**	**6,170**	**15,399**	**5,644**	**5,057**	**10,648**	**14,273**	**35,622**
Bronchoscopy with/without biopsy	0543–0544, 41892-01[0545]	357	859	1,817	2,497	5,530	239	709	1,826	1,972	4,746	596	1,568	3,643	4,469	10,276
Procedures on cardiovascular system	**0600–0777**	**2,394**	**8,888**	**25,207**	**22,737**	**59,226**	**2,068**	**4,946**	**11,822**	**12,746**	**31,582**	**4,462**	**13,834**	**37,029**	**35,483**	**90,808**
Coronary angiography	0668	189	897	5,910	6,007	13,003	186	399	2,693	3,659	6,937	375	1,296	8,603	9,666	19,940
Transluminal coronary angioplasty with/without stenting	0670–0671	~	*	2,015	1,906	4,113	~	*	413	792	1,247	~	*	2,428	2,698	5,360
CABG	0672–0679	0	37	676	846	1,559	~	*	72	188	268	~	*	748	1,034	1,827
Leg varicose vein ligation	0727–0728	~	345	529	*	1,046	0	945	864	*	2,106	~	1,290	1,393	*	3,152
Procedures on blood and blood-forming organs	**0800–0817**	**330**	**684**	**1,312**	**1,571**	**3,897**	**281**	**1,223**	**2,471**	**1,974**	**5,949**	**611**	**1,907**	**3,783**	**3,545**	**9,846**
Procedures on digestive system	**0850–1011**	**3,309**	**27,804**	**38,039**	**35,970**	**105,122**	**2,388**	**35,164**	**38,073**	**33,134**	**108,759**	**5,697**	**62,968**	**76,112**	**69,104**	**213,881**
Fibreoptic colonoscopy with/without excision	0905, 0911	169	9,069	14,031	13,593	36,862	140	11,096	14,987	12,728	38,951	309	20,165	29,018	26,321	75,813
Appendicectomy	0926	1,090	1,907	337	111	3,445	863	2,027	391	146	3,427	1,953	3,934	728	257	6,872
Procedures for haemorrhoids	0941	~	1,815	1,774	*	4,201	~	1,684	1,424	*	3,723	~	3,499	3,198	*	7,924
Cholecystectomy	0965	7	373	604	412	1,396	15	1,790	1,186	456	3,447	22	2,163	1,790	868	4,843
Division of abdominal adhesions	0986	23	194	239	267	723	24	901	442	337	1,704	47	1,095	681	604	2,427
Repair of inguinal and obstructed hernia	0990, 0997	423	777	1,192	1,150	3,542	105	75	91	151	422	528	852	1,283	1,301	3,964
Panendoscopy with/without excision	1005–1008	388	9,315	12,537	11,927	34,167	360	11,499	13,691	12,407	37,957	748	20,814	26,228	24,334	72,124
Procedures on urinary system	**1040–1129**	**1,655**	**18,835**	**38,486**	**68,932**	**127,908**	**570**	**14,989**	**23,303**	**42,334**	**81,196**	**2,225**	**33,824**	**61,789**	**111,266**	**209,104**
Examination procedures on bladder (includes cystoscopy)	1089	84	1,235	2,868	5,562	9,749	59	1,481	2,225	2,471	6,236	143	2,716	5,093	8,033	15,985
Procedures on male genital organs	**1160–1203**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**3,865**	**1,690**	**3,228**	**2,944**	**11,727**
Prostatectomy	1165–1167	0	14	507	790	1,311	0	0	0	0	0	0	14	507	790	1,311
Circumcision	30653-00[1196]	1,796	522	253	121	2,692	0	0	0	0	0	1,796	522	253	121	2,692
Gynaecological procedures	**1240–1299**	0	0	0	0	0	129	33,232	20,260	4,093	57,714	129	33,232	20,260	4,093	57,714
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	14	363	396	144	917	14	363	396	144	917
Salpingectomy	1251	0	0	0	0	0	*	140	38	~	188	*	140	38	~	188
Examination procedures on uterus	1259	0	0	0	0	0	~	3,799	4,426	*	9,048	~	3,799	4,426	*	9,048
Curettage and evacuation of uterus	1265	0	0	0	0	0	0	3,395	4,430	853	8,678	0	3,395	4,430	853	8,678
Hysterectomy	1268–1269	0	0	0	0	0	~	*	1,452	589	2,577	~	*	1,452	589	2,577
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	~	*	795	592	1,528	~	*	795	592	1,528
Obstetric procedures[a]	**1330–1347**	**0**	**0**	**0**	**0**	**0**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**10**
Procedures on musculoskeletal system	**1360–1579**	**4,987**	**14,671**	**11,410**	**9,066**	**40,134**	**3,915**	**8,120**	**13,880**	**14,987**	**40,902**	**8,902**	**22,791**	**25,290**	**24,053**	**81,036**
Arthroplasty of hip	1489	0	122	796	1,498	2,416	~	*	662	2,123	2,872	~	*	1,458	3,621	5,288
Arthroplasty of knee	1518–1519	0	24	375	547	946	0	24	453	884	1,361	0	48	828	1,431	2,307
Dermatological and plastic procedures	**1600–1718**	**5,470**	**19,282**	**13,950**	**15,987**	**54,689**	**4,262**	**18,281**	**13,831**	**13,823**	**50,197**	**9,732**	**37,563**	**27,781**	**29,810**	**104,886**

TABLE 3.15 Total Discharges (excl. *Maternity*): All-Listed Procedures by Sex and Age Group (N) (contd.)

All Procedures	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Excision of lesion(s) of skin and subcutaneous tissue	1620	655	5,883	5,673	7,717	19,928	601	7,721	6,266	6,590	21,178	1,256	13,604	11,939	14,307	41,106
Other debridement of skin and subcutaneous tissue	1628	501	1,411	953	783	3,648	379	420	448	603	1,850	880	1,831	1,401	1,386	5,498
Skin graft	1640–1650	63	187	242	539	1,031	56	95	144	460	755	119	282	386	999	1,786
Procedures on breast	**1740–1759**	**~**	**88**	*****	**49**	**185**	**16**	**4,086**	**5,319**	**2,115**	**11,536**	*****	**4,174**	**5,365**	*****	**11,721**
Breast biopsy	1743–1744	0	27	29	34	90	11	2,585	2,849	1,358	6,803	11	2,612	2,878	1,392	6,893
Mastectomy	1747–1748	0	20	~	*	36	0	184	*	*	876	0	204	426	282	912
Radiation oncology procedures[b]	**1786–1799**	**494**	**1,748**	**15,662**	**25,345**	**43,249**	**412**	**4,853**	**18,627**	**11,902**	**35,794**	**906**	**6,601**	**34,289**	**37,247**	**79,043**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**51,449**	**82,019**	**121,671**	**179,299**	**434,438**	**39,255**	**95,753**	**137,637**	**187,978**	**460,623**	**90,704**	**177,772**	**259,308**	**367,277**	**895,061**
Administration of blood and blood products	1893	3,144	2,137	4,861	11,015	21,157	2,293	2,054	4,308	9,414	18,069	5,437	4,191	9,169	20,429	39,226
Conduction anaesthesia	1909	234	1,580	3,244	5,346	10,404	76	1,118	3,359	6,747	11,300	310	2,698	6,603	12,093	21,704
Cerebral anaesthesia	1910	24,312	41,949	48,723	46,985	161,969	16,969	50,589	55,626	44,187	167,371	41,281	92,538	104,349	91,172	329,340
Imaging services	**1940–2016**	**7,560**	**17,874**	**29,077**	**44,304**	**98,815**	**6,577**	**20,217**	**26,221**	**43,829**	**96,844**	**14,137**	**38,091**	**55,298**	**88,133**	**195,659**
Computerised tomography scan	1952–1966	1,481	11,937	17,649	30,603	61,670	1,092	11,646	15,806	31,859	60,403	2,573	23,583	33,455	62,462	122,073
Magnetic resonance imaging	2015	2,441	2,416	3,440	4,151	12,448	2,057	3,474	3,255	3,945	12,731	4,498	5,890	6,695	8,096	25,179

Notes: ~ Denotes five or fewer discharges reported to HIPE.

* Further suppression required to prevent disclosure of five or fewer discharges.

ǂ Denotes that no breakdown is provided.

a Discharges reported within this chapter were not assigned admission type of *Maternity*. Their admission was for reasons other than their obstetric condition, but they received obstetric care during this episode of care. See Section Four for details of morbidity analysis for *Maternity* discharges.

b Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at over 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

Maternity Discharges 2013

SECTION FOUR

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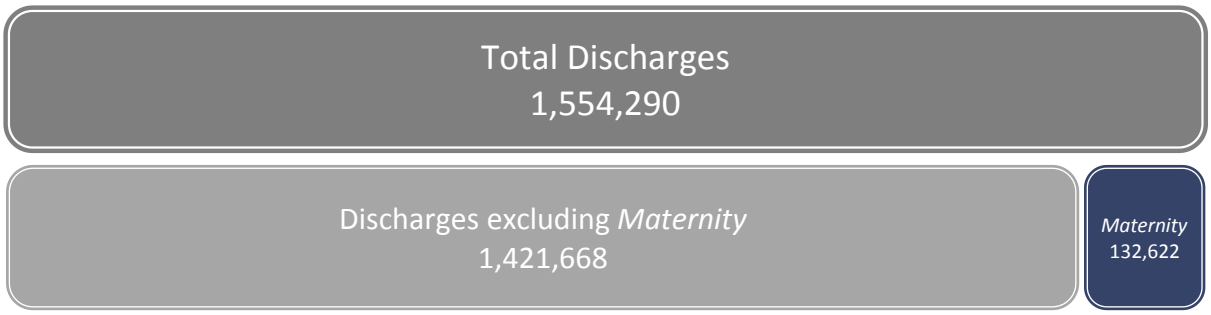


4.1 INTRODUCTION

Section Four examines *Maternity* discharges only. In 2013, 8.5 per cent of total discharges were categorised as *Maternity* discharges. *Maternity* discharges in HIPE are those who were admitted in relation to their obstetrical experience (from conception to 6 weeks post delivery); that is, they were allocated to Admission Type code *Maternity*.[1]

The Healthcare Pricing Office also publish the annual series *Perinatal Statistics Reports* using data from the National Perinatal Reporting System (NPRS) which presents national statistics on perinatal events in Ireland.[2] The analysis of *Deliveries* here is intended to complement these publications by reporting on variables which are currently not available in the NPRS. These variables include public/private status and detailed data on maternal diagnoses and procedures, including the elective or emergency nature of Caesarean section. It must be emphasised that the *Delivery* section here reports on women with a diagnosis of *outcome of delivery* (ICD-10-AM – Z37) in acute public hospitals with an allocated admission type of *Maternity* only.[3] There are a number of key differences between the number of deliveries reported here and the number published by the NPRS which means, on balance, that the number of deliveries reported by NPRS will be more comprehensive due to a number of factors including:

* The NPRS includes all deliveries in Ireland including those in public and private hospitals and domiciliary births. HIPE does not currently collect data from private hospitals or domiciliary births.
* Delivery data in the NPRS is reported based on date of delivery, HIPE data is reported on the date of discharge of the mother. For example, a delivery that occurs on 27 December 2012 and the mother is discharged on 1 January 2013 will be recorded as a 2012 delivery in NPRS and a 2013 delivery in HIPE.
* In accordance with the World Health Organization (WHO) guidelines the NPRS does not include births weighing less than 500 grams; these deliveries would be reported by HIPE.

1 Hospital In-Patient Enquiry Scheme (HIPE) Data Dictionary 2013 Version 5.0 available at www.hpo.ie

2 See www.hpo.ie

3 There were a small number of women who were admitted for reasons other than their obstetric condition, but received obstetric care and, in some cases (< 5 cases), delivered during this episode. These women are not included here.

The remainder of Section Four is divided into three sections:

- Section 4.2 provides an overview of *Maternity* discharges, disaggregated according to whether they delivered during this episode of care.
- Section 4.3 examines *Delivery* discharges. Method of delivery is analysed by selected demographic and administrative variables, including maternal parity.[4,5] Top 10 diagnoses and Top 10 procedure blocks are provided, along with further details on Caesarean section deliveries.
- Section 4.4 provides a summary of *Non-Delivery* discharges and reports on age, marital/civil status and public/private status for day patients and in-patients. Top 10 principal diagnoses and procedure blocks are also presented.

4.2 Maternity Discharges – Total

This section provides an overview of the 132,622 *Maternity* discharges reported to HIPE. Of those discharges recorded as *Maternity*, there were 66,098 (49.8 per cent) *Delivery* discharges and 66,524 (50.2 per cent) *Non-Delivery* discharges.

4.2.1 *Maternity* Discharges: Profile

Table 4.1 disaggregates *Maternity* discharges and bed days by patient type (day patient and in-patient) and delivery status.[6] Mean and median lengths of stay for in-patient discharges are also presented.[7]

Discharges

- Day patients accounted for 13,914 (10.5 per cent) of *Maternity* discharges. The remaining 118,708 (89.5 per cent) of *Maternity* discharges were in-patients.
- 56.0 per cent of *Maternity* discharges were aged 25–34 years (see Figure 4.1).
- Single women accounted for 38.7 per cent of *Maternity* discharges while married women accounted for 58.4 per cent (see Figure 4.2).
- Over 15 per cent of *Maternity* discharges were discharged on a private basis and 84.3 per cent on a public basis (see Figure 4.3).

Length of Stay

- The cumulative proportion of discharges and bed days differ for *Delivery* and *Non-Delivery* discharges (see Figures 4.4a–4.4c). For example, 62.4 per cent of *Delivery* discharges stayed 3 days or less, accounting for 39.1 per cent of the total bed days. A higher proportion of *Non-Delivery* discharges (93.1 per cent) were discharged in the same time period using a higher proportion of the total bed days (73.7 per cent).

---

4 Maternal parity is the number of previous live births and number of previous stillbirths (>500g).

5 2012 provided the first complete year that parity data were available for analysis. A review identified quality issues in the recording of the parity variable in some hospitals for 2012. The relevant hospitals were contacted and have reviewed procedures for recording this data. It is therefore not advised to compare parity data reported in *Activity in Acute Public Hospitals in Ireland Annual Report 2012* with that presented in this report.

6 *Non-Delivery* discharges are *Maternity* discharges where admission was related to their obstetrical experience but who did not deliver during that episode of care.

7 By definition, *Maternity* discharges with a diagnosis of delivery are in-patients.

TABLE 4.1 *Maternity* Discharges: Patient Type by Delivery Status (N, %, Bed Days, %, and In-Patient Length of Stay)

	Discharges and Bed Days																	
	Day Patients		In-Patients												Total *Maternity* Discharges			
			0–7 Days				> 7 Days				Total *Maternity* In-Patient							
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%
Delivery[a,b]	-	-	63,674	55.1	195,291	71.4	2,424	79.2	33,941	80.4	66,098	55.7	229,232	72.6	66,098	49.8	229,232	69.5
Non-Delivery	13,914	100	51,973	44.9	78,243	28.6	637	20.8	8,278	19.6	52,610	44.3	86,521	27.4	66,524	50.2	100,435	30.5
Total *Maternity*	**13,914**	**100**	**115,647**	**100**	**273,534**	**100**	**3,061**	**100**	**42,219**	**100**	**118,708**	**100**	**315,753**	**100**	**132,622**	**100**	**329,667**	**100**

In-Patient Length of Stay								
	0–7 Days		> 7 Days			Total *Maternity* In-Patient		
	Mean	Median		Mean	Median		Mean	Median
Delivery	3.1	3	Delivery	14	10	Delivery	3.5	3
Non-Delivery	1.5	1	Non-Delivery	13	10	Non-Delivery	1.6	1
Total *Maternity*	**2.4**	**2**	**Total *Maternity***	**13.8**	**10**	**Total *Maternity***	**2.7**	**2**

Notes: Percentage columns are subject to rounding.

a *Delivery* discharges are all in-patients.

b Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

FIGURE 4.1 *Maternity* Discharges: Age (N, %)

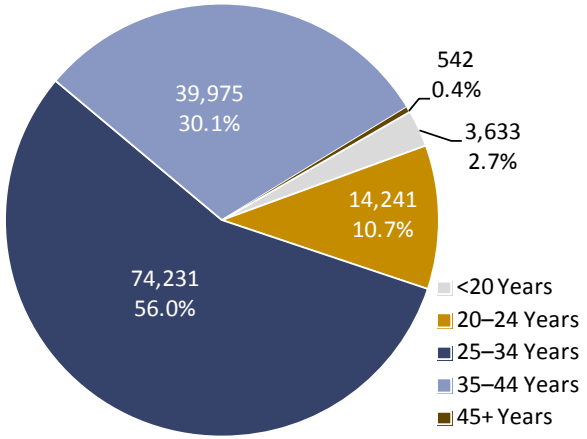


FIGURE 4.2 *Maternity* Discharges: Marital/Civil Status (N, %)

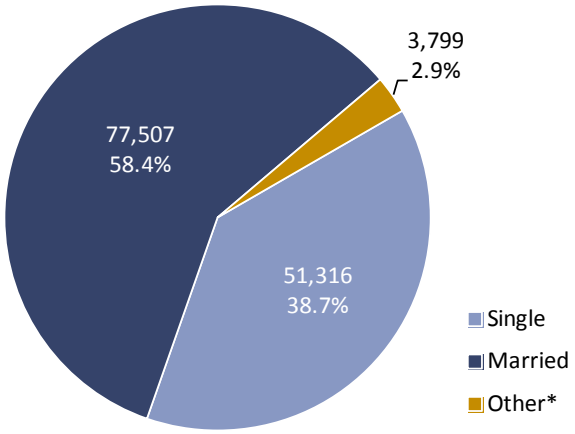
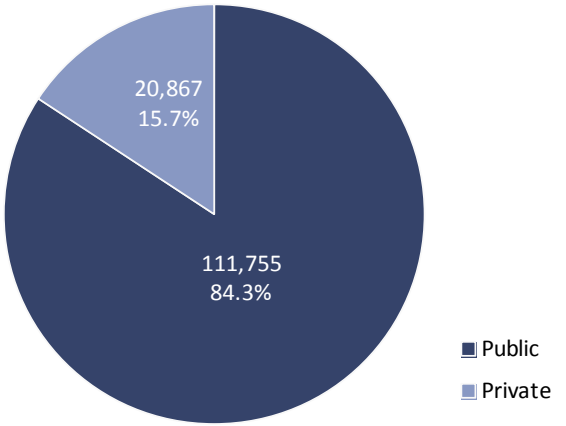


FIGURE 4.3 *Maternity* Discharges: Public/Private Status (N, %)



Notes: Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

* Other includes widowed, separated, divorced, civil partner, former civil partner, surviving civil partner and unknown.

FIGURE 4.4a *Delivery* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)[a,b]

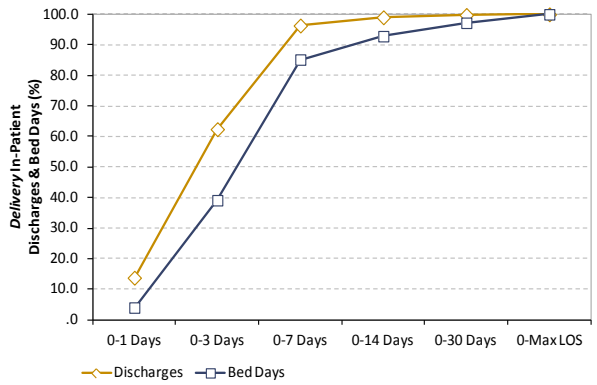


FIGURE 4.4b *Non-Delivery* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)

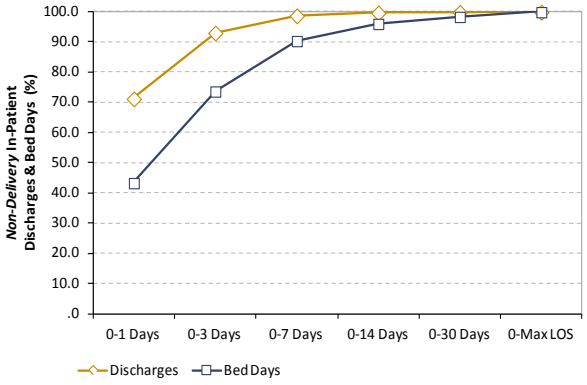
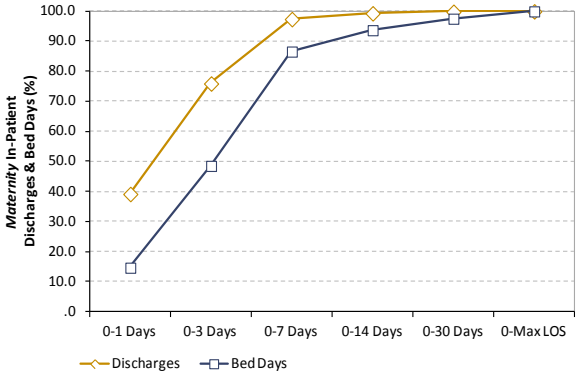


FIGURE 4.4c *Maternity* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)



Notes: a Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

b *Delivery* discharges are all in-patients.

4.3 MATERNITY DISCHARGES – DELIVERY

There were 66,098 *Maternity* discharges with a diagnosis of *outcome of delivery* reported to HIPE (49.8 per cent of *Maternity* discharges and 4.3 per cent of total HIPE discharges).[8,9]

4.3.1 *Delivery* Discharges: Outcome of Delivery

Table 4.2 disaggregates *Delivery* discharges by outcome of delivery.[10]

- Single deliveries accounted for 98.1 per cent of total *Delivery* discharges while multiple deliveries accounted for 1.9 per cent.
- The in-patient mean length of stay for a single delivery was 3.4 days compared to 6.7 days for a multiple delivery.

TABLE 4.2 *Delivery* Discharges: Outcome of Delivery (N, % and Length of Stay)

		Delivery Discharges[a]		In-Patient Length of Stay[b]	
		N	%	Mean	Median
Z37.0–Z37.1	Single Deliveries	64,811	98.1	3.4	3
Z37.2–Z37.7	Multiple Deliveries	1,273	1.9	6.7	5
Z37.9	Unspecified	14	0.0	3.6	4
Total *Delivery* Discharges		**66,098**	**100**	**3.5**	**3**

Notes: Percentage columns are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
a ICD-10-AM (any) diagnosis codes are analysed at four-digit level and include live births and stillbirths.
b *Delivery* discharges are all in-patients.

8 See Section Three for details of clinical coding and classification.
9 ICD-10-AM Diagnosis Code Z37 *Outcome of Delivery* (Extracted from NCCH eBook, July 2008: Factors Affecting Health Status.)
10 As a delivery can result in either single or multiple outcomes, the number of deliveries will not equal the number of births. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

4.3.2 *Delivery* Discharges: Method of Delivery

Method of delivery is derived from delivery procedure codes which for the purposes of this report are grouped into non-instrumental, instrumental and elective or emergency Caesarean section.[11,12,13,14,15] Figures 4.5a and 4.5b show the proportion of *Delivery* discharges by method of delivery and maternal parity. Table 4.3 disaggregates *Delivery* discharges by method of delivery and outcome of delivery. Figure 4.6 shows the proportion of *Delivery* discharges by method of delivery and in-patient length of stay.

Discharges

Maternal Parity

- Figures 4.5a and 4.5b show that primiparous *Delivery* discharges recorded lower proportions of both non-instrumental (41.1 per cent) and elective Caesarean section deliveries (7.9 per cent) than multiparous *Delivery* discharges (65.4 per cent and 19.8 per cent respectively).[16]
- Instrumental deliveries accounted for 28.9 per cent of primiparous *Delivery* discharges and 6.4 per cent of multiparous *Delivery* discharges.
- Emergency Caesarean section deliveries accounted for 22.2 per cent of primiparous and 8.5 per cent of multiparous *Delivery* discharges.

Single and Multiple Deliveries

- Non-instrumental deliveries accounted for 56.7 per cent of single deliveries and 23.2 per cent of multiple deliveries.
- Caesarean section accounted for 28.2 per cent of single deliveries and 67.6 per cent of multiple deliveries.

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11 The method of delivery categories reported here are not directly comparable with those published in the *Perinatal Statistics Reports*.

12 Non-instrumental deliveries *exclude* forceps delivery, vacuum extraction with delivery, breech with forceps to after-coming head or Caesarean section.

13 Instrumental deliveries include deliveries *with* one or a combination of forceps (ACHI Procedure Block 1337 – excluding failed forceps) or vacuum extraction (ACHI Procedure Block 1338 – excluding failed vacuum extraction), and breech with forceps to after-coming head (ACHI Procedure Codes 90470-02, 90470-04) [Extracted from NCCH eBook, July 2008, Obstetric Procedures].

14 The term 'elective' is not an indication of maternal choice.

15 An **elective** Caesarean (ACHI Procedure Codes 16520-00, 16520-02) is defined as a Caesarean section carried out as a planned procedure before the onset of labour or following the onset of labour, when the decision was made before labour.
An **emergency** Caesarean (ACHI Procedure Codes 16520-01, 16520-03) is defined as a Caesarean required because of an emergency situation (e.g. obstructed labour, fetal distress). It is best described as 'when the Caesarean section is performed having not been considered necessary previously'. Caesarean section after failed trial of scar would be an emergency Caesarean section.
Source: Australian Coding Standard 1541 [Extracted from NCCH eBook, July 2008, Pregnancy, Childbirth and the Puerperium]

16 Primiparous *Delivery* discharges are deliveries to women who have had no previous pregnancy resulting in a live birth or stillbirth (>500g).
Multiparous *Delivery* discharges are deliveries to women who have had at least one previous pregnancy resulting in a live birth or stillbirth (>500g).

- The proportions of elective and emergency Caesarean sections were similar for singleton deliveries, but varied for multiple deliveries (36.5 per cent for elective Caesarean sections and 31.0 per cent for emergency Caesarean Sections).

Length of Stay

- The in-patient mean length of stay was 2.6 days for non-instrumental, 3.4 days for instrumental, and 5.3 days for Caesarean section deliveries.
- In-patient mean length of stay was shorter for single deliveries compared to multiple deliveries for all methods of delivery.
- For singleton and multiple deliveries, in-patient mean length of stay was shorter for elective than emergency Caesarean section deliveries.
- Only 3.7 per cent of total *Delivery* discharges had an in-patient mean length of stay of more than 7 days (see Figure 4.6).

FIGURE 4.5a Primiparous *Delivery* Discharges: Method of Delivery (%)

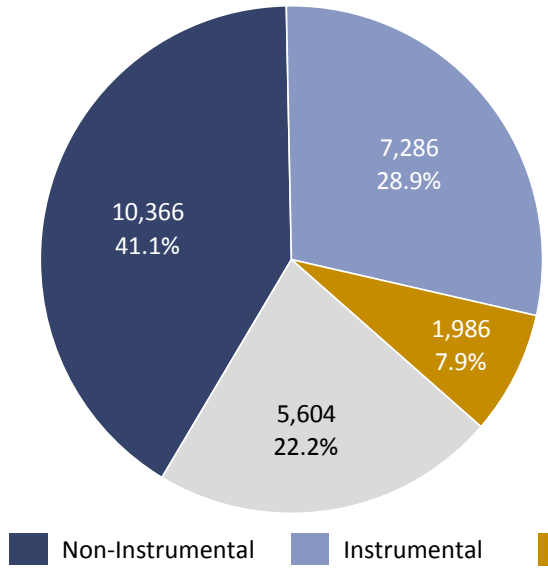
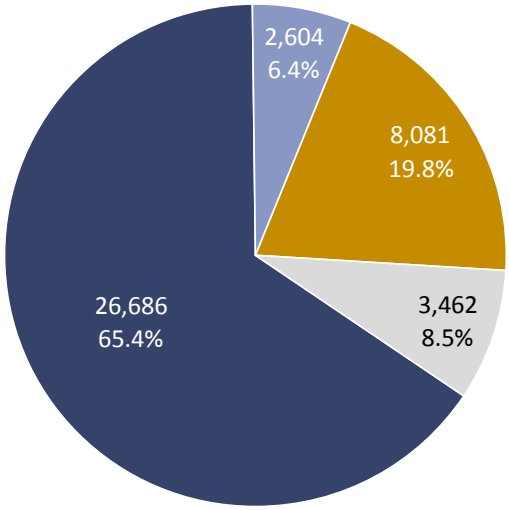
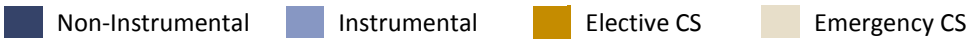


***FIGURE* 4.5b** Multiparous *Delivery* Discharges: Method of Delivery (%)





Notes: Percentage values are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
There were 23 discharges with 'unknown' parity; these were excluded from these figures.

TABLE 4.3 *Delivery* Discharges: Method of Delivery by Outcome of Delivery (N, Row % and Length of Stay)

		Delivery Discharges											
		Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges[a]	
						Elective CS		Emergency CS		Total CS			
		N	%	N	%	N	%	N	%	N	%	N	%
Single	0–7 Days	36,262	57.9	9,597	15.3	9,042	14.4	7,738	12.4	16,780	26.8	62,639	100
	> 7 Days	495	22.8	176	8.1	564	26.0	937	43.1	1,501	69.1	2,172	100
	Total Single	**36,757**	**56.7**	**9,773**	**15.1**	**9,606**	**14.8**	**8,675**	**13.4**	**18,281**	**28.2**	**64,811**	**100**
Multiple	0–7 Days	270	26.4	108	10.6	374	36.6	270	26.4	644	63.0	1,022	100
	> 7 Days	25	10.0	10	4.0	91	36.3	125	49.8	216	86.1	251	100
	Total Multiple	**295**	**23.2**	**118**	**9.3**	**465**	**36.5**	**395**	**31.0**	**860**	**67.6**	**1,273**	**100**
Total[a]	0–7 Days	36,532	57.4	9,705	15.2	9,416	14.8	8,008	12.6	17,424	27.4	63,661	100
	> 7 Days	520	21.5	186	7.7	655	27.0	1,062	43.8	1,717	70.9	2,423	100
	Total *Delivery* Discharges	**37,052**	**56.1**	**9,891**	**15.0**	**10,071**	**15.2**	**9,070**	**13.7**	**19,141**	**29.0**	**66,084**	**100**

		Delivery In-Patient Length of Stay[b]											
		Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
						Elective CS		Emergency CS		Total CS			
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Single	0–7 Days	2.4	2	3.2	3	4.0	4	4.7	5	4.3	4	3.0	3
	> 7 Days	12.7	10	10.6	9	15.7	12	13.8	10	14.5	11	13.8	10
	Total Single	**2.5**	**2**	**3.3**	**3**	**4.7**	**4**	**5.6**	**5**	**5.2**	**4**	**3.4**	**3**
Multiple	0–7 Days	3.4	3	4.1	4	4.9	5	5.0	5	4.9	5	4.4	4
	> 7 Days	11.2	10	13.0	11	16.5	13	17.0	13	16.8	13	16.1	12
	Total Multiple	**4.1**	**4**	**4.9**	**4**	**7.1**	**5**	**8.8**	**6**	**7.9**	**5**	**6.7**	**5**
Total[a]	0–7 Days	2.4	2	3.2	3	4.1	4	4.7	5	4.3	4	3.1	3
	> 7 Days	12.6	10	10.7	9	15.8	12	14.1	10	14.8	11	14.0	10
	Total *Delivery* Discharges	**2.6**	**2**	**3.4**	**3**	**4.8**	**4**	**5.8**	**5**	**5.3**	**4**	**3.5**	**3**

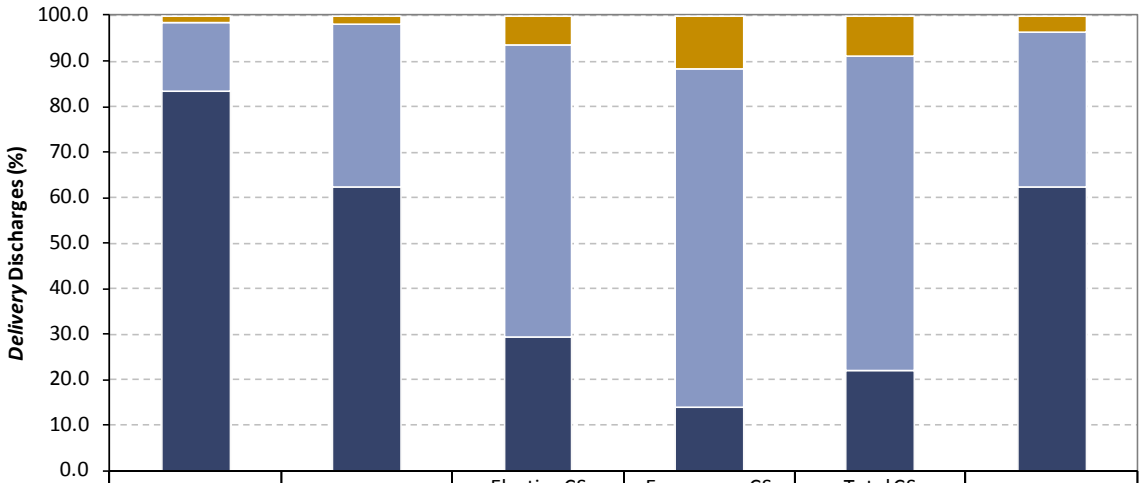
Notes: Percentage columns are subject to rounding.

Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

a There were 14 discharges with 'unspecified' outcome of delivery; these were excluded from this table.

b *Delivery* discharges are all in-patients.

FIGURE 4.6 *Delivery* Discharges: Method of Delivery by In-Patient Length of Stay (%)



	Non-Instrumental	Instrumental	Elective CS	Emergency CS	Total CS	Total
			Caesarean Section			
>7 Days	1.4	1.9	6.5	11.7	9.0	3.7
4–7 Days	15.3	35.7	64.1	74.4	69.0	33.9
0–3 Days	83.3	62.4	29.4	13.9	22.0	62.4

Notes: Percentage columns are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

4.3.3 *Delivery* Discharges: Age

Table 4.4 disaggregates *Delivery* discharges by method of delivery and mother's age. Figure 4.7 shows the proportion of *Delivery* discharges by method of delivery, mother's age and parity.

Discharges

- The majority of mothers aged less than 45 years had non-instrumental deliveries.
- For mothers aged 45 years and over, 67.0 per cent delivered by Caesarean section and 25.7 per cent had non-instrumental deliveries.
- With the exception of mothers aged 45 years and over, a similar proportion of mothers delivered by emergency Caesarean section in all age groups.
- A larger proportion of mothers aged 35–44 delivered by elective Caesarean section (22.5 per cent) compared to 13.1 per cent for mothers aged 25–34.
- Seven per cent of primiparous *Delivery* discharges aged 25–34 years had an elective Caesarean section compared to 17.2 per cent of multiparous *Delivery* discharges in the same age group.
- Almost 22 per cent of primiparous *Delivery* discharges aged 25–34 years had an emergency Caesarean section compared to 8.3 per cent of multiparous *Delivery* discharges in the same age group.

Length of Stay

- In-patient mean length of stay was shortest for non-instrumental deliveries for all age groups, this ranged from 2.5 days to 3.0 days.
- In-patient mean length of stay was longest for emergency Caesarean section deliveries for all age groups, this ranged from 5.5 days to 10.8 days.
- In-patient mean length of stay varied from 3.2 days for mothers aged 20–24 years to 6.1 days for mothers aged 45 years and over for total *Delivery* discharges.

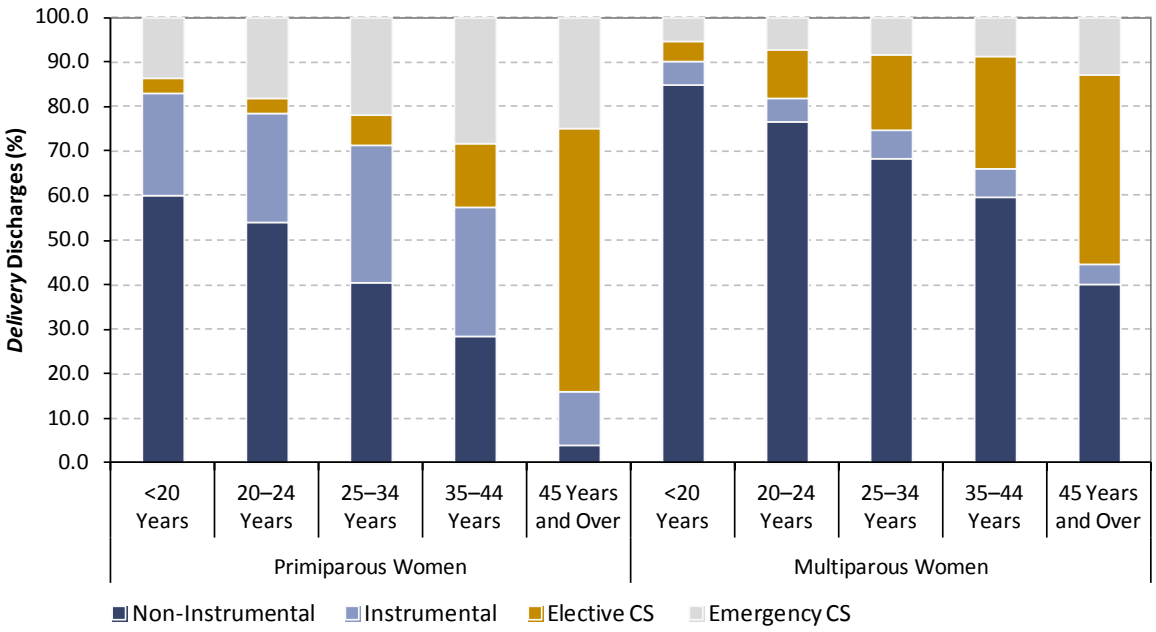
TABLE 4.4 *Delivery* Discharges: Method of Delivery by Mother's Age (N, % and Length of Stay)

	Delivery Discharges											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	N	%	N	%	N	%	N	%	N	%	N	%
<20 Years	858	62.5	291	21.2	47	3.4	176	12.8	223	16.3	1,372	100
20–24 Years	3,995	63.1	1,055	16.7	409	6.5	872	13.8	1,281	20.2	6,331	100
25–34 Years	21,543	56.9	6,160	16.3	4,951	13.1	5,229	13.8	10,180	26.9	37,883	100
35–44 Years	10,616	52.2	2,374	11.7	4,570	22.5	2,761	13.6	7,331	36.1	20,321	100
45 Years and Over	49	25.7	14	7.3	94	49.2	34	17.8	128	67.0	191	100
Total *Delivery* Discharges	**37,061**	**56.1**	**9,894**	**15.0**	**10,071**	**15.2**	**9,072**	**13.7**	**19,143**	**29.0**	**66,098**	**100**

	Delivery In-Patient Length of Stay[a]											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
<20 Years	3.0	3	3.5	3	4.4	4	5.8	5	5.5	5	3.5	3
20–24 Years	2.6	2	3.2	3	4.5	4	5.5	5	5.2	4	3.2	3
25–34 Years	2.5	2	3.3	3	4.7	4	5.6	5	5.2	4	3.4	3
35–44 Years	2.6	2	3.4	3	5.0	4	6.2	5	5.4	4	3.7	3
45 Years and Over	2.5	2	4.4	4	6.6	5	10.8	7	7.7	5	6.1	4
Total *Delivery* Discharges	**2.6**	**2**	**3.4**	**3**	**4.8**	**4**	**5.8**	**5**	**5.3**	**4**	**3.5**	**3**

Notes: Percentage columns are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
a *Delivery* discharges are all in-patients.

FIGURE 4.7 *Delivery* Discharges: Method of Delivery by Mother's Age and Parity (%)

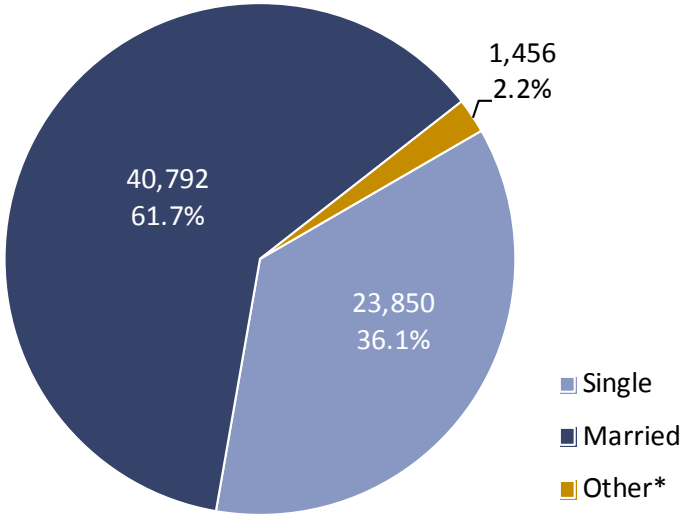


Notes: Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie). There were 23 discharges with 'unknown' parity; these were excluded from these figures.

4.3.4 *Delivery* Discharges: Marital/Civil Status

Marital/Civil status for *Delivery* discharges is presented in Figure 4.8 and shows that 61.7 per cent of *Delivery* discharges were married while 36.1 per cent were single.

FIGURE 4.8 *Delivery* Discharges: Marital/Civil Status (N, %)



Notes: Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

* Other includes widowed, separated, divorced, civil partner, former civil partner, surviving civil partner and unknown.

4.3.5 *Delivery* Discharges: Public/Private Status[17]

Table 4.5 and Figure 4.9 disaggregate *Delivery* discharges by method of delivery and public/private status.

Discharges

- 81 per cent of *Delivery* discharges were treated on a public basis (see Figure 4.9).
- Of *Delivery* discharges treated on a public basis, 58.2 per cent had a non-instrumental delivery, 14.9 per cent had an instrumental delivery, while the remaining 26.9 per cent delivered by Caesarean Section.
- Of *Delivery* discharges treated on a private basis, 46.8 per cent had a non-instrumental delivery, 15.4 per cent had an instrumental delivery, while the remaining 37.8 per cent delivered by Caesarean Section.
- Over 24 per cent of *Delivery* discharges treated on a private basis had an elective Caesarean section compared to 13.1 per cent of discharges who were treated publicly. Similar proportions of public (13.8 per cent) and private (13.4 per cent) *Delivery* discharges had an emergency Caesarean section.

Length of Stay

- *Delivery* discharges treated on a private basis had a longer in-patient mean length of stay than those treated on a public basis for all methods of delivery.
- In-patient mean length of stay recorded for total Caesarean section deliveries was slightly higher for discharges treated on a private basis (5.4 days) compared to those treated on a public basis (5.2 days).

TABLE 4.5 *Delivery* Discharges: Method of Delivery by Public/Private Status (N, % and Length of Stay)

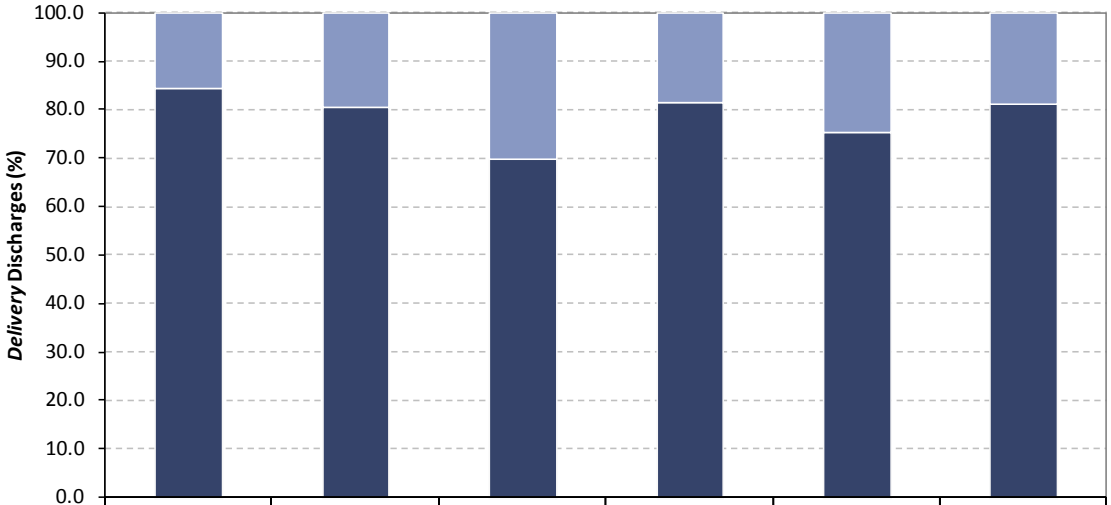
	Delivery Discharges											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	N	%	N	%	N	%	N	%	N	%	N	%
Public	31,195	58.2	7,965	14.9	7,009	13.1	7,391	13.8	14,400	26.9	53,560	100
Private	5,866	46.8	1,929	15.4	3,062	24.4	1,681	13.4	4,743	37.8	12,538	100
Total *Delivery* Discharges	**37,061**	**56.1**	**9,894**	**15.0**	**10,071**	**15.2**	**9,072**	**13.7**	**19,143**	**29.0**	**66,098**	**100**

	Delivery In-Patient Length of Stay[a]											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Public	2.5	2	3.3	3	4.8	4	5.7	5	5.2	4	3.4	3
Private	2.9	3	3.5	3	5.0	4	6.3	5	5.4	5	4.0	3
Total *Delivery* Discharges	**2.6**	**2**	**3.4**	**3**	**4.8**	**4**	**5.8**	**5**	**5.3**	**4**	**3.5**	**3**

Notes: Percentage columns are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
a *Delivery* discharges are all in-patients.

17 See Section 2.2.3 for definition of public/private status.

FIGURE 4.9 *Delivery* Discharges: Method of Delivery by Public/Private Status (%)



	Non-Instrumental	Instrumental	Elective CS	Emergency CS	Total CS	Total
			Caesarean Section			
Private	15.8	19.5	30.4	18.5	24.8	19.0
Public	84.2	80.5	69.6	81.5	75.2	81.0

Notes: Percentage columns are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

4.3.6 *Delivery* Discharges: Day of Admission

Table 4.6 disaggregates *Delivery* discharges by method of delivery and day of admission.

- Admissions were most frequent from Mondays to Thursdays with approximately 16 per cent of *Delivery* discharges admitted per day.
- Caesarean section admissions were most frequent on Mondays (18.3 per cent). The highest proportion of emergency Caesarean sections were admitted on Tuesdays (17.0 per cent).
- Almost 93 per cent of elective Caesarean sections were admitted on a weekday compared to 79.4 per cent of emergency Caesarean sections.

TABLE 4.6 *Delivery* Discharges: Method of Delivery by Day of Admission (N, %)

	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	N	%	N	%	N	%	N	%	N	%	N	%
Monday	5,677	15.3	1,656	16.7	1,990	19.8	1,517	16.7	3,507	18.3	10,840	16.4
Tuesday	5,742	15.5	1,572	15.9	1,854	18.4	1,540	17.0	3,394	17.7	10,708	16.2
Wednesday	5,689	15.4	1,539	15.6	2,025	20.1	1,437	15.8	3,462	18.1	10,690	16.2
Thursday	5,843	15.8	1,526	15.4	1,962	19.5	1,510	16.6	3,472	18.1	10,841	16.4
Friday	5,308	14.3	1,340	13.5	1,513	15.0	1,200	13.2	2,713	14.2	9,361	14.2
Saturday	4,304	11.6	1,012	10.2	202	2.0	791	8.7	993	5.2	6,309	9.5
Sunday	4,498	12.1	1,249	12.6	525	5.2	1,077	11.9	1,602	8.4	7,349	11.1
Total *Delivery* Discharges	**37,061**	**100**	**9,894**	**100**	**10,071**	**100**	**9,072**	**100**	**19,143**	**100**	**66,098**	**100**

Notes: Percentage columns are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

4.3.7 *Delivery* Discharges: Morbidity Analysis

Section 4.3.7 focuses on the diagnoses and procedures recorded for *Delivery* discharges reported to HIPE by acute public hospitals.

4.3.7.1 Top 10 Principal Diagnoses

The mean number of all diagnoses recorded was 3.4 for total *Delivery* discharges, 3.7 for primiparous *Delivery* discharges, and 3.3 for multiparous *Delivery* discharges. Table 4.7 outlines the top 10 principal diagnoses recorded for *Delivery* discharges by parity.

- Just over 80 per cent of primiparous *Delivery* discharges record one of the top 10 principal diagnoses compared to almost 83 per cent for multiparous *Delivery* discharges.[18]
- A principal diagnosis of *labour and delivery complicated by fetal stress [distress]* was recorded for 20.1 per cent of primiparous *Delivery* discharges. This was followed by *perineal laceration during delivery* (14.7 per cent).
- A principal diagnosis of *perineal laceration during delivery* was recorded for 22.1 per cent of multiparous *Delivery* discharges. This was followed by *single spontaneous delivery* (17.3 per cent).
- For *Delivery* in-patient discharges staying seven days or less, mean length of stay for primiparous *Delivery* discharges was 3.6 days compared to 2.8 days for multiparous *Delivery* discharges.

[18] See Section Three for details of clinical coding and classification.

TABLE 4.7 *Delivery* Discharges: Top 10 Principal Diagnoses by parity (N, % and Length of Stay)

	ICD-10-AM Code	Principal Diagnosis	N	% of Total Deliveries	In-Patient Mean LOS[a] (0–7 Days)
Primiparous	O68	Labour and delivery complicated by fetal stress [distress]	5,073	20.1	3.5
	O70	Perineal laceration during delivery	3,723	14.7	2.7
	O48	Prolonged pregnancy	2,305	9.1	4.1
	O42	Premature rupture of membranes	2,275	9.0	3.7
	O80	Single spontaneous delivery[b]	1,457	5.8	2.5
	O36	Maternal care for other known or suspected fetal problems	1,282	5.1	4.0
	O62	Abnormalities of forces of labour	1,259	5.0	3.7
	O63	Long labour	1,151	4.6	3.7
	O32	Maternal care for known or suspected malpresentation of fetus	960	3.8	4.2
	O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	811	3.2	4.5
Top 10 Principal Diagnoses for Primiparous *Delivery* Discharges			**20,296**	**80.4**	**–**
Primiparous *Delivery* Discharges – Total			**25,242**	**100**	**3.6**
Multiparous	O70	Perineal laceration during delivery	9,004	22.1	2.1
	O80	Single spontaneous delivery[b]	7,051	17.3	1.9
	O34	Maternal care for known or suspected abnormality of pelvic organs	6,235	15.3	3.9
	O68	Labour and delivery complicated by fetal stress [distress]	3,129	7.7	2.7
	O48	Prolonged pregnancy	2,143	5.2	2.6
	O42	Premature rupture of membranes	1,655	4.1	3.2
	O36	Maternal care for other known or suspected fetal problems	1,615	4.0	3.3
	O32	Maternal care for known or suspected malpresentation of fetus	1,048	2.6	4.1
	O24	Diabetes mellitus in pregnancy	983	2.4	3.0
	O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	894	2.2	3.2
Top 10 Principal Diagnoses for Multiparous *Delivery* Discharges			**33,757**	**82.7**	**–**
Multiparous *Delivery* Discharges – Total			**40,833**	**100**	**2.8**

Notes: Percentage columns are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
There were 23 discharges with 'unknown' parity; these were excluded from this table.

a *Delivery* discharges are all in-patients.

b O80 *Single spontaneous delivery* is intended for single spontaneous vaginal deliveries: **without** abnormality/complication classifiable elsewhere in Chapter 15 *Pregnancy, childbirth and the puerperium* and **without** manipulation or instrumentation. [Extracted from NCCH eBook, July 2008, Pregnancy, Childbirth and the Puerperium.]

4.3.7.2 Top 10 Principal Procedure Blocks

In 2013, 98.2 per cent of primiparous *Delivery* discharges and 91.8 per cent of multiparous *Delivery* discharges had a principal procedure reported. For those discharges that underwent at least one procedure, the mean number of procedures recorded was 2.7 for total *Delivery* discharges, 3.3 for primiparous *Delivery* discharges and 2.4 for multiparous *Delivery* discharges.[19]

- *Caesarean section* was the top principal procedure block for both primiparous (29.0 per cent) and multiparous (30.4 per cent) *Delivery* discharges with a principal procedure.[20]

TABLE 4.8 *Delivery* Discharges: Top 10 Principal Procedure Blocks by parity (N, % and Length of Stay)

	Principal Procedure Block[a]		N	%	In-Patient Mean LOS[b] (0–7 Days)
Primiparous	1340	Caesarean section[c]	7,183	29.0	4.7
	1344	Postpartum suture	5,318	21.5	2.9
	1338	Vacuum extraction	4,234	17.1	3.3
	1343	Other procedures associated with delivery[d]	2,463	9.9	3.1
	1334	Medical or surgical induction of labour	1,857	7.5	4.0
	1337	Forceps delivery	1,729	7.0	3.4
	1333	Analgesia and anaesthesia during labour and delivery procedure	724	2.9	3.0
	1335	Medical or surgical augmentation of labour	697	2.8	2.9
	1345	Postpartum evacuation of uterus	155	0.6	3.3
	1336	Spontaneous vertex delivery[e]	151	0.6	2.5
Top 10 Principal Procedure Blocks for Primiparous *Delivery* Discharges			**24,511**	**98.9**	**–**
Primiparous *Delivery* Discharges with a Principal Procedure – Total			**24,787**	**100**	**3.6**
Primiparous *Delivery* Discharges – Total (including those with and without a Principal Procedure)			**25,242**	**-**	**3.6**
Multiparous	1340	Caesarean section[c]	11,399	30.4	4.1
	1344	Postpartum suture	11,257	30.0	2.2
	1334	Medical or surgical induction of labour	3,839	10.2	2.9
	1335	Medical or surgical augmentation of labour	2,782	7.4	2.0
	1333	Analgesia and anaesthesia during labour and delivery procedure	2,489	6.6	2.2
	1338	Vacuum extraction	1,749	4.7	2.6
	1343	Other procedures associated with delivery[d]	1,391	3.7	2.4
	1336	Spontaneous vertex delivery[e]	796	2.1	1.9
	1337	Forceps delivery	365	1.0	2.9
	1345	Postpartum evacuation of uterus	334	0.9	2.8
Top 10 Principal Procedure Blocks for Multiparous *Delivery* Discharges			**36,401**	**97.1**	**–**
Multiparous *Delivery* Discharges with a Principal Procedure – Total			**37,483**	**100**	**2.9**
Multiparous *Delivery* Discharges – Total (including those with and without a Principal Procedure)			**40,833**	**-**	**2.8**

Notes: Percentage columns are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
There were 23 discharges with 'unknown' parity; these were excluded from this table.

a ACHI Procedure codes are analysed at block level. The percentage (%) is based on *Delivery* discharges with a principal procedure reported.

b *Delivery* discharges are all in-patients.

c As one principal procedure and up to 19 secondary procedures may be collected as applicable for each discharge, the number of principal procedure Caesarean sections may not equal the number of total Caesarean sections.

d Includes episiotomy.

e This code is not required for all spontaneous vertex deliveries as the delivery can be assumed to be normal when there is an absence of procedure codes for interventions such as Caesarean, forceps delivery, etc. [Coding Matters Newsletter, NCCH, Volume 5 Number 3, January 1999]

19 See Section Three for details of clinical coding and classification.

20 See Section 4.3.8 for more information on Caesarean section deliveries.

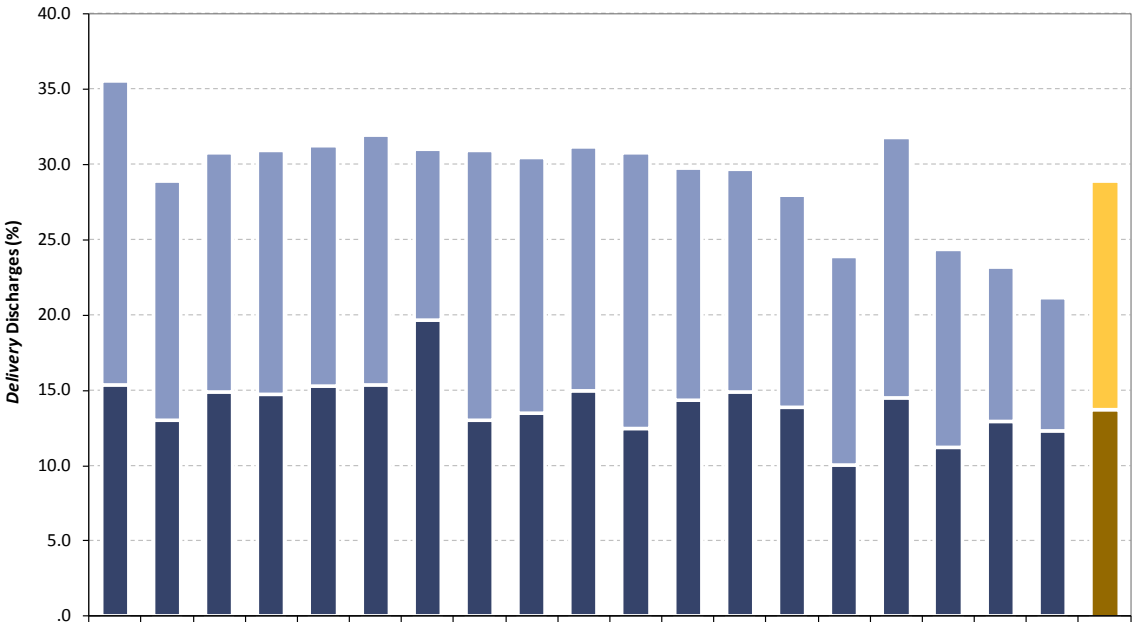
4.3.8 *Delivery* Discharges: Caesarean Section Deliveries

A Caesarean section was reported for 19,143 (29.0 per cent) *Delivery* discharges.[21] Section 4.3.8 presents additional information on discharges who underwent a Caesarean section procedure.

4.3.8.1 Caesarean Section by Hospital[22]

Figure 4.10 presents the proportion of *Delivery* discharges with an emergency or an elective Caesarean section procedure by (anonymised) hospital. It shows that the proportion ranged from 21.2 per cent to 35.6 per cent, compared to the national proportion of 29.0 per cent.

FIGURE 4.10 *Delivery* Discharges: Caesarean Section by Hospital* (%)



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
Elective CS	20.2	15.8	15.9	16.2	16.0	16.6	11.4	17.9	17.0	16.1	18.3	15.5	14.7	14.1	13.8	17.3	13.1	10.3	8.9	15.2
Emergency CS	15.4	13.0	14.9	14.7	15.3	15.3	19.6	13.0	13.5	15.0	12.5	14.3	14.9	13.9	10.1	14.5	11.2	12.9	12.3	13.7

Notes: Percentage columns are subject to rounding.
The hospital numbering presented here is comparable to that presented in Activity in Acute Public Hospitals in Ireland, Annual Reports, 2011 and 2012. See www.hpo.ie for the latest versions of these reports.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
* This figure presents the proportions from maternity hospitals or hospitals with dedicated maternity units, it does not include the four hospitals that reported <12 deliveries.

[21] As one principal procedure and up to 19 secondary procedures may be collected as applicable for each discharge, the total number of Caesarean sections may not equal the number of principal procedure Caesarean sections as presented in Table 4.8.

[22] The national Caesarean section rate, which is based on total number of maternities or births occurring in Ireland, is reported in the *Perinatal Statistics Reports*. See www.hpo.ie

4.3.8.2 Caesarean Section Deliveries: Top 10 Principal Diagnoses

Table 4.9 presents the top 10 principal diagnoses for *Delivery* discharges with a Caesarean section procedure by parity.

- Almost 20 per cent of Caesarean section primiparous *Delivery* discharges had a principal diagnosis of *labour and delivery complicated by fetal stress [distress].* Of these, 97.0 per cent were emergency Caesarean sections.
- Over 52 per cent of Caesarean section multiparous *Delivery* discharges had a principal diagnosis of *maternal care for known or suspected abnormality of pelvic organs*. Of these, 94.2 per cent were elective Caesarean sections.

TABLE 4.9 *Delivery* Discharges: Top 10 Principal Diagnoses for Discharges with a Caesarean Section Procedure by Parity (N, Col % and Row %)

			Caesarean Section								
			Elective CS			Emergency CS			Total Caesarean Section *Delivery* Discharges		
			N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Primiparous	O68	Labour and delivery complicated by fetal stress [distress]	44	2.2	3.0	1,417	25.3	97.0	1,461	19.2	100
	O32	Maternal care for known or suspected malpresentation of fetus	846	42.6	90.4	90	1.6	9.6	936	12.3	100
	O48	Prolonged pregnancy	25	1.3	3.3	743	13.3	96.7	768	10.1	100
	O42	Premature rupture of membranes	26	1.3	4.9	510	9.1	95.1	536	7.1	100
	O36	Maternal care for other known or suspected fetal problems	170	8.6	33.9	331	5.9	66.1	501	6.6	100
	O62	Abnormalities of forces of labour	9	0.5	1.9	454	8.1	98.1	463	6.1	100
	O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	55	2.8	16.9	271	4.8	83.1	326	4.3	100
	O63	Long labour	11	0.6	3.5	306	5.5	96.5	317	4.2	100
	O64	Labour and delivery affected by malposition and malpresentation of fetus	92	4.6	33.0	187	3.3	67.0	279	3.7	100
	O14	Gestational [pregnancy-induced] hypertension with significant proteinuria	36	1.8	13.2	236	4.2	86.8	272	3.6	100
	All Other Diagnoses		672	33.8	38.8	1,059	18.9	61.2	1,731	22.8	100
	Total Caesarean Section Primiparous *Delivery* Discharges		**1,986**	**100**	**26.2**	**5,604**	**100**	**73.8**	**7,590**	**100**	**100**
Multiparous	O34	Maternal care for known or suspected abnormality of pelvic organs [a]	5,733	70.9	94.2	356	10.3	5.8	6,089	52.8	100
	O32	Maternal care for known or suspected malpresentation of fetus	740	9.2	83.6	145	4.2	16.4	885	7.7	100
	O68	Labour and delivery complicated by fetal stress [distress]	46	0.6	6.3	686	19.8	93.7	732	6.3	100
	O36	Maternal care for other known or suspected fetal problems	194	2.4	46.6	222	6.4	53.4	416	3.6	100
	O82	Single delivery by caesarean section	289	3.6	94.8	16	0.5	5.2	305	2.6	100
	O42	Premature rupture of membranes	50	0.6	16.4	254	7.3	83.6	304	2.6	100
	O64	Labour and delivery affected by malposition and malpresentation of fetus	95	1.2	31.3	209	6.0	68.8	304	2.6	100
	O62	Abnormalities of forces of labour	4	0.0	1.7	233	6.7	98.3	237	2.1	100
	O48	Prolonged pregnancy	51	0.6	24.2	160	4.6	75.8	211	1.8	100
	O44	Placenta praevia	114	1.4	57.3	85	2.5	42.7	199	1.7	100
	All Other Diagnoses		765	9.5	41.1	1,096	31.7	58.9	1,861	16.1	100
	Total Caesarean Section Multiparous *Delivery* Discharges		**8,081**	**100**	**70**	**3,462**	**100**	**30**	**11,543**	**100**	**100**

Notes: Percentage columns are subject to rounding.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
There were 10 discharges who had a caesarean section procedure with 'unknown' parity; these were excluded from this table.
a Includes *Maternal care due to uterine scar from previous surgery* (O34.2).

4.4 MATERNITY DISCHARGES – NON-DELIVERIES

Non-Delivery discharges are *Maternity* discharges where admission was related to their obstetrical experience but they did not deliver during that episode of care. In 2013 there were 66,524 *Non-Delivery* discharges reported to HIPE (50.2 per cent of total *Maternity* discharges and 4.3 per cent of total HIPE discharges). *Non-Delivery* discharges are examined by day patient activity in Tables 4.10–4.11 and Figures 4.11–4.13 and in-patient activity in Tables 4.12–4.13 and Figures 4.14–4.16.

4.4.1 *Non-Delivery* Discharges: Day Patient Activity

Day patients accounted for 20.9 per cent (13,914) of *Non-Delivery* discharges.[23]

- The top two principal diagnoses for *Non-Delivery* day patient discharges were; *special screening examination for other diseases and disorders* (42.1 per cent), followed by *other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* (10.2 per cent).
- *Non-Delivery* day patient discharges recorded a principal procedure for 23.1 per cent of discharges. Of these, the top two principal procedure blocks were; *curettage and evacuation of uterus* (53.6 per cent), and *administration of pharmacotherapy* (18.2 per cent).

4.4.2 *Non-Delivery* Discharges: In-Patient Activity

In-patients accounted for 79.1 per cent (52,610) of *Non-Delivery* discharges.

- The top two principal diagnoses for *Non-Delivery* in-patient discharges were; *other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* (23.7 per cent), followed by *false labour* (12.0 per cent).
- At 2.0 days, the longest mean length of stay, for *Non-Delivery* in-patient discharges staying seven days or less in the top 10 principal diagnoses, was recorded for *infections of genitourinary tract in pregnancy.*
- *Non-Delivery* in-patient discharges recorded a principal procedure for 19.9 per cent of discharges. Of these the top two principal procedures were; *curettage and evacuation of uterus* (28.9 per cent), and *administration of pharmaco-therapy* (20.3 per cent).
- In the top 10 principal procedure blocks for *Non-Delivery* in-patient discharges staying seven days or less, mean length of stay ranged from 1.3 days for *curettage and evacuation of uterus* and *application, insertion or removal procedures on cervix* to 2.4 days for *generalised allied health interventions*.

[23] Caution should be exercised when analysing the increase in *Maternity* day patients reported between 2012 and 2013, this increase is as a result of one hospital reclassifying activity previously reported as same-day in-patient activity to day patient activity in 2013; this reclassification is in line with how other hospitals would report this activity for *Maternity* discharges.

TABLE 4.10 *Non-Delivery* Discharges: Day Patient Top 10 Principal Diagnoses (N, %)

Top 10 Principal Diagnoses[a]		N	%
Z13	Special screening examination for other diseases and disorders	5,856	42.1
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	1,423	10.2
O02	Other abnormal products of conception	1,252	9.0
Z36	Antenatal screening	1,174	8.4
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	951	6.8
O03	Spontaneous abortion	895	6.4
O16	Unspecified maternal hypertension	342	2.5
O24	Diabetes mellitus in pregnancy	324	2.3
O10	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium	199	1.4
Z34	Supervision of normal pregnancy	198	1.4
Top 10 Principal Diagnoses for Day Patients – Total		**12,614**	**90.7**
Day Patients – Total		**13,914**	**100**

Note: Percentage column is subject to rounding.
a ICD-10-AM diagnosis codes are analysed at three-digit level.

TABLE 4.11 *Non-Delivery* Discharges: Day Patient Top 10 Principal Procedure Blocks (N, %)

Top 10 Principal Procedure Blocks[a]		N	%
1265	Curettage and evacuation of uterus	1,721	53.6
1920	Administration of pharmacotherapy	585	18.2
1857	Other cardiovascular diagnostic tests, measures or investigations	357	11.1
1821	Preoperative anaesthesia assessment	142	4.4
1916	Generalised allied health interventions	79	2.5
1893	Administration of blood and blood products	75	2.3
1274	Application, insertion or removal procedures on cervix	57	1.8
1256	Procedures for management of ectopic pregnancy	50	1.6
1884	Immunisation	19	0.6
0063	Administration of anaesthetic agent around other peripheral nerve	16	0.5
Top 10 Principal Procedure Blocks for Day Patients – Total		**3,101**	**96.6**
Day Patients with a Principal Procedure – Total		**3,210**	**100**
Day Patients – Total (including those with and without a procedure		**13,914**	**-**

Note: Percentage column is subject to rounding.
a ACHI Procedure codes are analysed at block level. The percentage (%) is based on non-delivery day patients with a principal procedure reported.

FIGURE 4.11 *Non-Delivery* Discharges: Day Patient Age (N, %)

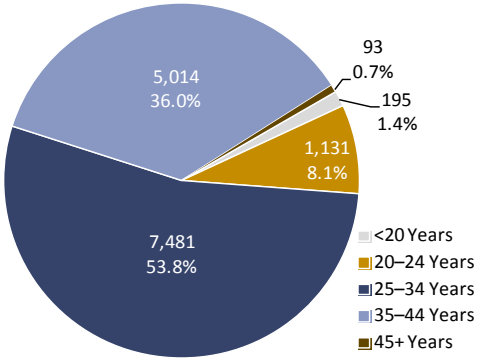


FIGURE 4.12 *Non-Delivery* Discharges: Day Patient Marital/Civil Status (N, %)

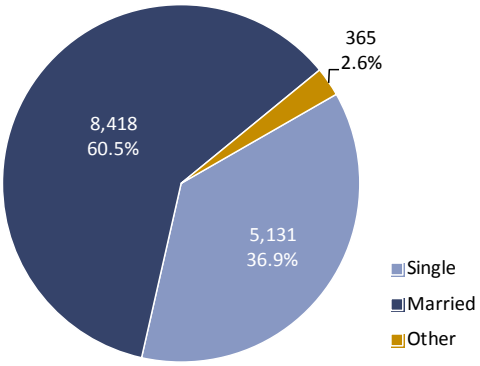


FIGURE 4.13 *Non-Delivery* Discharges: Day Patient Public/Private Status (N, %)

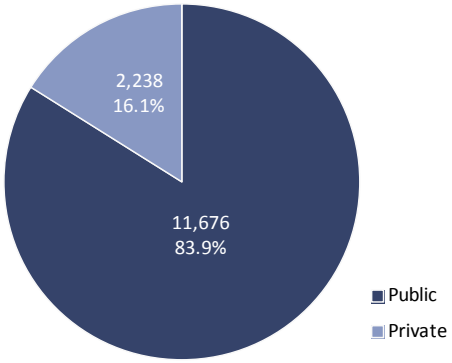


TABLE 4.12 *Non-Delivery* Discharges: In-Patient Top 10 Principal Diagnoses (N, %, and Length of Stay)

Top 10 Principal Diagnoses[a]		N	%	Mean LOS (0–7 Days)
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	12,487	23.7	1.5
O47	False labour	6,305	12.0	1.3
O03	Spontaneous abortion	3,625	6.9	1.3
O21	Excessive vomiting in pregnancy	3,013	5.7	1.9
Z36	Antenatal screening	2,788	5.3	1.1
O02	Other abnormal products of conception	2,541	4.8	1.2
O46	Antepartum haemorrhage, not elsewhere classified	2,534	4.8	1.5
O20	Haemorrhage in early pregnancy	2,474	4.7	1.2
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	2,088	4.0	1.6
O23	Infections of genitourinary tract in pregnancy	1,558	3.0	2.0
Top 10 Principal Diagnoses for In-Patients – Total		**39,413**	**74.9**	**–**
In-Patients – Total		**52,610**	**100**	**1.5**

Note: Percentage column is subject to rounding.
a ICD-10-AM diagnosis codes are analysed at three-digit level.

TABLE 4.13 *Non-Delivery* Discharges: In-Patient Top 10 Principal Procedure Blocks (N, %, and Length of Stay)

Top 10 Principal Procedure Blocks[a]		N	%	Mean LOS (0–7 Days)
1265	Curettage and evacuation of uterus	3,030	28.9	1.3
1920	Administration of pharmacotherapy	2,131	20.3	1.7
1916	Generalised allied health interventions	1,197	11.4	2.4
1884	Immunisation	775	7.4	1.5
1256	Procedures for management of ectopic pregnancy	746	7.1	2.2
1330	Antepartum application, insertion or removal procedures	417	4.0	1.7
1274	Application, insertion or removal procedures on cervix	215	2.1	1.3
1344	Postpartum suture	205	2.0	2.3
1345	Postpartum evacuation of uterus	191	1.8	2.3
1334	Medical or surgical induction of labour	177	1.7	1.9
Top 10 Principal Procedure Blocks for In-Patients – Total		**9,084**	**86.7**	**–**
In-Patients with a Principal Procedure – Total		**10,478**	**100**	**1.8**
In-Patients – Total (including those with and without a procedure		**52,610**	**-**	**1.5**

Note: Percentage column is subject to rounding.
a ACHI Procedure codes are analysed at block level. The percentage (%) is based on non-delivery in-patients with a principal procedure reported.

FIGURE 4.14 *Non-Delivery* Discharges: In-Patient Age (N, %)

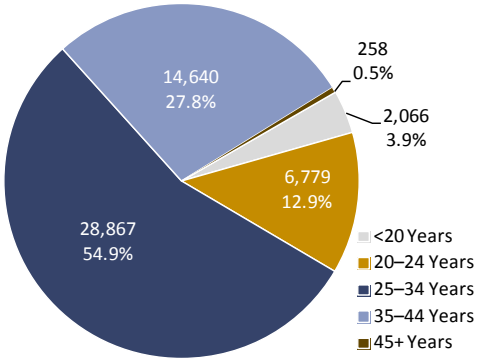


FIGURE 4.15 *Non-Delivery* Discharges: In-Patient Marital/Civil Status (N, %)

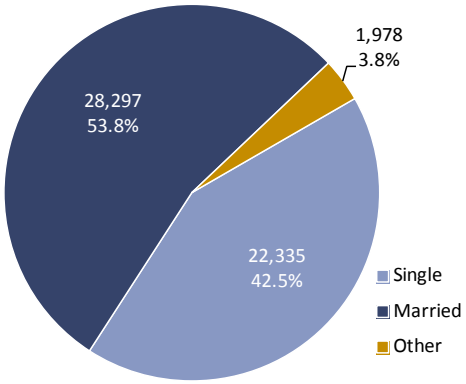
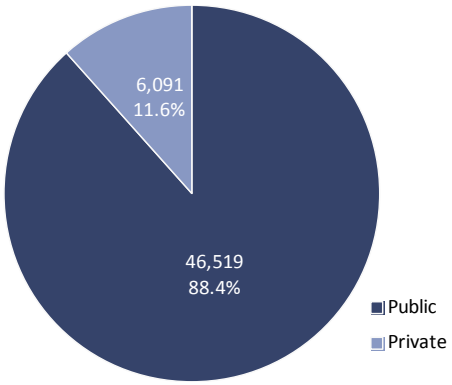


FIGURE 4.16 *Non-Delivery* Discharges: In-Patient Public/Private Status (N, %)



Case Mix Analysis 2013

SECTION FIVE

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Total Discharges
1,554,290

5.1 INTRODUCTION

The analysis in this Section focuses on the case mix classification for all discharges reported to the Hospital In-Patient Enquiry (HIPE) scheme in 2013. Hospital case mix may be defined as 'the proportion of cases of each disease and health problem treated in the hospital'.[1]

- Section 5.1 presents background to the case mix classification applied and details of the assignment of discharges to Major Diagnostic Categories (MDC) and Australian Refined Diagnosis Related Groups (AR-DRG).
- Section 5.2 presents analysis of HIPE data by case mix for day patients and in-patients.

5.1.1 Case Mix Classification

- The Diagnosis Related Group (DRG) scheme enables the disaggregation of patients into homogeneous groups, which undergo similar treatment processes and incur similar levels of resource use.
- The data required for DRG assignment include principal and secondary diagnoses, procedures performed, age, sex and patient destination on discharge from hospital.
- Since the inception of the national case mix programme, the DRG classification scheme has been adopted as the national standard for Ireland.[2] One of the key features of this methodology is the classification of cases into different levels of complexity within AR-DRGs. ICD-10-AM/ACHI/ACS was the coding system used for AR-DRG grouping in 2013.[3] As all of the data required for AR-DRG classification are available on the HIPE system, and since diagnoses and procedures are coded with ICD-10-AM/ACHI/ACS, discharges are directly assigned to the AR-DRG system from this database. AR-DRG version 6.0 has been in use in Ireland since 2009.[4]

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1 Hornbrook, M.C., 1985. Techniques for Assessing Hospital Case Mix', *Annual Review of Public Health*, Vol. 6. pp. 295–324.

2 Wiley, M.M., 2005. 'Diagnosis Related Groups (DRGs): Measuring Hospital Case Mix', in P. Armitage and T. Colton (eds.) *Encyclopaedia of Biostatistics*. Chichester: Wiley and Sons. See also Department of Health and Children, 2004, *The Modernisation of the National Case Mix Programme in Ireland.* Dublin: Department of Health and Children, for information on development of case mix in Ireland.

3 See Section Three for further details on ICD-10-AM/ACHI/ACS.

4 For a more detailed description of case mix and its application in Ireland see O'Reilly J., McCarthy B., Wiley, M. M., 'Ireland: A review of Casemix applications within the acute public hospital system' in R. Busse, A. Geissler, W. Quentin & M. M. Wiley (eds), *Diagnosis-Related Groups in Europe: Moving Towards Transparency, Efficiency and Quality in Hospitals.* Maidenhead: Open University Press and WHO Regional Office for Europe, 2011.

5.1.2 Assignment of Discharges to MDC and AR-DRG

Figure 5.1 shows the steps in AR-DRG assignment;

- The first step in assignment is the classification of discharges by Major Diagnostic Category (MDC). There are 23 MDCs which are essentially primary diagnostic groupings based on the systems of the body, for example nervous system (MDC 1), eye (MDC 2), circulatory system (MDC 5), etc. As not all discharges can be assigned directly to a MDC, there is a category entitled 'unassignable to MDC'.
- To deal with certain categories of high cost discharges, the second step involves a Pre-MDC analysis which can override the initial MDC assignment. Examples of discharges affected include transplants, human immunodeficiency virus (HIV) disease, and multiple significant trauma.[5]
- After assignment to the appropriate MDCs, discharges are assigned to an AR-DRG. In total, there are 698 AR-DRGs in version 6.0 of the AR-DRG classification.

FIGURE 5.1 Steps in AR-DRG Assignment

An AR-DRG consists of four alphanumeric characters in the form of 'ADDS':

- 'A' is either a letter (indicating the broad group of the DRG) or an '8' or a '9' (indicating an unrelated operating room procedure DRG or an error DRG, respectively).[6]
- 'DD' identifies the partition to which the adjacent DRG belongs.[7] Both characters are numbers whose values indicate whether the code is surgical, medical or other.[8] Discharges with a surgical procedure performed are assigned to the surgical AR-DRGs where classification is based on the most resource intensive procedure performed. Medical discharges are assigned to an AR-DRG on the basis of principal diagnosis.

---

5 'Some episodes involving procedures that are particularly resource-intensive may be assigned to the *Pre-MDC* category (AR-DRGs A01Z–A41B), irrespective of the MDC that would have been assigned on the basis of the principal diagnosis.' Australian Institute of Health and Welfare (2009) Australian Hospital Statistics 2007–08. Canberra: Australian Institute of Health and Welfare. p. 276.

6 'Episodes that contain clinically atypical or invalid information are assigned Error DRGs.' Australian Institute of Health and Welfare (2009) Australian hospital statistics 2007–08. Canberra: Australian Institute of Health and Welfare. p 276.

7 'An adjacent DRG (ADRG) consists of one or more DRGs generally defined by the same diagnosis or procedure code list. DRGs within an ADRG have differing levels of resource consumption, and are partitioned on the basis of several factors, including complicating diagnoses/procedures, age, and level of comorbid disease and/or clinical complication.' Commonwealth of Australia (Department of Health and Ageing) 2008, *Australian Refined Diagnosis Related Groups, Version 6.0, Definitions Manual*, Volume 1. Canberra: Commonwealth Department of Health and Ageing. p. 9.

8 'The separate ranges - 01 to 39, 40 to 59 and 60 to 99 - are used to indicate the surgical, other and medical partitions respectively.' Commonwealth of Australia (Department of Health and Ageing) 2008, Australian Refined Diagnosis Related Groups, Version 6.0, Definitions Manual, Volume 1. Canberra: Commonwealth Department of Health and Ageing. p. 10.

- 'S' is a complexity split indicator that ranks DRGs within adjacent DRGs on the basis of their level of complexity/resource use. It is either 'A', 'B', 'C', 'D' or 'Z' with 'A' being the most complex or 'Z' indicating that there is no complexity split.[9, 10] The complexity of the case is determined by particular variables, such as the presence of complications and/or comorbidities (cc), age, or discharge status, which influence the treatment process and/or the pattern of resource utilisation.[11]

5.1.2.1 AR-DRG Complexity Split

The AR-DRG complexity split for total discharges is presented in Table 5.1, close to half of total discharges had no complexity split. While only 11.9 percent of acute in-patients were assigned to complexity group A *'Highest consumption of resources',* they accounted for 82.1 per cent of discharges within this AR-DRG complexity level.

TABLE 5.1 Total Discharges: AR-DRG Complexity Split by Patient Type (N, %)

		Discharges									
		Day Patients		In-Patients						Total Discharges	
				Acute (0–30 Days)		Extended (>30 Days)		Total			
		N	%	N	%	N	%	N	%	N	%
AR-DRG Complexity	**A** Highest consumption of resources	7,338	0.8	71,866	11.9	8,365	52.7	80,231	12.9	87,569	5.6
	B Second highest consumption of resources	225,935	24.2	284,189	46.9	5,267	33.2	289,456	46.5	515,391	33.2
	C Third highest consumption of resources	170,934	18.3	33,208	5.5	477	3.0	33,685	5.4	204,619	13.2
	D Fourth highest consumption of resources	416	0.0	5,099	0.8	69	0.4	5,168	0.8	5,584	0.4
	Z No complexity split	527,450	56.6	211,990	35.0	1,687	10.6	213,677	34.3	741,127	47.7
	Total Discharges	**932,073**	**100**	**606,352**	**100**	**15,865**	**100**	**622,217**	**100**	**1,554,290**	**100**

Note: Percentage columns are subject to rounding.

9 For a more detailed description of how AR-DRGs are numbered see Commonwealth Department of Health and Aged Care, 2008. *Australian Refined Diagnosis Related Groups Version 6.0 Definitions Manual,* Volume 1. Canberra: Commonwealth Department of Health and Ageing. pp. 4–15.

10 Aisbett, C., Wiley, M.M., McCarthy, B., and Mulligan, A., 2007. *Measuring Hospital Case Mix: Evaluation of Alternative Approaches for the Irish Hospital System, Working Paper No. 192*, Dublin: The Economic and Social Research Institute. pp.9–10.

11 Complications may arise during the hospital stay, while comorbidities are assumed to be prior existing conditions which were present at the time of admission.

5.2 Analysis of HIPE Data by Case Mix

This section includes all discharges reported to HIPE (including *Maternity*).

- Analysis of 2013 HIPE data by MDC is presented in Table 5.2 and Figures 5.2 and 5.3.
- Tables 5.3 to 5.27 represent each MDC (including unassignable to MDC and pre-MDC) and their associated AR-DRGs.[12]

5.2.1 Analysis of Day Patients by MDC and AR-DRG

- The MDC with the largest proportion of day patients reported was *Diseases and Disorders of the Kidney and Urinary Tract* (MDC 11), which accounted for 189,526 discharges or 20.3 per cent of day patients (see Tables 5.2 and 5.13 and Figure 5.3)
    - *Haemodialysis* (AR-DRG L61Z) accounted for 86.9 per cent of day patients within this MDC and 17.7 per cent of total day patients.

- *Neoplastic Disorders (Haematological and Solid Neoplasms)* (MDC 17), with 184,418 discharges accounted for 19.8 per cent of day patients (see Tables 5.2 and 5.19 and Figure 5.3).
    - *Chemotherapy* (AR-DRG R63Z) and *Radiotherapy* (AR-DRG R64Z) accounted for 51.9 per cent and 35.8 per cent respectively of day patients within this MDC; they accounted for 10.3 per cent and 7.1 per cent respectively of total day patients. [13]

5.2.2 Analysis of In-Patients by MDC and AR-DRG

- The MDC with the largest proportion of in-patient discharges was *Pregnancy, Childbirth and the Puerperium* (MDC 14), with 117,983 discharges, which accounted for 19.0 per cent of in-patients (see Tables 5.2 and 5.16 and Figure 5.3).
    - *Vaginal Delivery* (AR-DRG O60Z) accounted for 38.8 per cent of in-patients within this MDC and 7.4 per cent of total in-patient discharges.
    - *Antenatal and Other Obstetric Admission* (AR-DRG O66Z) accounted for 30.1 per cent of in-patients within this MDC and 5.7 per cent of total in-patients.

---

12 See Glossary & Abbreviations for details of the abbreviations used in this section.

13 Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

- *Caesarean Delivery without Catastrophic or Severe Complication and/or Comorbidity* (AR-DRG O01B) accounted for 13.2 per cent of in-patients within this MDC and 2.5 per cent of total in-patients.
- The mean length of stay for *Vaginal Delivery* (AR-DRG O60Z) was 2.7 days and 4.5 days for *Caesarean Delivery without Catastrophic or Severe Complication and/or Comorbidity* (AR-DRG O01B).

- *Diseases and Disorders of the Circulatory System* (MDC 5) accounted for 76,638 in-patients or 12.3 per cent of total in-patients (see Tables 5.2 and 5.7 and Figure 5.3).
  - *Chest Pain* (AR-DRG F74Z) accounted for 25.0 per cent of in-patients within MDC 5 and 3.1 per cent of total in-patients.
  - The mean length of stay for *Chest Pain* (AR-DRG F74Z) was 1.7 days.

TABLE 5.2 Total Discharges: MDC by Patient Type (N, %)

Major Diagnostic Category	Day Patients		In-Patients		Total Discharges	
	N	%	N	%	N	%
01 Diseases and disorders of the nervous system	20,070	2.2	46,622	7.5	66,692	4.3
02 Diseases and disorders of the eye	43,369	4.7	5,429	0.9	48,798	3.1
03 Diseases and disorders of the ear, nose, mouth and throat	28,891	3.1	28,196	4.5	57,087	3.7
04 Diseases and disorders of the respiratory system	16,757	1.8	65,851	10.6	82,608	5.3
05 Diseases and disorders of the circulatory system	24,686	2.6	76,638	12.3	101,324	6.5
06 Diseases and disorders of the digestive system	119,081	12.8	67,624	10.9	186,705	12.0
07 Diseases and disorders of the hepatobiliary system and pancreas	7,345	0.8	15,633	2.5	22,978	1.5
08 Diseases and disorders of the musculoskeletal system and connective tissue	58,561	6.3	50,332	8.1	108,893	7.0
09 Diseases and disorders of the skin, subcutaneous tissue and breast	87,288	9.4	18,282	2.9	105,570	6.8
10 Endocrine, nutritional and metabolic diseases and disorders	5,442	0.6	11,584	1.9	17,026	1.1
11 Diseases and disorders of the kidney and urinary tract	189,526	20.3	25,744	4.1	215,270	13.9
12 Diseases and disorders of the male reproductive system	12,814	1.4	4,785	0.8	17,599	1.1
13 Diseases and disorders of the female reproductive system	29,378	3.2	12,964	2.1	42,342	2.7
14 Pregnancy, childbirth and the puerperium	8,006	0.9	117,983	19.0	125,989	8.1
15 Newborns and other neonates	546	0.1	14,540	2.3	15,086	1.0
16 Diseases and disorders of blood, blood forming organs, immunological disorders	40,282	4.3	6,277	1.0	46,559	3.0
17 Neoplastic disorders (haematological and solid neoplasms)[a]	184,418	19.8	5,451	0.9	189,869	12.2
18 Infectious and parasitic diseases, systemic or unspecified sites	1,733	0.2	9,903	1.6	11,636	0.7
19 Mental diseases and disorders	715	0.1	2,817	0.5	3,532	0.2
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	~	0.0	*	0.4	2,215	0.1
21 Injuries, poisonings and toxic effects of drugs	1107	0.1	15,036	2.4	16,143	1.0
22 Burns	*	0.0	*	0.1	682	0.0
23 Factors influencing health status and other contacts with health services	51,418	5.5	13,439	2.2	64,857	4.2
00 Unassignable to MDC	436	0.0	1,276	0.2	1,712	0.1
Pre-MDC	124	0.0	2,994	0.5	3,118	0.2
Total Discharges	**932,073**	**100**	**622,217**	**100**	**1,554,290**	**100**

Notes:

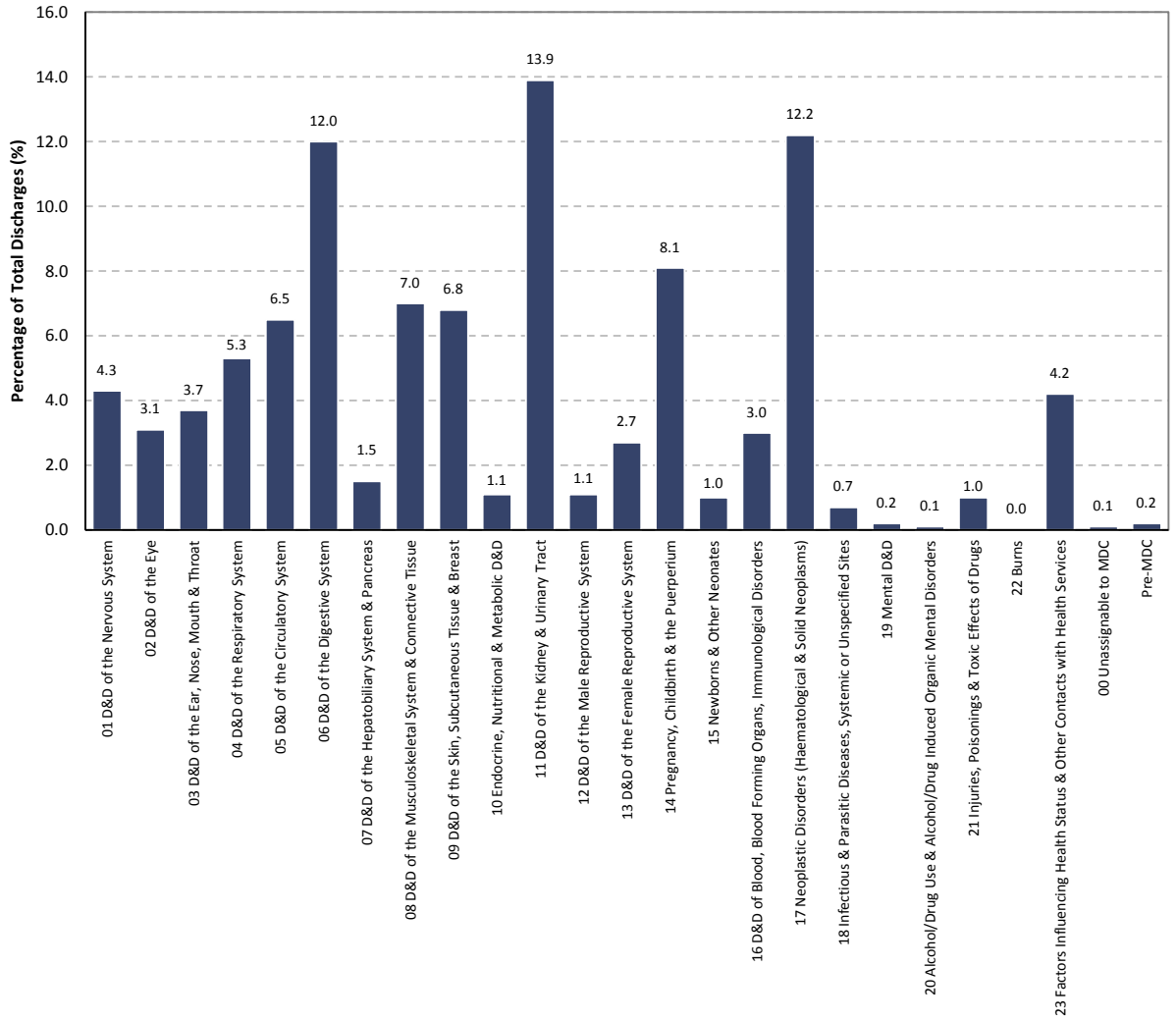
Percentage columns are subject to rounding.

~ Denotes five or fewer discharges reported to HIPE.

* Further suppression required to prevent disclosure of five or fewer discharges.

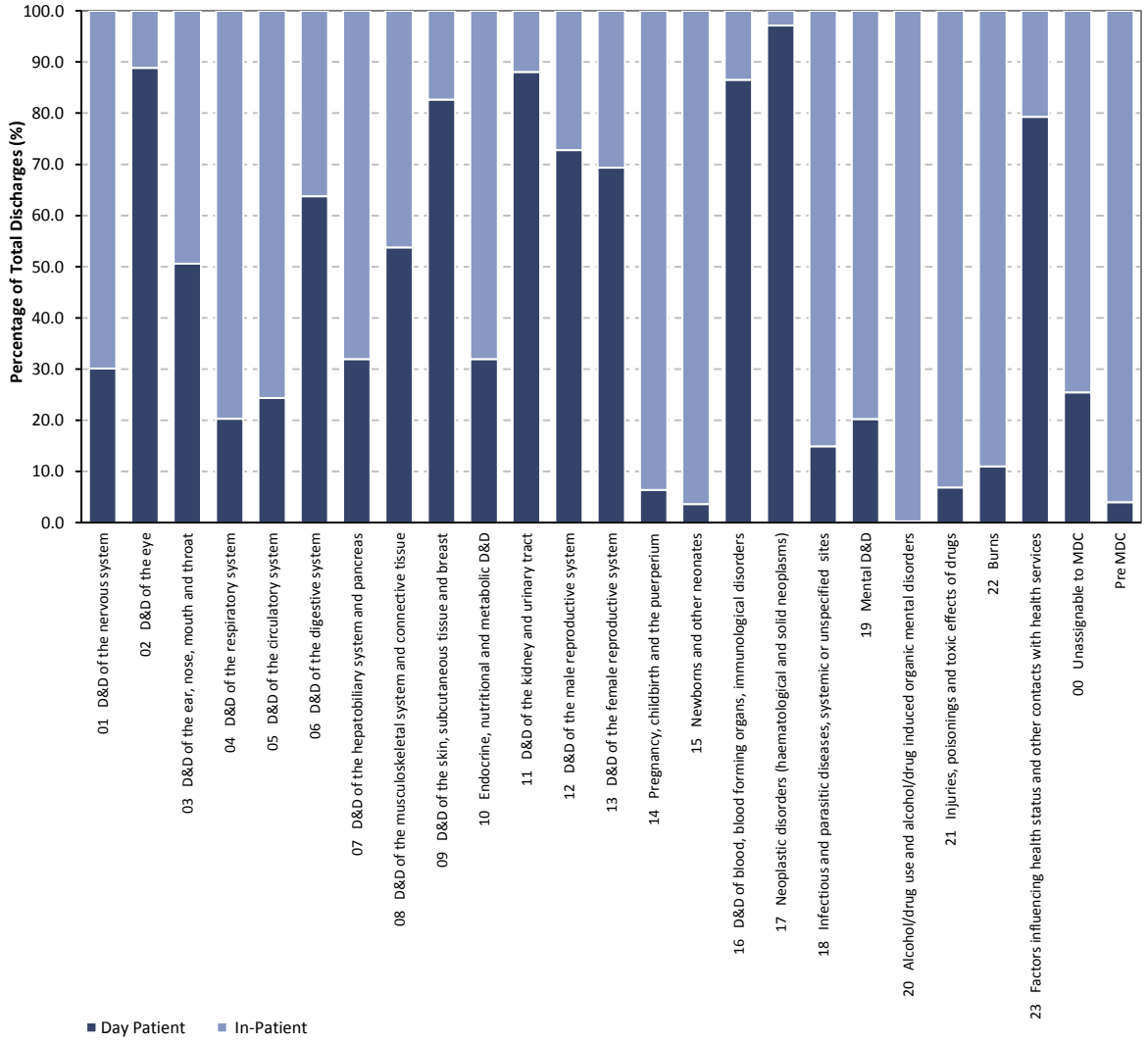
a Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

FIGURE 5.2 Total Discharges: Major Diagnostic Category (MDC) (%)



Note: D&D = Diseases and disorders

FIGURE 5.3 Total Discharges: Major Diagnostic Category by Day Patient and In-Patient Discharges (%)



Note: D&D = Diseases and disorders

TABLE 5.3 Total Discharges: MDC 1 Diseases and Disorders of the Nervous System: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 1 Diseases and Disorders of the Nervous System	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
B01A Ventricular Shunt Revision W Cat or Sev CC	0	43	12.9	3
B01B Ventricular Shunt Revision W/O Cat or Sev CC	0	47	3.9	3
B02A Cranial Procedures W Cat CC	0	159	23.6	16
B02B Cranial Procedures W Sev CC	~	292	14.9	10
B02C Cranial Procedures W/O Cat or Sev CC	~	979	8.7	6
B03A Spinal Procedures W Cat or Sev CC	~	39	22.6	16
B03B Spinal Procedures W/O Cat or Sev CC	58	162	6.8	4
B04A Extracranial Vascular Procedures W Cat CC	0	60	17.6	13
B04B Extracranial Vascular Procedures W/O Cat CC	6	277	7.6	6
B05Z Carpal Tunnel Release	1,741	64	1.8	1
B06A Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W CC	13	73	22.1	13
B06B Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O CC	158	120	5.0	2
B07A Peripheral and Cranial Nerve and Other Nervous System Procedures W CC	~	90	16.3	7
B07B Peripheral and Cranial Nerve and Other Nervous System Procedures W/O CC	75	393	2.0	1
B40Z Plasmapheresis W Neurological Disease, Sameday	28	0	-	-
B41Z Telemetric EEG Monitoring	6	223	5.3	4
B42A Nervous System Diagnosis W Ventilator Support W Cat CC	0	47	18.8	13
B42B Nervous System Diagnosis W Ventilator Support W/O Cat CC	0	132	6.3	3
B60A Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	0	21	41.2	25
B60B Acute Paraplegia/Quadriplegia W or W/O OR Procs W/O Cat CC	~	61	20.6	9
B61A Spinal Cord Conditions W or W/O OR Procedures W Cat or Sev CC	0	71	22.4	16
B61B Spinal Cord Conditions W or W/O OR Procedures W/O Cat or Sev CC	16	105	10.8	6
B62Z Apheresis	185	16	3.0	3
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	169	815	32.7	13
B64A Delirium W Cat CC	0	182	36.7	13
B64B Delirium W/O Cat CC	95	1,591	10.1	4
B65Z Cerebral Palsy	248	57	7.8	2
B66A Nervous System Neoplasm W Cat or Sev CC	86	429	16.9	10
B66B Nervous System Neoplasm W/O Cat or Sev CC	1,573	729	9.4	4
B67A Degenerative Nervous System Disorders W Cat or Sev CC	10	380	27.7	13
B67B Degenerative Nervous System Disorders W Moderate CC	47	322	13.8	8
B67C Degenerative Nervous System Disorders W/O CC	967	783	8.0	4
B68A Multiple Sclerosis and Cerebellar Ataxia W CC	29	188	14.1	7
B68B Multiple Sclerosis and Cerebellar Ataxia W/O CC	4,552	682	6.1	4
B69A TIA and Precerebral Occlusion W Cat or Sev CC	~	647	8.9	5
B69B TIA and Precerebral Occlusion W/O Cat or Sev CC	52	2,473	3.9	3
B70A Stroke and Other Cerebrovascular Disorders W Cat CC	0	925	43.9	26
B70B Stroke and Other Cerebrovascular Disorders W Sev CC	~	1,529	20.8	12
B70C Stroke and Other Cerebrovascular Disorders W/O Cat or Sev CC	40	2,689	10.4	7
B70D Stroke and Other Cerebrovascular Disorders, Died or Transferred <5 Days	7	598	1.9	1
B71A Cranial and Peripheral Nerve Disorders W CC	140	355	9.8	4
B71B Cranial and Peripheral Nerve Disorders W/O CC	3,617	1,066	3.9	1
B72A Nervous System Infection Except Viral Meningitis W Cat or Sev CC	14	115	29.9	19
B72B Nervous System Infection Except Viral Meningitis W/O Cat or Sev CC	127	302	9.3	7
B73Z Viral Meningitis	~	364	5.1	4
B74A Nontraumatic Stupor and Coma W CC	9	106	8.7	3
B74B Nontraumatic Stupor and Coma W/O CC	42	85	2.9	1
B75Z Febrile Convulsions	25	827	1.7	1
B76A Seizure W Cat or Sev CC	6	1,022	10.2	5
B76B Seizure W/O Cat or Sev CC	1,402	5,770	3.0	1
B77Z Headache	1,247	9,354	2.0	1
B78A Intracranial Injury W Cat or Sev CC	0	227	35.6	11
B78B Intracranial Injury W/O Cat or Sev CC	0	624	6.3	3
B79A Skull Fractures W Cat or Sev CC	0	36	20.6	8
B79B Skull Fractures W/O Cat or Sev CC	~	289	3.7	2
B80Z Other Head Injury	9	2,620	2.4	1
B81A Other Disorders of the Nervous System W Cat or Sev CC	30	806	18.4	8
B81B Other Disorders of the Nervous System W/O Cat or Sev CC	2,868	3,500	4.4	1
B82A Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	11	143	45.6	19
B82B Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Sev CC	16	159	34.2	14
B82C Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Pr W/O Cat/Sev CC	322	359	23.4	7
Total Discharges	**20,070**	**46,622**	**8.1**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
- Mean and median length of stay cannot be calculated as no in-patients are reported.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.4 Total Discharges: MDC 2 Diseases and Disorders of the Eye: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 2 Diseases and Disorders of the Eye	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
C01Z Procedures for Penetrating Eye Injury	~	82	3.6	3
C02Z Enucleations and Orbital Procedures	67	91	4.0	2
C03Z Retinal Procedures	17,273	1,195	3.1	2
C04Z Major Corneal, Scleral and Conjunctival Procedures	17	138	2.5	2
C05Z Dacryocystorhinostomy	91	90	1.5	1
C10Z Strabismus Procedures	493	139	1.1	1
C11Z Eyelid Procedures	727	152	1.8	1
C12Z Other Corneal, Scleral and Conjunctival Procedures	267	74	3.7	2
C13Z Lacrimal Procedures	610	10	2.3	1
C14Z Other Eye Procedures	2,007	193	3.3	2
C15A Glaucoma and Complex Cataract Procedures	0	325	3.4	2
C15B Glaucoma and Complex Cataract Procedures, Sameday	478	6	1.0	1
C16Z Lens Procedures	9,860	514	2.0	2
C60A Acute and Major Eye Infections W CC	~	48	13.7	5
C60B Acute and Major Eye Infections W/O CC	47	140	5.0	4
C61A Neurological and Vascular Disorders of the Eye W CC	51	172	5.2	3
C61B Neurological and Vascular Disorders of the Eye W/O CC	876	486	3.1	2
C62Z Hyphema and Medically Managed Trauma to the Eye	140	465	4.4	1
C63Z Other Disorders of the Eye	10,358	1,109	3.0	1
Total Discharges	**43,369**	**5,429**	**3.2**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.5 Total Discharges: MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
D01Z Cochlear Implant	~	97	3.4	2
D02A Head and Neck Procedures W Cat or Sev CC	~	76	19.0	12
D02B Head and Neck Procedures W Malignancy or Moderate CC	~	84	8.7	8
D02C Head and Neck Procedures W/O Malignancy W/O CC	18	100	2.6	2
D03Z Surgical Repair for Cleft Lip or Palate Diagnosis	12	158	3.4	3
D04A Maxillo Surgery W CC	~	81	4.2	3
D04B Maxillo Surgery W/O CC	81	696	2.6	2
D05Z Parotid Gland Procedures	8	207	3.3	3
D06Z Sinus and Complex Middle Ear Procedures	113	301	2.4	1
D10Z Nasal Procedures	448	669	1.4	1
D11Z Tonsillectomy and/or Adenoidectomy	609	4,986	1.4	1
D12Z Other Ear, Nose, Mouth and Throat Procedures	1,321	935	3.2	1
D13Z Myringotomy W Tube Insertion	2,480	126	1.7	1
D14Z Mouth and Salivary Gland Procedures	916	358	4.4	2
D15Z Mastoid Procedures	15	250	2.0	1
D40Z Dental Extractions and Restorations	5,677	249	1.7	1
D60A Ear, Nose, Mouth and Throat Malignancy W Cat or Sev CC	48	232	23.3	15
D60B Ear, Nose, Mouth and Throat Malignancy W/O Cat or Sev CC	857	587	11.0	4
D61Z Dysequilibrium	715	3,445	2.5	1
D62Z Epistaxis	564	1,019	3.5	2
D63Z Otitis Media and URI	2,660	8,515	2.0	1
D64Z Laryngotracheitis and Epiglottitis	26	1,078	1.3	1
D65Z Nasal Trauma and Deformity	999	411	2.8	1
D66A Other Ear, Nose, Mouth and Throat Diagnoses W CC	296	301	6.1	2
D66B Other Ear, Nose, Mouth and Throat Diagnoses W/O CC	9,174	1,722	1.8	1
D67A Oral and Dental Disorders Except Extractions and Restorations	0	997	3.2	2
D67B Oral and Dental Disorders Except Extractions and Restorations, Sameday	1,845	516	1.0	1
Total Discharges	**28,891**	**28,196**	**2.6**	**1**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.6 Total Discharges: MDC 4 Diseases and Disorders of the Respiratory System: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 4 Diseases and Disorders of the Respiratory System	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
E01A Major Chest Procedures W Cat CC	0	391	16.4	13
E01B Major Chest Procedures W/O Cat CC	25	530	10.0	8
E02A Other Respiratory System OR Procedures W Cat CC	~	191	25.2	16
E02B Other Respiratory System OR Procedures W Sev or Moderate CC	30	185	10.0	7
E02C Other Respiratory System OR Procedures W/O CC	75	184	5.3	4
E40A Respiratory System Diagnosis W Ventilator Support W Cat CC	0	140	13.9	11
E40B Respiratory System Diagnosis W Ventilator Support W/O Cat CC	0	103	12.2	8
E41Z Respiratory System Diagnosis W Non-Invasive Ventilation	0	1,222	16.4	10
E42A Bronchoscopy W Cat CC	0	307	25.3	19
E42B Bronchoscopy W/O Cat CC	0	1,167	10.5	8
E42C Bronchoscopy, Sameday	5,921	56	1.0	1
E60A Cystic Fibrosis W Cat or Sev CC	169	430	17.1	14
E60B Cystic Fibrosis W/O Cat or Sev CC	1,692	619	8.9	9
E61A Pulmonary Embolism W Cat CC	~	202	17.4	11
E61B Pulmonary Embolism W/O Cat CC	38	1,319	6.9	6
E62A Respiratory Infections/Inflammations W Cat CC	~	3,241	16.3	10
E62B Respiratory Infections/Inflammations W Sev or Moderate CC	24	4,672	9.3	6
E62C Respiratory Infections/Inflammations W/O CC	85	3,791	4.4	3
E63Z Sleep Apnoea	80	2,130	1.4	1
E64A Pulmonary Oedema and Respiratory Failure W Cat CC	~	252	11.1	7
E64B Pulmonary Oedema and Respiratory Failure W/O Cat CC	7	456	6.9	5
E65A Chronic Obstructive Airways Disease W Cat CC	20	2,566	12.3	8
E65B Chronic Obstructive Airways Disease W/O Cat CC	1,602	10,646	6.1	4
E66A Major Chest Trauma W Cat CC	0	33	23.6	13
E66B Major Chest Trauma W Sev or Moderate CC	0	175	6.9	4
E66C Major Chest Trauma W/O CC	0	204	3.3	2
E67A Respiratory Signs and Symptoms W Cat or Sev CC	92	759	4.6	3
E67B Respiratory Signs and Symptoms W/O Cat or Sev CC	1,339	4,373	1.8	1
E68A Pneumothorax W CC	~	252	8.9	6
E68B Pneumothorax W/O CC	6	389	4.2	3
E69A Bronchitis and Asthma W CC	29	575	5.3	4
E69B Bronchitis and Asthma W/O CC	2,010	3,436	2.3	1
E70A Whooping Cough and Acute Bronchiolitis W CC	~	197	6.1	4
E70B Whooping Cough and Acute Bronchiolitis W/O CC	17	2,174	2.8	2
E71A Respiratory Neoplasms W Cat CC	161	549	13.1	10
E71B Respiratory Neoplasms W/O Cat CC	2,231	1,822	9.2	5
E72Z Respiratory Problems Arising from Neonatal Period	9	71	4.9	2
E73A Pleural Effusion W Cat CC	~	199	14.9	10
E73B Pleural Effusion W Sev or Moderate CC	29	386	7.7	6
E73C Pleural Effusion W/O CC	75	282	5.5	3
E74A Interstitial Lung Disease W Cat CC	11	137	13.2	9
E74B Interstitial Lung Disease W Sev or Moderate CC	59	290	9.1	6
E74C Interstitial Lung Disease W/O CC	294	401	5.0	3
E75A Other Respiratory System Diagnosis W Cat CC	~	1,697	14.4	8
E75B Other Respiratory System Diagnosis W Sev or Moderate CC	111	5,353	7.0	5
E75C Other Respiratory System Diagnosis W/O CC	440	7,134	2.9	1
E76Z Respiratory Tuberculosis	56	163	15.1	8
Total Discharges	**16,757**	**65,851**	**7.1**	**4**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.7 Total Discharges: MDC 5 Diseases and Disorders of the Circulatory System: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
F01A Implantation or Replacement of AICD, Total System W Cat CC	7	61	19.2	15
F01B Implantation or Replacement of AICD, Total System W/O Cat CC	166	212	5.6	1
F02Z Other AICD Procedures	11	23	4.0	2
F03A Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC	0	44	34.1	30
F03B Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W/O Cat CC	0	25	15.8	17
F04A Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC	~	205	17.1	13
F04B Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O Cat CC	0	194	11.3	10
F05A Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC	0	77	25.8	21
F05B Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat CC	0	78	19.7	18
F06A Coronary Bypass W/O Invasive Cardiac Inves W Reoperation or W Cat or Sev CC	~	425	12.9	10
F06B Coronary Bypass W/O Invasive Cardiac Inves W/O Reoperation W/O Cat or Sev CC	0	160	10.5	9
F07A Other Cardiothoracic/Vascular Procedures W CPB Pump W Cat CC	0	51	17.5	14
F07B Other Cardiothoracic/Vascular Procedures W CPB Pump W Sev or Moderate CC	0	54	14.1	11
F07C Other Cardiothoracic/Vascular Procedures W CPB Pump W/O CC	0	80	9.2	8
F08A Major Reconstruct Vascular Procedures W/O CPB Pump W Cat CC	~	231	27.4	16
F08B Major Reconstruct Vascular Procedures W/O CPB Pump W/O Cat CC	24	554	9.4	7
F09A Other Cardiothoracic Procedures W/O CPB Pump W Cat CC	~	71	15.1	12
F09B Other Cardiothoracic Procedures W/O CPB Pump W Sev or Moderate CC	6	55	8.6	8
F09C Other Cardiothoracic Procedures W/O CPB Pump W/O CC	34	49	5.0	4
F10A Interventional Coronary Procedures W AMI W Cat CC	0	145	15.6	12
F10B Interventional Coronary Procedures W AMI W/O Cat CC	172	1,572	3.7	3
F11A Amputation for Circ System Except Upper Limb and Toe W Cat CC	0	76	58.2	40
F11B Amputation for Circ System Except Upper Limb and Toe W/O Cat CC	0	75	26.2	19
F12A Implantation or Replacement of Pacemaker, Total System W Cat CC	~	108	17.4	12
F12B Implantation or Replacement of Pacemaker, Total System W/O Cat CC	380	664	5.6	3
F13A Upper Limb and Toe Amputation for Circulatory Sys Disorders W Cat or Sev CC	0	61	25.2	15
F13B Upper Limb and Toe Amputation for Circulatory Sys Disorders W/O Cat or Sev CC	9	68	12.0	7
F14A Vascular Procs Except Major Reconstruction W/O CPB Pump W Cat CC	~	238	15.3	11
F14B Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev or Mod CC	43	364	6.5	4
F14C Vascular Procs Except Major Reconstruction W/O CPB Pump W/O CC	155	596	4.2	2
F15A Interventional Coronary Procs W/O AMI W Stent Implantation W Cat or Sev CC	24	472	5.6	3
F15B Interventional Coronary Procs W/O AMI W Stent Implantation W/O Cat or Sev CC	603	1,817	2.2	1
F16A Interventional Coronary Procedures W/O AMI W/O Stent Implantation W CC	~	33	4.2	2
F16B Interventional Coronary Procedures W/O AMI W/O Stent Implantation W/O CC	16	61	2.4	1
F17A Insertion or Replacement of Pacemaker Generator W Cat or Sev CC	15	27	10.9	6
F17B Insertion or Replacement of Pacemaker Generator W/O Cat or Sev CC	144	112	2.6	1
F18A Other Pacemaker Procedures W CC	~	32	9.0	4
F18B Other Pacemaker Procedures W/O CC	16	30	3.4	2
F19Z Trans-Vascular Percutaneous Cardiac Intervention	62	205	3.8	2
F20Z Vein Ligation and Stripping	3,314	475	1.3	1
F21A Other Circulatory System OR Procedures W Cat CC	0	58	30.9	18
F21B Other Circulatory System OR Procedures W/O Cat CC	11	76	9.6	6
F40A Circulatory System Diagnosis W Ventilator Support W Cat CC	0	67	11.4	9
F40B Circulatory System Diagnosis W Ventilator Support W/O Cat CC	0	52	7.3	4
F41A Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	8	191	11.9	9
F41B Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	142	601	4.2	3
F42A Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	0	667	11.1	8
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	0	2,747	4.0	3
F42C Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc, Sameday	8,905	705	1.0	1
F43Z Circulatory System Diagnosis W Non-Invasive Ventilation	0	167	18.4	12
F60A Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W Cat CC	~	412	17.2	10
F60B Circulatory Disorders W AMI W/O Invasive Cardiac Inves Pr W/O Cat CC	18	2,820	5.7	4
F61A Infective Endocarditis W Cat CC	0	47	38.1	28
F61B Infective Endocarditis W/O Cat CC	14	89	17.4	12
F62A Heart Failure and Shock W Cat CC	6	1,343	18.6	11
F62B Heart Failure and Shock W/O Cat CC	114	4,236	7.5	5
F63A Venous Thrombosis W Cat or Sev CC	10	344	9.0	7
F63B Venous Thrombosis W/O Cat or Sev CC	308	1,483	3.1	1
F64A Skin Ulcers in Circulatory Disorders W Cat or Sev CC	~	141	23.5	13
F64B Skin Ulcers in Circulatory Disorders W/O Cat or Sev CC	84	189	9.4	7
F65A Peripheral Vascular Disorders W Cat or Sev CC	40	400	12.1	7

TABLE 5.7 Total Discharges: MDC 5 Diseases and Disorders of the Circulatory System: AR-DRG by Patient Type (N, In-Patient Length of Stay) (contd.)

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
F65B Peripheral Vascular Disorders W/O Cat or Sev CC	935	979	4.2	2
F66A Coronary Atherosclerosis W Cat or Sev CC	28	361	8.0	5
F66B Coronary Atherosclerosis W/O Cat or Sev CC	454	1,941	3.7	2
F67A Hypertension W Cat or Sev CC	6	148	6.7	4
F67B Hypertension W/O Cat or Sev CC	180	1,656	1.9	1
F68A Congenital Heart Disease W CC	109	67	6.7	2
F68B Congenital Heart Disease W/O CC	444	162	3.2	1
F69A Valvular Disorders W Cat or Sev CC	32	274	9.4	5
F69B Valvular Disorders W/O Cat or Sev CC	767	3,106	1.9	1
F72A Unstable Angina W Cat or Sev CC	~	283	9.2	5
F72B Unstable Angina W/O Cat or Sev CC	39	1,607	3.7	2
F73A Syncope and Collapse W Cat or Sev CC	14	2,180	10.5	5
F73B Syncope and Collapse W/O Cat or Sev CC	2,763	7,921	3.0	1
F74Z Chest Pain	1,218	19,133	1.7	1
F75A Other Circulatory System Diagnoses W Cat CC	~	203	18.3	10
F75B Other Circulatory System Diagnoses W Sev or Moderate CC	158	952	6.2	4
F75C Other Circulatory System Diagnoses W/O CC	310	964	3.0	2
F76A Arrhythmia, Cardiac Arrest and Conduction Disorders W Cat or Sev CC	65	1,453	8.8	6
F76B Arrhythmia, Cardiac Arrest and Conduction Disorders W/O Cat or Sev CC	2,284	6,533	3.1	2
Total Discharges	**24,686**	**76,638**	**4.8**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.8 Total Discharges: MDC 6 Diseases and Disorders of the Digestive System: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 6 Diseases and Disorders of the Digestive System	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
G01A Rectal Resection W Cat CC	0	239	26.7	21
G01B Rectal Resection W/O Cat CC	0	616	11.5	9
G02A Major Small and Large Bowel Procedures W Cat CC	~	789	26.9	19
G02B Major Small and Large Bowel Procedures W/O Cat CC	114	1,669	11.1	9
G03A Stomach, Oesophageal and Duodenal Procedure W Malignancy or W Cat CC	~	338	19.9	16
G03B Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W Sev or Mod CC	0	94	7.9	7
G03C Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W/O CC	61	354	4.7	3
G04A Peritoneal Adhesiolysis W Cat CC	0	74	21.1	16
G04B Peritoneal Adhesiolysis W Sev or Moderate CC	~	139	11.5	8
G04C Peritoneal Adhesiolysis W/O CC	74	461	6.3	5
G05A Minor Small and Large Bowel Procedures W Cat CC	~	53	21.6	15
G05B Minor Small and Large Bowel Procedures W Sev or Moderate CC	~	107	9.0	7
G05C Minor Small and Large Bowel Procedures W/O CC	17	257	7.0	6
G06Z Pyloromyotomy Procedure	0	85	3.7	3
G07A Appendicectomy W Malignancy or Peritonitis or W Cat or Sev CC	~	1,070	5.3	4
G07B Appendicectomy W/O Malignancy or Peritonitis W/O Cat or Sev CC	39	5,173	2.7	2
G10A Hernia Procedures W CC	60	477	7.7	4
G10B Hernia Procedures W/O CC	2,805	2,413	2.1	1
G11Z Anal and Stomal Procedures	4,816	1,602	3.4	2
G12A Other Digestive System OR Procedures W Cat CC	17	153	22.7	16
G12B Other Digestive System OR Procedures W Sev or Moderate CC	90	249	11.6	9
G12C Other Digestive System OR Procedures W/O CC	474	592	5.5	3
G46A Complex Gastroscopy W Cat CC	0	220	22.4	16
G46B Complex Gastroscopy W/O Cat CC	0	1,779	7.6	5
G46C Complex Gastroscopy, Sameday	11,995	50	1.0	1
G47A Other Gastroscopy W Cat CC	0	371	18.0	11
G47B Other Gastroscopy W/O Cat CC	0	4,917	4.9	3
G47C Other Gastroscopy, Sameday	39,350	410	1.0	1
G48A Colonoscopy W Cat or Sev CC	0	543	14.5	9
G48B Colonoscopy W/O Cat or Sev CC	0	2,647	5.3	4
G48C Colonoscopy, Sameday	41,661	121	1.0	1
G60A Digestive Malignancy W Cat CC	119	343	12.5	9
G60B Digestive Malignancy W/O Cat CC	4,222	1,630	8.9	5
G61A GI Haemorrhage W Cat or Sev CC	6	404	6.9	4
G61B GI Haemorrhage W/O Cat or Sev CC	221	1,097	2.9	2
G62Z Complicated Peptic Ulcer	70	72	7.1	5
G63Z Uncomplicated Peptic Ulcer	12	61	2.7	1
G64A Inflammatory Bowel Disease W CC	82	206	8.4	6
G64B Inflammatory Bowel Disease W/O CC	5,697	848	4.1	3
G65A GI Obstruction W Cat or Sev CC	~	310	13.0	6
G65B GI Obstruction W/O Cat or Sev CC	18	907	4.3	3
G66Z Abdominal Pain or Mesenteric Adenitis	855	10,972	2.0	1
G67A Oesophagitis and Gastroenteritis W Cat/Sev CC	21	1,430	8.2	5
G67B Oesophagitis and Gastroenteritis W/O Cat/Sev CC	840	10,287	2.3	1
G70A Other Digestive System Diagnoses W Cat or Sev CC	164	1,715	7.6	4
G70B Other Digestive System Diagnoses W/O Cat or Sev CC	5,170	9,280	3.0	2
Total Discharges	**119,081**	**67,624**	**4.8**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.9 Total Discharges: MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
H01A Pancreas, Liver and Shunt Procedures W Cat CC	~	99	23.1	15
H01B Pancreas, Liver and Shunt Procedures W/O Cat CC	~	234	8.1	7
H02A Major Biliary Tract Procedures W Cat CC	0	89	28.8	16
H02B Major Biliary Tract Procedures W Sev CC	~	64	14.3	12
H02C Major Biliary Tract Procedures W/O Cat or Sev CC	45	150	10.3	9
H05A Hepatobiliary Diagnostic Procedures W Cat CC	~	24	19.4	14
H05B Hepatobiliary Diagnostic Procedures W/O Cat CC	78	92	9.0	7
H06A Other Hepatobiliary and Pancreas OR Procedures W Cat CC	~	74	26.0	17
H06B Other Hepatobiliary and Pancreas OR Procedures W/O Cat CC	21	183	6.5	3
H07A Open Cholecystectomy W Closed CDE or W Cat CC	0	39	19.2	16
H07B Open Cholecystectomy W/O Closed CDE W/O Cat CC	10	211	7.5	6
H08A Laparoscopic Cholecystectomy W Closed CDE or W (Cat or Sev CC)	16	291	7.4	6
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	1,074	2,862	2.3	1
H40A Endoscopic Procedures for Bleeding Oesophageal Varices W Cat CC	0	25	17.7	16
H40B Endoscopic Procedures for Bleeding Oesophageal Varices W/O Cat CC	10	66	8.0	6
H43A ERCP Procedures W Cat or Sev CC	17	276	14.7	11
H43B ERCP Procedures W/O Cat or Sev CC	1,461	948	5.7	5
H60A Cirrhosis and Alcoholic Hepatitis W Cat CC	9	291	20.3	13
H60B Cirrhosis and Alcoholic Hepatitis W Sev or Moderate CC	112	545	9.0	6
H60C Cirrhosis and Alcoholic Hepatitis W/O CC	294	151	5.6	4
H61A Malignancy of Hepatobiliary System, Pancreas W Cat CC	45	258	16.1	13
H61B Malignancy of Hepatobiliary System, Pancreas W/O Cat CC	1,300	1,032	8.3	5
H62A Disorders of Pancreas Except for Malignancy W Cat or Sev CC	6	323	11.2	8
H62B Disorders of Pancreas Except for Malignancy W/O Cat or Sev CC	493	1,354	5.4	4
H63A Disorders of Liver Except Malig, Cirrhosis, Alcoholic Hepatitis W Cat/Sev CC	44	410	10.3	6
H63B Disorders of Liver Excep Malig, Cirrhosis, Alcoholic Hepatitis W/O Cat/Sev CC	1,602	1,169	3.8	2
H64A Disorders of the Biliary Tract W CC	73	1,093	9.2	7
H64B Disorders of the Biliary Tract W/O CC	622	3,280	4.1	3
Total Discharges	**7,345**	**15,633**	**6.6**	**4**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.10 Total Discharges: MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
I01A Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC	0	34	67.6	33
I01B Bilateral/Multiple Major Joint Pr of Lower Extremity W/O Revision W/O Cat CC	0	66	7.0	6
I02A Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC), Excluding Hand	~	60	34.3	23
I02B Skin Graft W/O Cat or Sev CC, Excluding Hand	16	87	7.5	3
I03A Hip Replacement W Cat CC	0	441	32.6	19
I03B Hip Replacement W/O Cat CC	0	4,677	7.9	6
I04A Knee Replacement W Cat or Sev CC	0	288	9.6	7
I04B Knee Replacement W/O Cat or Sev CC	0	1,999	5.2	5
I05A Other Joint Replacement W Cat or Sev CC	0	28	12.7	7
I05B Other Joint Replacement W/O Cat or Sev CC	~	223	4.4	3
I06Z Spinal Fusion W Deformity	23	159	9.4	7
I07Z Amputation	0	50	29.8	17
I08A Other Hip and Femur Procedures W Cat CC	0	455	38.5	24
I08B Other Hip and Femur Procedures W/O Cat CC	44	2,158	12.4	9
I09A Spinal Fusion W Cat CC	0	66	26.9	16
I09B Spinal Fusion W/O Cat CC	~	492	6.8	5
I10A Other Back and Neck Procedures W Cat or Sev CC	6	102	11.9	6
I10B Other Back and Neck Procedures W/O Cat or Sev CC	847	1,177	3.5	2
I11Z Limb Lengthening Procedures	~	35	4.7	4
I12A Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Cat CC	0	76	33.8	25
I12B Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Sev or Mod CC	~	108	20.6	15
I12C Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W/O CC	55	248	8.9	6
I13A Humerus, Tibia, Fibula and Ankle Procedures W CC	~	534	10.2	5
I13B Humerus, Tibia, Fibula and Ankle Procedures W/O CC	147	3,782	3.0	2
I15Z Cranio-Facial Surgery	0	68	5.4	4
I16Z Other Shoulder Procedures	212	819	1.5	1
I17A Maxillo-Facial Surgery W CC	~	14	12.6	5
I17B Maxillo-Facial Surgery W/O CC	~	43	3.4	2
I18Z Other Knee Procedures	2,418	578	2.3	1
I19A Other Elbow or Forearm Procedures W CC	6	284	6.7	3
I19B Other Elbow or Forearm Procedures W/O CC	363	2,894	1.8	1
I20Z Other Foot Procedures	436	1,343	2.3	1
I21Z Local Excision and Removal of Internal Fixation Devices of Hip and Femur	82	81	3.5	1
I23Z Local Excision and Removal of Internal Fixation Devices Excl Hip and Femur	2,389	475	2.4	1
I24Z Arthroscopy	881	245	1.9	1
I25A Bone and Joint Diagnostic Procedures Including Biopsy W CC	22	38	16.4	10
I25B Bone and Joint Diagnostic Procedures Including Biopsy W/O CC	101	54	6.1	2
I27A Soft Tissue Procedures W CC	28	137	13.2	8
I27B Soft Tissue Procedures W/O CC	603	530	3.0	2
I28A Other Musculoskeletal Procedures W CC	17	127	17.0	9
I28B Other Musculoskeletal Procedures W/O CC	178	581	3.0	2
I29Z Knee Reconstruction or Revision	15	564	1.4	1
I30Z Hand Procedures	1,839	2,325	1.6	1
I31A Hip Revision W Cat CC	0	41	34.2	21
I31B Hip Revision W/O Cat CC	0	479	10.2	7
I32A Knee Revision W Cat CC	0	8	8.9	8
I32B Knee Revision W Sev CC	0	16	16.4	7
I32C Knee Revision W/O Cat or Sev CC	0	84	9.3	6
I60Z Femoral Shaft Fractures	~	92	6.4	3
I61A Distal Femoral Fractures W CC	0	24	12.3	10
I61B Distal Femoral Fractures W/O CC	~	72	4.6	2
I63A Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W CC	0	35	17.3	5
I63B Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W/O CC	~	131	3.1	2
I64A Osteomyelitis W Cat or Sev CC	~	146	27.0	20
I64B Osteomyelitis W/O Cat or Sev CC	246	202	10.4	8
I65A Musculoskeletal Malignant Neoplasms W Cat CC	15	131	16.4	12
I65B Musculoskeletal Malignant Neoplasms W/O Cat CC	849	787	6.7	4
I66A Inflammatory Musculoskeletal Disorders W Cat or Sev CC	53	201	16.4	9
I66B Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	8,618	835	4.5	3
I67A Septic Arthritis W Cat or Sev CC	~	32	25.9	20
I67B Septic Arthritis W/O Cat or Sev CC	52	125	7.8	5

TABLE 5.10 Total Discharges: MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue: AR-DRG by Patient Type (N, In-Patient Length of Stay) (contd.)

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
I68A Non-surgical Spinal Disorders W CC	0	1,093	12.8	6
I68B Non-surgical Spinal Disorders W/O CC	0	2,008	4.8	3
I68C Non-surgical Spinal Disorders, Sameday	13,594	851	1.0	1
I69A Bone Diseases and Arthropathies W Cat or Sev CC	23	239	12.5	7
I69B Bone Diseases and Arthropathies W/O Cat or Sev CC	5,896	1,152	3.9	1
I71A Other Musculotendinous Disorders W Cat or Sev CC	46	311	8.5	4
I71B Other Musculotendinous Disorders W/O Cat or Sev CC	10,222	4,392	2.0	1
I72A Specific Musculotendinous Disorders W Cat or Sev CC	20	89	11.2	6
I72B Specific Musculotendinous Disorders W/O Cat or Sev CC	4,137	851	2.8	1
I73A Aftercare of Musculoskeletal Implants/Prostheses W Cat or Sev CC	~	61	15.2	10
I73B Aftercare of Musculoskeletal Implants/Prostheses W/O Cat or Sev CC	1,653	319	6.5	3
I74Z Injury to Forearm, Wrist, Hand or Foot	369	2,594	2.4	1
I75A Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W CC	~	474	18.5	6
I75B Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W/O CC	262	1,671	2.6	1
I76A Other Musculoskeletal Disorders W Cat or Sev CC	22	148	17.1	8
I76B Other Musculoskeletal Disorders W/O Cat or Sev CC	1,703	930	3.2	1
I77A Fractures of Pelvis W Cat or Sev CC	0	252	21.3	14
I77B Fractures of Pelvis W/O Cat or Sev CC	0	372	10.6	7
I78A Fractures of Neck of Femur W Cat or Sev CC	0	93	17.5	9
I78B Fractures of Neck of Femur W/O Cat or Sev CC	0	174	7.7	3
I79A Pathological Fracture W Cat CC	0	35	42.1	23
I79B Pathological Fracture W/O Cat CC	17	237	10.7	7
Total Discharges	**58,561**	**50,332**	**6.0**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.11 Total Discharges: MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
J01A Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev CC	0	11	8.0	7
J01B Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev CC	~	37	7.8	7
J06Z Major Procedures for Breast Conditions	703	1,812	2.9	2
J07Z Minor Procedures for Breast Conditions	1,986	267	2.5	1
J08A Other Skin Graft and/or Debridement Procedures W CC	18	164	18.2	7
J08B Other Skin Graft and/or Debridement Procedures W/O CC	832	331	3.8	2
J09Z Perianal and Pilonidal Procedures	423	326	2.0	1
J10Z Skin, Subcutaneous Tissue and Breast Plastic OR Procedures	979	243	3.5	2
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	38,137	1,046	4.3	1
J12A Lower Limb Procs W Ulcer/Cellulitis W Cat CC	0	32	30.9	22
J12B Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W Skin Graft/Flap Repair	~	20	15.4	12
J12C Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W/O Skin Graft/Flap Repair	10	78	15.9	9
J13A Lower Limb Procs W/O Ulcer/Cellulitis W Cat CC or W (Skin Graft and Sev CC)	~	26	12.3	7
J13B Lower Limb Procs W/O Ulcer/Cellulitis W/O Cat CC W/O (Skin Graft and Sev CC)	113	123	4.5	2
J14Z Major Breast Reconstructions	13	225	6.0	6
J60A Skin Ulcers W Cat CC	0	80	25.3	14
J60B Skin Ulcers W/O Cat CC	0	389	10.6	7
J60C Skin Ulcers, Sameday	1,126	61	1.0	1
J62A Malignant Breast Disorders W CC	2,034	600	13.6	7
J62B Malignant Breast Disorders W/O CC	2,743	190	17.5	13
J63A Non-Malignant Breast Disorders W CC	54	33	5.7	5
J63B Non-Malignant Breast Disorders W/O CC	3,439	308	2.4	1
J64A Cellulitis W Cat or Sev CC	7	1,148	14.4	8
J64B Cellulitis W/O Cat or Sev CC	661	6,001	4.1	3
J65A Trauma to the Skin, Subcutaneous Tissue and Breast W Cat or Sev CC	0	178	13.1	7
J65B Trauma to the Skin, Subcutaneous Tissue and Breast W/O Cat or Sev CC	83	1,058	2.3	1
J67A Minor Skin Disorders	0	1,320	3.2	2
J67B Minor Skin Disorders, Sameday	12,345	782	1.0	1
J68A Major Skin Disorders W Cat or Sev CC	0	113	12.2	7
J68B Major Skin Disorders W/O Cat or Sev CC	0	754	4.4	3
J68C Major Skin Disorders, Sameday	19,973	261	1.0	1
J69A Skin Malignancy W Cat CC	0	40	14.6	8
J69B Skin Malignancy W/O Cat CC	0	216	11.4	6
J69C Skin Malignancy, Sameday	1,602	9	1.0	1
Total Discharges	**87,288**	**18,282**	**5.4**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.12 Total Discharges: MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
K01A OR Procedures for Diabetic Complications W Cat CC	~	130	34.7	27
K01B OR Procedures for Diabetic Complications W/O Cat CC	6	174	16.0	12
K02A Pituitary Procedures W CC	0	34	37.1	9
K02B Pituitary Procedures W/O CC	0	65	5.0	4
K03Z Adrenal Procedures	~	43	7.8	6
K04A Major Procedures for Obesity W CC	0	14	9.3	5
K04B Major Procedures for Obesity W/O CC	0	42	3.3	3
K05A Parathyroid Procedures W Cat or Sev CC	~	24	18.8	7
K05B Parathyroid Procedures W/O Cat or Sev CC	33	147	3.5	2
K06A Thyroid Procedures W Cat or Sev CC	0	60	7.7	5
K06B Thyroid Procedures W/O Cat or Sev CC	12	777	2.7	2
K07Z Obesity Procedures	9	48	4.1	3
K08Z Thyroglossal Procedures	7	84	2.0	2
K09A Other Endocrine, Nutritional and Metabolic OR Procedures W Cat CC	0	35	47.0	24
K09B Other Endocrine, Nutritional and Metabolic OR Procs W Sev or Moderate CC	~	33	15.3	13
K09C Other Endocrine, Nutritional and Metabolic OR Procedures W/O CC	55	38	6.1	2
K40A Endoscopic or Investigative Proc for Metabolic Disorders W Cat CC	0	70	26.1	19
K40B Endoscopic or Investigative Proc for Metabolic Disorders W/O Cat CC	0	345	11.3	7
K40C Endoscopic or Investigative Procedure for Metabolic Disorders, Sameday	1,102	7	1.0	1
K60A Diabetes W Cat or Sev CC	10	847	12.5	7
K60B Diabetes W/O Cat or Sev CC	447	3,332	4.4	3
K61Z Sev Nutritional Disturbance	~	39	34.0	12
K62A Miscellaneous Metabolic Disorders W Cat or Sev CC	68	1,083	9.7	6
K62B Miscellaneous Metabolic Disorders W/O Cat or Sev CC	1,068	2,557	3.4	2
K63A Inborn Errors of Metabolism W CC	53	61	7.1	4
K63B Inborn Errors of Metabolism W/O CC	594	185	2.4	1
K64A Endocrine Disorders W Cat or Sev CC	42	204	11.5	7
K64B Endocrine Disorders W/O Cat or Sev CC	1,928	1,106	3.6	2
Total Discharges	**5,442**	**11,584**	**6.4**	**3**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.13 Total Discharges: MDC 11 Diseases and Disorders of the Kidney and Urinary Tract: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 11 Diseases and Disorders of the Kidney and Urinary Tract	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
L02A Operative Insertion of Peritoneal Catheter for Dialysis W Cat or Sev CC	0	36	10.4	8
L02B Operative Insertion of Peritoneal Catheter for Dialysis W/O Cat or Sev CC	~	64	5.1	2
L03A Kidney, Ureter and Major Bladder Procedures for Neoplasm W Cat CC	~	105	19.4	14
L03B Kidney, Ureter and Major Bladder Procedures for Neoplasm W Sev CC	0	109	12.2	9
L03C Kidney, Ureter and Major Bladder Procedures for Neoplasm W/O Cat or Sev CC	6	337	7.6	7
L04A Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W Cat CC	12	157	22.2	17
L04B Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm W Sev CC	21	147	9.2	8
L04C Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/O Cat or Sev CC	228	726	5.8	4
L05A Transurethral Prostatectomy W Cat or Sev CC	0	26	13.3	13
L05B Transurethral Prostatectomy W/O Cat or Sev CC	6	113	6.5	5
L06A Minor Bladder Procedures W Cat or Sev CC	25	107	19.1	11
L06B Minor Bladder Procedures W/O Cat or Sev CC	565	309	4.3	3
L07A Transurethral Procedures Except Prostatectomy W CC	71	431	6.6	4
L07B Transurethral Procedures Except Prostatectomy W/O CC	761	1,132	2.8	2
L08A Urethral Procedures W CC	~	35	6.8	4
L08B Urethral Procedures W/O CC	94	120	2.6	2
L09A Other Procedures for Kidney and Urinary Tract Disorders W Cat CC	~	77	25.5	16
L09B Other Procedures for Kidney and Urinary Tract Disorders W Sev CC	11	62	8.1	4
L09C Other Procedures for Kidney and Urinary Tract Disorders W/O Cat or Sev CC	150	169	3.3	2
L40Z Ureteroscopy	95	146	4.5	3
L41Z Cystourethroscopy, Sameday	9,473	49	1.0	1
L42Z ESW Lithotripsy for Urinary Stones	1,970	76	3.2	3
L60A Renal Failure W Cat CC	~	483	20.0	12
L60B Renal Failure W Sev CC	75	778	9.8	6
L60C Renal Failure W/O Cat or Sev CC	854	1,167	5.6	4
L61Z Haemodialysis	164,619	14	3.6	1
L62A Kidney and Urinary Tract Neoplasms W Cat or Sev CC	376	366	14.5	8
L62B Kidney and Urinary Tract Neoplasms W/O Cat or Sev CC	952	438	5.3	3
L63A Kidney and Urinary Tract Infections W Cat or Sev CC	15	3,159	14.8	8
L63B Kidney and Urinary Tract Infections W/O Cat or Sev CC	1,547	7,709	5.1	3
L64Z Urinary Stones and Obstruction	368	2,558	2.7	2
L65A Kidney and Urinary Tract Signs and Symptoms W Cat or Sev CC	17	380	9.2	5
L65B Kidney and Urinary Tract Signs and Symptoms W/O Cat or Sev CC	2,088	1,698	3.4	2
L66Z Urethral Stricture	114	111	2.5	2
L67A Other Kidney and Urinary Tract Diagnoses W Cat or Sev CC	419	643	10.4	6
L67B Other Kidney and Urinary Tract Diagnoses W/O Cat or Sev CC	4,506	1,707	3.9	2
L68Z Peritoneal Dialysis	74	0	-	-
Total Discharges	**189,526**	**25,744**	**6.9**	**3**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
- Mean and median length of stay cannot be calculated as no in-patients are reported.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.14 Total Discharges: MDC 12 Diseases and Disorders of the Male Reproductive System: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 12 Diseases and Disorders of the Male Reproductive System	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
M01A Major Male Pelvic Procedures W Cat or Sev CC	0	63	10.1	7
M01B Major Male Pelvic Procedures W/O Cat or Sev CC	~	347	5.5	5
M02A Transurethral Prostatectomy W Cat or Sev CC	0	93	8.9	7
M02B Transurethral Prostatectomy W/O Cat or Sev CC	*	607	4.7	4
M03Z Penis Procedures	410	233	2.8	2
M04Z Testes Procedures	1,429	744	2.0	1
M05Z Circumcision	2,285	214	1.8	1
M06A Other Male Reproductive System OR Procedures W CC	24	46	13.4	8
M06B Other Male Reproductive System OR Procedures W/O CC	397	50	2.8	2
M40Z Cystourethroscopy, Sameday	1,645	~	^	^
M60A Malignancy, Male Reproductive System W Cat or Sev CC	232	295	13.6	8
M60B Malignancy, Male Reproductive System W/O Cat or Sev CC	3,073	484	14.0	5
M61Z Benign Prostatic Hypertrophy	1,574	141	4.5	3
M62Z Inflammation of the Male Reproductive System	872	885	3.1	2
M63Z Sterilisation, Male	297	~	^	^
M64Z Other Male Reproductive System Diagnoses	566	579	1.9	1
Total Discharges	**12,814**	**4,785**	**5.2**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
^ Denotes that length of stay calculation was based on five or fewer discharges.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.15 Total Discharges: MDC 13 Diseases and Disorders of the Female Reproductive System: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 13 Diseases and Disorders of the Female Reproductive System	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
N01Z Pelvic Evisceration and Radical Vulvectomy	0	61	11.1	8
N04A Hysterectomy for Non-Malignancy W Cat or Sev CC	0	191	10.4	7
N04B Hysterectomy for Non-Malignancy W/O Cat or Sev CC	6	1,794	4.8	5
N05A Oophorectomies and Complex Fallopian Tube Procs for Non-Malig W Cat or Sev CC	~	50	8.2	6
N05B Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W/O Cat or Sev CC	98	544	3.3	3
N06A Female Reproductive System Reconstructive Procs W Cat or Sev CC	~	86	6.3	5
N06B Female Reproductive System Reconstructive Procs W/O Cat or Sev CC	152	1,542	2.9	3
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	2,332	1,673	2.6	2
N08Z Endoscopic and Laparoscopic Procedures for Female Reproductive System	1,402	742	2.2	1
N09Z Conisation, Vagina, Cervix and Vulva Procedures	10,362	861	4.5	1
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	7,011	713	2.3	1
N11Z Other Female Reproductive System OR Procedures	30	104	10.6	7
N12A Uterine and Adnexa Procedures for Malignancy W Cat CC	~	77	16.8	11
N12B Uterine and Adnexa Procedures for Malignancy W/O Cat CC	20	507	6.1	6
N60A Malignancy, Female Reproductive System W Cat CC	30	120	13.4	10
N60B Malignancy, Female Reproductive System W/O Cat CC	1,196	654	9.2	5
N61Z Infections, Female Reproductive System	235	363	2.6	2
N62Z Menstrual and Other Female Reproductive System Disorders	6,498	2,882	2.1	1
Total Discharges	**29,378**	**12,964**	**3.9**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.16 Total Discharges: MDC 14 Pregnancy, Childbirth and the Puerperium: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 14 Pregnancy, Childbirth and the Puerperium	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
O01A Caesarean Delivery W Cat or Sev CC	0	3,581	8.5	6
O01B Caesarean Delivery W/O Cat or Sev CC	0	15,556	4.5	4
O02A Vaginal Delivery W OR Procedure W Cat or Sev CC	0	177	4.6	4
O02B Vaginal Delivery W OR Procedure W/O Cat or Sev CC	0	1,009	3.3	3
O03A Ectopic Pregnancy W CC	0	33	3.7	3
O03B Ectopic Pregnancy W/O CC	27	719	2.3	2
O04A Postpartum and Post Abortion W OR Procedure W Cat or Sev CC[b]	0	45	5.3	3
O04B Postpartum and Post Abortion W OR Procedure W/O Cat or Sev CC[b]	29	227	2.8	2
O05Z Abortion W OR Procedure[b]	1,727	2,983	1.3	1
O60Z Vaginal Delivery	0	45,762	2.7	2
O61Z Postpartum and Post Abortion W/O OR Procedure[b]	495	2,853	2.3	2
O63Z Abortion W/O OR Procedure[b]	518	3,256	1.3	1
O64Z False Labour	28	6,304	1.3	1
O66Z Antenatal and Other Obstetric Admission	5,182	35,478	1.7	1
Total Discharges	**8,006**	**117,983**	**2.7**	**2**

Note: a Length of stay (mean and median) is based on acute and extended in-patients.
b This includes spontaneous abortions and pregnancies with abortive outcome.

TABLE 5.17 Total Discharges: MDC 15 Newborns and Other Neonates: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 15 Newborns and Other Neonates	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
P01Z Neonate, Died or Transferred <5 Days of Admission W Significant OR Procedure	0	31	2.3	2
P02Z Cardiothoracic/Vascular Procedures for Neonates	0	57	27.5	21
P03Z Neonate, AdmWt 1000-1499 g W Significant OR Procedure	0	240	45.9	45
P04Z Neonate, AdmWt 1500-1999 g W Significant OR Procedure	0	139	31.0	26
P05Z Neonate, AdmWt 2000-2499 g W Significant OR Procedure	0	95	31.6	20
P06A Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	0	183	46.2	21
P06B Neonate, AdmWt >2499 g W Significant OR Procedure W/O Multi Major Problems	~	155	14.0	10
P60A Neonate, Died or Transferred <5 Days of Adm, W/O Significant OR Proc, Newborn	0	471	1.3	1
P60B Neonate, Died or Transf <5 Days of Adm, W/O Significant OR Proc, Not Newborn	17	223	1.8	1
P61Z Neonate, AdmWt <750 g	~	82	73.0	79
P62Z Neonate, AdmWt 750-999 g	0	127	62.5	61
P63Z Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure	0	54	34.5	34
P64Z Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure	0	144	29.4	30
P65A Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems	0	69	26.7	27
P65B Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem	~	234	21.4	20
P65C Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Other Problem	0	281	16.7	16
P65D Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W/O Problem	~	201	13.0	12
P66A Neonate, AdmWt 2000-2499 g W/O Significant OR Proc W Multi Major Problems	0	73	16.8	14
P66B Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Major Problem	~	324	13.4	12
P66C Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Other Problem	0	756	8.7	8
P66D Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W/O Problem	8	480	5.6	3
P67A Neonate, AdmWt >2499 g W/O Significant OR Procedure W Multi Major Problems	16	324	11.8	8
P67B Neonate, AdmWt >2499 g W/O Significant OR Procedure W Major Problem	95	1,461	7.0	5
P67C Neonate, AdmWt >2499 g W/O Significant OR Procedure W Other Problem	~	4,583	3.4	2
P67D Neonate, AdmWt >2499 g W/O Significant OR Procedure W/O Problem	397	3,753	2.3	1
Total Discharges	**546**	**14,540**	**8.2**	**3**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.18 Total Discharges: MDC 16 Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 16 Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
Q01Z Splenectomy	0	46	8.7	7
Q02A Other OR Procedure of Blood and Blood Forming Organs W Cat or Sev CC	15	68	20.1	12
Q02B Other OR Procedure of Blood and Blood Forming Organs W/O Cat or Sev CC	568	178	5.2	3
Q60A Reticuloendothelial and Immunity Disorders W Cat or Sev CC	195	635	8.2	5
Q60B Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W Malignancy	136	327	4.4	4
Q60C Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	2,905	704	3.0	2
Q61A Red Blood Cell Disorders W Cat or Sev CC	320	810	9.1	6
Q61B Red Blood Cell Disorders W/O Cat or Sev CC	32,127	2,191	3.6	2
Q62Z Coagulation Disorders	4,016	1,318	3.1	1
Total Discharges	**40,282**	**6,277**	**4.9**	**3**

Note: a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.19 Total Discharges: MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms): AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms)	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
R01A Lymphoma and Leukaemia W Major OR Procedures W Cat or Sev CC	0	57	26.0	23
R01B Lymphoma and Leukaemia W Major OR Procedures W/O Cat or Sev CC	20	78	8.0	6
R02A Other Neoplastic Disorders W Major OR Procedures W Cat CC	0	28	20.7	17
R02B Other Neoplastic Disorders W Major OR Procedures W Sev or Moderate CC	*	46	11.8	9
R02C Other Neoplastic Disorders W Major OR Procedures W/O CC	59	159	5.3	5
R03A Lymphoma and Leukaemia W Other OR Procedures W Cat or Sev CC	~	150	28.3	20
R03B Lymphoma and Leukaemia W Other OR Procedures W/O Cat or Sev CC	176	219	7.5	4
R04A Other Neoplastic Disorders W Other OR Procedures W CC	76	82	15.4	9
R04B Other Neoplastic Disorders W Other OR Procedures W/O CC	638	87	4.8	2
R60A Acute Leukaemia W Cat CC	69	235	28.1	27
R60B Acute Leukaemia W/O Cat CC	3,861	689	8.6	4
R61A Lymphoma and Non-Acute Leukaemia W Cat CC	0	469	20.0	14
R61B Lymphoma and Non-Acute Leukaemia W/O Cat CC	0	2,681	6.9	4
R61C Lymphoma and Non-Acute Leukaemia, Sameday	16,719	131	1.0	1
R62A Other Neoplastic Disorders W CC	328	198	16.4	9
R62B Other Neoplastic Disorders W/O CC	679	142	7.2	4
R63Z Chemotherapy	95,783	0	-	-
R64Z Radiotherapy[b]	65,999	0	-	-
Total Discharges	**184,418**	**5,451**	**10.4**	**5**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
\- Mean and median length of stay cannot be calculated as no in-patients are reported.
a Length of stay (mean and median) is based on acute and extended in-patients.
b Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at over 47,000 day cases, are not included in this report as these data were not submitted to HIPE.

TABLE 5.20 Total Discharges: MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
S60Z HIV, Sameday	25	8	1.0	1
S65A HIV-Related W Cat CC	0	48	21.0	14
S65B HIV-Related W Sev CC	0	68	13.3	8
S65C HIV-Related Diseases W/O Cat or Sev CC	0	68	8.4	6
T01A OR Procedures for Infectious and Parasitic Diseases W Cat CC	~	146	39.7	27
T01B OR Procedures for Infectious and Parasitic Diseases W Sev or Moderate CC	12	149	16.2	11
T01C OR Procedures for Infectious and Parasitic Diseases W/O CC	29	228	10.6	7
T40Z Infectious and Parasitic Diseases W Ventilator Support	0	40	14.6	8
T60A Septicaemia W Cat CC	0	807	18.4	12
T60B Septicaemia W/O Cat CC	45	1,129	8.5	6
T61A Postoperative and Post-Traumatic Infections W Cat or Sev CC	11	234	11.9	8
T61B Postoperative and Post-Traumatic Infections W/O Cat or Sev CC	142	956	5.3	4
T62A Fever of Unknown Origin W CC	23	323	4.6	3
T62B Fever of Unknown Origin W/O CC	42	477	2.8	1
T63Z Viral Illness	1,212	4,880	2.0	1
T64A Other Infectious and Parasitic Diseases W Cat CC	0	45	16.5	16
T64B Other Infectious and Parasitic Diseases W Sev or Moderate CC	*	94	6.4	4
T64C Other Infectious and Parasitic Diseases W/O CC	176	203	3.9	2
Total Discharges	**1,733**	**9,903**	**6.2**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.21 Total Discharges: MDC 19 Mental Diseases and Disorders: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 19 Mental Diseases and Disorders	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
U40Z Mental Health Treatment, Sameday, W ECT	115	7	1.0	1
U60Z Mental Health Treatment, Sameday, W/O ECT	600	953	1.0	1
U61Z Schizophrenia Disorders	0	165	35.5	18
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	15	12.1	5
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	88	16.0	9
U63Z Major Affective Disorders	0	224	26.4	15
U64Z Other Affective and Somatoform Disorders	0	193	8.7	2
U65Z Anxiety Disorders	0	775	4.1	1
U66Z Eating and Obsessive-Compulsive Disorders	0	143	22.4	9
U67Z Personality Disorders and Acute Reactions	0	178	13.3	4
U68Z Childhood Mental Disorders	0	76	5.2	2
Total Discharges	**715**	**2,817**	**8.9**	**1**

Notes: a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.22 Total Discharges: MDC 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
V60Z Alcohol Intoxication and Withdrawal	~	1,209	3.7	2
V61Z Drug Intoxication and Withdrawal	0	83	4.9	1
V62A Alcohol Use Disorder and Dependence	0	600	5.4	3
V62B Alcohol Use Disorder and Dependence, Sameday	~	157	1.0	1
V63Z Opioid Use Disorder and Dependence	0	87	15.0	16
V64Z Other Drug Use Disorder and Dependence	0	74	11.9	12
Total Discharges	**~**	**2,210**	**4.7**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.23 Total Discharges: MDC 21 Injuries, Poisonings and Toxic Effects of Drugs: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 21 Injuries, Poisonings and Toxic Effects of Drugs	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
W01Z Ventilation or Cranial Procedures for Multiple Significant Trauma	0	22	21.0	15
W02A Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W Cat/Sev CC	0	33	40.2	24
W02B Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W/O Cat/Sev CC	0	28	24.6	12
W03Z Abdominal Procedures for Multiple Significant Trauma	0	16	14.5	15
W04A Other OR Procs for Multiple Significant Trauma W Cat or Sev CC	0	13	40.8	29
W04B Other OR Procs for Multiple Significant Trauma W/O Cat or Sev CC	0	29	20.9	12
W60Z Multiple Trauma, Died or Transferred to Another Acute Care Facility <5 Days	0	54	2.0	2
W61A Multiple Trauma W/O Significant Procedures W Cat or Sev CC	0	41	28.8	11
W61B Multiple Trauma W/O Significant Procedures W/O Cat or Sev CC	0	76	10.1	8
X02A Microvascular Tiss Transfer or (Skin Graft W Cat/Sev CC) for Injuries to Hand	0	17	6.6	4
X02B Skin Graft for Injuries to Hand W/O Cat or Sev CC	6	87	2.8	1
X04A Other Procedures for Injuries to Lower Limb W Cat or Sev CC	0	17	27.2	14
X04B Other Procedures for Injuries to Lower Limb W/O Cat or Sev CC	12	158	3.1	1
X05A Other Procedures for Injuries to Hand W CC	~	50	4.3	2
X05B Other Procedures for Injuries to Hand W/O CC	184	1,262	1.3	1
X06A Other Procedures for Other Injuries W Cat or Sev CC	6	235	13.3	8
X06B Other Procedures for Other Injuries W/O Cat or Sev CC	146	1,101	2.6	1
X07A Skin Graft for Injuries Ex Hand W Microvascular Tiss Tfr or W (Cat or Sev CC)	~	33	16.4	10
X07B Skin Graft for Injuries Ex Hand W/O Microvascular Tiss Tfr W/O Cat or Sev CC	6	67	8.0	6
X40Z Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support	0	73	9.9	5
X60A Injuries W Cat or Sev CC	6	516	14.5	6
X60B Injuries W/O Cat or Sev CC	288	4,207	1.9	1
X61Z Allergic Reactions	~	309	1.7	1
X62A Poisoning/Toxic Effects of Drugs and Other Substances W Cat or Sev CC	0	508	6.2	3
X62B Poisoning/Toxic Effects of Drugs and Other Substances W/O Cat or Sev CC	134	3,567	1.9	1
X63A Sequelae of Treatment W Cat or Sev CC	12	320	8.0	5
X63B Sequelae of Treatment W/O Cat or Sev CC	296	1,698	2.8	2
X64A Other Injury, Poisoning and Toxic Effect Diagnosis W Cat or Sev CC	0	62	10.1	6
X64B Other Injury, Poisoning and Toxic Effect Diagnosis W/O Cat or Sev CC	~	437	1.7	1
Total Discharges	**1,107**	**15,036**	**3.4**	**1**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.24 Total Discharges: MDC 22 Burns: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 22 Burns	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
Y01Z Ventilation for Burns and Sev Full Thickness Burns	0	18	46.9	37
Y02A Other Burns W Skin Graft W CC	0	41	18.8	14
Y02B Other Burns W Skin Graft W/O CC	~	84	12.2	9
Y03Z Other OR Procedures for Other Burns	15	74	9.2	4
Y60Z Burns, Transferred to Another Acute Care Facility <5 Days	0	50	1.2	1
Y61Z Severe Burns	0	49	14.4	7
Y62A Other Burns W CC	~	39	16.3	6
Y62B Other Burns W/O CC	55	252	4.2	2
Total Discharges	**75**	**607**	**9.5**	**4**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.25 Total Discharges: MDC 23 Factors Influencing Health Status and Other Contacts with Health Services: AR-DRG by Patient Type (N, In-Patient Length of Stay)

MDC 23 Factors Influencing Health Status and Other Contacts with Health Services	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
Z01A OR Procedures W Diagnoses of Other Contacts W Health Services W Cat/Sev CC	*	107	16.9	4
Z01B OR Procedures W Diagnoses of Other Contacts W Health Services W/O Cat/Sev CC	1,226	247	4.3	2
Z40Z Endoscopy W Diagnoses of Other Contacts W Health Services, Sameday	14,259	30	1.0	1
Z60A Rehabilitation W Cat CC	0	692	44.0	32
Z60B Rehabilitation W/O Cat CC	0	4,329	23.0	15
Z60C Rehabilitation, Sameday	288	9	1.0	1
Z61A Signs and Symptoms	0	1,455	7.5	4
Z61B Signs and Symptoms, Sameday	1,446	914	1.0	1
Z63A Other Surgical Follow Up and Medical Care W Cat CC	~	474	22.4	12
Z63B Other Surgical Follow Up and Medical Care W/O Cat CC	1,366	2,451	10.9	7
Z64A Other Factors Influencing Health Status	0	1,554	5.2	2
Z64B Other Factors Influencing Health Status, Sameday	32,614	1,077	1.0	1
Z65Z Congenital Anomalies and Problems Arising from Neonatal Period	116	100	5.2	1
Total Discharges	**51,418**	**13,439**	**14.3**	**7**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.26 Total Discharges: Unassignable to MDC: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay)

Unassignable to MDC	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
801A OR Procedures Unrelated to Principal Diagnosis W Cat CC	~	521	42.2	26
801B OR Procedures Unrelated to Principal Diagnosis W Sev or Moderate CC	42	*	17.0	10
801C OR Procedures Unrelated to Principal Diagnosis W/O CC	383	452	5.4	3
963Z Neonatal Diagnosis Not Consistent W Age/Weight	*	~	^	^
Total Discharges	**436**	**1,276**	**23.2**	**10**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
^ Denotes that length of stay calculation was based on five or fewer discharges.
a Length of stay (mean and median) is based on acute and extended in-patients.

TABLE 5.27 Total Discharges: Pre-MDC: AR-DRG by Patient Type (N, In-Patient Length of Stay)

Pre-MDC	Day Patients	In-Patients	In-Patient Length of Stay[a]	
	N	N	Mean	Median
A01Z Liver Transplant	0	56	27.1	18
A03Z Lung or Heart/Lung Transplant	0	29	34.4	22
A05Z Heart Transplant	0	11	185.2	44
A06A Tracheostomy W Ventilation >95 hours W Cat CC	0	509	79.1	58
A06B Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	0	1,494	38.8	24
A06C Ventilation >95 hours W/O Cat CC	0	173	18.9	14
A06D Tracheostomy W/O Cat CC	~	136	31.8	24
A07Z Allogeneic Bone Marrow Transplant	~	75	44.2	40
A08A Autologous Bone Marrow Transplant W Cat CC	0	65	29.5	24
A08B Autologous Bone Marrow Transplant W/O Cat CC	~	71	15.2	17
A09A Renal Transplant W Pancreas Transplant or W Cat CC	0	50	19.3	19
A09B Renal Transplant W/O Pancreas Transplant W/O Cat CC	0	141	10.3	9
A10Z Insertion of Ventricular Assist Devices	0	6	87.7	41
A11A Insertion of Implantable Spinal Infusion Device W Cat CC	0	6	38.2	24
A11B Insertion of Implantable Spinal Infusion Device W/O Cat CC	0	23	11.4	5
A12Z Insertion of Neurostimulator Device	118	111	2.9	2
A40Z ECMO	0	38	44.7	40
Total Discharges	**124**	**2,994**	**40.8**	**24**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Length of stay (mean and median) is based on acute and extended in-patients.

Annex
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HIP ARTHROPLASTY DISCHARGE PROFILE, 2013

A.1.1 INTRODUCTION

As noted in Section One, this Annex is designed to highlight particular topics of interest that merit more focused supplementary analysis. The focus of this year's Annex is in-patient discharges with hip arthroplasty as a principal procedure.[1] Hip arthroplasty procedures include total hip replacement, hemiarthroplasty (partial hip replacement) and hip resurfacing. The ICD-10-AM ACHI intervention codes for *arthroplasty of hip* are taken from procedure block [1489], see Table A 1.1.[2]

TABLE A 1.1 ICD-10-AM/ACHI list of intervention codes for hip arthroplasty

Intervention code	Description
47522-00	Hemiarthroplasty of femur
49315-00	Partial arthroplasty of hip
90607-00	Resurfacing of hip, unilateral
90607-01	Resurfacing of hip, bilateral
49318-00	Total arthroplasty of hip, unilateral
49319-00	Total arthroplasty of hip, bilateral

In 2013, 5,188 discharges had a principal procedure of hip arthroplasty.[3] These discharges accounted for 0.4 per cent of total discharges (excl. *Maternity*) and 1.7 per cent of in-patient bed days (excl. *Maternity*).

1 The **principal procedure** is the procedure performed for treatment of the principal diagnosis or a diagnostic/exploratory procedure related to the principal diagnosis. A procedure is defined as a clinical intervention that is surgical in nature, carries a procedural risk and/or carried an anaesthetic risk and/or requires specialised training and/or requires special facilities or equipment only available in an acute care setting.
Source: HIPE Data Dictionary 2013 Version 5.0 available at www.hpo.ie

2 See Section Three for details of clinical coding and classifications.

3 526 discharges had a principal procedure of *revision arthroplasty of hip [ACHI procedure block* 1492]; these are not included in the analyses.

A.1.2 DEMOGRAPHIC ANALYSIS

Table A 1.2 disaggregates in-patient discharges with hip arthroplasty recorded as a principal procedure by sex, age group, and admission type.[4]

- More than half of total in-patient discharges were aged 70 years and over, with the majority in the 70 to 74 years age group (14.8 per cent).
- Of elective in-patient discharges, 52.8 per cent were male and 47.2 per cent were female. Almost 60 per cent of total elective in-patient discharges were aged less than 70 years.
- Of emergency in-patient discharges, 30.1 per cent were male and 69.9 per cent were female. Close to 55 per cent of total emergency in-patient discharges were aged 80 years and over.

Figure A 1.1 shows discharges with hip arthroplasty recorded as a principal procedure by sex, length of stay, and admission type.

- Of in-patient discharges, 68.7 per cent were admitted as elective in-patients and 31.3 per cent as emergency in-patients.
- In-patient discharges had a mean length of stay of 10.4 days and accounted for 53,831 in-patient bed days.
- Female in-patients reported a mean length of stay of 11.8 days, while male in-patients reported a mean length of stay of 8.7 days.

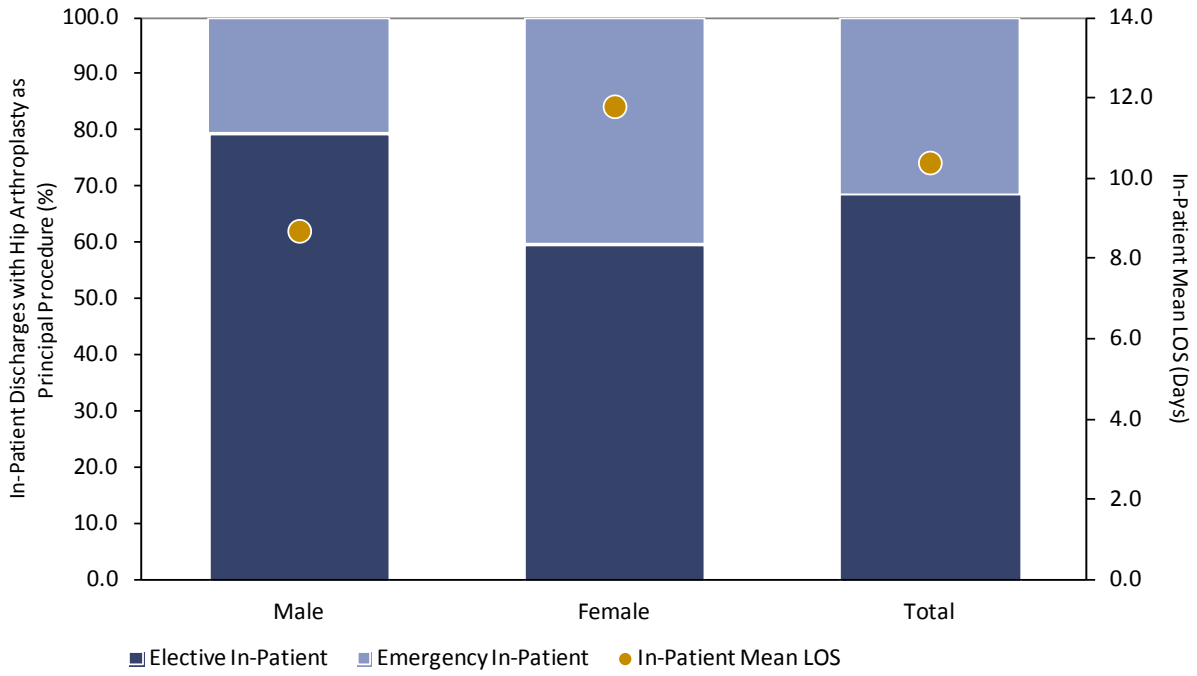
[4] Admission type 'elective' and 'emergency' indicates the priority of admission and not the nature of the surgery.

TABLE A 1.2 In-Patient Discharges with Hip Arthroplasty as a Principal Procedure: Admission Type by Sex and Age Group (N, % and In-Patient Length of Stay)

		Elective			Emergency			Total		
		N	%	Mean In-Patient Length of Stay	N	%	Mean In-Patient Length of Stay	N	%	Mean In-Patient Length of Stay
Male	<55 Years	346	9.7	4.7	23	1.4	20.7	369	7.1	5.7
	55-59 Years	228	6.4	4.8	8	0.5	17.5	236	4.5	5.3
	60-64 Years	281	7.9	4.8	15	0.9	19.0	296	5.7	5.5
	65-69 Years	336	9.4	5.1	53	3.3	19.7	389	7.5	7.1
	70-74 Years	293	8.2	5.7	61	3.8	23.1	354	6.8	8.7
	75-79 Years	223	6.3	6.3	77	4.7	18.8	300	5.8	9.5
	80-84 Years	140	3.9	7.5	105	6.5	21.3	245	4.7	13.4
	85 Years and Over	35	1.0	8.7	147	9.1	23.0	182	3.5	20.3
	Total	**1,882**	**52.8**	**5.4**	**489**	**30.1**	**21.3**	**2,371**	**45.7**	**8.7**
Female	<55 Years	267	7.5	4.6	20	1.2	28.4	287	5.5	6.3
	55-59 Years	153	4.3	4.8	19	1.2	11.4	172	3.3	5.6
	60-64 Years	231	6.5	5.3	44	2.7	19.8	275	5.3	7.7
	65-69 Years	264	7.4	5.6	88	5.4	11.5	352	6.8	7.1
	70-74 Years	293	8.2	5.9	122	7.5	17.6	415	8.0	9.3
	75-79 Years	239	6.7	8.6	203	12.5	20.7	442	8.5	14.1
	80-84 Years	166	4.7	8.4	261	16.1	18.7	427	8.2	14.7
	85 Years and Over	70	2.0	9.3	377	23.2	23.4	447	8.6	21.2
	Total	**1,683**	**47.2**	**6.2**	**1,134**	**69.9**	**20.0**	**2,817**	**54.3**	**11.8**
Total	<55 Years	613	17.2	4.6	43	2.6	24.3	656	12.6	5.9
	55-59 Years	381	10.7	4.8	27	1.7	13.2	408	7.9	5.4
	60-64 Years	512	14.4	5.0	59	3.6	19.6	571	11.0	6.5
	65-69 Years	600	16.8	5.3	141	8.7	14.6	741	14.3	7.1
	70-74 Years	586	16.4	5.8	183	11.3	19.4	769	14.8	9.0
	75-79 Years	462	13.0	7.5	280	17.3	20.2	742	14.3	12.3
	80-84 Years	306	8.6	8.0	366	22.6	19.4	672	13.0	14.2
	85 Years and Over	105	2.9	9.1	524	32.3	23.3	629	12.1	20.9
	Total In-Patients	**3,565**	**100**	**5.8**	**1,623**	**100**	**20.4**	**5,188**	**100**	**10.4**

Note: Percentage columns are subject to rounding.

FIGURE A 1.1 In-Patient Discharges with Hip Arthroplasty as a Principal Procedure: Admission Type by Sex (% and In-Patient Length of Stay)



Figures A 1.2A and A 1.2B disaggregate elective and emergency in-patient bed days for discharges with hip arthroplasty recorded as a principal procedure by sex and age group.

- Elective in-patient bed days were similar for males (10,226 bed days) and females (10,486 bed days).
- The largest number of elective in-patient bed days were accounted for by males aged 65 to 74 years (3,406 bed days) and by females aged 75 to 84 days (3,440 bed days).
- Overall, females accounted for more emergency in-patient bed days (22,700 bed days) compared to males (10,419 bed days).
- The largest number of emergency in-patient bed days were accounted for by those aged 75 to 84 years for both males (3,678 bed days) and females (9,077 bed days).

FIGURE A 1.2A Hip Arthroplasty Elective In-Patient Discharges: Sex by Age Group (Bed Days)

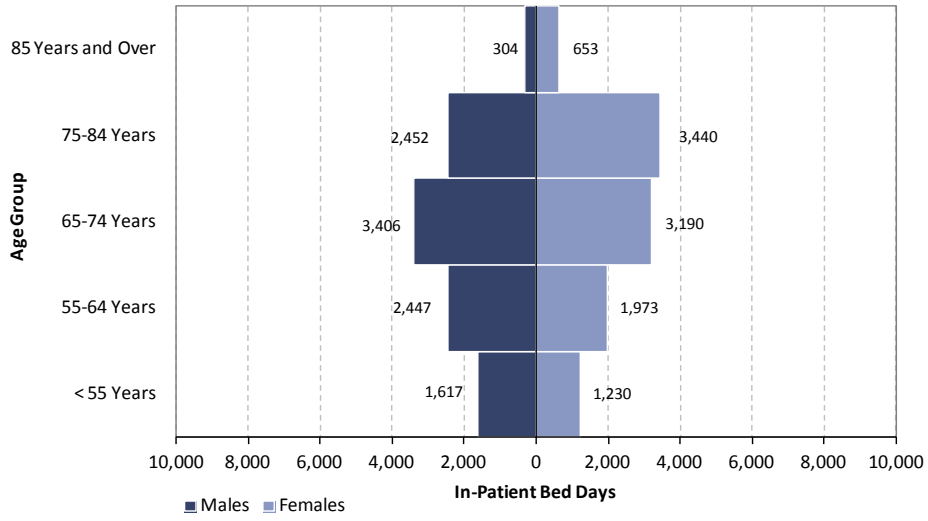
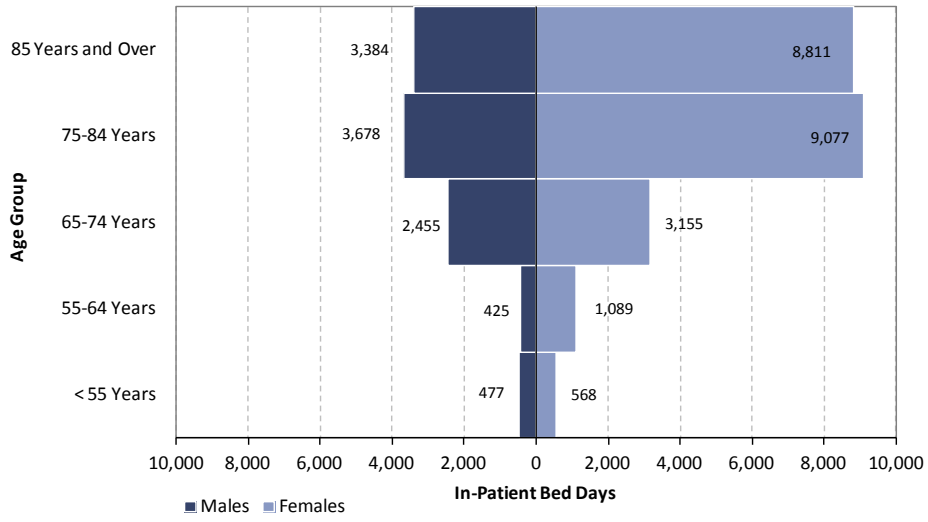


FIGURE A 1.2B Hip Arthroplasty Emergency In-Patient Discharges: Sex by Age Group (Bed Days)



A.1.3 Discharge Destination and Admission Source

Table A 1.3 disaggregates in-patient discharges by discharge destination and admission source.

- Of in-patients who were admitted from home, 71.9 per cent were discharged home.
- In-patients admitted from long stay accommodation were primarily discharged back to a long stay accommodation (83.6 per cent).
- Just over 40 per cent of in-patients who were admitted from another hospital were transferred to another hospital, while almost a third were discharged home and 20.8 per cent were discharged to long stay accommodation.

TABLE A 1.3 In-Patient Discharges with Hip Arthroplasty as a Principal Procedure: Discharge Destination by Admission Source (N, Row % and In-Patient Length of Stay)

	In-Patient Discharges									
	Discharge Destination									
	Home		Long Stay Accommodation		Transfer to other Hospital		Died/Other		Total	
Admission Source	N	%	N	%	N	%	N	%	N	%
Home	3,510	71.9	775	15.9	523	10.7	72	1.5	4,880	100
Long Stay Accommodation	~	-	102	83.6	10	8.2	*	-	122	100
Transfer from other Hospital	*	-	36	20.8	70	40.5	*	-	173	100
Total In-Patients	**3,569**	**69.0**	**913**	**17.6**	**603**	**11.7**	**90**	**1.7**	**5,175**	**100**

	In-Patient Length of Stay									
	Discharge Destination									
	Home		Long Stay Accommodation		Transfer to other Hospital		Died/Other		Total	
Admission Source	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Home	7.0	5	18.3	9	14.0	10	33.2	19	10.0	6
Long Stay Accommodation	^	^	15.4	8	10.9	9	32.6	12	16.2	9
Transfer from other Hospital	16.3	16	27.4	18	15.6	16	16.4	11	18.4	16
Total In-Patients	**7.2**	**5**	**18.4**	**9**	**14.1**	**11**	**31.3**	**17**	**10.4**	**6**

Notes:

Percentage columns are subject to rounding.

~ Denotes five or fewer discharges reported to HIPE.

* Further suppression required to prevent disclosure of five or fewer discharges.

\- Percentage figure not provided due to suppression.

^ Denotes that length of stay calculation was based on five or fewer discharges.

This table excludes Admission Source 'Other'.

See Appendix V for information on how the HIPE variables 'Discharge Destination' and 'Admission Source' were grouped for this report. For the purpose of presenting Discharge Destination in this table the categories 'Died' and 'Other' are combined into the category 'Died/Other'.

A.1.4 PRINCIPAL DIAGNOSES

Table A 1.4 presents the top 5 principal diagnoses for discharges with hip arthroplasty recorded as a principal procedure by admission type based on the ICD-10-AM classification.[5]

- The top two principal diagnoses were *Coxarthrosis [arthrosis of hip]* accounting for 65.0 per cent of in-patient discharges followed by *Fracture of femur* at 28.8 per cent.

- Elective in-patients accounted for 99.0 per cent of discharges with a principal diagnosis of *Coxarthrosis [arthrosis of hip]*, while emergency in-patients accounted for 99.8 per cent of discharges with a principal diagnosis of *Fracture of Femur*.

TABLE A 1.4 In-Patient Discharges with Hip Arthroplasty as a Principal Procedure: Top 5 Principal Diagnoses (N) by Admission Type (%)

Top 5 Principal Diagnoses		Total	Elective	Emergency
		N	%	%
M16	Coxarthrosis [arthrosis of hip]	3,372	99.0	1.0
S72	Fracture of femur	1,493	0.2	99.8
M87	Osteonecrosis	57	87.7	12.3
M17	Gonarthrosis [arthrosis of knee]	43	100.0	0.0
M13	Other arthritis	37	100.0	0.0
Top 5 Principal Diagnoses for In-Patients with a Hip Arthroplasty as a Principal Procedure		**5,002**	**-**	**-**
Total In-Patients		**5,188**	**68.7**	**31.3**

Note: Percentage columns are subject to rounding.

An analysis of additional diagnoses associated with in-patient discharges with a principal procedure of hip arthroplasty showed that

- Of discharges with a hip arthroplasty recorded as a principal procedure, the majority of emergency in-patients (86.8 per cent) had an additional diagnosis of *Falls* (W00-W19), compared to 0.3 per cent of elective in-patients.

[5] See Section Three for details of clinical coding and classification.

A.1.5 Case Mix Analysis

Table A 1.5 presents the top 5 AR-DRGs for discharges with hip arthroplasty recorded as a principal procedure along with in-patient length of stay.[6]

- The majority of in-patient discharges (99.2 per cent) were assigned to one of the top 5 AR-DRGs.
- Almost 90 per cent of in-patient discharges were assigned to *Hip Replacement W/O Catastrophic CC* (AR-DRG I03B), with *Hip Replacement W Catastrophic CC* (AR-DRG I03A) accounting for a further 8.3 per cent of in-patient discharges.
- *Hip Replacement W/O Catastrophic CC* (AR-DRG I03B) had a mean length of stay of 7.9 days, while *Hip Replacement W Catastrophic CC* (AR-DRG I03A) had a mean length of stay of 29.9 days.

TABLE A 1.5 In-Patient Discharges with Hip Arthroplasty as a Principal Procedure: Top 5 AR-DRGs (N, % and In-Patient Length of Stay)

Top 5 AR-DRGs		N	%	Mean In-Patient Length of Stay	Mean In-Patient Length of Stay
I03B	Hip Replacement W/O Catastrophic CC	4,656	89.7	7.9	6
I03A	Hip Replacement W Catastrophic CC	430	8.3	29.9	19
I01B	Bilateral/Multiple Major Joint Pr of Lower Extremity W/O Revision W/O Cat CC	28	0.5	8.0	6
801A	OR Procedures Unrelated to Principal Diagnosis W Catastrophic CC	22	0.4	69.0	39
I01A	Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC	13	0.3	53.6	15
Top 5 AR-DRGs for In-Patients with a Hip Arthroplasty as a Principal Procedure		**5,149**	**99.2**	**-**	**-**
Total In-Patients		**5,188**	**100**	**10.4**	**6**

Note: Percentage column is subject to rounding.

6 See Section Five for details of the case mix classification.

Glossary & Abbreviations

GLOSSARY

Acute hospital

An acute hospital provides medical and surgical treatment of relatively short duration (Department of Health and Children, 2001).

Additional diagnosis

This is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code (Health Data Standards Committee (2006), National Health Data Dictionary, Version 13, AIHW).

Admission type

The type of admission may generally be classified as a planned or emergency admission. Unlike emergency admissions, planned admissions are arranged in advance by the patient and/or service provider.

Australian Coding Standards

Australian Coding Standards (ACS) is a document developed to provide guidance in the application of ICD-10-AM and ACHI codes. Standards are categorised by site and or body system according to the clinical specialty to which a disease or procedure relates.

Case mix

Case mix is a method of quantifying hospital workload taking account of the complexity and resource-intensity of the services provided.

Complications

Complications may arise during the hospital stay.

Comorbidities

Comorbidities are assumed to be prior existing conditions, which were present at the time of admission.

Day patient

A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and who is discharged alive, as scheduled, on the same day (Department of Health and Children, 2001). Births are not included.

Delivery discharges

Refers to *Maternity* discharges where the woman had a diagnosis of delivery (ICD-10-AM Z37).

Delivery status

Refers to the disaggregation of *maternity* discharges into delivery and non-delivery status determined by the presence of a diagnosis of delivery (Z37).

Diagnosis Related Group (DRG)

DRGs are clusters of cases with similar clinical attributes and resource requirements. In Ireland, the decision was made to use Australian Refined Diagnosis Related Group (AR-DRG) from 2005 onwards.

Discharge rate

Discharge rate is the ratio of discharges to the corresponding population. The formula for calculating the discharge rate is:

$$\frac{\text{Discharges in group i}}{\text{Population of group i}} \times 1{,}000$$

Age-specific discharge rates are calculated as the number of discharges within a particular age group divided by the population within that particular age group multiplied by 1,000.
Sex-specific discharge rates are calculated as the number of male (female) discharges divided by the male (female) population multiplied by 1,000.
Age- and sex-specific discharge rates are calculated as the number of male (female) discharges within a particular age group divided by the number of males (females) in the population within that particular age group multiplied by 1,000.
For HSE Areas, **discharge rates** are calculated as the number of discharges resident in the HSE Area divided by the population resident in the HSE Area multiplied by 1,000.

Elective admission	This is an admission or procedure that has been arranged in advance (Department of Health and Children, 2001). This term is generally used to refer to in-patient discharges. The term planned admission may also be used.
Emergency admission	An emergency admission is unforeseen and requires urgent care (Department of Health and Children, 2001). This term is used to refer to in-patient discharges.
General hospital	A general hospital provides a broad range of services, and includes voluntary and non-voluntary (county and regional) hospitals.
GMS status	Refers to whether a patient holds a medical card.
HSE area of hospitalisation	Refers to the HSE area in which the patient was treated.
HSE area of residence	Refers to the HSE area in which the patient resides.
Hospital In-Patient Enquiry (HIPE)	HIPE is a health information system that collates data on discharges from, and deaths in, acute hospitals in Ireland.
Hospital type	Relates to health board/regional authority hospitals and voluntary hospitals. It is also used to distinguish between general and other hospitals.
In-patient	An in-patient is admitted to hospital for treatment or investigation on a planned or emergency basis (Department of Health and Children, 2001).
Irish Coding Standards	Irish Coding Standards (ICS) is a document which provides guidance and instruction on all aspects of HIPE data collection by addressing issues specific to the Irish hospital setting. It is revised regularly to reflect changing clinical practice. ICS is designed to complement the Australian Coding Standards. ICS V5.0 was used in the collection of HIPE data in 2013.
Length of stay	Length of stay refers to the time, expressed in days, between admission to and discharge from hospital. For day patients or where the dates of admission and discharge are the same, length of stay is set equal to one day. Mean and median lengths of stay are provided for in-patients only. Mean length of stay is computed by dividing the number of days stayed by the number of discharges. The median length of stay is the middle value among the ordered lengths of stay, such that half of the values for length of stay are below the median and half the values for length of stay are above the median.
Major Diagnostic Category (MDC)	The MDC is a category generally based on a single body system or aetiology that is associated with a particular medical specialty. However, records assigned to MDCs 01, 15, 18 and 21 may have principal diagnoses associated with other categories. In AR-DRG Version 6.0, there are 23 MDCs.
Medical Assessment Unit	A medical assessment unit (MAU) also referred to as an Acute Medical Assessment Unit (AMAU) or an Acute Medical Unit (AMU), is a consultant led unit that accepts direct referrals from GPs. It offers priority access to diagnostic facilities and preferably closes at night.
Method of delivery	Refers to the method of delivery derived for delivery discharges. These are based on delivery procedure codes at any procedure code level and are grouped into Non-instrumental, Instrumental, and Elective or Emergency Caesarean section.
Maternity discharges	These discharges are admitted in relation to their obstetrical experience (from conception to 6 weeks post delivery), that is, they are allocated to Admission Type code *Maternity*.

Non-delivery

Non-delivery discharges are *Maternity* discharges where the admission was related to their obstetrical experience but who did not deliver during that episode of care.

Non-voluntary

A non-voluntary hospital is owned and funded by the Health Service Executive. It is also known as a HSE hospital (Citizen's Information, 2009).

'Other' hospital

A hospital described as 'Other' specialises in the provision of medical and surgical services in a particular area, such as maternity hospitals, cancer hospitals or orthopaedic hospitals.

Parity

HIPE collects the number of previous live births and number of previous stillbirths (over 500g) for all cases with admission type code *Maternity.*

Primiparous: These are women who have had no previous pregnancy resulting in a live birth or stillbirth.
Multiparous: These are women who have had at least one previous pregnancy resulting in a live birth or stillbirth.

Patient type

A patient may be admitted to hospital as a day patient (which is planned and does not involve an overnight stay), or an in-patient.

Principal diagnosis

This is the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care, or an attendance at the health care establishment, as represented by a code (Health Data Standards Committee (2006), National Health Data Dictionary, Version 13, AIHW).

Principal and additional procedure

A procedure is defined as a clinical intervention that

- is surgical in nature, and/or
- carries a procedural risk, and/or
- carries an anaesthetic risk, and/or
- requires specialised training, and/or
- requires special facilities or equipment only available in an acute care setting.

The order of codes should be determined using the following hierarchy:

- procedure performed for treatment of the principal diagnosis
- procedure performed for treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care (NCCH, 2008).

Public/private status

Refers to whether the patient is a public or private patient of the consultant. It does not relate to the type of bed occupied nor is it an indicator of possession of private health insurance.

Voluntary hospital

Management authorities for this type of hospital vary widely. Some are owned and operated by religious orders, others are incorporated by charter or statute and work under lay boards of governors. These are financed to a large extent by State funds (Citizen's Information, 2009). For the purposes of this report, joint board hospitals are categorised as voluntary hospitals.

Sources: The above definitions are taken directly from, or based on, those provided in the following:
Department of Health and Children, 2001. Quality and Fairness a Health System for You: Health Strategy. Dublin: The Stationery Office.
'Hospital Services – Introduction': Citizen's Information; date consulted: 9 December 2011. www.citizensinformation.ie/categories/health/hospital-services/hospital_services_introduction
For further information on the definitions of diagnoses see NCCH ICD-10-AM, July 2008, General Standards for Diseases.
For further information on the definitions of procedures see NCCH ICD-10-AM, July 2008, General Standards for Procedures.
For further information on AR-DRGs see Commonwealth Department of Health and Aged Care, 2008. Australian Refined Diagnosis Related Groups Version 6.0 Definitions Manual. Canberra: Commonwealth Department of Health and Ageing. pp. 4–15.

ABBREVIATIONS

Adm	Admission
Admwt	Admission Weight
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AICD	Automatic Implantable Cardioverter-Defibrillator
AMI	Acute Myocardial Infarction
AR-DRG	Australian Refined Diagnosis Related Group
BIU	Business Intelligence Unit
CABG	Coronary Artery Bypass Graft
Cat	Catastrophic
CC	Complication and/or Comorbidity
CDE	Common Bile Duct Exploration
CPB	Cardiopulmonary Bypass
CSO	Central Statistics Office
D&C	Dilation and Curettage
D&D	Diseases and Disorders
CPB pump	Cardiopulmonary bypass pump
DoH	Department of Health
DRG	Diagnosis Related Group
EEG	Electroencephalography
ECMO	Extra corporeal membrane oxygenation
ECT	Electroconvulsive therapy
ENT	Ear, Nose and Throat
ERCP	Endoscopic Retrograde Cholangio Pancreatography
ESRI	Economic and Social Research Institute
ESW	Extracorporeal Shock Waves
GI	Gastro-intestinal
g	Grams
GMS	General Medical Services
GP	General Practitioner
HIPE	Hospital In-Patient Enquiry
HIV	Human Immunodeficiency Virus
HSE	Health Service Executive
ICD-10-AM	Tenth Revision of the International Classification of Diseases, Australian Modification, 6th Edition
ICS	Irish Coding Standards
Incl	Including
IHD	Ischaemic Heart Disease
Infect/inflam	Infection/inflammation
Inhal	Inhalation
Inves	Investigative
IT	Information Technology
LOS	Length of Stay

MDC	Major Diagnostic Category
misc	Miscellaneous
Mod	Moderate
n/a	Not applicable
NCCH	National Centre for Classification in Health
N	Number of Observations/Discharges
Non-malig	Non-malignant
NPRS	National Perinatal Reporting System
NTPF	National Treatment Purchase Fund
OR	Operating Room
Pr/Proc	Procedure
PTCA	Percutaneous Transluminal Coronary Angioplasty
Sev	Severe
TIA	Transient Ischaemic Attack
Tiss	Tissue
Tfr	Transfer
URI	Upper Respiratory Infection
WHO	World Health Organisation
W	With
W/O	Without

Appendices

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APPENDIX I: HIPE HOSPITALS

TABLE I.1 Listing of Hospitals Participating in the HIPE Scheme

Hospital Name	County	Hospital Type	
HSE Dublin North East			
Beaumont Hospital	Dublin	Voluntary	General
The Children's University Hospital, Temple Street	Dublin	Voluntary	Paediatric
Connolly Hospital, Blanchardstown	Dublin	Non-Voluntary	County
Incorporated Orthopaedic Hospital, Clontarf	Dublin	Voluntary	Orthopaedic
Mater Misericordiae University Hospital	Dublin	Voluntary	General
Rotunda Hospital	Dublin	Voluntary	Maternity
National Orthopaedic Hospital, Cappagh	Dublin	Voluntary	Orthopaedic
St. Joseph's Hospital, Raheny	Dublin	Voluntary	General
Cavan General Hospital	Cavan	Non-Voluntary	County
Louth County Hospital, Dundalk	Louth	Non-Voluntary	County
Monaghan General Hospital	Monaghan	Non-Voluntary	County
Our Lady of Lourdes Hospital, Drogheda	Louth	Non-Voluntary	County
Our Lady's Hospital, Navan	Meath	Non-Voluntary	County
HSE Dublin Mid Leinster			
Coombe Women & Infants University Hospital	Dublin	Voluntary	Maternity
Naas General Hospital	Kildare	Non-Voluntary	County
National Maternity Hospital, Holles Street	Dublin	Voluntary	Maternity
National Rehabilitation Hospital (NRH), Dun Laoghaire	Dublin	Voluntary	Orthopaedic
Our Lady's Children's Hospital, Crumlin	Dublin	Voluntary	Paediatric
Peamount Hospital, Newcastle	Dublin	Voluntary	Other Care
Royal Victoria Eye and Ear Hospital	Dublin	Voluntary	ENT
St. Columcille's Hospital, Loughlinstown	Dublin	Non-Voluntary	County
St. James's Hospital	Dublin	Voluntary	General
St. Luke's Hospital, Rathgar	Dublin	Voluntary	Cancer
St. Michael's Hospital, Dun Laoghaire	Dublin	Voluntary	General
St. Vincent's University Hospital, Elm Park	Dublin	Voluntary	General
Adelaide and Meath Hospital, Dublin, Incorporating the National Children's Hospital (AMNCH), Tallaght	Dublin	Voluntary	General
Our Lady's Hospice[b]	Dublin	Voluntary	Other Care
Midland Regional Hospital, Mullingar	Westmeath	Non-Voluntary	County
Midland Regional Hospital, Portlaoise	Laois	Non-Voluntary	County
Midland Regional Hospital, Tullamore	Offaly	Non-Voluntary	County

TABLE I.1 Listing of Hospitals Participating in the HIPE Scheme (contd.)

Hospital Name	County	Hospital Type	
HSE South			
Lourdes Orthopaedic Hospital, Kilcreene	Kilkenny	Non-Voluntary	Orthopaedic
St. Luke's General Hospital, Kilkenny	Kilkenny	Non-Voluntary	County
South Tipperary General Hospital, Clonmel	Tipperary	Non-Voluntary	County
Waterford Regional Hospital, Ardkeen	Waterford	Non-Voluntary	Regional
Wexford General Hospital	Wexford	Non-Voluntary	County
Cork University Hospital[a]	Cork	Non-Voluntary	Regional
Kerry General Hospital, Tralee	Kerry	Non-Voluntary	County
Bantry General Hospital[a]	Cork	Non-Voluntary	County
Mallow General Hospital	Cork	Non-Voluntary	County
Mercy University Hospital	Cork	Voluntary	General
South Infirmary Victoria Hospital	Cork	Voluntary	General
St. Finbarr's Hospital	Cork	Non-Voluntary	County
HSE West			
Midwestern Regional Hospital, Ennis[a]	Clare	Non-Voluntary	County
Midwestern Regional Hospital, Nenagh	Tipperary	Non-Voluntary	County
Midwestern Regional Hospital, Dooradoyle[a]	Limerick	Non-Voluntary	Regional
Midwestern Regional Maternity Hospital	Limerick	Non-Voluntary	Maternity
Midwestern Regional Orthopaedic Hospital, Croom	Limerick	Non-Voluntary	Orthopaedic
St. John's Hospital	Limerick	Voluntary	General
Letterkenny General Hospital	Donegal	Non-Voluntary	County
Sligo Regional Hospital	Sligo	Non-Voluntary	Regional
Mayo General Hospital, Castlebar	Mayo	Non-Voluntary	County
Portiuncula Hospital, Ballinasloe	Galway	Non-Voluntary	County
Roscommon County Hospital	Roscommon	Non-Voluntary	County
Galway University Hospitals	Galway	Non-Voluntary	Regional

Notes: Total number of hospitals participating in 2013: 54

a There was some under reporting of data in particular hospitals in 2013. Bantry Hospital (coded and returned 16.5 per cent of their discharges), Midwestern Regional Hospital, Ennis (coded and returned 90.1 per cent of their discharges), Cork University Hospital (coded and returned 96.3 per cent of their discharges) and Midwestern Regional Hospital, Dooradoyle (coded and returned 96.7 per cent of their discharges).

b Our Lady's Hospice includes facilities at Harold's Cross and Blackrock Hospices.

APPENDIX II: HIPE DATA COLLECTED

TABLE II.1 Data Collected by HIPE*

Type of Data	Parameters	Notes
Demographic Data	Date of birth	Full date of birth not exported outside the hospital.
	Sex	
	Marital/Civil status	Values include single, married, widowed, other (including separated), unknown, divorced, civil partner, former civil partner or surviving civil partner.
	Infant admission weight	Weight in whole grams on admission is collected for neonates (0–27 days old) and infants up to 1 year of age with admission weight of less than 2,500 grams.
	Area of residence by county or country	If resident in Ireland but outside Dublin, captures county of residence. If resident in Dublin, captures postal code. If usually resident outside Ireland, captures country of residence.
Clinical Data	One principal diagnosis	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	Twenty-nine additional diagnoses	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	One principal procedure	Uses the Australian Classification of Health Interventions (ACHI) of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	Nineteen additional procedures	Uses the Australian Classification of Health Interventions (ACHI) of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	Hospital Acquired Diagnosis	Condition not present prior to admission to hospital.
Administrative Data	Patient name	Is not exported outside the hospital.
	Hospital number	
	Chart number	Is unique to hospital of discharge.
	Admission and discharge dates	
	Dates of procedures	Collected for each procedure.
	Day case indicator	
	Day ward indicator	Indicates if a day case patient was admitted to a dedicated named day ward.
	Day ward identifier	If the answer to day ward indicator is 'Yes', the day ward identifier must be entered to identify where the patient was treated.
	Type of admission	Values include elective, elective readmission, emergency, emergency readmission, maternity, or newborn.
	Waiting list indicator	Indicates if an elective admission case is funded by the National Treatment Purchase Fund (NTPF).
	Mode of emergency admission	Indicates where the patient with admission codes emergency, emergency readmission, or newborn was treated prior to being admitted to the hospital as an in-patient, or when the patient was treated only in a registered Medical Assessment Unit (MAU). Values include Emergency Department, MAU-Admitted as In-Patient, other, unknown, and MAU – Day Only.
	Source of admission	Values include home, transfer from nursing home/convalescent home or other long stay accommodation, transfer from hospital (in HIPE), transfer from other hospital (not in HIPE), transfer from hospice (not in HIPE), transfer from psychiatric hospital/unit, newborn, temporary place of residence, prison, or other.

Data Collected by HIPE (contd.)

Type of Data	Parameters	Notes
Administrative Data (contd.)	Discharge destination	Values include self discharge, home, nursing home, convalescent home or long stay accommodation, transfer to hospital (in HIPE) as emergency, transfer to hospital (in HIPE) as non-emergency, transfer to psychiatric hospital/unit, died with post-mortem, died without post-mortem, transfer to other hospital (not in HIPE) as emergency, transfer to other hospital (not in HIPE) as non-emergency, rehabilitation facility, hospice, prison, absconded, other, or temporary place of residence (e.g. hotel).
	Discharge status	Refers to the public/private status of the patient on discharge and not to the type of bed occupied.
	Health Insurer	Collected where discharge status of the patient is private.
	General Medical Service status	Refers to whether the patient is a medical card holder.
	Days in an intensive care environment	
	Days in a private bed	
	Days in a semi-private bed	
	Days in a public bed	
	Parity	Parity: Live births Parity: Still births Mandatory for all cases with admission type maternity.
	Specialty	Refers to specialty of consultant associated with the principal diagnosis and is assigned locally based on a list provided by the Department of Health and Children.
	Primary consultant	Encrypted.
	Anaesthetist	Encrypted. Collected for each procedure performed under anaesthetic.
	Intensive care consultant	Encrypted. Up to ten may be recorded.
	Admitting consultant	Encrypted.
	Discharge consultant	Encrypted.
	Consultant responsible for each diagnosis	Encrypted.
	Consultant responsible for each procedure	Encrypted.
	Date of transfer to a pre-discharge unit	Date may be collected to identify when a patient was transferred to a pre-discharge unit prior to being discharged as planned. This is an optional variable collected since 2004
	Ward Identification	Admitting ward: The ward to which the patient was admitted. Discharge ward: The ward from which the patient was discharged.
	Temporary leave days	Refers to the number of days the patient was absent from the hospital during an episode of care[b]

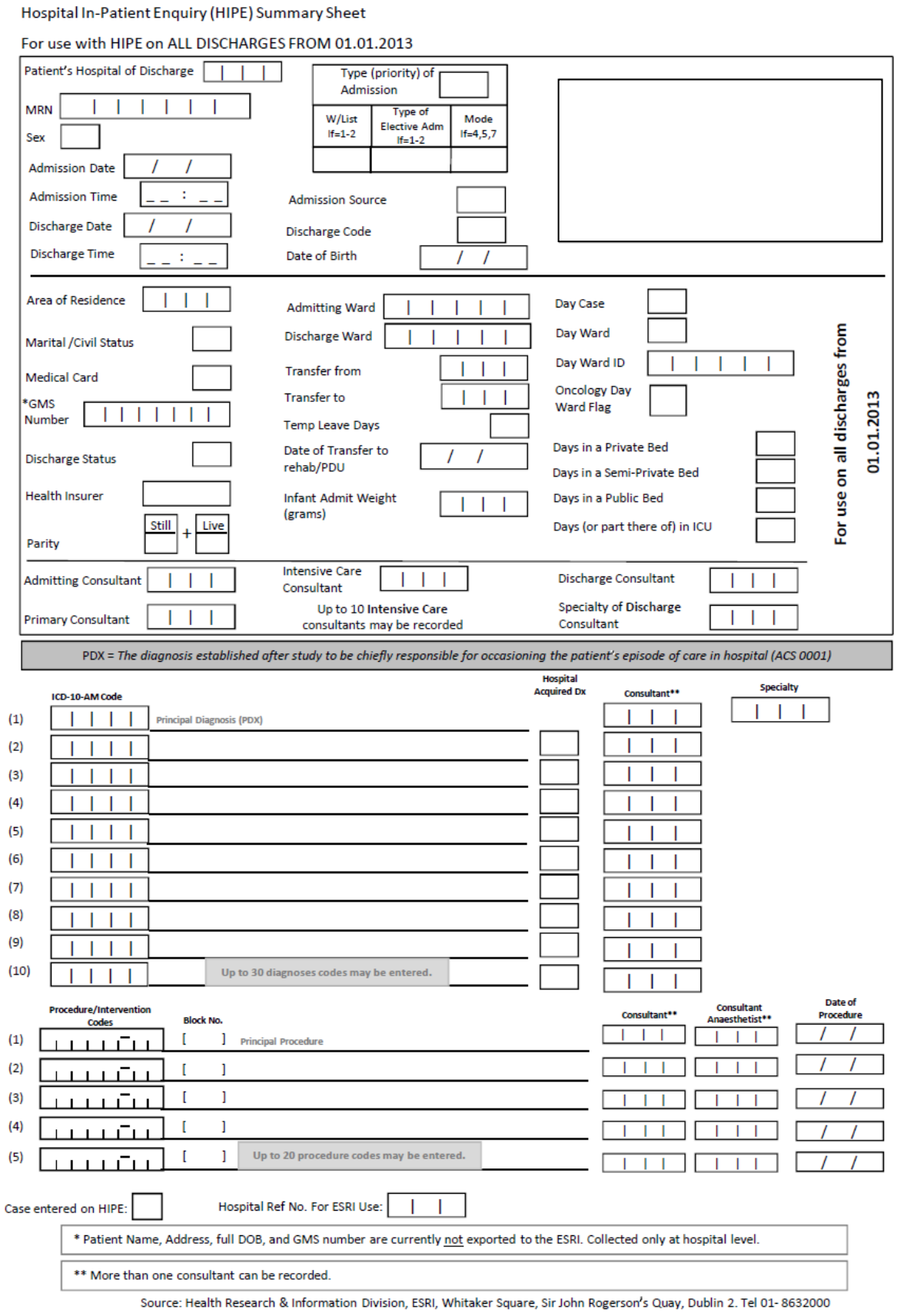
Notes: * For details of all variables collected by HIPE see HIPE Data Dictionary 2013 Version 5.0.

a This was a new variable in 2007. To be consistent with previous years the calculation of mean length of stay in this report does not take temporary leave days into account.

Source: HIPE Data Dictionary 2013 Version 5.0, available at www.hpo.ie

APPENDIX III: HIPE DATA ENTRY FORM

FIGURE III.1 HIPE Data Entry Form, 2013



APPENDIX IV: BED DATA

The HIPE Report has historically reported on figures for the number of beds in HIPE hospitals.[1]

Number of Beds in HIPE Hospitals, 2009–2013

Table IV.1 shows the number of beds in HIPE hospitals over the years 2009–2013.

TABLE IV.1 Number of Beds in HIPE Hospitals, 2009-2013

	2009 (%)	2010 (%)	2011 (%)	2012 (%)	2013 (%)	Mean Annual % Change[a] 2009-2013	% Change 2012-2013
Day Patient Beds	1,774 (13.1)	1,859 (14.0)	1,938 (14.8)	2,051 (16.0)	2,023 (15.7)	3.4	-1.4
In-Patient Beds	11,751 (86.9)	11,417 (86.0)	11,113 (85.2)	10,766 (84.0)	10,825 (84.3)	-2.0	0.5
Total Hospital Beds	**13,525 (100)**	**13,276 (100)**	**13,051 (100)**	**12,817 (100)**	**12,848 (100)**	**-1.3**	**0.2**

Notes: Percentages are reported in parentheses.
It should be noted when interpreting data on the number of hospital beds that the number of participating hospitals will have changed over time.
a The mean annual percentage change is the mean of the four annual percentage growth rates over the five years.
Source: Most up to date data was provided by the Business Information Unit in the HSE (October 2014) and via personal communication from particular hospitals (October–November 2014).

The following tables indicate the volume and distribution of beds across the health system for 2013.

Number of Beds in HIPE Hospitals by HSE Region

Table IV.2 shows the number of HIPE hospital beds by HSE Region.

TABLE IV.2 Number of Beds in HIPE Hospitals by HSE Region, 2013

	Day Patient Beds		In-Patient Beds		Total HIPE Hospital Beds	
	N	%	N	%	N	%
HSE Dublin North East	493	16.8	2,444	83.2	2,937	100
	24.4		22.6		22.9	
HSE Dublin Mid Leinster	587	14.1	3,574	85.9	4,161	100
	29.0		33.0		32.4	
HSE South	447	15.7	2,405	84.3	2,852	100
	22.1		22.2		22.2	
HSE West	496	17.1	2,402	82.9	2,898	100
	24.5		22.2		22.6	
Total Hospital Beds	**2,023**	**15.7**	**10,825**	**84.3**	**12,848**	**100**
	100		**100**		**100**	

Notes: Percentages columns are subject to rounding.
See additional notes and Source under Table IV.1.

[1] The Business Information Unit in the HSE estimated the number of beds as the average number of beds per day that were available throughout the year and is exclusive of bed closures.

Number of Beds in HIPE Hospitals by Hospital Type

Table IV.3 shows the number of HIPE hospital beds by Hospital Type.

TABLE IV.3 Number of Beds in HIPE Hospitals by Hospital Type, 2013

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
General Hospitals	**1,827** **90.3**	**16.5**	**9,266** **85.6**	**83.5**	**11,093** **86.3**	**100**
Voluntary	671 33.2	16.6	3,376 31.2	83.4	4,047 31.5	100
Regional	495 24.5	17.4	2,357 21.8	82.6	2,852 22.2	100
County	661 32.7	15.8	3,533 32.6	84.2	4,194 32.6	100
'Other' Hospitals[a]	**196** **9.7**	**11.2**	**1,559** **14.4**	**88.8**	**1,755** **13.7**	**100**
Total (All Hospital Types)	**2,023** **100**	**15.7**	**10,825** **100**	**84.3**	**12,848** **100**	**100**

Notes: Percentages columns are subject to rounding.
See additional notes and Source under Table IV.1.

a 'Other' hospitals include Maternity; Cancer; Orthopaedic; Paediatric; Eye, Ear, Nose and Throat and 'Other Care' (covering a range of specialist services including palliative medicine, rheumatology, elderly care, and care of the young disabled). See Appendix I for the list of hospitals participating in HIPE in 2013.

APPENDIX V: DERIVED VARIABLES

For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. Table VI.1 shows how the categories for these variables have been aggregated. For example, the admission type variables have been reduced from six categories to three categories.

TABLE V.1 Derived Variables

HIPE Variable		Derived Variable for Report	
Admission Type			
1	'Elective'	1	'Elective' (1, 2)
2	'Elective Readmission'	2	'Emergency' (4, 5, 7)
4	'Emergency'	3	'Maternity' (6)
5	'Emergency Readmission'		
6	'Maternity'		
7	'New born'		
Admission Source			
1	'Home'	1	'Home' (1)
2	'Transfer from nursing home/convalescent home or other long stay accommodation'	2	Long stay accommodation (2, 5)
3	'Transfer from hospital - in HIPE listing'	3	'Transfer from other hospital' (3,4,6)
4	'Transfer from other hospital - not in HIPE listing'	4 [a]	'Other' (7, 8, 9, 0)
5	'Transfer from hospice - not in HIPE listing'		
6	'Transfer from psychiatric hospital/unit'		
7	'New born'		
8	'Temporary place of residence'		
9	'Prison'		
0	'Other'		
Discharge Destination			
00	'Self discharge'	1	'Home' (01)
01	'Home'	2	'Long stay accommodation' (02, 11)
02	'Nursing home, convalescent home or long stay accommodation'	3	'Transfer to other hospital' (03, 04, 05,08, 09, 10)
03	'Transfer to hospital – in HIPE Hospital Listings – Emergency '	4	'Died' (06, 07)
04	'Transfer to hospital – in HIPE Hospital Listings – Non Emergency'	5	'Other' (00, 12, 13, 14, 15)
05	'Transfer to psychiatric hospital/unit'		
06	'Died with post mortem'		
07	'Died no post mortem'		
08	'Transfer to other hospital – not in HIPE Hospital Listings – Emergency'		
09	'Transfer to other hospital – not in HIPE Hospital Listings – Non Emergency'		
10	'To rehabilitation facility – not in HIPE Hospital Listings'		
11	'Hospice – not in HIPE Hospital Listings'		
12	'Prison'		
13	'Absconded'		
14	'Other – example Foster care'		
15	'Temporary Place of Residence'		

Notes: For further information on all variables collected by HIPE see HIPE Data Dictionary 2013 Version 5.0 available at www.hpo.ie

[a] This category has been revised to that presented in previous reports, where 'New born' was presented as a separate category.

APPENDIX VI: REFERENCE TABLE

Table VI.1 presents the data used to produce Figures 2.12a to 2.12d in Section Two.

TABLE VI.1 Total Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Region of Residence by County of Residence and Patient Type (N, %)

		Day Patients		Elective In-Patients		Emergency In-Patients		Total Discharges (excl. *Maternity*)	
		N	%	N	%	N	%	N	%
HSE Dublin North East	Dublin North	106,187	87.9	9,725	85.8	39,506	91.4	155,418	88.6
	Cavan	16,340	91.7	1,302	80.3	8,629	95.3	26,271	92.2
	Monaghan	13,044	92.3	982	81.4	5,988	96.3	20,014	92.8
	Louth	23,310	91.2	1,920	81.1	13,672	96.8	38,902	92.5
	Meath	24,793	81.8	2,432	74.4	14,440	88.3	41,665	83.5
	Total	**183,674**	**88.0**	**16,361**	**82.6**	**82,235**	**92.4**	**282,270**	**88.9**
HSE Dublin Mid Leinster	Dublin South	121,289	93.1	10,815	85.3	44,109	92.6	176,213	92.5
	Kildare	26,944	79.8	3,128	80.6	13,402	84.9	43,474	81.4
	Wicklow	29,538	95.1	2,393	84.0	8,414	92.7	40,345	93.8
	Longford	5,999	69.1	761	75.1	3,944	87.5	10,704	75.4
	Westmeath	16,540	78.0	1,484	73.3	8,429	82.0	26,453	78.9
	Offaly	17,126	89.4	1,504	83.6	6,726	90.1	25,356	89.2
	Laois	15,963	93.2	1,569	89.2	7,588	95.3	25,120	93.6
	Total	**233,399**	**89.3**	**21,654**	**83.3**	**92,612**	**90.2**	**347,665**	**89.2**
HSE South	Carlow	4,376	49.8	586	47.2	6,149	86.9	11,111	65.0
	Wexford	18,773	71.2	1,607	52.5	15,345	92.2	35,725	77.6
	Kilkenny	7,934	77.7	946	58.5	8,692	94.3	17,572	83.5
	Tipp South	12,203	87.4	2,025	82.7	9,413	95.8	23,641	90.1
	Waterford	18,881	93.0	1,959	81.7	9,880	97.1	30,720	93.4
	Cork	107,247	98.3	12,139	93.2	37,891	98.0	157,277	97.8
	Kerry	23,417	96.2	2,625	86.4	10,541	97.1	36,583	95.7
	Total	**192,831**	**90.5**	**21,887**	**81.6**	**97,911**	**95.6**	**312,629**	**91.3**
HSE West	Limerick	28,581	89.1	4,815	83.4	14,973	91.5	48,369	89.2
	Clare	16,882	94.2	2,752	87.1	8,931	96.5	28,565	94.2
	Tipp North	10,977	73.8	1,394	65.9	3,896	54.7	16,267	67.5
	Galway	54,491	96.9	5,131	88.6	21,455	97.4	81,077	96.4
	Roscommon	12,636	89.6	1,898	86.4	5,348	90.2	19,882	89.5
	Mayo	33,996	96.1	4,083	89.8	13,775	97.4	51,854	95.9
	Leitrim	5,642	79.9	535	66.0	2,227	78.2	8,404	78.4
	Sligo	19,200	95.0	1,792	83.4	7,877	96.3	28,869	94.5
	Donegal	34,596	94.1	2,872	73.6	16,740	96.3	54,208	93.4
	Total	**217,001**	**92.5**	**25,272**	**83.0**	**95,222**	**92.2**	**337,495**	**91.6**

Note: Percentage columns are subject to rounding.

APPENDIX VII: AUSTRALIAN CODING STANDARD 0042

Australian Coding Standard 0042 Procedures not Normally Coded[2]

These procedures are normally not coded because they are usually routine in nature, performed for most patients and/or can occur multiple times during an episode. Most importantly, the resources used to perform these procedures are often reflected in the diagnosis or in an associated procedure. For example:

- X-ray and application of plaster is expected with a diagnosis of Colles' fracture
- Intravenous antibiotics are expected with a diagnosis of septicaemia
- Cardioplegia in cardiac surgery

Note:

a. Some codes on this list may be required in certain standards elsewhere in the Australian Coding Standards. In such cases, the standard overrides this list and the stated code should therefore be assigned as described in the relevant standard.

b. The listed procedures should be coded if anaesthesia (except local) is required for the procedure (see ACS 0031 *Anaesthesia*).

c. These procedures should be coded if they are the principal reason for admission in same-day episodes of care.

1. Application of plaster

2. Cardioplegia when associated with cardiac surgery

3. Cardiotocography (CTG) except fetal scalp electrodes

4. Dressings

5. Drug treatment
Drug treatment should not be coded except if:
- the substance is given as the principal treatment in same-day episodes of care
(e.g. chemotherapy for neoplasm or HIV, see ACS 0044 *Chemotherapy*)
- drug treatment is specifically addressed in a coding standard
(see ACS 1316 *Cement spacer/beads* and ACS 1615 *Specific interventions for the sick neonate*)

6. Echocardiogram except transoesophageal echocardiogram

7. Electrocardiography (ECG) except patient-activated implantable cardiac event monitoring (loop recorder)

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2 Extracted from NCCH eBook, July 2008, General Standards for Interventions.

8. Electrodes (pacing wires) – temporary: insertion of temporary trans-cutaneous or transvenous electrodes when associated with cardiac surgery; adjustment, repositioning, manipulation or removal of temporary electrodes

9. Electromyography (EMG)

10. Hypothermia when associated with cardiac surgery

11. Monitoring: cardiac, electroencephalography (EEG), vascular pressure except radiographic/video EEG monitoring 24 hours

12. Nasogastric intubation, aspiration and feeding, except nasogastric feeding in neonates. (see ACS 1615 *Specific interventions for the sick neonate*)

13. Perfusion when associated with cardiac surgery

14. Primary suture of surgical and traumatic wounds
Code only for traumatic wounds which are not associated with an underlying injury (e.g. suture of lacerated forearm would be coded if there is no other associated injury repair). (see ACS 1217 *Repair of wound of skin and subcutaneous tissue*)

15. Procedure components

16. Stress test

17. Traction if associated with another procedure

18. Ultrasound

19. Urinary catheterisation except if suprapubic or if patient discharged with catheter in situ (see ACS 0016 *General procedure guidelines* and ACS 1436 *Admission for trial of void*)

20. X-rays without contrast (plain)

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