Activity in Acute Public Hospitals in Ireland

2023
ANNUAL REPORT

Healthcare Pricing Office

September 2024

HSE

Healthcare Pricing Office

ISBN: 978-1-78602-254-7

METADATA

Title
Activity in Acute Public Hospitals in Ireland Annual Report, 2023

Creator
Healthcare Pricing Office (HPO), Health Service Executive (HSE)

Subject
Key words – free text: Hospital discharge activity, acute hospital, public hospital

Summary Description
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 2023. Discharge activity is examined by patient type, admission type, hospital group, 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. The analysis is presented at the national level.

Publisher
Health Service Executive

Contributors
Healthcare Pricing Office, Health Service Executive

Date
First published September 2024

Type
Report

Identifier
978-1-78602-254-7

Citation
Healthcare Pricing Office (2024) Activity in Acute Public Hospitals in Ireland Annual Report, 2023. Dublin. Health Service Executive.

Language
en – English

Coverage
National

Rights
Downloadable from www.hpo.ie

Version
1.0 HIPE_2023_ASOF_0324_V13_CLOSE
Please note that there is the potential for minor revisions to the data set analysed in this report. Please check online at www.hpo.ie for information on updates.

ACKNOWLEDGEMENTS

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 public hospitals throughout Ireland. Ensuring the continued operation of the HIPE scheme requires willing contributions from clinicians, clinical coders, HIPE managers, medical records staff, IT personnel, and administrative departments, together with hospital managers and hospital group personnel. We are greatly indebted to these individuals for their support and efforts.

The HIPE team within the Healthcare Pricing Office (HPO) 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 like to thank, specifically, Jacqui Curley, Brian McCarthy and Amy Phillips 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, Laura Metcalfe, Sinead O'Hara, Paul Lin and Rory O'Reilly 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.

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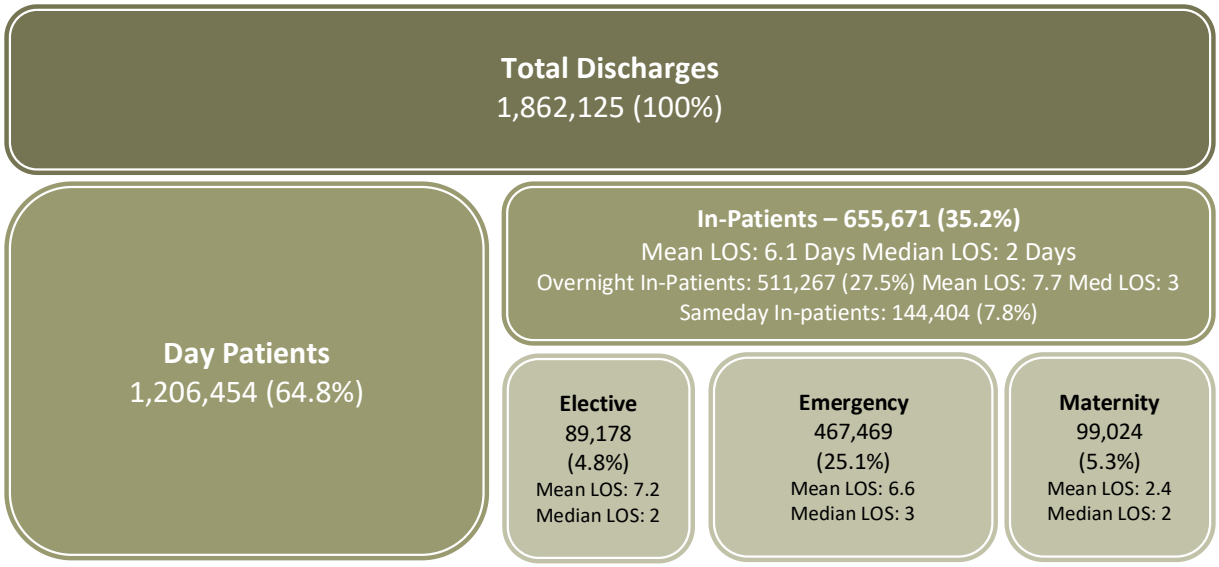
EXECUTIVE SUMMARY

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 public hospitals in Ireland. Since the 1st of January 2014, the Healthcare Pricing Office (HPO) has overseen the administration and management of this scheme. The HPO is 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.

The aim of this report is to present an overview of discharge activity in acute public hospitals in Ireland in 2023. From the first quarter of 2020, Coronavirus disease (COVID-19) affected the ability of hospitals to perform their usual levels of activity. The effect on reported activity from COVID-19 should be considered when comparing against years prior to 2020.

TOTAL DISCHARGES, 2023



Discharge Overview

- Over 1.8 million discharges were reported by participating hospitals in 2023, an increase of 7.0 per cent over the period 2022–2023.
- Day patients accounted for 64.8 per cent of total discharges, an increase of 7.3 per cent since 2022.
- In-patients accounted for 35.2 per cent of total discharges, an increase of 6.6 per cent since 2022, and an increase of 0.8 per cent from 2019–2023.

- Over the period 2019–2023, the number of elective in-patient discharges decreased by 5.4 per cent, emergency in-patients increased by 4.3 per cent, while maternity in-patients decreased by 8.1 per cent.

Length of Stay

- In-patient average length of stay was 6.1 days in 2023, the same as in 2022. This represents an increase of 7.0 percent on 2019, when the average length of stay was 5.7 days.
- Over the period 2019–2023, the average length of stay for emergency in-patients increased from 6.3 days to 6.6 days. The average length of stay increased for elective in-patients from 6.9 days to 7.2 days, and for maternity in-patients the average length of stay decreased from 2.6 to 2.4 days.

Sex

- Females accounted for 52.8 per cent of total discharges in 2023, with males accounting for 47.2 per cent.
- Excluding maternity discharges, females accounted for 49.5 per cent of discharges with males accounting for 50.5 per cent.

Age

- Discharges aged 65 years and over accounted for 40.0 per cent of total discharges, representing an increase of 6.9 per cent since 2022 and an increase of 9.4 per cent since 2019.
- Discharges aged 65 years and over accounted for 58.3 per cent of total in-patient bed days, an increase of 6.8 per cent since 2022, and an increase of 11.8 per cent since 2019.

Public/Private Status

- Discharges treated on a public basis accounted for 88.0 per cent of total discharges in 2023. Private patients accounted for 12.0 per cent of total discharges in 2023.
- The less than one year age group had the largest proportion of total discharges treated publicly in 2023 (90.8 per cent), with only 9.2 per cent of total discharges treated on a private basis.

Hospital Group

- The largest proportion of total discharges were hospitalised in the Ireland East Hospital Group (19.9 per cent).
- Total in-patient discharges were highest in the Ireland East Hospital Group where 20.3 per cent of discharges were hospitalised, while the Dublin Midlands Hospital Group accounted for the highest proportion of day patients (20.0 per cent).

Admission Source

- The majority of total discharges were admitted from home (96.5 per cent).

Discharge Destination

- The majority of total discharges were discharged home (94.8 per cent).
- Of total emergency in-patients, 6.3 per cent were transferred to long stay accommodation, and 6.4 per cent were transferred to another hospital.

Day of Admission

- Just over 60 per cent of elective in-patients were admitted between Monday and Wednesday, with only 6.2 per cent admitted at the weekend.

Day of Discharge

- The proportion of elective in-patients discharged increased throughout the week, from 10.8 per cent on Monday to 21.7 per cent on Friday, falling to 10.0 per cent on Saturday and 5.1 per cent on Sunday.

Month of Discharge

- Emergency in-patient hospital discharges peaked in March (40,956 discharges), while the smallest number of emergency in-patients were discharged in February with 36,420 discharges.

MORBIDITY ANALYSIS

Day Patients

- Day patients with a principal diagnosis of *Other medical care* (includes *Chemotherapy* and *Radiotherapy* encounters) and those with a principal diagnosis of *Care involving dialysis* accounted for 20.2 and 15.8 per cent of day patient discharges respectively.
- At least one procedure was recorded for 92.0 per cent of day patient discharges.
- The highest principal procedure block reported was *Administration of pharmacotherapy*, accounting for 19.1 per cent of day patients with at least one procedure recorded.

In-Patients

- The highest principal diagnosis reported for in-patient discharges was *Single spontaneous delivery* which accounted for 3.5 per cent of in-patients.
- At least one procedure was recorded for 58.1 per cent of in-patient discharges.
- The highest principal procedure block reported was *Generalised allied health interventions* which accounted for 31.7 per cent of in-patient discharges with at least one procedure recorded.[1]

Elective In-Patients

- Elective in-patients with a principal diagnosis of *Coxarthrosis [arthrosis of hip]* accounted for 3.8 per cent of elective in-patient discharges.
- At least one procedure was recorded for 89.7 per cent of elective in-patient discharges.
- The highest principal procedure block reported for elective in-patients was *Generalised allied health interventions,* accounting for 11.9 per cent of elective in-patients who had at least one procedure reported.

Emergency In-Patients

- The highest principal diagnosis reported for emergency in-patients was *Pain in throat and chest*, accounting for 4.0 per cent of emergency in-patient discharges.
- At least one procedure was recorded for 51.1 per cent of emergency in-patient discharges.

[1] This block includes, but is not limited to, interventions such as physiotherapy, pharmacy, dietetics, occupational therapy, speech pathology, social work and diabetes education.

- The highest principal procedure block reported for emergency in-patients was *Generalised allied health interventions,* accounting for 45.6 per cent of emergency in-patient discharges who had at least one procedure reported.

Maternity In-Patients – by Delivery Status[2]

- Delivery discharges with a principal diagnosis of *Single spontaneous delivery* accounted for 43.6 per cent of delivery in-patient discharges.
- For delivery discharges who had a procedure reported, 42.8 per cent reported the principal procedure block *Spontaneous vertex delivery*.[3]
- Non-delivery discharges with a principal diagnosis of *Other maternal diseases classifiable elsewhere in pregnancy; childbirth and the puerperium* accounted for 27.9 per cent of non-delivery in-patient discharges.
- For non-delivery discharges who had a procedure reported, 28.1 per cent reported the principal procedure block *Curettage and evacuation of uterus*.

2 Delivery discharges include discharges with a diagnosis of *Outcome of delivery* (ICD-10-AM: Z37). Non-delivery discharges are maternity discharges where admission was related to their obstetrical experience but they did not deliver during that episode of care.

3 See Appendix VII for an overview of changes from 8th Edition to 10th Edition ICD-10-AM/ACHI/ACS.

CASE MIX ANALYSIS

The case mix classification presents analysis of patients who undergo similar treatment processes and incur similar levels of resource use.[4]

- The MDC with the largest proportion of day patients reported was *Neoplastic disorders (haematological and solid neoplasms)* (MDC 17), which accounted for 279,898 discharges, or 23.2 per cent of day patients.
    - *Chemotherapy* (AR-DRG R63Z) accounted for 49.1 per cent of day patients within this MDC, and 11.4 per cent of total day patients*; Other Neoplastic Disorders, Minor Complexity* (AR-DRG R62C) accounted for 35.5 per cent of day patients within this MDC and 8.2 per cent of total day patients.
- The MDC with the largest proportion of in-patient discharges was *Pregnancy, Childbirth and the Puerperium* (MDC 14), with 97,999 discharges, which accounted for 14.9 per cent of in-patients.
    - *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C) accounted for 32.0 per cent of in-patients within this MDC and 4.8 per cent of total in-patient discharges.
    - *Antenatal and Other Obstetric Admission* (AR-DRGs O66A and O66B) accounted for 36.6 per cent of in-patients within this MDC and 5.5 per cent of total in-patient discharges.

[4] In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

Overview SECTION

One

Table of Contents

1.1 INTRODUCTION

This report aims to present an overview of discharge activity in acute public hospitals in Ireland during 2023 using data from the Hospital In-Patient Enquiry (HIPE) scheme. HIPE collects information on day patient and in-patient activity from participating hospitals.[1]

Section One provides an overview of the 2023 report. It outlines briefly the background of the HIPE scheme, and highlights other data sources used throughout the report. Given that COVID-19 continues to have an impact on hospitals in 2023, changes to HIPE relating to COVID-19 are briefly discussed in this section. Following this, the scope of the HIPE data and the methods used in the report are discussed. Data Quality developments in the HPO relating to HIPE are outlined in the next section, and finally, an analysis of the trends in the main HIPE variables is undertaken using data from the period 2019–2023.[2,3]

1.2 BACKGROUND

From 1st January 2014 the Health Research and Information Division at the ESRI and the National Casemix Programme in the HSE became the Healthcare Pricing Office (HPO), which is part of the National Finance Division in the HSE.[4] 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, data analysis and reporting, and responding to requests for information.[5]

At the start of 2020, the classification used to code clinical information was updated from the 8th Edition to the 10th Edition of 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).[6,7,8] Ireland updates the clinical classification every four to five years to ensure the classifications remain current for national and international use. Extensive training of all HIPE staff is

1 See Appendix I for a list of hospitals participating in HIPE in 2023.

2 The effect of COVID-19 on hospitals ability to perform their usual levels of activity must be taken into account when analysing data from 2020 onwards.

3 The number of discharges with a diagnosis of COVID-19 is reported in Table 3.13. In 2023, 18,163 discharges reported a diagnosis of COVID-19.

4 From 1990 to 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).

5 For more information on the work of the HPO please see www.hpo.ie

6 Australian Consortium for Classification Development (ACCD) 2017. The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modific*ation (ICD-10-AM), and *Australian Classification of Health Interventions* (ACHI) and *Australian Coding Standards* (ACS) – ICD-10-AM/ACHI/ACS (10th Ed) Adelaide: Independent Health and Aged Care Pricing Authority (IHACPA), Lane Publishing.

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

8 HIPE data for 2023 is coded using the 10th edition of ICD-10-AM/ACHI/ACS.

undertaken when the classification is updated to ensure understanding of changes in the new classification.

Use of ICD-10-AM/ACHI/ACS is complemented by the Irish Coding Standards (ICS).[9] The ICS are developed for use with the Australian Classification and Australian Coding Standards (ACS) and are revised regularly to reflect changing clinical practice and to ensure that the classification and its application are relevant to the Irish healthcare system.

Due to the update in the classification, caution must be exercised when comparing procedure and diagnosis categories presented in reports from 2020 onwards to previous reports, due to changes in sequencing of codes within a HIPE record, addition of new codes, deletion of codes, and updates to ACS and ICS.[10]

In 2015, the Australian Refined Diagnosis Related Groups (AR-DRG) classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0.[11,12] The update to AR-DRG Version 8.0 included a revision of the complexity model used to assign AR-DRGs to discharges. In addition to this, it included a review of existing AR-DRGs, the removal of some AR-DRGs and the inclusion of new AR-DRGs. The naming convention for AR-DRGs was also updated.

Given the comprehensive coverage achieved by this information system, the data gathered by HIPE are used by policymakers, clinical teams and researchers. In addition to responding to requests for HIPE information, the HPO also manages the HIPE Statistics Reporter which is available online.[13]

1.3 COVID-19

From the first quarter of 2020, COVID-19 had a substantial impact on the ability of hospitals to deliver their normal level of services due to the reconfiguration and re-designation of wards to accommodate COVID-19 discharges. In 2023, there still remained a significant challenge for health services to operate their normal levels of services due to the impact of the pandemic and the sustained presence of patients in hospital with COVID-19. From 2020 to 2022, the HSE entered into a number of Service Level Agreements ("SLA") with private hospitals to allow public patients to be treated in private hospitals. This data is not included in HIPE. In the 2023 report, the number of discharges with a diagnosis of COVID-19 is reported in Table 3.13, which provides data on all listed diagnoses,

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

10 See Appendix VII for an overview of changes from ICD-10-AM/ACHI/ACS 8th edition (in use from 2015–2019) to 10th Edition (in use from 1st January 2020).

11 AR-DRG Version 8.0 was first reported on in the HIPE Annual Report in 2016.

12 See Appendix VIII for an overview of changes between AR-DRG Version 6.0 and Version 8.0.

13 Available at www.hpo.ie

by sex and age group. Guidance on the coding of COVID-19 may be found in Irish Coding Standards (ICS) 22X2 V1.3 Novel Coronavirus (COVID-19).[14]

1.4 Data Sources for Annual Report 2023

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.[15,16] In 2023, 53 public hospitals in Ireland participated in HIPE (see Appendix I).[17]

Population Estimates: Population figures for 2023 are based on Census 2022 data published by the Central Statistics Office.

1.5 Structure of Annual Report 2023

The remainder of this 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 2023. 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 Hospital Group to see where discharges are being hospitalised, while the temporal analysis looks at day of admission, day of discharge, and month of discharge.

Section Three

Section Three focuses on the diagnoses and procedures recorded for discharges reported to HIPE. 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. The top 10 principal diagnoses and procedure blocks are presented by delivery status for maternity in-patients. Further analysis is presented for diagnoses and procedures reported for total discharges by sex and age group. The mean and median length of stay for in-patient discharges is presented by principal diagnoses and principal procedures.

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14 Available at www.hpo.ie

15 See Appendix II for details of data collected by HIPE, see also the HIPE Data Dictionary 2023 Version 15.0 available at www.hpo.ie

16 A copy of the HIPE data entry form for 2023 is contained in Appendix III.

17 For historical reasons, a small number of non-acute hospitals also reported to HIPE in 2023. Discharges from these hospitals have been included in this report.

Section Four

Section Four 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-DRG) for total discharges. The analyses provide a breakdown of MDCs and AR-DRGs by patient type, with in-patient mean and median length of stay also provided. The version of the AR-DRG Classification used from 2019 to 2023 is Version 8.0.[18]

Annex

The annex is designed to highlight particular topics of interest that merit further analysis. This year's topic of interest is a discussion and analysis of HIPE data relating to emergency in-patient discharges with a principal diagnosis of 'Injury, Poisoning and certain other consequences of external causes' (S00-T98).

Glossary and Abbreviations

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

[18] Further information on AR-DRG Version 8.0 can be found on the IHACPA website https://www.ihacpa.gov.au/resources/development-australian-refined-diagnosis-related-groups-v80 [Accessed 10th August 2023].

1.6 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 calculated using the discharges returned as 'coded' as a proportion of total discharges reported within each hospital. The data available from participating hospitals for 2023 indicate that for day patient and in-patient discharges appropriate for inclusion in the HIPE data set, 99.0 per cent of the discharges reported from hospital systems were coded and returned for inclusion in the national HIPE data set.

1.7 Data Quality Developments

Data quality is one of the core functions of the Healthcare Pricing Office with a range of data quality activities and tools in use at both local and national level. The HPO have published a Data Quality Framework as recommended by HIQA in the HIQA Review of Information Practices in HIPE (HIQA, 2018)[19] and is available at www.hpo.ie. The HPO Data Quality Framework sets out the purpose and objectives of the HPO's data quality activities at both a national and also at a local hospital/hospital group level.

The production of Data Quality Statements was also recommended as per the HIQA report as part of the Data Quality Framework (2018). A HIPE Data Quality Statement has been prepared to accompany this report and is available at www.hpo.ie. The Data Quality Statement highlights the dimensions of data quality, including strengths and weaknesses of the data in each output. It allows data users to interpret the data and information and make informed judgments about whether the data meets their needs. The content of the data quality

[19] Available at: www.hiqa.ie/reports-and-publications/health-information/review-information-management-practices-hospital

statement will vary depending on the data and information being published. The HIPE Data Quality Statement is available at www.hpo.ie. This will be reviewed on an annual basis. It was also recommended by HIQA (2018) for HIPE hospitals to produce a Data Quality Statement and the HPO are currently working with the hospitals to achieve this.

1.8 METHODS AND DEFINITIONS

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

Patient Type: HIPE collects data on day patients and in-patients.

- 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. [20] Deliveries are not included.
- An in-patient is admitted to hospital for treatment or investigation on an elective or emergency basis. Sameday in-patients are admitted as in-patients and discharged on the same day, while overnight in-patients stay at least one night in hospital.

In-Patient Length of Stay: In line with current reporting for Activity Based Funding, since the 2018 report the length of stay assigned for sameday in-patients has changed from one bed day to 0.5 bed days. This is based on an analysis of hospital data which shows that, on average, 0.5 days is a more appropriate measure of length of stay for this cohort of patients. This change will impact on the total in-patient length of stay resulting in a lower average length of stay compared to years prior to 2018. Therefore, caution must be taken if comparing the average length of stay data presented in this report to HIPE annual reports prior to 2018.

Diagnosis Related Groups: *"Local DRG's" presented in report.* The official classification for AR-DRG's (Version 8.0) has been slightly modified by the addition of two local DRG's specific to Ireland to account for differences in the provision of care between Ireland and Australia. While this practice has been used for Activity Based Funding, this modification to the official classification has only been published in the HIPE Annual Report since 2018.

- *R99Z (Oncology Repeat Attendance):* There are many attendances at oncology day wards where patients undergo very minor procedures (e.g. taking of bloods) which are generally of lower complexity than administration of chemotherapy or other oncology procedures. The "local DRG" R99Z (*Oncology Repeat Attendance*) is used to identify these cases and to ensure that they are costed and reimbursed appropriately.

[20] Definition is based on: Quality and Fairness A Health System for You: Health Strategy, Department of Health and Children, 2001.

- *J98Z (UV Therapy):* In general, UV therapy is not administered in the acute hospital setting in Australia whereas it is administered in a number of Irish hospitals. In order to differentiate this activity from other skin disorder treatments the "local DRG" J98Z (*UV Therapy*) has been created which isolates this activity so that it can be costed and reimbursed appropriately.

Derived Variables: For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. These derivations are presented in Appendix IV for admission type, admission source, and discharge destination.

Reporting of small numbers: The HPO does not report cells in tables where the number of discharges reported to HIPE is five or fewer. The tables contained in this report have been suppressed by replacing such cells with the symbol **~**. Where further suppression is necessary to ensure that cells with five or fewer discharges are not disclosed, the cell with the next lowest number of discharges may be replaced with the symbol *****. Where cells containing five or fewer discharges have been suppressed, the associated mean and median in-patient length of stay figures may be suppressed using the symbol **^**. In Section Three, 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.

1.9 DISCHARGES REPORTED TO HIPE, 2019-2023

In 2023, 1,862,125 discharges were reported to HIPE by participating acute public hospitals, representing an increase of 5.1 per cent over the period 2019–2023 and an increase of 7.0 per cent over the period 2022–2023. Coronavirus disease (COVID-19) has affected the ability of hospitals to perform their usual levels of activity, particularly in the years 2020, 2021 and 2022. Therefore, any comparison with earlier years needs to take this into account.

Table 1.1 and Figures 1.1 to 1.2 show the distribution of discharges over the period 2019–2023 by selected variables. The following points provide a summary of changes over the period 2019–2023:

- The male-female split in 2023 has remained relatively consistent with previous years, with a larger proportion of female discharges (52.8 per cent).
- The 65 years and over age group accounted for the largest proportion of total discharges in 2023 (40.0 per cent), representing an increase of 6.9 per cent for this age group from 2022–2023.
- From 2019–2023 there was an increase of 7.2 per cent for public discharges and a decrease of 7.8 per cent for private discharges.[21]
- The number of day patient discharges increased from 1,120,675 in 2019 to 1,206,454 in 2023, an increase of 7.7 per cent.
- The number of in-patient discharges increased from 650,347 in 2019 to 655,671 in 2023, an increase of 0.8 per cent.
- Elective in-patient discharges decreased by 5.4 per cent over the period 2019–2023 from 94,256 to 89,178 discharges.
- Emergency in-patient discharges comprised 68.9 per cent of total in-patient discharges in 2019, increasing to 71.3 per cent of discharges in 2023.
- Maternity in-patient discharges decreased by 8.1 per cent over the period 2019–2023 from 107,778 to 99,024 discharges.
- Sameday in-patient discharges increased by 6.8 per cent over the period 2019–2023 from 135,151 to 144,404 discharges.
- Over the period 2019–2023, the average length of stay for emergency in-patients increased from 6.3 days to 6.6 days. The average length of stay increased for elective in-patients from 6.9 days to 7.2 days, and decreased for maternity in-patients from 2.6 days to 2.4 days over the same period.
- Overnight in-patient discharges stayed on average 7.1 days in 2019 which has increased to 7.7 days in 2023, an increase of 8.5 per cent. The median has remained constant at 3 days over the period.

[21] 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.

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2019-2023

	2019	2020	2021	2022	2023	% Change	% Change
	N (%)	N (%)	N (%)	N (%)	N (%)	2019–2023	2022–2023
Total Discharges	**1,771,022**	**1,499,945**	**1,627,914**	**1,739,724**	**1,862,125**	**5.1**	**7.0**
	100	**100**	**100**	**100**	**100**		
Discharge Rate[a]	**359.9**	**301.4**	**324.8**	**337.9**	**352.6**		
Sex							
Males	837,916	714,171	767,016	826,142	878,938	4.9	6.4
	47.3	47.6	47.1	47.5	47.2		
Females	933,106	785,774	860,898	913,582	983,187	5.4	7.6
	52.7	52.4	52.9	52.5	52.8		
Age Group							
Under 15 Years	124,716	92,537	100,912	114,737	115,277	-7.6	0.5
	7.0	6.2	6.2	6.6	6.2		
15–44 Years	457,073	389,864	425,956	428,798	456,018	-0.2	6.3
	25.8	26.0	26.2	24.6	24.5		
45–64 Years	508,747	431,326	465,499	499,795	546,394	7.4	9.3
	28.7	28.8	28.6	28.7	29.3		
65 Years and Over	680,486	586,218	635,547	696,394	744,436	9.4	6.9
	38.4	39.1	39.0	40.0	40.0		
Public/Private Status[b]							
Public Discharges	1,528,698	1,306,683	1,421,450	1,519,892	1,638,743	7.2	7.8
	86.3	87.1	87.3	87.4	88.0		
Private Discharges	242,324	193,262	206,464	219,832	223,382	-7.8	1.6
	13.7	12.9	12.7	12.6	12.0		
GMS Status							
GMS	995,063	790,465	815,687	874,067	917,811	-7.8	5.0
	56.2	52.7	50.1	50.2	49.3		
Non-GMS	723,922	644,414	750,073	799,918	904,449	24.9	13.1
	40.9	43.0	46.1	46.0	48.6		
Unknown	52,037	65,066	62,154	65,739	39,865	-23.4	-39.4
	2.9	4.3	3.8	3.8	2.1		
Hospital Group							
Ireland East[c]	354,669	292,944	333,775	352,572	369,853	4.3	4.9
	20.0	19.5	20.5	20.3	19.9		
RCSI	263,641	230,758	258,958	262,149	289,427	9.8	10.4
	14.9	15.4	15.9	15.1	15.5		
Dublin Midlands	333,923	286,770	301,720	326,245	339,430	1.6	4.0
	18.9	19.1	18.5	18.8	18.2		
South/South West	325,579	283,315	296,065	315,646	341,441	4.9	8.2
	18.4	18.9	18.2	18.1	18.3		
UL	114,679	100,268	109,437	126,841	140,735	22.7	11.0
	6.5	6.7	6.7	7.3	7.6		
Saolta	320,246	259,591	280,697	304,519	326,198	1.9	7.1
	18.1	17.3	17.2	17.5	17.5		
Children's	52,404	42,150	44,588	49,058	51,853	-1.1	5.7
	3.0	2.8	2.7	2.8	2.8		
No group[c]	5,881	4,149	2,674	2,694	3,188	-45.8	18.3
	0.3	0.3	0.2	0.2	0.2		
Day Patients	**1,120,675**	**930,310**	**1,027,431**	**1,124,574**	**1,206,454**	**7.7**	**7.3**
	100	**100**	**100**	**100**	**100**		
Dialysis/Radiotherapy/ Chemotherapy[d]	405,990	388,246	396,966	424,892	433,635	6.8	2.1
	36.2	41.7	38.6	37.8	35.9		
Maternity	22,336	21,867	24,334	22,668	23,798	6.5	5.0
	2.0	2.4	2.4	2.0	2.0		
Other	692,349	520,197	606,131	677,014	749,021	8.2	10.6
	61.8	55.9	59.0	60.2	62.1		
In-Patients	**650,347**	**569,635**	**600,483**	**615,150**	**655,671**	**0.8**	**6.6**
	100	**100**	**100**	**100**	**100**		
Elective	94,256	72,426	74,451	79,164	89,178	-5.4	12.6
	14.5	12.7	12.4	12.9	13.6		
Emergency[e]	448,313	399,609	422,277	437,392	467,469	4.3	6.9
	68.9	70.2	70.3	71.1	71.3		
Maternity	107,778	97,600	103,755	98,594	99,024	-8.1	0.4
	16.6	17.1	17.3	16.0	15.1		

Contd. overleaf

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2019–2023 (contd.)

		2019	2020	2021	2022	2023	% Change	% Change
		N (%)	N (%)	N (%)	N (%)	N (%)	2019–2023	2022–2023
Overnight In-Patients		515,196 79.2	454,123 79.7	475,296 79.2	482,008 78.4	511,267 78.0	-0.8	6.1
Sameday In-Patients		135,151 20.8	115,512 20.3	125,187 20.8	133,142 21.6	144,404 22.0	6.8	8.5
In-Patient Length of Stay								
In-Patients	**Mean**	**5.7**	**5.8**	**5.7**	**6.1**	**6.1**	**7.0**	**0.0**
	Median	**2**	**2**	**2**	**2**	**2**		
Elective	Mean	6.9	7.4	7.1	7.2	7.2	4.3	0.0
	Median	2	2	2	2	2		
Emergency[e]	Mean	6.3	6.3	6.3	6.7	6.6	4.8	-1.5
	Median	2	2	3	3	3		
Maternity	Mean	2.6	2.4	2.4	2.4	2.4	-7.7	0.0
	Median	2	2	2	2	2		
Overnight In-Patients	**Mean**	**7.1**	**7.1**	**7.1**	**7.6**	**7.7**	**8.5**	**1.3**
	Median	**3**	**3**	**3**	**3**	**3**		
In-Patient Bed Days[f]								
Total In-Patients		**3,727,639 100**	**3,282,359 100**	**3,439,323 100**	**3,747,471 100**	**3,987,740 100**	**7.0**	**6.4**
Under 15 Years		254,537 6.8	213,764 6.5	229,478 6.7	245,806 6.6	250,970 6.3	-1.4	2.1
15 to 44 Years		666,872 17.9	576,822 17.6	603,768 17.6	597,121 15.9	637,581 16.0	-4.4	6.8
45 to 64 Years		725,846 19.5	658,254 20.1	699,064 20.3	728,369 19.4	774,044 19.4	6.6	6.3
65 Years and Over		2,080,384 55.8	1,833,520 55.9	1,907,014 55.4	2,176,176 58.1	2,325,146 58.3	11.8	6.8
Overnight In-Patients		**3,660,063 98.2**	**3,224,603 98.2**	**3,376,729 98.2**	**3,680,900 98.2**	**3,915,538 98.2**	**7.0**	**6.4**

Notes: Percentage columns are subject to rounding.

a These rates are based on population estimates for 2019 to 2021, and for 2023, which are based on the 'usual residence' concept, and for 2022 the 2022 census population summary statistics published by the CSO are used. Discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000.

b 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.

c In 2021, the National Rehabilitation Hospital (NRH), Dun Laoghaire moved under the management of the Ireland East Hospital Group. This hospital was previously included in 'No Group' which are hospitals that are not under the management of the Acute Hospitals programme.

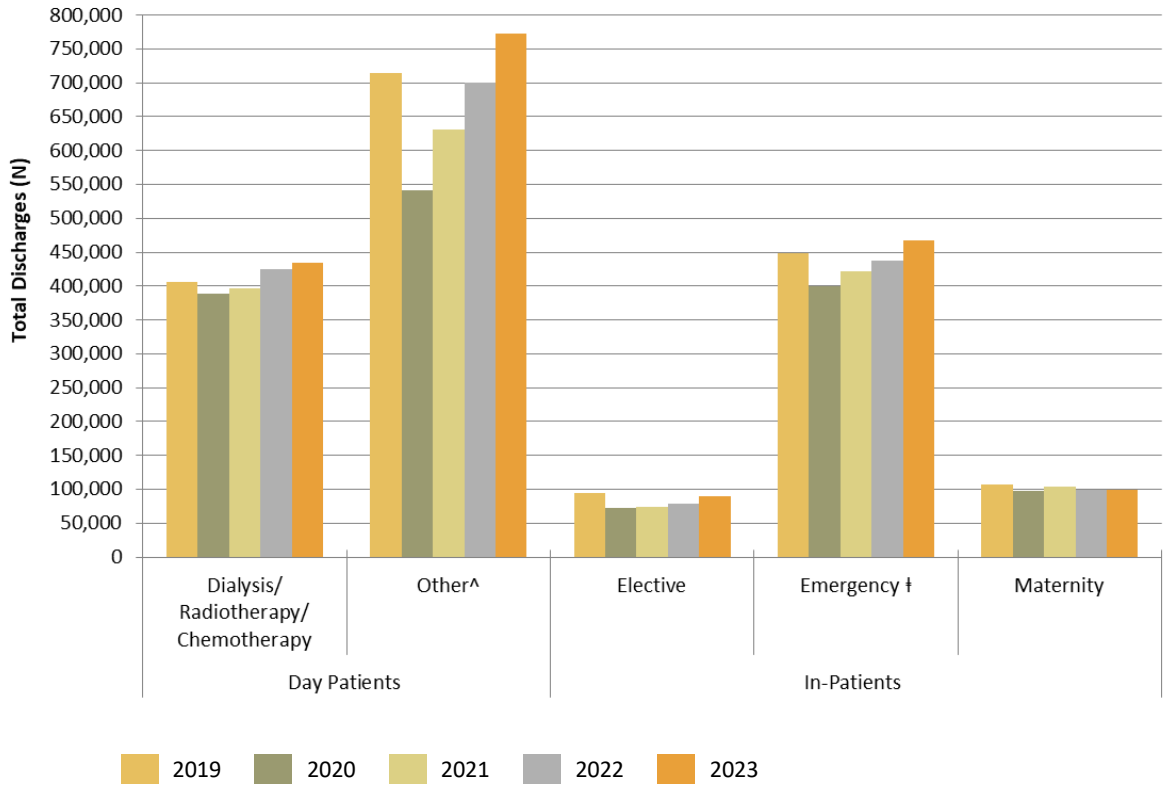
d The Dialysis category includes day patient discharges with a principal procedure of *haemodialysis* (ACHI procedure block 1060), the Chemotherapy category includes day patient discharges with a principal diagnosis of *pharmacotherapy session for neoplasm* (ICD-10-AM diagnosis code Z51.1), the Radiotherapy category includes day patient discharges with a principal diagnosis of *radiotherapy session* (ICD-10-AM diagnosis code Z51.0).

e 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.

f Bed Days are presented as a proportion of total in-patient bed days. The calculation of bed days assigns 0.5 bed days to in-patients discharged on the same day (sameday in-patients) and one bed day to in-patients who stayed one night in hospital.

Sources: Data on discharges, length of stay and bed days for 2019-2023 were obtained from HIPE.
Population estimates for 2019-2021 and for 2023 were obtained from the Central Statistics Office. https://data.cso.ie/ (Table PEA01) [Accessed 03rd September 2024].
Population summary results from Census 2022 for the year 2022 were obtained from the Central Statistics Office. https://data.cso.ie/ (Table FY006A) [accessed 16th June 2023]

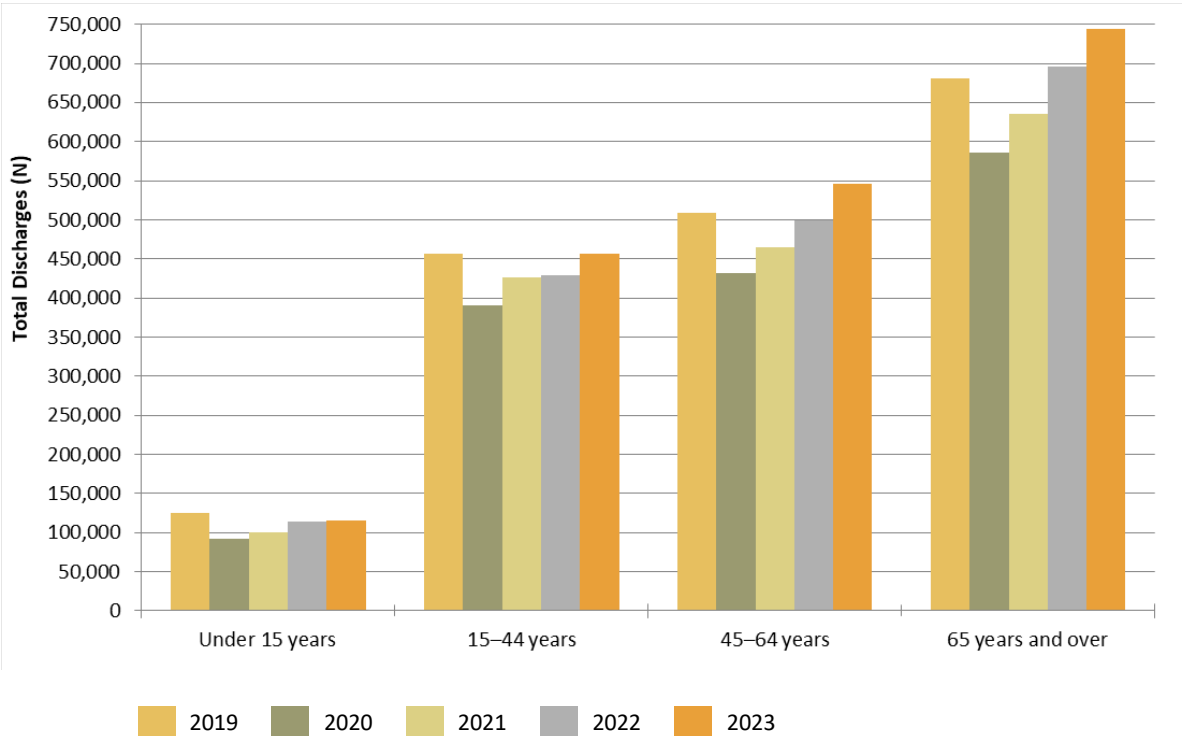
FIGURE 1.1 Total Discharges by Patient Type and Admission Type (N), 2019–2023



Notes: See Appendix I for a list of hospitals that participated in HIPE in 2023.
^ Includes day patient maternity discharges (see Table 1.1).
ǂ 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.

Source: Data for 2019–2023 were obtained from HIPE.

FIGURE 1.2 Total Discharges by Age Group (N), 2019–2023



Source: Data for 2019–2023 were obtained from HIPE.

Discharge Overview 2023

SECTION TWO

Table of Contents

2.1 INTRODUCTION

Section Two provides an overview of the demographic and temporal distribution of day patient and in-patient discharges.[1] Section Two is divided into three main sections.

- Section 2.2 reports on *who* the discharges were (age, sex, marital/civil status, public/private status, and GMS status).
- Section 2.3 reports on *where* discharges were hospitalised, where they came from, and where they were discharged to (hospital group, admission source, and discharge destination).
- Section 2.4 reports on *when* discharges were admitted to, and discharged from, hospital (day of admission, day of discharge, and month of discharge).

[1] The calculation of total in-patient length of stay differs in this report compared to reports prior to 2018. Since 2018, the length of stay assigned for sameday in-patients has changed from one bed day to 0.5 bed days. This will impact on the total in-patient length of stay resulting in a lower average length of stay compared to years prior to 2018 (see Section 1.8).

2.2 WHO

Section 2.2 examines patient characteristics. Total discharges 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 2023, day patient discharges accounted for 64.8 per cent of total discharges. In-patient discharges accounted for the remaining 35.2 per cent of total discharges with 71.3 per cent of in-patients admitted on an emergency basis, 13.6 per cent admitted on an elective basis and 15.1 per cent admitted as maternity in-patients.

2.2.1 Age

Table 2.1a disaggregates total discharges by patient type (day patient and in-patient) and age group. For the length of stay analysis, in-patient discharges are disaggregated into sameday in-patient and overnight in-patient discharges. Sameday in-patients are admitted as in-patients and discharged on the same day, while overnight in-patients stay at least one night in hospital. Overnight in-patient discharges and their associated length of stay are displayed in Figure 2.1.

Discharges

- The largest proportion of total discharges were in the 65–74 years age group (19.1 per cent). This age group also accounted for the largest proportion of day patient discharges (21.7 per cent).
- Discharges in the older age groups accounted for a relatively large proportion of bed days; those aged 65 years and over accounted for 36.7 per cent of in-patient discharges and 58.3 per cent of in-patient bed days.

Length of Stay

- Discharges aged 25–34 years accounted for 16.0 per cent of total sameday in-patients, the largest amongst all age groups.
- Apart from those aged less than one year, mean length of stay generally increased with age for overnight in-patient discharges rising from 3.0 days for discharges aged 1–14 years to 13.8 days for discharges aged 85 years and over. Median length of stay ranged between 2 to 8 days across all age groups.

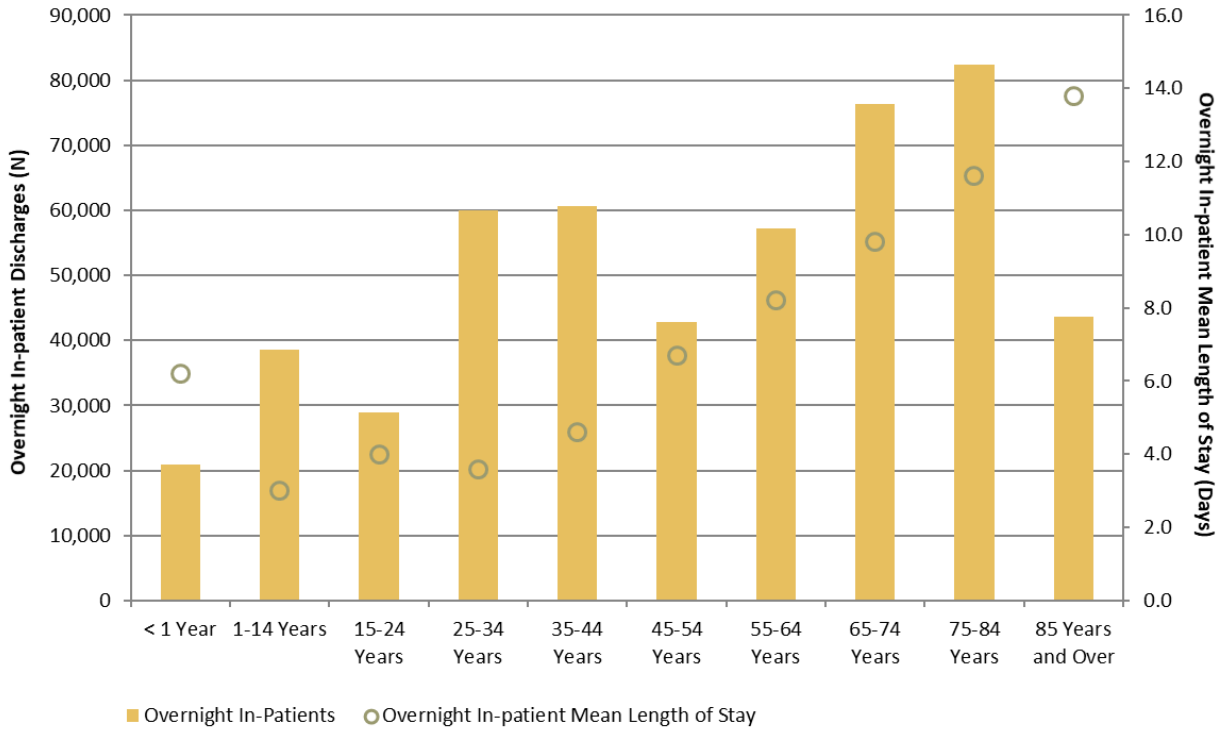
TABLE 2.1a Total Discharges: Patient Type by Age Group (N, %, Bed Days, %, and In-Patient Length of Stay)

	Discharges and Bed Days							
	Day Patients		In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
< 1 Year	2,864	0.2	24,184	3.7	131,445	3.3	27,048	1.5
1–14 Years	40,023	3.3	48,206	7.4	119,525	3.0	88,229	4.7
15–24 Years	43,716	3.6	42,004	6.4	121,394	3.0	85,720	4.6
25–34 Years	72,527	6.0	82,960	12.7	226,718	5.7	155,487	8.3
35–44 Years	131,408	10.9	83,403	12.7	289,470	7.3	214,811	11.5
45–54 Years	182,076	15.1	59,487	9.1	296,919	7.4	241,563	13.0
55–64 Years	230,151	19.1	74,680	11.4	477,125	12.0	304,831	16.4
65–74 Years	261,677	21.7	94,432	14.4	755,055	18.9	356,109	19.1
75–84 Years	194,395	16.1	97,190	14.8	963,396	24.2	291,585	15.7
85 Years and Over	47,617	3.9	49,125	7.5	606,695	15.2	96,742	5.2
Total Discharges	**1,206,454**	**100**	**655,671**	**100**	**3,987,740**	**100**	**1,862,125**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	3,318	20,866	6.2	2	24,184	5.4	2
1–14 Years	9,722	38,484	3.0	2	48,206	2.5	1
15–24 Years	13,019	28,985	4.0	2	42,004	2.9	1
25–34 Years	23,051	59,909	3.6	2	82,960	2.7	2
35–44 Years	22,757	60,646	4.6	3	83,403	3.5	2
45–54 Years	16,700	42,787	6.7	3	59,487	5.0	2
55–64 Years	17,461	57,219	8.2	4	74,680	6.4	2
65–74 Years	18,112	76,320	9.8	5	94,432	8.0	4
75–84 Years	14,848	82,342	11.6	6	97,190	9.9	5
85 Years and Over	5,416	43,709	13.8	8	49,125	12.4	7
Total Discharges	**144,404**	**511,267**	**7.7**	**3**	**655,671**	**6.1**	**2**

Note: Percentage and bed day columns are subject to rounding.

FIGURE 2.1 Overnight In-Patients: Discharges and Mean Length of Stay (Days) by Age group



2.2.1.1 Age and Sex

The data presented in Table 2.1a are disaggregated by sex in Table 2.1b – Table 2.1d. Table 2.1b presents male discharges, while Table 2.1c presents female discharges (excl. maternity) and Table 2.1d presents female discharges (maternity). In 2023, there were 983,187 female discharges, and of these 12.5 per cent were maternity discharges.

Discharges

- The 65–74 years age group accounted for the largest proportion of both male and female (excl. maternity) discharges, 22.4 per cent and 18.5 per cent respectively.
- Discharges aged 65 years and over accounted for 43.2 per cent of male in-patient discharges and 60.2 per cent of male in-patient bed days, while for females (excl. maternity) this group accounted for 43.3 per cent of female in-patient discharges and 64.2 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 (25.1 per cent) and females (excl. maternity) (26.4 per cent).
- Females aged between 25 and 34 years accounted for over half of maternity in-patient discharges (51.6 per cent), while those aged 35–44 years accounted for 36.6 per cent of in-patient discharges in this group.

Length of Stay

- Male overnight in-patient discharges had a mean length of stay of 8.7 days and female (excl. maternity) overnight in-patient discharges had a mean length of stay of 8.3 days. As displayed in Figure 2.2, apart from the youngest age group aged less than one year, overnight in-patient mean length of stay generally increased with age for both sexes.
- For all age groups aged between 15 and 74 years, females (excl. maternity) had a lower overnight in-patient mean length of stay compared to males. Median overnight in-patient length of stay was similar across all age groups, ranging between 2 to 8 days for males and females.
- For maternity discharges, total overnight in-patient mean length of stay was 3.0 days, increasing with age, from 2.8 days for females aged less than 25 years to 4.6 days for those aged 45 years and over.

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		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
< 1 Year	1,542	0.3	13,412	4.8	72,639	3.7	14,954	1.7
1–14 Years	23,324	3.9	26,007	9.2	61,889	3.1	49,331	5.6
15–24 Years	21,635	3.6	14,354	5.1	49,389	2.5	35,989	4.1
25–34 Years	27,649	4.6	14,560	5.2	53,324	2.7	42,209	4.8
35–44 Years	50,750	8.5	21,670	7.7	101,503	5.2	72,420	8.2
45–54 Years	78,122	13.1	29,649	10.5	165,241	8.4	107,771	12.3
55–64 Years	116,036	19.4	40,211	14.3	278,973	14.2	156,247	17.8
65–74 Years	146,060	24.4	50,800	18.1	431,460	22.0	196,860	22.4
75–84 Years	108,202	18.1	49,632	17.6	493,765	25.1	157,834	18.0
85 Years and Over	24,192	4.0	21,131	7.5	256,610	13.1	45,323	5.2
Total Discharges	**597,512**	**100**	**281,426**	**100**	**1,964,791**	**100**	**878,938**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	1,784	11,628	6.2	2	13,412	5.4	2
1–14 Years	5,474	20,533	2.9	2	26,007	2.4	1
15–24 Years	4,381	9,973	4.7	2	14,354	3.4	1
25–34 Years	4,762	9,798	5.2	2	14,560	3.7	1
35–44 Years	6,494	15,176	6.5	3	21,670	4.7	2
45–54 Years	7,824	21,825	7.4	3	29,649	5.6	2
55–64 Years	8,701	31,510	8.7	4	40,211	6.9	3
65–74 Years	9,211	41,589	10.3	5	50,800	8.5	4
75–84 Years	7,169	42,463	11.5	6	49,632	9.9	5
85 Years and Over	2,248	18,883	13.5	8	21,131	12.1	7
Total Discharges	**58,048**	**223,378**	**8.7**	**4**	**281,426**	**7.0**	**3**

Note: Percentage and bed day columns are subject to rounding.

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

	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
< 1 Year	1,322	0.2	10,772	3.9	58,806	3.3	12,094	1.4
1–14 Years	16,694	2.9	22,184	8.1	57,611	3.2	38,878	4.5
15–24 Years	20,027	3.4	16,598	6.0	48,730	2.7	36,625	4.3
25–34 Years	32,847	5.6	17,350	6.3	51,708	2.9	50,197	5.8
35–44 Years	71,214	12.2	25,509	9.3	93,296	5.2	96,723	11.2
45–54 Years	103,690	17.7	29,157	10.6	129,034	7.2	132,847	15.4
55–64 Years	114,115	19.5	34,467	12.5	198,138	11.1	148,582	17.3
65–74 Years	115,617	19.8	43,632	15.9	323,596	18.2	159,249	18.5
75–84 Years	86,193	14.7	47,558	17.3	469,632	26.4	133,751	15.5
85 Years and Over	23,425	4.0	27,994	10.2	350,085	19.7	51,419	6.0
Total Discharges	**585,144**	**100**	**275,221**	**100**	**1,780,634**	**100**	**860,365**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	1,534	9,238	6.3	2	10,772	5.5	2
1–14 Years	4,246	17,938	3.1	2	22,184	2.6	1
15–24 Years	5,443	11,155	4.1	2	16,598	2.9	1
25–34 Years	6,251	11,099	4.4	2	17,350	3.0	1
35–44 Years	8,818	16,691	5.3	3	25,509	3.7	1
45–54 Years	8,765	20,392	6.1	3	29,157	4.4	2
55–64 Years	8,760	25,707	7.5	4	34,467	5.7	2
65–74 Years	8,901	34,731	9.2	5	43,632	7.4	3
75–84 Years	7,679	39,879	11.7	6	47,558	9.9	5
85 Years and Over	3,168	24,826	14.0	8	27,994	12.5	7
Total Discharges	**63,565**	**211,656**	**8.3**	**4**	**275,221**	**6.5**	**2**

Note: Percentage and bed day columns are subject to rounding.

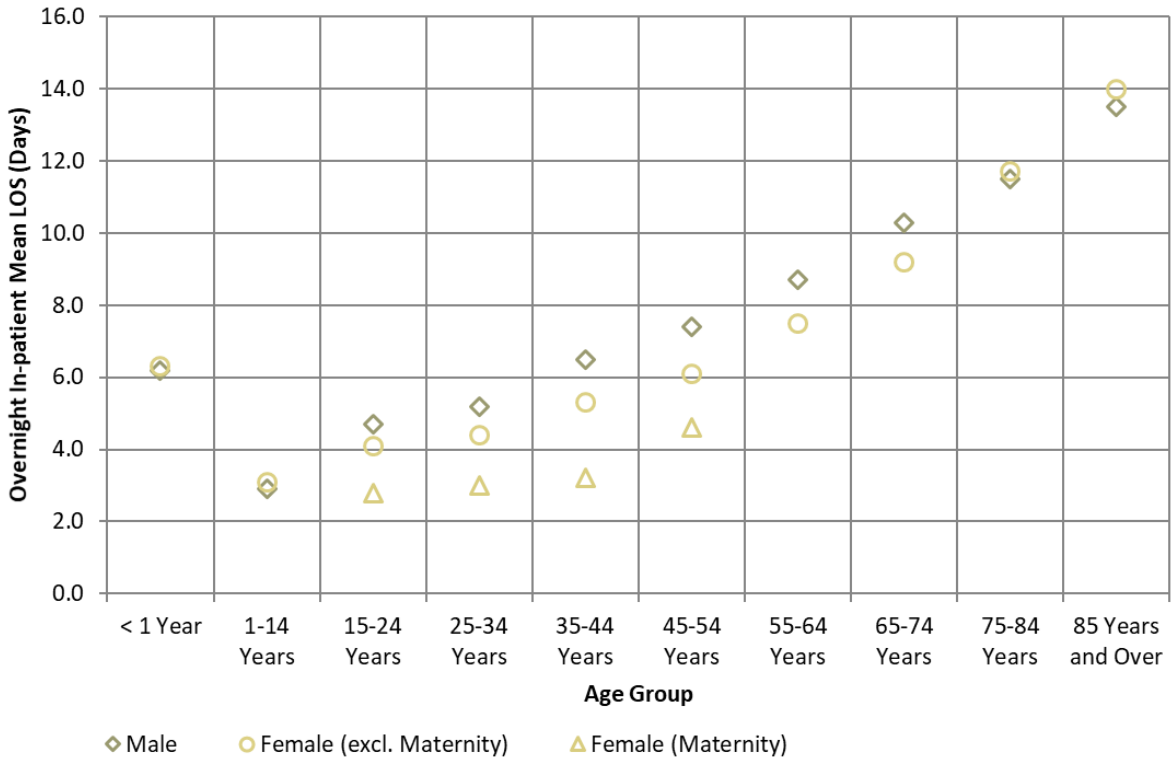
TABLE 2.1d Female Discharges (Maternity): Patient Type by Age Group (N, %, Bed Days, % and In-Patient Length of Stay)

	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
<25 Years	2,059	8.7	11,067	11.2	23,301	9.6	13,126	10.7
25–34 Years	12,031	50.6	51,050	51.6	121,686	50.2	63,081	51.4
35–44 Years	9,444	39.7	36,224	36.6	94,671	39.1	45,668	37.2
45 Years and Over	264	1.1	683	0.7	2,659	1.1	947	0.8
Total Discharges	**23,798**	**100**	**99,024**	**100**	**242,316**	**100**	**122,822**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
<25 Years	3,197	7,870	2.8	2	11,067	2.1	1
25–34 Years	12,038	39,012	3.0	2	51,050	2.4	2
35–44 Years	7,445	28,779	3.2	3	36,224	2.6	2
45 Years and Over	111	572	4.6	3	683	3.9	3
Total Discharges	**22,791**	**76,233**	**3.0**	**3**	**99,024**	**2.4**	**2**

Note: Percentage and bed day columns are subject to rounding.

FIGURE 2.2 Overnight In-Patients: Mean Length of Stay (Days) by Age Group and Sex: Males, Females (excl. Maternity), Females (Maternity)



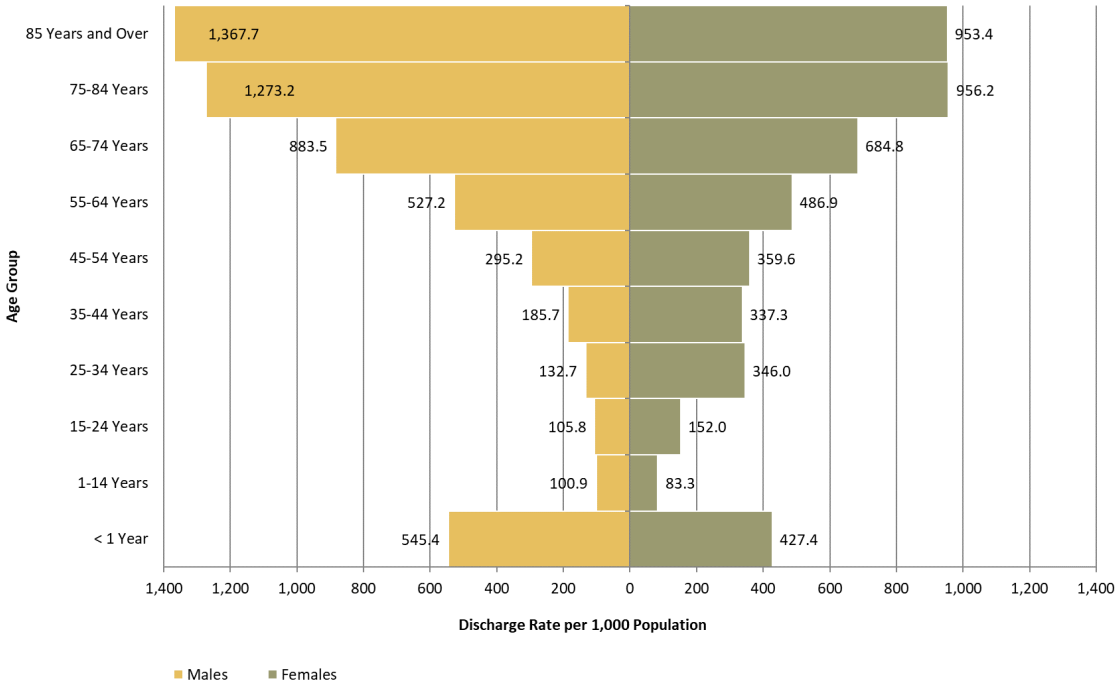
Note: Mean length of stay is not presented for female maternity discharges where there were a small number of discharges reported within a particular age group.

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.

- Males aged 85 years and over recorded the highest discharge rate (1,367.7 per 1,000 population of males), whilst the highest discharge rate for females was amongst those aged 75–84 years (956.2 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: Sex by Age Group (Discharge Rate per 1,000 Population)



Source: Population estimates for 2023 by sex and age group were obtained from the CSO. https://data.cso.ie/ (Table PEA11) [accessed 10th June 2024]

2.2.2 Marital/Civil Status

2.2.2.1 Marital/Civil Status by Patient Type

Table 2.2 disaggregates total discharges by patient type and marital/civil status.

- Married discharges accounted for 47.4 per cent of total discharges.
- Discharges who were widowed accounted for 8.4 per cent of total in-patient discharges, and 14.6 per cent of in-patient bed days.
- Overnight in-patient discharges with a marital status of single had the lowest mean length of stay of 6.1 days, compared to 12.2 days for discharges who were widowed.

TABLE 2.2 Total Discharges: Patient Type by Marital/Civil Status (N, %, and In-Patient Length of Stay)

	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
Single	375,543	31.1	268,374	40.9	1,299,114	32.6	643,917	34.6
Married	605,826	50.2	276,261	42.1	1,673,006	42.0	882,087	47.4
Widowed	85,315	7.1	55,286	8.4	583,079	14.6	140,601	7.6
Other*	51,309	4.3	22,555	3.4	176,919	4.4	73,864	4.0
Unknown	62,949	5.2	22,321	3.4	178,442	4.5	85,270	4.6
Divorced	25,512	2.1	10,874	1.7	77,181	1.9	36,386	2.0
Total Discharges	**1,206,454**	**100**	**655,671**	**100**	**3,987,740**	**100**	**1,862,125**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
Single	61,970	206,404	6.1	3	268,374	4.8	2
Married	62,368	213,893	7.7	4	276,261	6.1	3
Widowed	7,657	47,629	12.2	7	55,286	10.5	5
Other*	4,393	18,162	9.6	5	22,555	7.8	3
Unknown	5,638	16,683	10.5	4	22,321	8.0	3
Divorced	2,378	8,496	8.9	4	10,874	7.1	3
Total Discharges	**144,404**	**511,267**	**7.7**	**3**	**655,671**	**6.1**	**2**

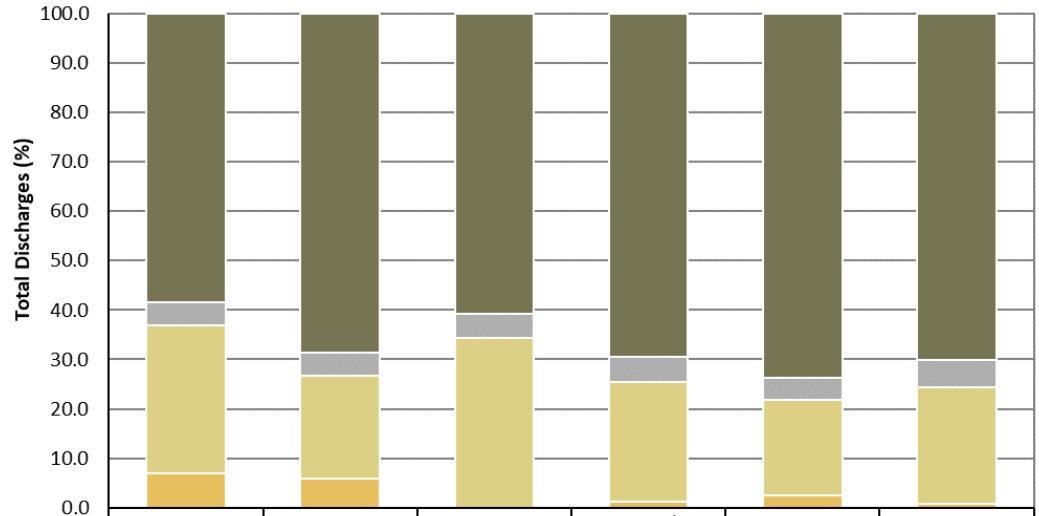
Notes: Percentage and bed day columns are subject to rounding.
* Other includes Separated, Civil Partner, Formal Civil Partner, and Surviving Civil Partner

2.2.2.2 Marital/Civil Status by Admission Type

Figure 2.4 shows the proportion of total discharges by marital/civil status and admission type.

- Approximately a third of total discharges with a marital/civil status of widowed or single were admitted as emergency in-patients (34.4 per cent and 29.9 per cent respectively).
- 6.9 per cent of total discharges with a marital/civil status of single and 5.8 per cent with a marital/civil status of married were admitted as maternity in-patients.

FIGURE 2.4 Total Discharges: Marital/Civil Status by Admission Type (%)



	Single	Married	Widowed	Other*	Unknown	Divorced
Day Patient	58.3	68.7	60.7	69.5	73.8	70.1
In-Patients Elective	4.8	4.7	4.9	5.1	4.3	5.5
In-patients Emergency	29.9	20.8	34.4	24.1	19.5	23.5
In-Patients Maternity	6.9	5.8	0.0	1.3	2.4	0.8

Notes: Percentages 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 and Figure 2.5 disaggregate total discharges by public/private status and age group.

- 88.0 per cent of total discharges were treated on a public basis. Private patients in public hospitals accounted for 12.0 per cent of total discharges.
- The age groups less than one year, 15–24 years and 25–34 years had the largest proportion of total discharges treated publicly (above 90 per cent).
- The 35–44 years age group had the largest proportion of total discharges that were treated on a private basis, accounting for 13.5 per cent of all discharges in this age group.

Length of Stay

- For the majority of age groups, the public overnight in-patient mean length of stay exceeded the private overnight in-patient mean length of stay. The difference is largest for the age groups 55–64 years, 65–74 years and 75–84 years, where public discharges stayed on average 2.0 days longer than their private counterparts (see Table 2.3 and Figure 2.6).

TABLE 2.3 Total Discharges: Public/Private Status by Patient Type and Age Group (N, Row %, In-Patient Length of Stay)

	Discharges											
	Day Patients				Total In-Patients				Total Discharges			
	Public		Private		Public		Private		Public		Private	
	N	%	N	%	N	%	N	%	N	%	N	%
< 1 Year	2,739	95.6	125	4.4	21,824	90.2	2,360	9.8	24,563	90.8	2,485	9.2
1–14 Years	35,692	89.2	4,331	10.8	42,490	88.1	5,716	11.9	78,182	88.6	10,047	11.4
15–24 Years	39,031	89.3	4,685	10.7	38,552	91.8	3,452	8.2	77,583	90.5	8,137	9.5
25–34 Years	65,571	90.4	6,956	9.6	75,146	90.6	7,814	9.4	140,717	90.5	14,770	9.5
35–44 Years	115,623	88.0	15,785	12.0	70,267	84.2	13,136	15.8	185,890	86.5	28,921	13.5
45–54 Years	160,125	87.9	21,951	12.1	52,158	87.7	7,329	12.3	212,283	87.9	29,280	12.1
55–64 Years	202,127	87.8	28,024	12.2	65,229	87.3	9,451	12.7	267,356	87.7	37,475	12.3
65–74 Years	228,189	87.2	33,488	12.8	81,625	86.4	12,807	13.6	309,814	87.0	46,295	13.0
75–84 Years	170,840	87.9	23,555	12.1	84,825	87.3	12,365	12.7	255,665	87.7	35,920	12.3
85 Years and Over	42,610	89.5	5,007	10.5	44,080	89.7	5,045	10.3	86,690	89.6	10,052	10.4
Total Discharges	**1,062,547**	**88.1**	**143,907**	**11.9**	**576,196**	**87.9**	**79,475**	**12.1**	**1,638,743**	**88.0**	**223,382**	**12.0**

	In-Patient Length of Stay											
	Sameday In-Patients		Overnight In-Patients						Total In-Patients			
	Public	Private	Public			Private			Public		Private	
	N	N	N	Mean	Median	N	Mean	Median	Mean	Median	Mean	Median
< 1 Year	3,092	226	18,732	6.2	2	2,134	6.8	3	5.4	2	6.2	2
1–14 Years	8,867	855	33,623	3.0	2	4,861	2.7	2	2.5	1	2.4	1
15–24 Years	12,512	507	26,040	4.0	2	2,945	3.9	2	2.8	1	3.4	2
25–34 Years	21,816	1,235	53,330	3.6	2	6,579	3.6	3	2.7	2	3.1	2
35–44 Years	20,849	1,908	49,418	4.8	3	11,228	3.7	3	3.5	2	3.3	3
45–54 Years	15,711	989	36,447	7.0	3	6,340	5.2	3	5.0	2	4.6	2
55–64 Years	16,432	1,029	48,797	8.5	4	8,422	6.5	3	6.5	2	5.8	3
65–74 Years	16,927	1,185	64,698	10.1	5	11,622	8.1	4	8.1	3	7.4	4
75–84 Years	13,932	916	70,893	11.9	6	11,449	9.9	6	10.0	5	9.2	5
85 Years and Over	5,136	280	38,944	14.0	8	4,765	12.7	8	12.4	7	12.1	7
Total Discharges	**135,274**	**9,130**	**440,922**	**7.8**	**3**	**70,345**	**6.6**	**3**	**6.1**	**2**	**5.9**	**3**

Note: Percentage columns are subject to rounding.

FIGURE 2.5 Total Discharges: Public/Private Status by Age Group (%)

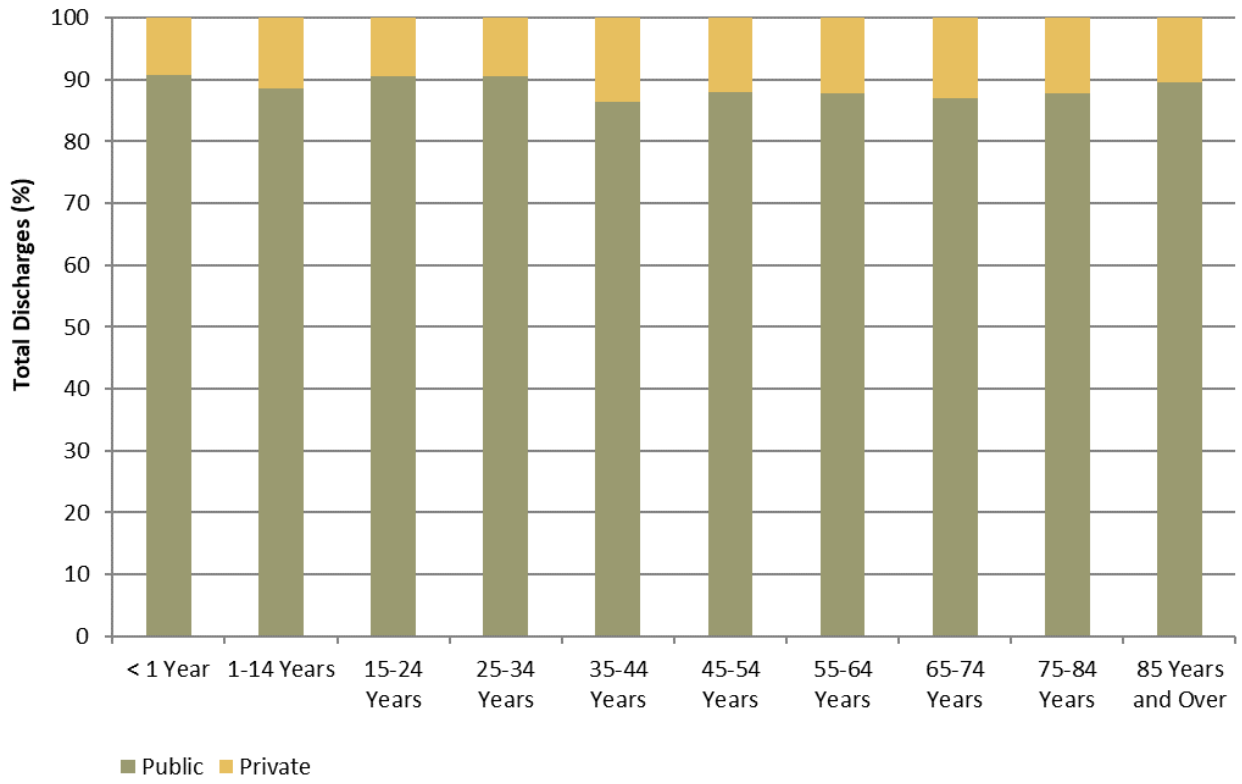
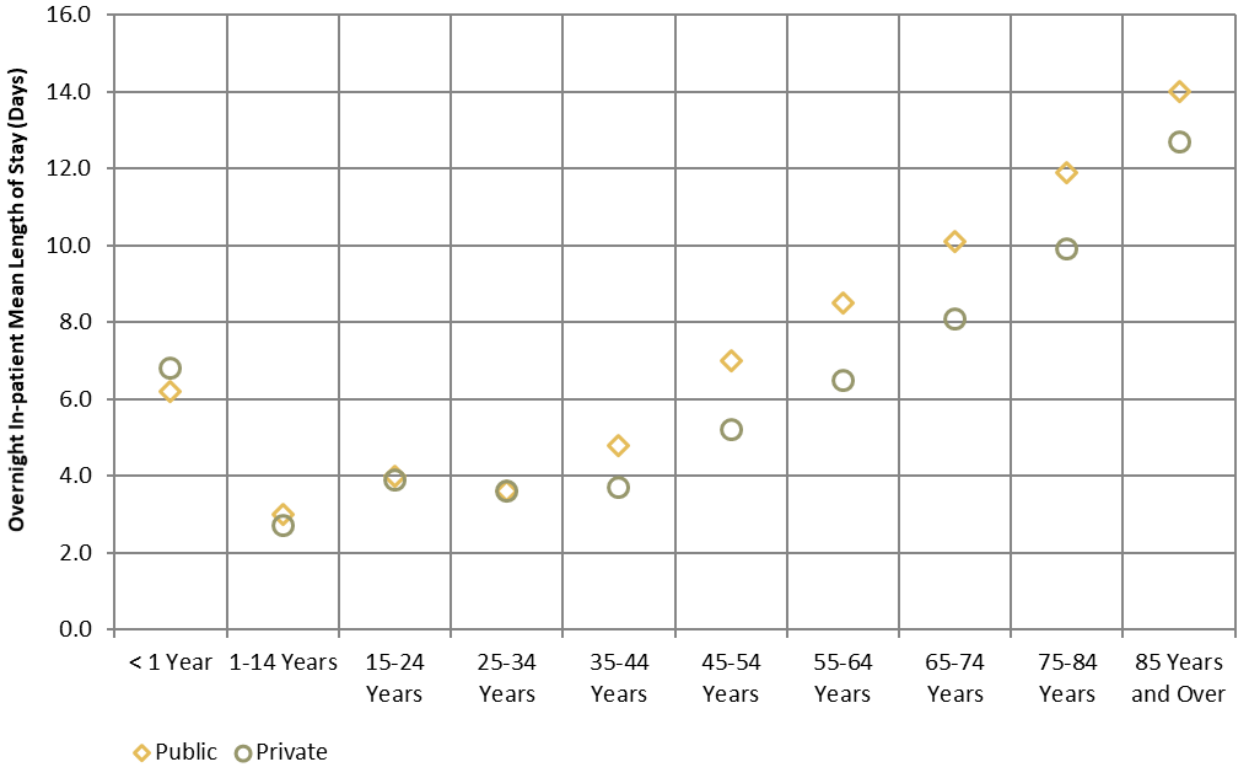


FIGURE 2.6 Overnight In-Patients: Mean Length of Stay (Days) by Age Group and Public/Private Status



2.2.4 GMS Status

GMS status refers to the medical card status of each HIPE discharge. Eligibility for a medical card is predominately dependent on income. It should be noted that where a discharge is recorded as having a medical card, this does not necessarily imply that the hospital discharge was publicly funded and vice versa.[2]

2.2.4.1 GMS Status by Age Group

Table 2.4 disaggregates total discharges by GMS status and age group.

- Of total discharges, those aged 65–74 years accounted for the largest proportion of GMS discharges (22.2 per cent).
- Apart from those aged less than 25 years, the proportion of total discharges that were GMS discharges increased with age, with the largest proportion in the 85 years and over age group which accounted for 76.7 per cent (excludes unknown GMS status) – see Figure 2.7.

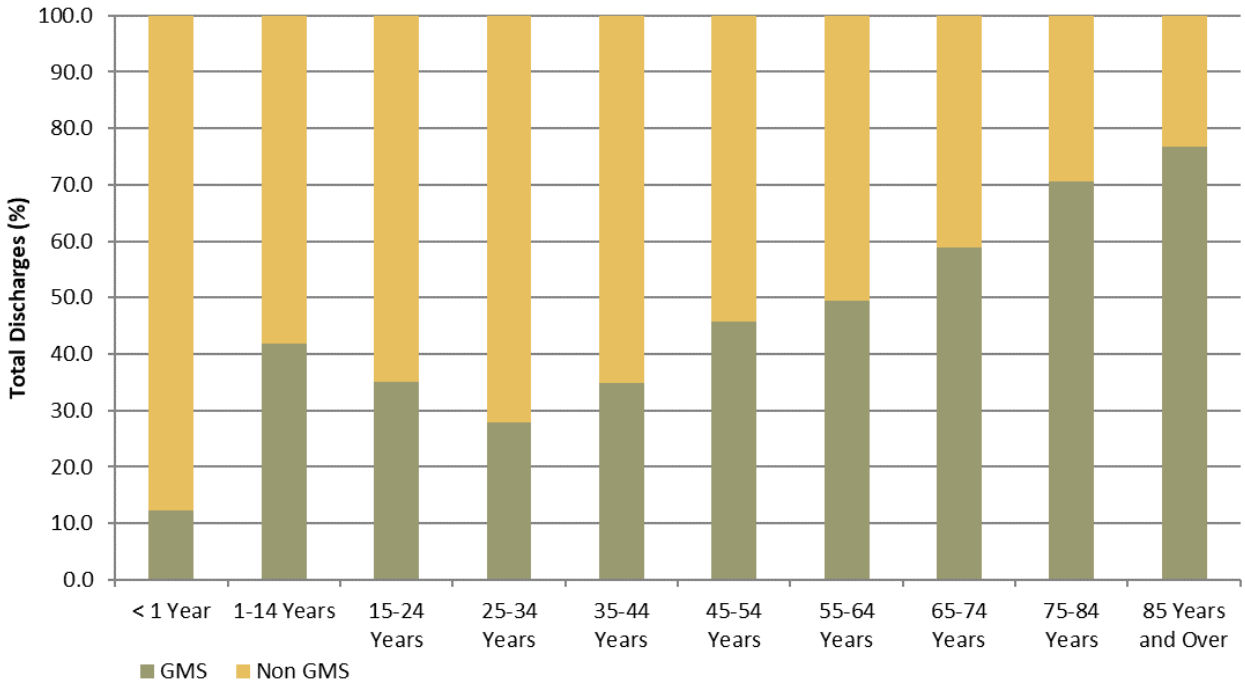
TABLE 2.4 Total Discharges: GMS Status by Age Group (N, %)

	GMS		Non-GMS		Unknown[a]		Total Discharges	
	N	%	N	%	N	%	N	%
< 1 Year	3,243	0.4	23,396	2.6	409	1.0	27,048	1.5
1–14 Years	36,867	4.0	51,152	5.7	210	0.5	88,229	4.7
15–24 Years	29,998	3.3	55,529	6.1	193	0.5	85,720	4.6
25–34 Years	42,890	4.7	111,427	12.3	1,170	2.9	155,487	8.3
35–44 Years	73,686	8.0	137,751	15.2	3,374	8.5	214,811	11.5
45–54 Years	107,734	11.7	127,322	14.1	6,507	16.3	241,563	13.0
55–64 Years	146,611	16.0	149,978	16.6	8,242	20.7	304,831	16.4
65–74 Years	203,871	22.2	141,988	15.7	10,250	25.7	356,109	19.1
75–84 Years	200,280	21.8	83,795	9.3	7,510	18.8	291,585	15.7
85 Years and Over	72,631	7.9	22,111	2.4	2,000	5.0	96,742	5.2
Total Discharges	**917,811**	**100**	**904,449**	**100**	**39,865**	**100**	**1,862,125**	**100**

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

[2] The medical card indicator variable excludes the GP-only card.

FIGURE 2.7 Total Discharges: GMS Status by Age Group (%)



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

2.3 WHERE

Section 2.3 examines where discharges were hospitalised, and where they were admitted from and discharged to. Data are presented in the following tables and figures by hospital group, admission source and discharge destination.

2.3.1 Hospital Group

In 2023, hospitals in Ireland were organised into seven hospital groups (see Appendix I). HIPE data is collected for all of the acute hospitals in these groups, along with a small number of non-acute hospitals that are not assigned to a group and are presented together as 'No group'. Table 2.5 disaggregates total discharges by hospital group and patient type.

Discharges

- The largest proportion of total discharges were hospitalised in the Ireland East Hospital Group (19.9 per cent).
- Total in-patient discharges were also highest in the Ireland East Hospital Group where 20.3 per cent of discharges were hospitalised, while the Dublin Midlands Hospital Group accounted for the highest proportion of day patients (20.0 per cent).

Length of Stay

- The overnight in-patient mean length of stay ranged from 5.2 days (Children's) to 8.5 days (Ireland East) – see Figure 2.8.

TABLE 2.5 Total Discharges: Hospital Group by Patient Type (N, %, Bed Days, %, and In-Patient Length of Stay)

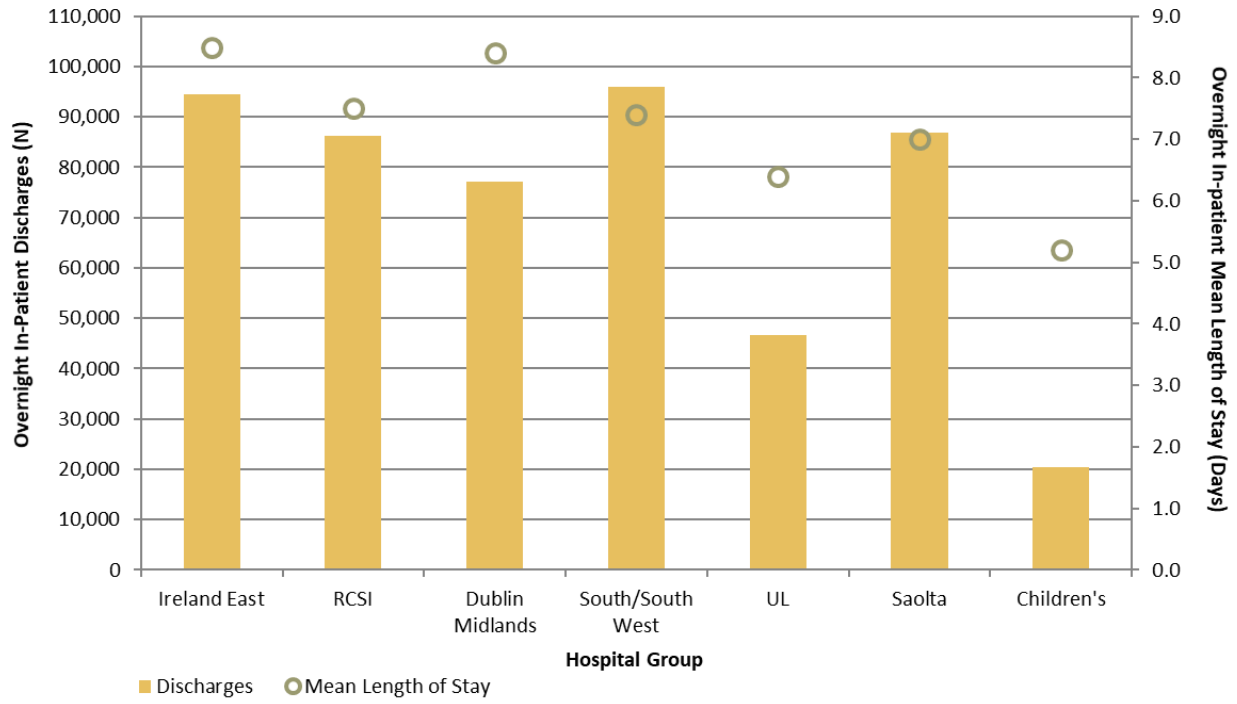
	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
Ireland East	236,802	19.6	133,051	20.3	825,520	20.7	369,853	19.9
RCSI	185,466	15.4	103,961	15.9	651,341	16.3	289,427	15.5
Dublin Midlands	241,732	20.0	97,698	14.9	657,625	16.5	339,430	18.2
South/South West	226,131	18.7	115,310	17.6	720,971	18.1	341,441	18.3
UL	71,593	5.9	69,142	10.5	309,429	7.8	140,735	7.6
Saolta	216,682	18.0	109,516	16.7	620,800	15.6	326,198	17.5
Children's	27,885	2.3	23,968	3.7	107,433	2.7	51,853	2.8
No group^	163	0.0	3,025	0.5	94,624	2.4	3,188	0.2
Total Discharges	**1,206,454**	**100**	**655,671**	**100**	**3,987,740**	**100**	**1,862,125**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
Ireland East	38,482	94,569	8.5	3	133,051	6.2	2
RCSI	17,735	86,226	7.5	4	103,961	6.3	3
Dublin Midlands	20,473	77,225	8.4	4	97,698	6.7	3
South/South West	19,251	96,059	7.4	3	115,310	6.3	3
UL	22,417	46,725	6.4	3	69,142	4.5	2
Saolta	22,557	86,959	7.0	3	109,516	5.7	2
Children's	3,482	20,486	5.2	2	23,968	4.5	2
No group^	7	3,018	31.4	22	3,025	31.3	22
Total Discharges	**144,404**	**511,267**	**7.7**	**3**	**655,671**	**6.1**	**2**

Notes: Percentage and bed day columns are subject to rounding.

^ Discharges allocated to 'No group' are not referred to in the text of this report as they refer to the small group of discharges in non-acute hospitals and would not be considered to be comparable to other groups. See Appendix I for the list of hospitals by Group in 2023.

FIGURE 2.8 Overnight In-Patients: Discharges (N) and Mean Length of Stay (Days) by Hospital Group



Note: Data for discharges hospitalised in 'No group' are not displayed in this figure.

2.3.1.1 Hospital Group by Admission Type

Table 2.6 disaggregates total discharges by hospital group and admission type.

Discharges

- The largest proportion of elective in-patients were treated in the Ireland East Hospital Group (22.8 per cent), accounting for 23.2 per cent of total elective in-patient bed days.
- The Ireland East Hospital Group treated the largest proportion of both emergency in-patients (19.7 per cent) and maternity in-patients (20.7 per cent) compared to other groups.

TABLE 2.6 Total Discharges: Hospital Group by Patient Type and Admission Type (N, %, Bed Days, %)

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Discharges	
			Elective				Emergency[a]				Maternity					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
Ireland East	236,802	19.6	20,330	22.8	148,800	23.2	92,200	19.7	631,295	20.3	20,521	20.7	45,426	18.7	369,853	19.9
RCSI	185,466	15.4	10,069	11.3	62,586	9.7	73,614	15.7	537,812	17.3	20,278	20.5	50,944	21.0	289,427	15.5
Dublin Midlands	241,732	20.0	11,579	13.0	92,349	14.4	67,328	14.4	526,041	17.0	18,791	19.0	39,235	16.2	339,430	18.2
South/South West	226,131	18.7	17,954	20.1	105,339	16.4	81,089	17.3	568,934	18.3	16,267	16.4	46,699	19.3	341,441	18.3
UL	71,593	5.9	7,585	8.5	39,217	6.1	55,555	11.9	250,327	8.1	6,002	6.1	19,885	8.2	140,735	7.6
Saolta	216,682	18.0	13,711	15.4	77,944	12.1	78,640	16.8	502,728	16.2	17,165	17.3	40,129	16.6	326,198	17.5
Children's	27,885	2.3	4,953	5.6	21,638	3.4	19,015	4.1	85,795	2.8	0	0.0	0	0.0	51,853	2.8
No group[ǂ]	163	0.0	2,997	3.4	94,215	14.7	28	0.0	409	0.0	0	0.0	0	0.0	3,188	0.2
Total Discharges	**1,206,454**	**100**	**89,178**	**100**	**642,085**	**100**	**467,469**	**100**	**3,103,340**	**100**	**99,024**	**100**	**242,316**	**100**	**1,862,125**	**100**

Notes: Percentage and bed day columns are subject to rounding

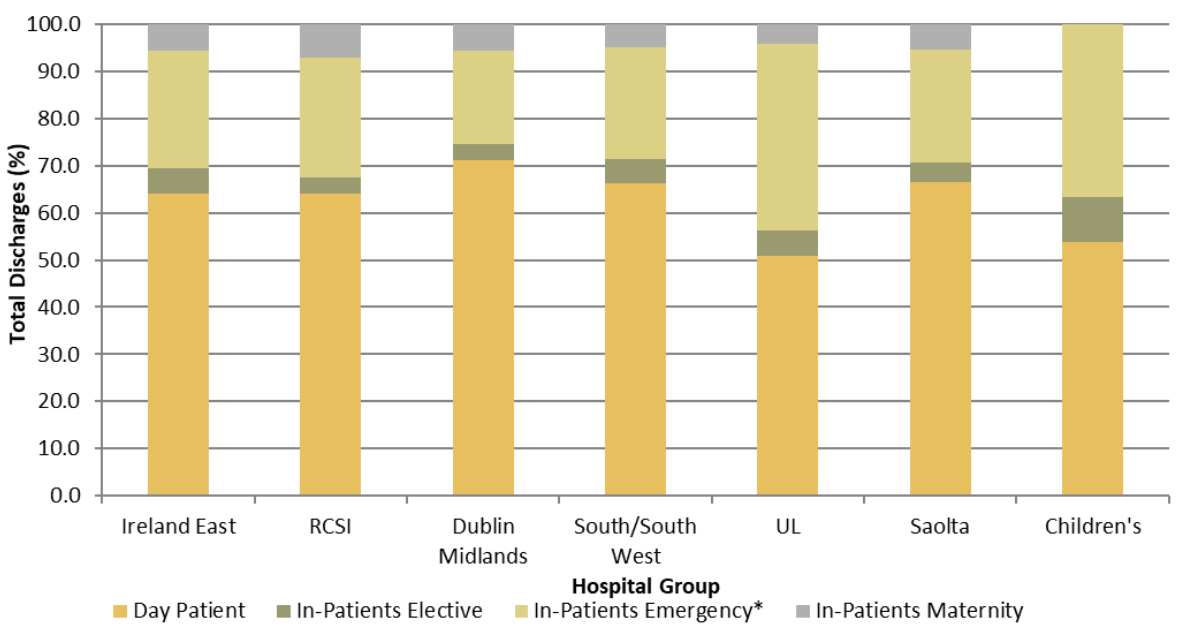
a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about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

ǂ Discharges allocated to 'No group' are not referred to in the text as they refer to the small group of discharges in non-acute hospitals and would not be considered to be comparable to other groups. See Appendix I for the list of hospitals by Group in 2023.

Figure 2.9 disaggregates total discharges in each hospital group by admission type.

- Across all hospital groups, the largest proportion of total discharges were treated as day patients, ranging from 50.9 per cent in the UL Hospital Group to 71.2 per cent in the Dublin Midlands Hospital Group.
- The RCSI Hospital Group treated 7.0 per cent of total discharges as maternity in-patients, the highest amongst all hospital groups.
- The UL Hospital Group treated the highest proportion of total discharges as emergency in-patients (39.5 per cent), followed by the Children's Hospital Group (36.7 per cent).

FIGURE 2.9 Total Discharges: Hospital Group by Admission Type (%)



Notes: * 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.
Data for discharges hospitalised in 'No group' are not displayed in this figure.

2.3.1.2 Hospital Group by Public/Private Status

Table 2.7 disaggregates total discharges by hospital group, public/private status and patient type.

Discharges

- The RCSI Hospital Group treated the largest proportion of total discharges on a public basis (92.2 per cent), while the UL Hospital Group treated the smallest proportion of total discharges on a public basis (80.6 per cent).
- Over 90 per cent of total day patients were treated as public day patients in the Ireland East, RCSI, Saolta and Children's Hospital Groups. The smallest proportion was in the UL Hospital Group where 75.5 per cent of total day patients were treated on a public basis.
- The proportion of total in-patients treated on a public basis was highest in the Saolta and Children's Hospital Groups (90.7 per cent) and was lowest in the South/South West Hospital Group (83.9 per cent).

Length of Stay

- Overnight in-patient mean length of stay was 7.8 days for public discharges compared to 6.6 days for private discharges.
- The Ireland East Hospital Group recorded the longest overnight in-patient mean length of stay for public discharges (8.9 days) and the Dublin Midlands Hospital Group recorded the longest for private discharges (7.7 days) compared to the other groups.

TABLE 2.7 Total Discharges: Hospital Group by Public/Private Status and Patient Type (N, % and In-Patient Length of Stay)

	Discharges											
	Day Patients				In-Patients				Total Discharges			
	Public		Private		Public		Private		Public		Private	
	N	%	N	%	N	%	N	%	N	%	N	%
Ireland East	219,759	92.8	17,043	7.2	117,226	88.1	15,825	11.9	336,985	91.1	32,868	8.9
RCSI	173,499	93.5	11,967	6.5	93,390	89.8	10,571	10.2	266,889	92.2	22,538	7.8
Dublin Midlands	208,754	86.4	32,978	13.6	85,622	87.6	12,076	12.4	294,376	86.7	45,054	13.3
South/South West	185,150	81.9	40,981	18.1	96,719	83.9	18,591	16.1	281,869	82.6	59,572	17.4
UL	54,086	75.5	17,507	24.5	59,373	85.9	9,769	14.1	113,459	80.6	27,276	19.4
Saolta	195,654	90.3	21,028	9.7	99,341	90.7	10,175	9.3	294,995	90.4	31,203	9.6
Children's	25,559	91.7	2,326	8.3	21,741	90.7	2,227	9.3	47,300	91.2	4,553	8.8
No group[ǂ]	86	52.8	77	47.2	2,784	92.0	241	8.0	2,870	90.0	318	10.0
Total Discharges	**1,062,547**	**88.1**	**143,907**	**11.9**	**576,196**	**87.9**	**79,475**	**12.1**	**1,638,743**	**88.0**	**223,382**	**12.0**

	In-Patient Length of Stay											
	Sameday In-Patients		Overnight In-Patients						Total In-Patients			
	Public	Private	Public			Private			Public		Private	
	N	N	N	Mean	Median	N	Mean	Median	Mean	Median	Mean	Median
Ireland East	35,435	3,047	81,791	8.9	3	12,778	6.0	3	6.4	2	4.9	2
RCSI	16,760	975	76,630	7.5	4	9,596	6.9	4	6.3	3	6.3	4
Dublin Midlands	19,268	1,205	66,354	8.5	4	10,871	7.7	4	6.7	2	7.0	3
South/South West	17,522	1,729	79,197	7.6	4	16,862	6.6	3	6.3	3	6.1	3
UL	21,800	617	37,573	6.5	3	9,152	5.8	3	4.3	1	5.5	3
Saolta	21,213	1,344	78,128	7.1	3	8,831	6.2	3	5.7	2	5.5	3
Children's	3,269	213	18,472	5.2	2	2,014	4.4	2	4.5	2	4.0	2
No group[ǂ]	7	0	2,777	31.9	22	241	25.4	13	31.8	22	25.4	13
Total Discharges	**135,274**	**9,130**	**440,922**	**7.8**	**3**	**70,345**	**6.6**	**3**	**6.1**	**2**	**5.9**	**3**

Notes: Percentage columns are subject to rounding.

ǂ Discharges allocated to 'No group' are not referred to in the text of this report as they refer to the small group of discharges in non-acute hospitals and would not be considered to be comparable to other groups. See Appendix I for the list of hospitals by Group in 2023.

2.3.2 Admission Source

Admission source describes where the patient was admitted from. It does not refer to where an emergency or accident occurred. Table 2.8 disaggregates total discharges by patient type, admission type and admission source.

- The majority of total discharges were admitted from home (96.5 per cent).
- Of total emergency in-patients, 4.8 per cent were transferred in from another hospital.
- 12.1 per cent of elective in-patients were transferred from another hospital.

TABLE 2.8 Total Discharges: Admission Source by Patient Type and Admission Type (N, %)

	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency[a]		Maternity			
	N	%	N	%	N	%	N	%	N	%
Home	1,200,478	99.5	77,836	87.3	421,444	90.2	98,008	99.0	1,797,766	96.5
Long stay accommodation	1,376	0.1	*	-	13,411	2.9	~	-	15,148	0.8
Transfer from other hospital	4,010	0.3	10,826	12.1	22,421	4.8	789	0.8	38,046	2.0
Other	590	0.0	*	-	10,193	2.2	*	-	11,165	0.6
Total	**1,206,454**	**100**	**89,178**	**100**	**467,469**	**100**	**99,024**	**100**	**1,862,125**	**100**

Notes: Percentage columns are subject to rounding.
See Appendix IV 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.

~ Denotes five or fewer discharges reported to HIPE.

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

– Percentage not reported where the number of discharges is suppressed.

2.3.3 Discharge Destination

Discharge destination identifies the destination of the discharge upon completion of their episode of care. Table 2.9 disaggregates total discharges by patient type, admission type and discharge destination.

- The majority of total discharges were discharged home (94.8 per cent).
- Of total emergency in-patients, 6.3 per cent were transferred to long stay accommodation, and 6.4 per cent were transferred to another hospital.

TABLE 2.9 Total Discharges: Discharge Destination by Patient Type and Admission Type (N, %)

	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency[a]		Maternity			
	N	%	N	%	N	%	N	%	N	%
Home	1,199,937	99.5	80,374	90.1	388,405	83.1	97,379	98.3	1,766,095	94.8
Long stay accommodation	2,046	0.2	*	-	29,374	6.3	~	-	34,009	1.8
Transfer to other hospital	3,889	0.3	*	-	30,059	6.4	*	-	39,193	2.1
Died	0	0.0	748	0.8	11,732	2.5	0	0.0	12,480	0.7
Other	582	0.0	774	0.9	7,899	1.7	1,093	1.1	10,348	0.6
Total Discharges	**1,206,454**	**100**	**89,178**	**100**	**467,469**	**100**	**99,024**	**100**	**1,862,125**	**100**

Notes: Percentage columns are subject to rounding.
See Appendix IV for information on how the HIPE variable 'Discharge Destination' 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.

~ Denotes five or fewer discharges reported to HIPE.

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

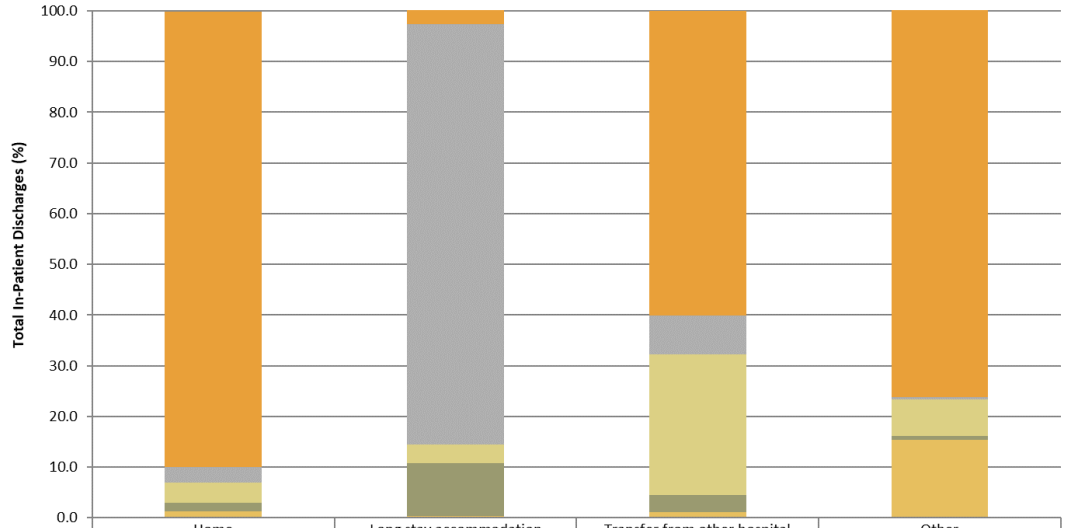
– Percentage not reported where the number of discharges is suppressed.

2.3.4 Admission Source by Discharge Destination

Figure 2.10 disaggregates the proportion of in-patient discharges by discharge destination and admission source.

- Of in-patients who were admitted from home, 89.9 per cent were discharged home.
- In-patients admitted from long stay accommodation were primarily discharged back to long stay accommodation (82.9 per cent).
- Over a quarter of in-patients (27.8 per cent) who were admitted from another hospital were transferred to another hospital, while 60.1 per cent were discharged home.

FIGURE 2.10 In-Patient Discharges: Discharge Destination by Admission Source (%)



	Home	Long stay accommodation	Transfer from other hospital	Other
Home	89.9	2.7	60.1	76.3
Long stay accommodation	3.0	82.9	7.6	0.4
Transfer to other hospital	4.1	3.8	27.8	7.2
Died	1.6	10.4	3.4	0.8
Other	1.3	0.3	1.1	15.4

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

2.4 WHEN

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

2.4.1 Day of Admission

Table 2.10 disaggregates total discharges by patient type, admission type, and day of admission (see also Figure 2.11).

Discharges

- Just over 60 per cent of elective in-patients were admitted between Monday and Wednesday, with only 6.2 per cent admitted at the weekend.
- The proportion of in-patient discharges admitted as emergency in-patients remained relatively constant throughout the week between 14.4 per cent and 16.6 per cent, but fell at weekends when around 10 per cent were admitted per day.
- The majority of day patients were admitted mid-week, ranging from 20.8 per cent on Wednesday to 3.2 per cent on Saturday and 1.5 per cent on Sunday.

Length of Stay[3]

- Mean length of stay for elective in-patients ranged from 6.8 days for those admitted on a Tuesday to 9.9 days for those admitted on a Saturday.
- Mean length of stay for emergency in-patients ranged from 6.1 days for those admitted on a Monday to 7.5 days for those admitted on a Saturday.

[3] Where length of stay is analysed by admission type, a breakdown of sameday and overnight in-patient length of stay is not provided.

TABLE 2.10 Total Discharges: Patient Type and Admission Type by Day of Admission (N, % and In-Patient Length of Stay)

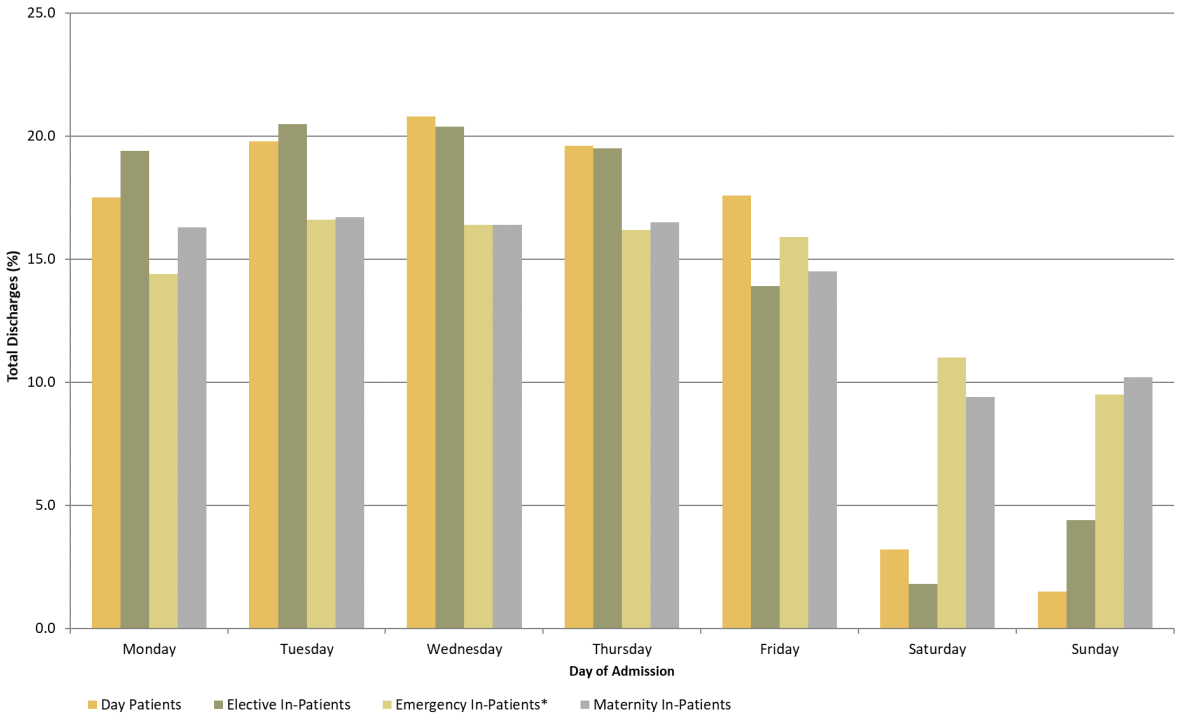
	Discharges									
	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency[a]		Maternity			
	N	%	N	%	N	%	N	%	N	%
Monday	211,586	17.5	17,312	19.4	67,192	14.4	16,155	16.3	312,245	16.8
Tuesday	238,398	19.8	18,295	20.5	77,716	16.6	16,518	16.7	350,927	18.8
Wednesday	250,388	20.8	18,197	20.4	76,442	16.4	16,212	16.4	361,239	19.4
Thursday	236,774	19.6	17,404	19.5	75,664	16.2	16,307	16.5	346,149	18.6
Friday	212,374	17.6	12,427	13.9	74,523	15.9	14,393	14.5	313,717	16.8
Saturday	39,042	3.2	1,643	1.8	51,616	11.0	9,351	9.4	101,652	5.5
Sunday	17,892	1.5	3,900	4.4	44,316	9.5	10,088	10.2	76,196	4.1
Total Discharges	**1,206,454**	**100**	**89,178**	**100**	**467,469**	**100**	**99,024**	**100**	**1,862,125**	**100**

	In-Patient Length of Stay								
	Elective		Emergency[a]		Maternity		Total In-Patients		
	Mean	Median	Mean	Median	Mean	Median	N	Mean	Median
Monday	6.9	2	6.1	2	2.5	2	100,659	5.6	2
Tuesday	6.8	2	6.4	2	2.5	2	112,529	5.9	2
Wednesday	6.9	2	6.4	2	2.5	2	110,851	5.9	2
Thursday	7.1	2	6.7	2	2.5	2	109,375	6.1	2
Friday	8.2	3	6.8	3	2.4	2	101,343	6.4	3
Saturday	9.9	4	7.5	3	2.2	2	62,610	6.8	3
Sunday	8.4	4	6.9	3	2.3	2	58,304	6.2	3
In-Patient Discharges	**7.2**	**2**	**6.6**	**3**	**2.4**	**2**	**655,671**	**6.1**	**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 2.11 Total Discharges: Patient Type and Admission Type by Day of Admission (%)



Note: * See note under Table 2.10

2.4.2 Day of Discharge

Table 2.11 disaggregates total discharges by patient type, admission type and day of discharge (see also Figure 2.12).

Discharges

- The proportion of elective in-patients discharged increased throughout the week, from 10.8 per cent on Monday to 21.7 per cent on Friday, falling to 10.0 per cent on Saturday and 5.1 per cent on Sunday.
- The largest proportion of emergency in-patients were discharged on Friday (20.2 per cent), with the smallest proportion discharged on Sunday (5.8 per cent).

Length of Stay[4]

- Elective in-patients discharged on a Monday had the longest in-patient mean length of stay (10.1 days).
- Emergency in-patient mean length of stay ranged from 7.1 days for those discharged on a Wednesday to 4.2 days for those discharged on a Sunday.

TABLE 2.11 Total Discharges: Patient Type and Admission Type by Day of Discharge (N, % and In-Patient Length of Stay)

	Discharges									
	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency[a]		Maternity			
	N	%	N	%	N	%	N	%	N	%
Monday	211,586	17.5	9,669	10.8	70,000	15.0	14,571	14.7	305,826	16.4
Tuesday	238,398	19.8	13,894	15.6	79,942	17.1	13,308	13.4	345,542	18.6
Wednesday	250,388	20.8	15,821	17.7	80,944	17.3	13,546	13.7	360,699	19.4
Thursday	236,774	19.6	17,004	19.1	80,837	17.3	15,082	15.2	349,697	18.8
Friday	212,374	17.6	19,330	21.7	94,387	20.2	15,894	16.1	341,985	18.4
Saturday	39,042	3.2	8,945	10.0	34,015	7.3	13,674	13.8	95,676	5.1
Sunday	17,892	1.5	4,515	5.1	27,344	5.8	12,949	13.1	62,700	3.4
Total Discharges	**1,206,454**	**100**	**89,178**	**100**	**467,469**	**100**	**99,024**	**100**	**1,862,125**	**100**

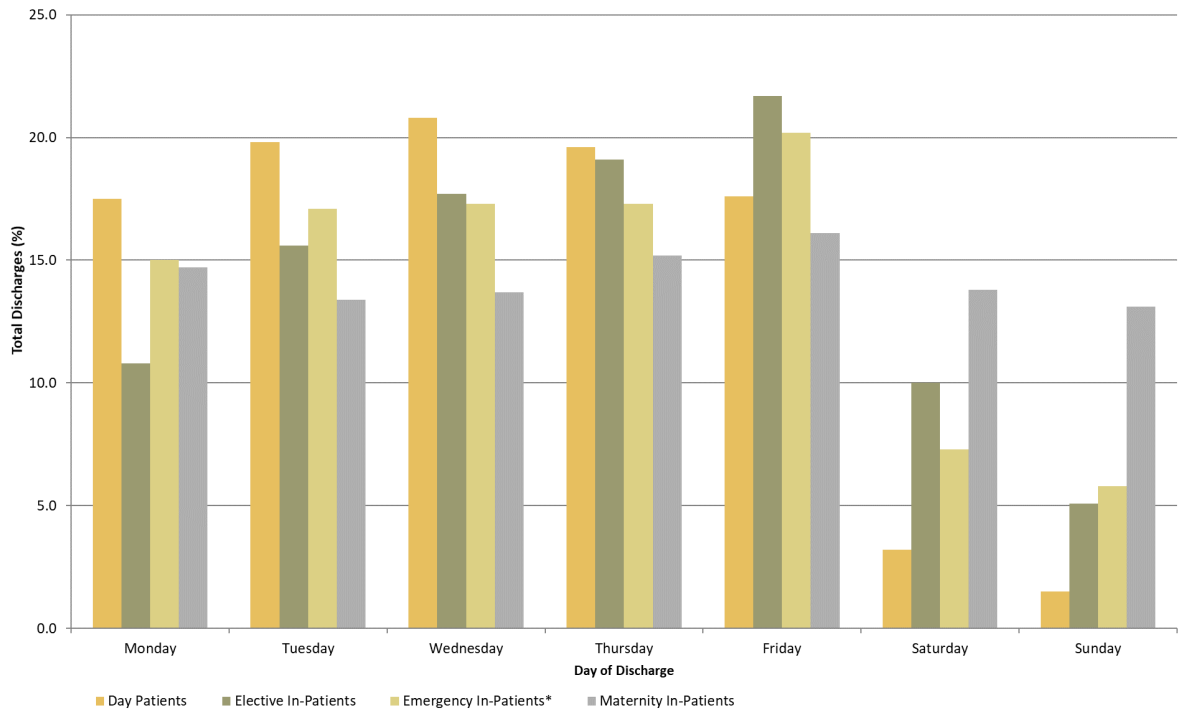
	In-Patient Length of Stay								
	Elective		Emergency[a]		Maternity		Total In-Patients		
	Mean	Median	Mean	Median	Mean	Median	N	Mean	Median
Monday	10.1	5	7.0	3	2.6	2	94,240	6.7	3
Tuesday	7.9	2	7.0	3	2.4	2	107,144	6.6	3
Wednesday	7.2	2	7.1	3	2.3	2	110,311	6.5	2
Thursday	6.9	2	7.0	2	2.3	2	112,923	6.3	2
Friday	7.2	2	6.7	3	2.4	2	129,611	6.2	2
Saturday	4.3	2	5.0	2	2.5	2	56,634	4.3	2
Sunday	5.6	3	4.2	2	2.6	2	44,808	3.9	2
In-Patient Discharges	**7.2**	**2**	**6.6**	**3**	**2.4**	**2**	**655,671**	**6.1**	**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.

[4] Where length of stay is analysed by admission type, a breakdown of sameday and overnight in-patient length of stay is not provided.

FIGURE 2.12 Total Discharges: Patient Type and Admission Type by Day of Discharge (%)



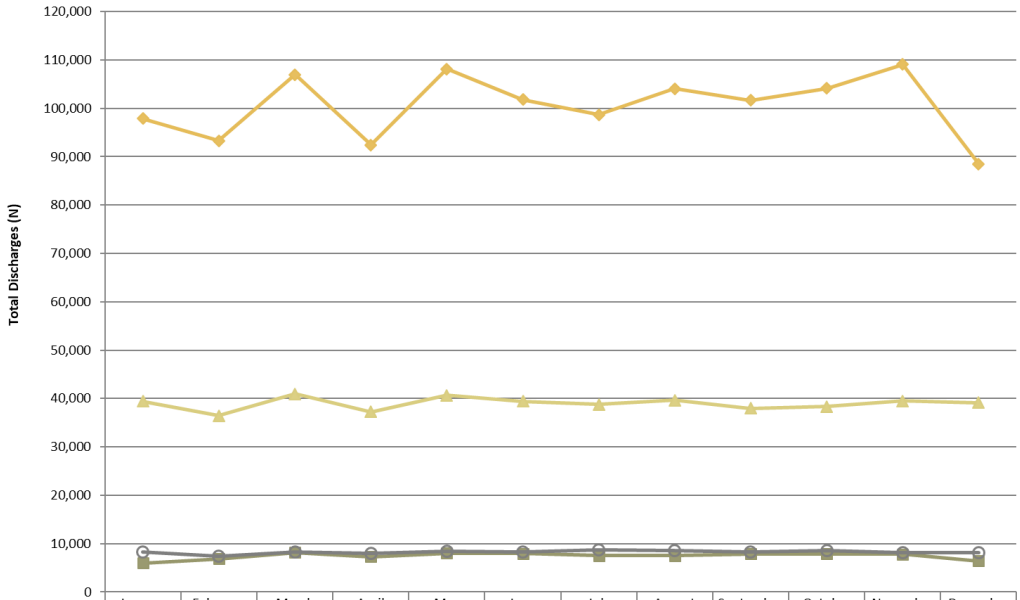
Note: * See note under Table 2.11

2.4.3 Month of Discharge

Figure 2.13 shows total discharges by month of discharge disaggregated by patient type and admission type.

- Hospital discharges peaked in March for elective in-patients (8,156 discharges), while January recorded the smallest number of elective in-patients with only 5,996 elective in-patients discharged in this month.
- Emergency in-patient hospital discharges peaked in March (40,956 discharges), while the smallest number of emergency in-patients were discharged in February with 36,420 discharges.
- Maternity in-patient discharges were highest in July (8,686 discharges) and lowest in February (7,461 discharges).

FIGURE 2.13 Total Discharges: Month of Discharge by Patient Type and Admission Type (N)



	January	February	March	April	May	June	July	August	September	October	November	December
Day Patients	97,836	93,278	106,983	92,437	108,098	101,779	98,684	104,025	101,668	104,110	109,077	88,479
Elective In-Patients	5,996	6,858	8,156	7,282	7,997	7,928	7,486	7,535	7,862	7,847	7,780	6,451
Emergency In-Patients*	39,459	36,420	40,956	37,224	40,641	39,424	38,746	39,678	37,974	38,340	39,477	39,130
Maternity	8,217	7,461	8,337	7,980	8,433	8,326	8,686	8,534	8,229	8,537	8,079	8,205

Notes: * 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 2023

SECTION Three

Table of Contents

3.1 INTRODUCTION

Section Three focuses on the diagnoses and procedures recorded for total discharges reported to HIPE by acute public hospitals.[1]

- 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.
- Section 3.3 provides a summary of related hospital activity. Top 20 diagnoses and procedure blocks, along with Top 10 Australian Refined Diagnosis Related Groups (AR-DRGs), are provided for day patient discharges and in-patient discharges (total, elective, emergency and maternity). Demographic data, including sex and age group, and administrative analyses including mode of emergency admission (for emergency in-patients only) are also presented.
- Section 3.4 provides details of the diagnoses and procedures reported for total discharges, by sex and age group. The mean and median length of stay for total in-patient discharges is presented for principal diagnoses and principal procedures.

3.2 CODING OF DIAGNOSES AND PROCEDURES

Coding of HIPE hospital activity is performed by a HIPE clinical coder who translates medical terminology into alpha-numeric codes. The clinical coder performs an essential function in providing high quality, accurate, and uniform medical information. The HPO is responsible for the training of all clinical coders nationally.[2,3] Since 2014, the HPO have delivered certification courses for clinical coders in collaboration with, and accredited by, the School of Computing in the Technological University Dublin (formally Dublin Institute of Technology). To date, over 190 clinical coders have achieved this certification.

The source document for coding for the HIPE system is the medical record or chart which can be in paper and/or electronic format. The clinical coder uses the entire chart to extract the conditions and procedures to provide a complete record of the patient and their hospital stay. In addition to the discharge summary or letter, additional documentation referenced for coding a case include; nursing notes, consultation reports, progress notes, operative reports, pre- and post-operative reports, pathology reports and, more recently, the sepsis form. Appendix III shows

1 The calculation of total in-patient length of stay differs in this report compared to reports prior to 2018. Since 2018, the length of stay assigned for sameday in-patients has changed from one bed day to 0.5 bed days. This will impact on the total in-patient length of stay resulting in a lower average length of stay compared to years prior to 2018 (see Section 1.8).

2 There are currently approximately 300 clinical coders working full time and part time across all HIPE hospitals.

3 For further information on training programmes see www.hpo.ie

the HIPE Data Entry Form for 2023, which details the information that is collected and coded for each hospital discharge. No interpretation of test results may be undertaken by the clinical coder and all diagnoses and procedures recorded must be documented by a clinician in the chart.[4]

All HIPE data are entered in the hospital using the HIPE Portal data entry system which runs an extensive number of validation edit checks to ensure the quality of the data. Other data quality activities and data quality tools are in use at local and national HPO level.[5,6]

At the start of 2020, the classification used to code clinical information was updated from the 8th Edition to the 10th Edition of 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).[7,8] Details of the ICD-10-AM diagnosis and ACHI 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. Coding standards are provided with general guidelines and are categorised by site and/or body system according to the clinical specialty to which a disease or procedure relates. Use of ICD-10-AM/ACHI/ACS is complemented by the Irish Coding Standards (ICS); these are revised as required to reflect changing clinical practice and to ensure the classification and its application are relevant to the Irish Healthcare system.[9]

Due to the update in the classification, caution must be exercised when comparing procedure and diagnosis categories presented in reports from 2020 onwards to previous reports. Updates may include changes in sequencing of codes, addition of new codes, deletion of codes, and updates to ACS and ICS.[10]

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4 This instruction is covered in ICS 0048: General Abstraction Guidelines, see www.hpo.ie for the current version of the Irish Coding Standards.

5 In 2015, the HSE engaged Pavilion Health Australia Pty Ltd. by competitive tender to undertake a review of the quality of HIPE data in order to assess whether the quality of the data was sufficient to support the introduction of Activity Based Funding (ABF). The final report is available at www.hpo.ie

6 In 2018, a commercial data quality tool, Performance Indicators of Coding Quality (PICQ), was procured by the HSE for use both locally in the hospitals and at a national level in the HPO.

7 Australian Consortium for Classification Development (ACCD), 2017: The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), and *Australian Classification of Health Interventions* (ACHI) and *Australian Coding Standards* (ACS) – ICD-10-AM/ACHI/ACS (10th Ed)-Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

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

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

10 See Appendix VII for an overview of changes from ICD-10-AM/ACHI/ACS 8th edition (in use from 2015–2019) to 10th Edition (in use from 1st January 2020).

Table 3.1 provides details of the structure of ICD-10-AM diagnosis codes and presents the chapter structure for these 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 list 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, for emergency use and for specific research purposes. U50–U73 are used in ICD-10-AM to classify activity and U90 classifies healthcare associated infections. Emergency use codes from U00-U99 have been used to identify Covid-19; including, but not limited to, U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* and U07.2 *Emergency use of U07.2 (COVID-19, virus not identified).*

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: Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) – ICD-10-AM/ACHI/ACS (10th Ed)- Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.p. xiv.

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 first developed by the National Centre for Classification in Health (NCCH) (the previous custodians of ICD-10-AM/ACHI/ACS) 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.[11]
2) The intervention classification has been based on the Commonwealth Medicare Benefits Schedule (MBS) (with some exceptions). A two digit extension number has been attached to each MBS item number to represent individual procedural concepts (e.g., 36564-00). Other ACHI procedures and interventions which are not represented in MBS are allocated a code number from the 90000 series. Note: 97000 code numbers 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.
7) The interventions in the procedure classification are provider neutral. That is, the same code should be assigned for a specific intervention regardless of which health professional performs the intervention.

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: Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing p. xv.
Australian Consortium for Classification Development (ACCD), 2017: *Australian Classification of Health Interventions* (ACHI) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing. p. iii.

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

3.2.1 Definition of a Diagnosis

In 2023, 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 an attendance at the healthcare establishment, as represented by a code'.[12]

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.[13]

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, by sex and age group.

- The mean number of diagnoses recorded for total discharges was 2.7.
- The mean number of diagnoses recorded for in-patient discharges was 4.0, compared to 2.1 for day patients.
- The mean number of diagnoses recorded for in-patient discharges was higher for males (4.1) compared with females (3.8).
- The mean number of diagnoses recorded for in-patient discharges increased with age ranging from 2.7 in the less than 15 years age group to 5.0 in the 65 years and over age group.

TABLE 3.3 Total Discharges: Mean Number of All-Listed Diagnoses by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	**2.1**	**4.0**	**2.7**
Sex			
Male	2.1	4.1	2.7
Female	2.0	3.8	2.7
Maternity	1.9	3.9	3.5
Non-Maternity	2.0	3.8	2.6
Age Group			
< 15 Years	1.7	2.7	2.3
15–44 Years	1.8	3.4	2.5
45–64 Years	2.1	3.7	2.5
65 Years and Over	2.1	5.0	3.0

12 Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing. p. 1.

13 Australian Consortium for Classification Development (ACCD), op. cit., p. 4.

3.2.2 Definition of a Procedure

In 2023, 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).[14] 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 an additional diagnosis for the episode of care.[15]

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.[16] 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.[17]

3.2.2.1 Discharges with a Procedure

Table 3.4 provides details of the number and percentage of discharges that had a principal procedure recorded by patient type and admission type.

- Of the 1,862,125 total discharges, principal procedures were recorded for 1,490,182 discharges (80.0 per cent).
- 92.0 per cent of day patient discharges had a principal procedure recorded.
- Almost 60 per cent of in-patient discharges had a principal procedure recorded, with 89.7 per cent of elective in-patients, 51.1 per cent of emergency in-patients, and 62.4 per cent of maternity in-patients undergoing a principal procedure.

14 Australian Consortium for Classification Development (ACCD), 2017: Australian Classification of Health Interventions (ACHI) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

15 Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

16 Australian Consortium for Classification Development (ACCD), 2017: Australian Classification of Health Interventions (ACHI) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

17 The move to the ACHI introduced significant changes to the collection of procedures from 2005, including the use of Australian Coding Standard (ACS) 0042 *Procedures normally not coded* (see Appendix V).

TABLE 3.4 Total Discharges: Number and Percentage of Discharges with a Principal Procedure by Patient Type and Admission Type

	Total Discharges	Total Discharges with a Principal Procedure	
	N	N	%
Total Discharges	**1,862,125**	**1,490,182**	**80.0**
Day Patients	1,206,454	1,109,548	92.0
In-Patients	655,671	380,634	58.1
Elective In-Patients	89,178	80,017	89.7
Emergency In-Patients	467,469	238,872	51.1
Maternity In-Patients	99,024	61,745	62.4

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, by sex and age group. The calculation of mean procedures is based on discharges with at least one procedure reported to HIPE.[18]

- For those discharges who underwent at least one procedure, in-patient discharges had a mean number of 3.0 procedures recorded, compared to a mean of 1.5 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: Mean Number of All-Listed Procedures by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	**1.5**	**3.0**	**1.9**
Sex			
Male	1.5	3.0	1.8
Female	1.5	3.0	1.9
Maternity	1.6	3.2	3.1
Non-Maternity	1.5	2.9	1.8
Age Group			
< 15 Years	1.9	2.8	2.3
15–44 Years	1.5	2.9	2.0
45–64 Years	1.5	3.1	1.8
65 Years and Over	1.5	3.1	1.9

18 Includes all anaesthesia except local anaesthesia. See ACS 0031 *Anaesthesia* in Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing p.36.

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. 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

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. 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 64.8 per cent of total discharges.
- Day patients aged 65 years or over accounted for 41.7 per cent of day patient discharges.

Day Patients – Top 20 Principal Diagnoses

- Day patients with a principal diagnosis of *Other medical care* (includes *Chemotherapy* and *Radiotherapy* encounters) and those with a principal diagnosis of *Care involving dialysis* accounted for 20.2 and 15.8 per cent of day patient discharges respectively.

Day Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 92.0 per cent of day patient discharges (see Table 3.4).
- Procedures from the block *Administration of pharmacotherapy* were reported as a principal procedure for 19.1 per cent of day patients with at least one procedure recorded.

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

- The top three AR-DRGs accounted for 35.4 per cent of day patient discharges reported to HIPE when analysed by diagnosis related group.[19]
- *Haemodialysis* accounted for 15.8 per cent, while *Chemotherapy* and *Other Neoplastic Disorders, Minor Complexity* accounted for 11.4 per cent and 8.2 per cent of day patient discharges respectively.

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

TABLE 3.6 Day Patient Activity (N, %)

Top 20 Principal Diagnoses[a]		N	%
Z51	Other medical care[c]	243,987	20.2
Z49	Care involving dialysis	191,140	15.8
H35	Other retinal disorders	34,086	2.8
E83	Disorders of mineral metabolism	21,776	1.8
R10	Abdominal and pelvic pain	18,115	1.5
K50	Crohn's disease [regional enteritis]	17,639	1.5
C44	Other malignant neoplasms of skin	15,969	1.3
K51	Ulcerative colitis	15,256	1.3
K92	Other diseases of digestive system	13,928	1.2
Z13	Special screening examination for other diseases and disorders	12,948	1.1
L40	Psoriasis	11,814	1.0
M54	Dorsalgia	11,709	1.0
D64	Other anaemias	10,246	0.8
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	9,625	0.8
H25	Senile cataract	9,544	0.8
C50	Malignant neoplasm of breast	8,813	0.7
M25	Other joint disorders, not elsewhere classified	8,782	0.7
D12	Benign neoplasm of colon, rectum, anus and anal canal	8,758	0.7
Z08	Follow-up examination after treatment for malignant neoplasms	8,715	0.7
N92	Excessive, frequent and irregular menstruation	8,622	0.7

Hospital Group	N	%
Ireland East	236,802	19.6
RCSI	185,466	15.4
Dublin Midlands	241,732	20.0
South/South West	226,131	18.7
UL	71,593	5.9
Saolta	216,682	18.0
Children's	27,885	2.3
No group	163	0.0

Day Patients

1,206,454

Sex	N	%
Male	597,512	49.5
Female	608,942	50.5

Age Group	N	%
< 1 Year	2,864	0.2
1–14 Years	40,023	3.3
15–24 Years	43,716	3.6
25–34 Years	72,527	6.0
35–44 Years	131,408	10.9
45–54 Years	182,076	15.1
55–64 Years	230,151	19.1
65–74 Years	261,677	21.7
75–84 Years	194,395	16.1
85 Years and Over	47,617	3.9

Top 20 Principal Procedure Blocks[b]		N	%
1920	Administration of pharmacotherapy	212,242	19.1
1060	Haemodialysis	190,864	17.2
1788	Megavoltage radiation treatment	100,199	9.0
1008	Panendoscopy with excision	51,167	4.6
0911	Fibreoptic colonoscopy with excision	48,749	4.4
0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	45,289	4.1
1620	Excision of lesion of skin and subcutaneous tissue	38,309	3.5
0905	Fibreoptic colonoscopy	28,698	2.6
1552	Administration of agent into other musculoskeletal sites	25,481	2.3
0725	Other incision procedures on veins	21,016	1.9
1893	Administration of blood and blood products	20,873	1.9
1610	Ultraviolet B [UVB] light therapy of skin	16,120	1.5
1089	Examination procedures on bladder	15,458	1.4
0200	Extraction of crystalline lens	13,053	1.2
1259	Examination procedures on uterus	12,861	1.2
1005	Panendoscopy	10,620	1.0
1618	Biopsy of skin and subcutaneous tissue	10,413	0.9
0668	Coronary angiography	7,999	0.7
1798	Radiation field setting	7,041	0.6
1824	Other assessment, consultation, interview, examination or evaluation	5,938	0.5

Top 10 AR-DRGs		N	%
L61Z	Haemodialysis	190,783	15.8
R63Z	Chemotherapy	137,303	11.4
R62C	Other Neoplastic Disorders, Minor Complexity	99,306	8.2
G48B	Colonoscopy, Minor Complexity	54,697	4.5
C03B	Retinal Procedures, Minor Complexity	42,951	3.6
I40Z	Infusions for Musculoskeletal Disorders, Sameday	42,208	3.5
J11B	Other Skin, Subcutaneous Tissue and Breast Procedures,	37,445	3.1
G47C	Gastroscopy, Minor Complexity	37,269	3.1
Z64B	Other Factors Influencing Health Status, Minor Complexity	35,468	2.9
G64B	Inflammatory Bowel Disease, Minor Complexity	28,030	2.3

Notes: Percentage columns are subject to rounding.

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

3.3.2 In-Patient Activity

An in-patient is admitted to hospital for treatment or investigation on an elective or emergency basis. Sameday in-patients are admitted as in-patients and discharged on the same day, while overnight in-patients stay at least one night in hospital. Table 3.7 presents a summary of in-patient activity reported to HIPE.

In-Patients – Profile

- In-patient discharges accounted for 35.2 per cent of total discharges.
- Overnight in-patient discharges accounted for 78.0 per cent of in-patient discharges and had a mean length of stay of 7.7 days.

In-Patients – Top 20 Principal Diagnoses

- In-patient discharges with a principal diagnosis of *Single spontaneous delivery* accounted for 3.5 per cent of in-patient discharges.
- In-patient discharges with a principal diagnosis of *Single delivery by caesarean section* accounted for 2.9 per cent of in-patient discharges while those with a principal diagnosis of *Pain in throat and chest* accounted for 2.9 per cent of in-patient discharges.

In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 58.1 per cent of total in-patient discharges (see Table 3.4).
- Procedures from the block *Generalised allied health interventions* were reported for 31.7 per cent of in-patient discharges with at least one procedure reported.[20]

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

- The top three AR-DRGs accounted for 8.7 per cent of in-patient discharges when analysed by diagnosis related group.[21,22]
- *Antenatal and Other Obstetric Admissions, Minor Complexity* accounted for 3.9 per cent of in-patient discharges. *Chest Pain, Minor Complexity and Vaginal Delivery, Intermediate Complexity* accounted for 2.4 per cent and 2.4 per cent of in-patient discharges respectively.

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20 This block includes, but is not limited to, interventions such as physiotherapy, pharmacy, dietetics, occupational therapy, speech pathology, social work and diabetes education.

21 See Section Four for details of the case mix classification.

22 In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

TABLE 3.7 In-Patient Activity (N, %, Mean and Median Length of Stay)

Top 20 Principal Diagnoses[a]		N	%	Mean LOS	Med LOS
O80	Single spontaneous delivery	23,142	3.5	2.5	2
O82	Single delivery by caesarean section	19,173	2.9	4.1	4
R07	Pain in throat and chest	18,970	2.9	1.4	1
J44	Other chronic obstructive pulmonary disease	13,678	2.1	8.0	5
N39	Other disorders of urinary system	13,545	2.1	9.0	5
O99	Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium	12,948	2.0	1.2	1
J22	Unspecified acute lower respiratory infection	12,865	2.0	6.5	4
R10	Abdominal and pelvic pain	11,513	1.8	1.7	1
J18	Pneumonia, organism unspecified	11,183	1.7	10.5	6
R55	Syncope and collapse	10,581	1.6	4.7	2
I50	Heart failure	7,126	1.1	10.8	7
O81	Single delivery by forceps and vacuum extractor	6,994	1.1	3.3	3
I21	Acute myocardial infarction	6,718	1.0	6.2	4
I48	Atrial fibrillation and flutter	6,664	1.0	3.8	2
R51	Headache	6,515	1.0	1.9	1
S72	Fracture of femur	6,317	1.0	18.3	12
L03	Cellulitis	6,253	1.0	6.9	4
I63	Cerebral infarction	6,242	1.0	17.9	8
R06	Abnormalities of breathing	6,219	0.9	2.0	1
A09	Other gastroenteritis and colitis of infectious and unspecified origin	6,109	0.9	4.2	2

In-Patients

655,671

Discharges	N	%
Total	**655,671**	**100**
Sameday	144,404	22.0
Overnight	511,267	78.0

Length of Stay	Mean	Median
Total	**6.1**	**2**
Overnight	7.7	3

Bed Days	N
Total	**3,987,740**
Overnight	3,915,538

Top 20 Principal Procedure Blocks[b]		N	%	Mean LOS	Med LOS
1916	Generalised allied health interventions	120,598	31.7	12.1	7
1336	Spontaneous vertex delivery[c]	22,715	6.0	2.6	2
1340	Caesarean section	20,967	5.5	4.5	4
1920	Administration of pharmacotherapy	10,231	2.7	8.0	3
1893	Administration of blood and blood products	9,481	2.5	10.6	6
0570	Noninvasive ventilatory support	7,545	2.0	14.2	8
1008	Panendoscopy with excision	5,894	1.5	12.2	7
1489	Arthroplasty of hip	5,719	1.5	10.3	5
1338	Vacuum assisted delivery	5,579	1.5	3.3	3
0926	Appendicectomy	5,407	1.4	3.2	2
0668	Coronary angiography	5,010	1.3	5.0	2
0030	Lumbar puncture	4,151	1.1	11.2	5
0671	Transluminal coronary angioplasty with stenting	3,640	1.0	3.6	2
0569	Ventilatory support	3,558	0.9	24.2	11
1005	Panendoscopy	2,893	0.8	13.1	7
0412	Tonsillectomy or adenoidectomy	2,791	0.7	1.2	1
1872	Alcohol and drug rehabilitation and detoxification	2,747	0.7	7.7	4
0965	Cholecystectomy	2,717	0.7	3.9	1
1265	Curettage and evacuation of uterus	2,668	0.7	1.2	1
1518	Arthroplasty of knee	2,586	0.7	4.4	4

Hospital Group	N	%
Ireland East	133,051	20.3
RCSI	103,961	15.9
Dublin Midlands	97,698	14.9
South/South West	115,310	17.6
UL	69,142	10.5
Saolta	109,516	16.7
Children's	23,968	3.7
No group	3,025	0.5

Sex	N	%
Male	281,426	42.9
Female	374,245	57.1

Age Group	N	%
< 1 Year	24,184	3.7
1–14 Years	48,206	7.4
15–24 Years	42,004	6.4
25–34 Years	82,960	12.7
35–44 Years	83,403	12.7
45–54 Years	59,487	9.1
55–64 Years	74,680	11.4
65–74 Years	94,432	14.4
75–84 Years	97,190	14.8
85 Years and Over	49,125	7.5

Top 10 AR-DRGs		N	%	Mean LOS	Med LOS
O66B	Antenatal and Other Obstetric Admissions, Minor Complexity	25,272	3.9	0.9	1
F74B	Chest Pain, Minor Complexity	16,007	2.4	1.1	1
O60B	Vaginal Delivery, Intermediate Complexity	15,439	2.4	2.9	3
O60C	Vaginal Delivery, Minor Complexity	11,997	1.8	2.1	2
O01C	Caesarean Delivery, Minor Complexity	11,273	1.7	3.5	3
O66A	Antenatal and Other Obstetric Admissions, Major Complexity	10,615	1.6	1.7	1
E62A	Admissions, Major Complexity Respiratory Infections and Inflammations, Major Complexity	10,074	1.5	13.8	9
F73B	Syncope and Collapse, Minor Complexity	9,392	1.4	2.7	1
G66B	Abdominal Pain and Mesenteric Adenitis, Minor Complexity	8,867	1.4	1.2	1
E65B	Chronic Obstructive Airways Disease, Minor Complexity	8,671	1.3	4.9	4

Notes: Percentage columns are subject to rounding.

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

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

c See Appendix VII for an overview of changes from 8th Edition to 10th Edition ICD-10-AM/ACHI/ACS.

3.3.2.1 Elective In-Patient Activity

An elective in-patient is an in-patient admission that has been arranged in advance. Table 3.8 presents a summary of elective in-patient activity reported to HIPE.

Elective In-Patients – Profile

- Elective in-patient discharges accounted for 4.8 per cent of total discharges and 13.6 per cent of in-patients.
- Elective in-patient bed days accounted for 642,085 in-patient bed days, or 16.1 per cent of total in-patient bed days.
- Elective overnight in-patient discharges accounted for 93.0 per cent of total elective in-patient discharges and had a mean length of stay of 7.7 days.

Elective In-Patients – Top 20 Principal Diagnoses

- Elective in-patients with a principal diagnosis of *Coxarthrosis [arthrosis of hip]* accounted for 3.8 per cent of elective in-patient discharges.
- *Gonarthrosis [arthrosis of knee]* accounted for 3.1 per cent of elective in-patient discharges while *Chronic diseases of tonsils and adenoids* accounted for 3.0 per cent of elective in-patient discharges.

Elective In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 89.7 per cent of elective in-patient discharges (see Table 3.4).
- The procedure block *Generalised allied health interventions* was reported for 11.9 per cent of elective in-patients who had a principal procedure reported.
- The procedure blocks *Administration of pharmacotherapy* and *Arthroplasty of hip* were reported for 4.4 per cent and 4.2 per cent of elective in-patient discharges with a principal procedure reported respectively.

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

- The top three AR-DRGs accounted for 9.4 per cent of elective in-patient discharges reported to HIPE when analysed by diagnosis related group.[23,24]
- *Hip Replacement, Minor Complexity,* and *Tonsillectomy and Adenoidectomy* accounted for 3.6 per cent and 3.1 per cent of elective in-patient discharges respectively. *Knee Replacement, Minor Complexity* accounted for 2.7 per cent of elective in-patient discharges.

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23 See Section Four for details of the case mix classification.

24 In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

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

Top 20 Principal Diagnoses[a]		N	%	Mean LOS	Med LOS
M16	Coxarthrosis [arthrosis of hip]	3,408	3.8	4.8	3
M17	Gonarthrosis [arthrosis of knee]	2,801	3.1	4.9	4
J35	Chronic diseases of tonsils and adenoids	2,653	3.0	1.1	1
C50	Malignant neoplasm of breast	2,226	2.5	3.4	2
G47	Sleep disorders	1,795	2.0	1.2	1
K80	Cholelithiasis	1,789	2.0	2.4	1
I25	Chronic ischaemic heart disease	1,705	1.9	4.9	1
Z48	Other surgical follow-up care	1,510	1.7	17.7	7
N81	Female genital prolapse	1,172	1.3	2.8	3
C34	Malignant neoplasm of bronchus and lung	1,162	1.3	9.7	7
C18	Malignant neoplasm of colon	1,092	1.2	10.2	7
C67	Malignant neoplasm of bladder	998	1.1	4.4	2
C61	Malignant neoplasm of prostate	963	1.1	6.2	2
K40	Inguinal hernia	957	1.1	1.6	1
Z51	Other medical care	897	1.0	26.8	20
S72	Fracture of femur	794	0.9	28.4	21
J44	Other chronic obstructive pulmonary disease	721	0.8	11.5	7
C83	Non-follicular lymphoma	704	0.8	10.0	5
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	693	0.8	10.7	6
N20	Calculus of kidney and ureter	692	0.8	2.6	1

Elective In-Patients

89,178

Discharges	N	%
Total	**89,178**	**100**
Sameday	6,286	7.0
Overnight	82,892	93.0

Length of Stay	Mean	Median
Total	**7.2**	**2**
Overnight	7.7	3

Bed Days	N
Total	**642,085**
Overnight	638,942

Top 20 Principal Procedure Blocks[b]		N	%	Mean LOS	Med LOS
1916	Generalised allied health interventions	9,495	11.9	23.0	13
1920	Administration of pharmacotherapy	3,496	4.4	8.6	4
1489	Arthroplasty of hip	3,375	4.2	4.4	3
0412	Tonsillectomy or adenoidectomy	2,772	3.5	1.1	1
1518	Arthroplasty of knee	2,569	3.2	4.3	4
1828	Sleep study	2,034	2.5	1.2	1
0965	Cholecystectomy	1,973	2.5	2.3	1
1268	Abdominal hysterectomy	1,609	2.0	4.1	3
1893	Administration of blood and blood products	1,415	1.8	8.4	3
1744	Excision of lesion of breast	1,105	1.4	1.2	1
0913	Colectomy	1,099	1.4	11.4	8
1166	Closed prostatectomy	1,056	1.3	2.6	2
1748	Simple mastectomy	972	1.2	3.2	2
0990	Repair of inguinal hernia	921	1.2	1.5	1
1100	Endoscopic resection of bladder lesion or tissue	869	1.1	3.1	2
1620	Excision of lesion of skin and subcutaneous tissue	758	0.9	2.7	1
0671	Transluminal coronary angioplasty with stenting	754	0.9	1.9	1
1788	Megavoltage radiation treatment	657	0.8	23.9	22
1283	Repair of prolapse of uterus, pelvic floor or enterocele	627	0.8	2.6	2
0668	Coronary angiography	624	0.8	3.9	1

Hospital Group	N	%
Ireland East	20,330	22.8
RCSI	10,069	11.3
Dublin Midlands	11,579	13.0
South/South West	17,954	20.1
UL	7,585	8.5
Saolta	13,711	15.4
Children's	4,953	5.6
No group	2,997	3.4

Sex	N	%
Male	44,104	49.5
Female	45,074	50.5

Age Group	N	%
< 1 Year	1,122	1.3
1–14 Years	7,713	8.6
15–24 Years	4,056	4.5
25–34 Years	4,163	4.7
35–44 Years	7,652	8.6
45–54 Years	11,701	13.1
55–64 Years	16,075	18.0
65–74 Years	18,796	21.1
75–84 Years	13,926	15.6
85 Years and Over	3,974	4.5

Top 10 AR-DRGs		N	%	Mean LOS	Med LOS
I03B	Hip Replacement, Minor Complexity	3,183	3.6	3.8	3
D11Z	Tonsillectomy and Adenoidectomy	2,756	3.1	1.1	1
I04B	Knee Replacement, Minor Complexity	2,411	2.7	4.0	3
J06B	Major Procedures for Breast Disorders, Minor Complexity	1,860	2.1	1.8	1
H08B	Laparoscopic Cholecystectomy, Minor Complexity	1,718	1.9	1.6	1
N04B	Hysterectomy for Non-Malignancy, Minor Complexity	1,479	1.7	3.2	3
G10B	Hernia Procedures, Minor Complexity	1,387	1.6	1.5	1
Z63A	Other Follow Up After Surgery or Medical Care, Major Complexity	1,190	1.3	26.3	16
R61B	Lymphoma and Non-Acute Leukaemia, Minor Complexity	1,120	1.3	4.4	3
Z63B	Other Follow Up After Surgery or Medical Care, Minor Complexity	1,100	1.2	16.8	6

Notes: Percentage columns are subject to rounding.

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

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

3.3.2.2 Emergency In-Patient Activity

An emergency in-patient admission is unforeseen and requires urgent care. Table 3.9 presents a summary of emergency in-patient activity reported to HIPE. [25]

Emergency In-Patients – Profile

- Emergency in-patient discharges accounted for 25.1 per cent of total discharges and 71.3 per cent of in-patients.
- Emergency in-patient bed days accounted for 3,103,340 in-patient bed days, or 77.8 per cent of total in-patient bed days.
- Over 62 per cent of emergency in-patient discharges were admitted from an Emergency Department, with 5.5 per cent admitted via a medical assessment unit (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 4.0 per cent of emergency in-patients.
- Emergency in-patient discharges with a principal diagnosis of *Other disorders of urinary system* accounted for 2.8 per cent of emergency in-patient discharges.

Emergency In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 51.1 per cent of emergency in-patient discharges (see Table 3.4).
- Procedures from the block *Generalised allied health interventions* were reported for 45.6 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 7.5 per cent of emergency in-patient discharges reported to HIPE when analysed by diagnosis related group.[26,27]
- *Chest Pain, Minor Complexity* accounted for 3.4 per cent of emergency in-patient discharges. *Respiratory Infections and Inflammations, Major Complexity, Syncope and Collapse, Minor Complexity* accounted for 2.1 per cent and 2.0 per cent of emergency in-patient discharges respectively.

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25 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.

26 See Section Four for details of the case mix classification.

27 In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

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

Top 20 Principal Diagnoses[a]		N	%	Mean LOS	Med LOS
R07	Pain in throat and chest	18,731	4.0	1.4	1
N39	Other disorders of urinary system	13,067	2.8	9.0	5
J44	Other chronic obstructive pulmonary disease	12,957	2.8	7.8	5
J22	Unspecified acute lower respiratory infection	12,529	2.7	6.3	3
R10	Abdominal and pelvic pain	11,207	2.4	1.7	1
J18	Pneumonia, organism unspecified	10,898	2.3	10.4	6
R55	Syncope and collapse	10,401	2.2	4.6	2
I50	Heart failure	6,863	1.5	10.7	7
I21	Acute myocardial infarction	6,388	1.4	6.2	4
R51	Headache	6,388	1.4	1.9	1
L03	Cellulitis	6,062	1.3	6.8	4
I48	Atrial fibrillation and flutter	6,000	1.3	4.0	2
A09	Other gastroenteritis and colitis of infectious and unspecified origin	5,973	1.3	4.1	2
R06	Abnormalities of breathing	5,792	1.2	2.0	1
I63	Cerebral infarction	5,777	1.2	16.1	8
S72	Fracture of femur	5,523	1.2	16.9	11
K35	Acute appendicitis	5,257	1.1	3.3	2
R42	Dizziness and giddiness	5,133	1.1	2.0	1
M79	Other soft tissue disorders, not elsewhere classified	5,056	1.1	1.6	1
R00	Abnormalities of heart beat	4,394	0.9	1.6	1

Emergency In-Patients

467,469

Discharges	N	%
Total	**467,469**	**100**
Sameday	115,327	24.7
Overnight	352,142	75.3

Length of Stay	Mean	Median
Total	**6.6**	**3**
Overnight	8.6	4

Bed Days	N
Total	3,103,340
Overnight	3,045,676

Top 20 Principal Procedure Blocks[b]		N	%	Mean LOS	Med LOS
1916	Generalised allied health interventions	109,004	45.6	11.3	7
1893	Administration of blood and blood products	7,938	3.3	11.2	6
0570	Noninvasive ventilatory support	7,362	3.1	14.0	8
1920	Administration of pharmacotherapy	6,019	2.5	8.5	3
1008	Panendoscopy with excision	5,356	2.2	12.6	7
0926	Appendicectomy	5,234	2.2	3.2	2
0668	Coronary angiography	4,386	1.8	5.2	3
0030	Lumbar puncture	3,947	1.7	11.2	5
0569	Ventilatory support	3,447	1.4	23.9	10
0671	Transluminal coronary angioplasty with stenting	2,886	1.2	4.1	2
1872	Alcohol and drug rehabilitation and detoxification	2,646	1.1	7.4	4
1005	Panendoscopy	2,639	1.1	13.4	7
1489	Arthroplasty of hip	2,344	1.0	18.8	12
1479	Fixation of fracture of pelvis or femur	2,197	0.9	18.8	12
1539	Open reduction of fracture of ankle or toe	1,905	0.8	4.7	2
0911	Fibreoptic colonoscopy with excision	1,840	0.8	12.8	7
1628	Other debridement of skin and subcutaneous tissue	1,756	0.7	8.6	2
1823	Mental, behavioural or psychosocial assessment	1,663	0.7	8.7	4
0560	Application, insertion or removal procedures on chest wall, mediastinum or diaphragm	1,644	0.7	15.2	11
1060	Haemodialysis	1,639	0.7	14.4	8

Hospital Group	N	%
Ireland East	92,200	19.7
RCSI	73,614	15.7
Dublin Midlands	67,328	14.4
South/South West	81,089	17.3
UL	55,555	11.9
Saolta	78,640	16.8
Children's	19,015	4.1
No Group	28	0.0

Mode of Emergency Admission	N	%
Emergency Department	293,136	62.7
Medical assessment unit - admitted as in-patient	25,854	5.5
Medical assessment unit only	71,215	15.2
Other[c]	77,260	16.5

Sex	N	%
Male	237,322	50.8
Female	230,147	49.2

Age Group	N	%
< 1 Year	23,062	4.9
1–14 Years	40,478	8.7
15–24 Years	26,896	5.8
25–34 Years	27,747	5.9
35–44 Years	39,527	8.5
45–54 Years	47,105	10.1
55–64 Years	58,603	12.5
65–74 Years	75,636	16.2
75–84 Years	83,264	17.8
85 Years and Over	45,151	9.7

Top 10 AR-DRGs		N	%	Mean LOS	Med LOS
F74B	Chest Pain, Minor Complexity	15,860	3.4	1.1	1
E62A	Respiratory Infections and Inflammations, Major Complexity	9,812	2.1	13.8	9
F73B	Syncope and Collapse, Minor Complexity	9,244	2.0	2.7	1
G66B	Abdominal Pain and Mesenteric Adenitis, Minor Complexity	8,769	1.9	1.2	1
E65B	Chronic Obstructive Airways Disease, Minor Complexity	8,133	1.7	4.6	3
B77B	Headaches, Minor Complexity	8,118	1.7	1.4	1
L63B	Kidney and Urinary Tract Infections, Minor Complexity	7,837	1.7	4.5	3
E75A	Other Respiratory System Disorders, Major Complexity	7,373	1.6	8.7	6
I82Z	Other Sameday Treatment for Musculoskeletal Disorders	7,339	1.6	0.5	1
L63A	Kidney and Urinary Tract Infections, Major Complexity	7,108	1.5	12.7	7

Notes: Percentage columns are subject to rounding.

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

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

c 'Other' category includes all other locations emergency in-patients were treated in, for example, in an ASAU, prior to admission to hospital.

3.3.2.3 Maternity In-Patient Activity

Maternity discharges are those who were admitted in relation to their obstetrical experience (from conception to six weeks post-delivery); that is, they were allocated to Admission Type 'Maternity'.[28] Table 3.10 presents a summary of maternity in-patient activity reported to HIPE; and presents diagnoses and procedures by delivery status. Delivery discharges include discharges with any listed diagnosis of Z37 *Outcome of Delivery*. Non-delivery discharges are maternity discharges where admission was related to their obstetrical experience but they did not deliver during that episode of care.

Maternity In-Patients – Profile

- Maternity in-patient discharges accounted for 5.3 per cent of total discharges and 15.1 per cent of in-patients.
- Of maternity in-patient discharges, 53.7 per cent reported a diagnosis of *Outcome of delivery* i.e. delivery discharges; while 46.3 per cent were non-delivery discharges.
- Single deliveries accounted for 98.2 per cent of delivery discharges.
- Nearly 60 per cent of delivery discharges were multiparous deliveries. [29]
- Of delivery discharges, 34.8 per cent were aged between 30–34 years.

Maternity In-Patients – Top 10 Principal Diagnoses by Delivery Status

- Delivery discharges with a principal diagnosis of *Single spontaneous delivery* accounted for 43.6 per cent of delivery in-patient discharges.
- Non-delivery discharges with a principal diagnosis of *Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium* accounted for 27.9 per cent of non-delivery in-patient discharges.

Maternity In-Patients – Top 10 Principal Procedure Blocks by Delivery Status

- A principal procedure was recorded for 62.4 per cent of maternity in-patient discharges (see Table 3.4).
- For delivery discharges who had a procedure reported, 42.8 per cent reported the principal procedure block *Spontaneous vertex delivery.*[30]
- For non-delivery discharges who had a procedure reported, 28.1 per cent reported the principal procedure block *Curettage and evacuation of uterus*.

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

- The top three AR-DRGs accounted for 53.2 per cent of maternity in-patient discharges reported to HIPE when analysed by diagnosis related group.[31,32]
- *Antenatal and Other Obstetric Admissions, Minor Complexity* accounted for 25.5 per cent of maternity in-patient discharges.

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28 See Hospital In-Patient Enquiry Scheme (HIPE) Data Dictionary 2023 Version 15.0 available at www.hpo.ie.

29 See Table 3.10 notes for definition of multiparous deliveries.

30 See Appendix VII for an overview of changes from 8th Edition to 10th Edition ICD-10-AM/ACHI/ACS.

31 See Section Four for details of the case mix classification.

32 In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

TABLE 3.10 Maternity In-Patient Activity (N, %, Mean and Median Length of Stay)

Maternity In-Patients

99,024

	Top 10 Principal Diagnoses[a]		N	%	Mean	Med
Delivery	O80	Single spontaneous delivery	23,142	43.6	2.5	2
	O82	Single delivery by caesarean section	19,173	36.1	4.1	4
	O81	Single delivery by forceps and vacuum extractor	6,994	13.2	3.3	3
	O84	Multiple delivery	829	1.6	5.3	4
	O83	Other assisted single delivery	769	1.4	3.1	3
	O42	Premature rupture of membranes	527	1.0	7.6	4
	O36	Maternal care for other known or suspected fetal problems	454	0.9	7.7	5
	O14	Pre-eclampsia	261	0.5	8.8	7
	O46	Antepartum haemorrhage, not elsewhere classified	146	0.3	6.2	4
	O13	Gestational [pregnancy- induced] hypertension	143	0.3	7.6	6

	Top 10 Principal Diagnoses[a]		N	%	Mean	Med
Non-Delivery	O99	Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium	12,812	27.9	1.1	1
	O36	Maternal care for other known or suspected fetal problems	4,614	10.1	0.9	1
	O47	False labour	3,484	7.6	0.9	1
	Z36	Antenatal screening	2,982	6.5	0.6	1
	O46	Antepartum haemorrhage, not elsewhere classified	2,050	4.5	1.3	1
	O02	Other abnormal products of conception	2,018	4.4	1.0	1
	O03	Spontaneous abortion	1,910	4.2	1.2	1
	O21	Excessive vomiting in pregnancy	1,849	4.0	1.3	1
	O13	Gestational [pregnancy- induced] hypertension	1,493	3.3	1.5	1
	O23	Infections of genitourinary tract in pregnancy	1,143	2.5	1.7	1

Delivery Status

Delivery Status	N	%	Mean	Med
Total	**99,024**	**100**	**2.4**	**2**
Delivery[b]	53,131	53.7	3.5	3
Non-Delivery[c]	45,893	46.3	1.3	1

Delivery Discharges

Delivery Outcome	N	%	Mean	Med
Single	52,176	98.2	3.4	3
Multiple	940	1.8	6.3	4
Unspecified	15	0.0	6.9	4
Parity[d]	**N**	**%**	**Mean**	**Med**
Primiparous	22,199	41.8	4.0	3
Multiparous	30,927	58.2	3.1	3
Unknown	~	-	-	-

Age Group	N	%	Mean	Med
< 20 Years	679	1.3	3.5	3
20-24 Years	3,944	7.4	3.3	3
25-29 Years	8,864	16.7	3.4	3
30-34 Years	18,473	34.8	3.4	3
35-39 Years	16,338	30.8	3.5	3
40-44 Years	4,453	8.4	3.9	3
45 Years and Over	380	0.7	5.6	4

Discharge Status	N	%	Mean	Med
Public	43,422	81.7	3.4	3
Private	9,709	18.3	3.8	3

	Top 10 Principal Procedure Blocks[e]		N	%	Mean	Med
Delivery	1336	Spontaneous vertex delivery[f]	22,715	42.8	2.6	2
	1340	Caesarean section[g]	20,966	39.5	4.5	4
	1338	Vacuum assisted delivery	5,579	10.5	3.3	3
	1337	Forceps rotation and delivery	1,646	3.1	3.6	3
	1344	Postpartum suture	1,115	2.1	2.9	3
	1343	Other procedures associated with delivery[h]	407	0.8	3.4	3
	1334	Medical or surgical induction of labour	319	0.6	3.4	3
	1345	Postpartum evacuation of uterus	191	0.4	3.4	3
	1335	Medical or surgical augmentation of labour	109	0.2	2.5	2
	1339	Breech delivery and extraction	60	0.1	4.3	3

Non-Delivery	1265	Curettage and evacuation of uterus	2,424	28.1	1.1	0.5
	1916	Generalised allied health interventions	2,094	24.3	3.0	2
	1920	Administration of pharmacotherapy	716	8.3	1.0	0.5
	1256	Procedures for management of ectopic pregnancy	677	7.9	1.7	1
	1334	Medical or surgical induction of labour	641	7.4	1.4	1
	1884	Immunisation	506	5.9	1.3	1
	1330	Antepartum application, insertion or removal procedures	204	2.4	1.5	1
	1345	Postpartum evacuation of uterus	197	2.3	2.1	2
	1274	Application, insertion or removal procedures on cervix	184	2.1	1.6	1
	1893	Administration of blood and blood products	127	1.5	2.3	2

Top 10 AR-DRG's		N	%Mean		Med
O66B	Antenatal and Other Obstetric Admissions, MINC	25,257	25.5	0.9	1
O60B	Vaginal Delivery, Intermediate Complexity	15,439	15.6	2.9	3
O60C	Vaginal Delivery, Minor Complexity	11,997	12.1	2.1	2
O01C	Caesarean Delivery, Minor Complexity	11,273	11.4	3.5	3
O66A	Antenatal and Other Obstetric Admissions, Major Complexity	10,609	10.7	1.7	1
O01B	Caesarean Delivery, Intermediate Complexity	8,159	8.2	4.9	4
O60A	Vaginal Delivery, Major Complexity	3,943	4.0	4.4	4
O61B	Postpartum and Post Abortion W/O OR Procedures, Minor Complexity	2,748	2.8	1.7	1
O05Z	Abortion W OR Procedures[i]	2,379	2.4	1.0	0.5
O63B	Abortion W/O OR Procedures, Minor Complexity	2,087	2.1	1.1	1

Notes:

Percentage columns are subject to rounding.

~ Denotes five or fewer discharges reported to HIPE.

\- Percentage, mean and median not reported where the number of discharges is suppressed.

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

b Discharges with ICD-10-AM Diagnosis Code Z37 Outcome of Delivery (used for delivery outcome variable).

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

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

e ACHI Procedure codes are analysed at block level. The percentage (%) is based on maternity in-patients with principal procedure reported. A principal procedure was recorded for 100.0 per cent of delivery in-patient discharges and 18.8 per cent of non-delivery in-patient discharges.

f See Appendix VII for an overview of changes from 8th Edition to 10th Edition ICD-10-AM/ACHI/ACS.

g 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.

h Includes episiotomy.

i This includes spontaneous abortions and pregnancies with abortive outcome.

3.4 Morbidity Analysis: Total Discharge Activity

The analysis presented in Section 3.4 is based on total discharges. 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 is limited to chapter level. Diagnosis and procedure tables are cross tabulated by sex and age group.

3.4.1 Total Discharges by Principal Diagnosis, Sex and Age Group

Table 3.11 presents the distribution of total discharges by sex, age group and principal diagnosis.

- Over 28 per cent of total discharges 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*).
- The chapter *Diseases of the digestive system* had the second largest number of principal diagnoses, with 9.1 per cent of total discharges.
- Diagnoses from the chapter *Factors influencing health status and contact with health services* were the most common principal diagnoses for discharges in the 45-64 years and 65 years and over age groups. The most common principal diagnosis chapters for discharges aged less than 15 years and aged 15-44 years were *Diseases of the respiratory system* and *Pregnancy, childbirth and the puerperium*, respectively.

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

Table 3.12 presents the total in-patient mean and median length of stay for principal diagnosis by sex and age group. The analysis presented here includes total in-patient (sameday and overnight) discharges, and excludes day patients. It should also be noted that the analysis by length of stay does not take into account the discharge destination of the patient. For example, a patient with a length of stay of one day for a diagnosis of chronic ischaemic heart disease may be transferred to another facility on discharge. Care must be taken, therefore, in interpreting the data on length of stay presented in Table 3.12, in the absence of information on discharge destination.[33]

Discussion of total in-patient mean length of stay is limited to ICD-10-AM chapter level.

33 See Section Two for details of discharge destination.

- The longest in-patient mean length of stay was recorded for in-patient discharges with a principal diagnosis from the chapter *Mental and behavioural disorders* (13.6 days).[34]
- For discharges aged less than 15 years, those with a principal diagnosis from the chapter *Mental and behavioural disorders* recorded an in-patient mean length of stay of 10.4 days.
- The longest in-patient mean length of stay for discharges aged 15–44 years was reported for those with a principal diagnosis from the *Neoplasms* chapter (7.9 days). When this diagnosis is analysed by sex, male discharges reported 10.0 days and females reported 6.7 days.
- The shortest in-patient mean length of stay for all ages was recorded for in-patient discharges with a principal diagnosis from the chapter *Diseases of the ear and mastoid process* (2.3 days).

3.4.3 All-Listed Diagnoses by Sex and Age Group

Table 3.13 provides details of all-listed diagnoses reported by sex and age group. Over 5 million diagnoses were recorded for total discharges 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* had the most frequently reported diagnoses across both sexes and all age groups, except for females aged 15-44 years, for total discharges. It accounted for 1,199,374 diagnoses, or 23.6 per cent of all listed diagnoses reported.[35]
- Neoplasms accounted for 644,196 diagnoses or 12.7 per cent of all listed diagnoses reported for total discharges.

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[34] HIPE does not collect long stay psychiatric activity in acute hospitals. The National Psychiatric In-Patient Reporting System, supported by the Health Research Board, reports information on all admissions to psychiatric hospitals and units nationally.

[35] This chapter includes diagnoses such as Z51 *Other medical care* (includes Chemotherapy and Radiotherapy encounters) and Z49 *Care involving dialysis*.

TABLE 3.11 Total Discharges: Principal Diagnosis by Sex and Age Group (N)

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges	–	**64,285**	**150,618**	**264,018**	**400,017**	**878,938**	**50,992**	**305,400**	**282,376**	**344,419**	**983,187**	**115,277**	**456,018**	**546,394**	**744,436**	**1,862,125**
Certain infectious and parasitic diseases	**A00–B99**	**3,603**	**4,010**	**2,808**	**3,988**	**14,409**	**3,355**	**3,505**	**2,930**	**4,702**	**14,492**	**6,958**	**7,515**	**5,738**	**8,690**	**28,901**
Intestinal infectious diseases (including diarrhoea)	A00–A09	1,829	1,380	1,485	1,856	6,550	1,796	2,020	1,999	2,776	8,591	3,625	3,400	3,484	4,632	15,141
Tuberculosis	A15–A19	~	105	44	*	172	~	54	14	*	86	8	159	58	33	258
Septicaemia	A40–A41	115	125	438	1,413	2,091	105	157	344	1,229	1,835	220	282	782	2,642	3,926
Human immunodeficiency virus [HIV] disease	B20–B24	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	140
Neoplasms	**C00–D48**	**3,124**	**6,773**	**23,168**	**43,165**	**76,230**	**2,443**	**12,765**	**26,416**	**30,889**	**72,513**	**5,567**	**19,538**	**49,584**	**74,054**	**148,743**
Malignant neoplasms	C00–C96	2,553	3,728	16,801	33,178	56,260	1,823	5,331	17,825	23,343	48,322	4,376	9,059	34,626	56,521	104,582
Malignant neoplasms of colon, rectum and anus	C18–C21	0	239	1,773	2,586	4,598	~	*	1,200	1,715	3,194	~	*	2,973	4,301	7,792
Malignant neoplasms of trachea, bronchus and lung	C33–C34	~	*	1,066	2,575	3,702	~	*	1,092	2,170	3,342	8	133	2,158	4,745	7,044
Melanoma and other malignant neoplasms of skin	C43–C44	*	*	2,546	8,539	11,477	~	*	2,080	5,074	7,657	14	881	4,626	13,613	19,134
Malignant neoplasms of breast	C50	0	14	18	36	68	0	1,610	5,974	3,803	11,387	0	1,624	5,992	3,839	11,455
Malignant neoplasms of female genital organs	C51–C58	0	0	0	0	0	8	353	1,533	1,396	3,290	8	353	1,533	1,396	3,290
Malignant neoplasm of prostate	C61	6	26	2,040	4,226	6,298	0	0	0	0	0	6	26	2,040	4,226	6,298
Malignant neoplasm of bladder	C67	~	*	418	1,376	1,817	*	*	171	420	640	22	50	589	1,796	2,457
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	1,414	1,467	3,888	6,551	13,320	908	1,231	2,307	4,564	9,010	2,322	2,698	6,195	11,115	22,330
In situ neoplasms	D00-D09	~	*	480	1,489	2,047	0	336	1,195	1,597	3,128	~	*	1,675	3,086	5,175
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	568	2,970	5,887	8,498	17,923	620	7,098	7,396	5,949	21,063	1,188	10,068	13,283	14,447	38,986
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**1,994**	**3,070**	**4,255**	**9,508**	**18,827**	**1,402**	**4,938**	**5,335**	**8,824**	**20,499**	**3,396**	**8,008**	**9,590**	**18,332**	**39,326**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**1,038**	**6,061**	**11,444**	**9,933**	**28,476**	**1,045**	**4,294**	**7,605**	**7,487**	**20,431**	**2,083**	**10,355**	**19,049**	**17,420**	**48,907**
Diabetes mellitus	E10–E14	248	1,061	2,708	3,294	7,311	310	890	1,410	1,749	4,359	558	1,951	4,118	5,043	11,670
Cystic fibrosis	E84	*	779	192	~	1,023	*	678	155	*	942	143	1,457	347	18	1,965
Mental and behavioural disorders	**F00–F99**	**524**	**1,509**	**1,570**	**1,802**	**5,405**	**529**	**1,246**	**845**	**1,857**	**4,477**	**1,053**	**2,755**	**2,415**	**3,659**	**9,882**
Mental and behavioural disorders due to use of alcohol	F10	16	893	1,131	362	2,402	40	351	405	166	962	56	1,244	1,536	528	3,364
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	*	222	43	*	288	~	87	34	*	141	12	309	77	31	429
Diseases of nervous system	**G00–G99**	**1,858**	**4,468**	**5,775**	**5,609**	**17,710**	**1,461**	**9,297**	**7,921**	**5,843**	**24,522**	**3,319**	**13,765**	**13,696**	**11,452**	**42,232**
Multiple sclerosis	G35	13	1,246	972	136	2,367	0	4,199	2,325	261	6,785	13	5,445	3,297	397	9,152
Epilepsy	G40, G41	715	914	610	341	2,580	507	820	435	348	2,110	1,222	1,734	1,045	689	4,690
Transient cerebral ischaemic attacks and related syndromes	G45	~	*	454	1,107	1,611	~	*	344	1,300	1,710	~	*	798	2,407	3,321
Diseases of the eye and adnexa	**H00–H59**	**726**	**2,024**	**6,847**	**23,510**	**33,107**	**621**	**1,933**	**5,947**	**32,244**	**40,745**	**1,347**	**3,957**	**12,794**	**55,754**	**73,852**
Cataracts	H25-H26	16	144	1,333	5,750	7,243	15	115	1,377	7,954	9,461	31	259	2,710	13,704	16,704
Other retinal disorders	H35	42	376	2,320	11,598	14,336	28	293	1,659	18,076	20,056	70	669	3,979	29,674	34,392
Diseases of the ear and mastoid process	**H60–H95**	1,629	1,222	1,135	1,112	5,098	1,205	1,378	1,374	1,264	5,221	2,834	2,600	2,509	2,376	10,319
Diseases of the circulatory system	**I00–I99**	**817**	**3,914**	**15,461**	**27,115**	**47,307**	**766**	**3,374**	**8,108**	**19,462**	**31,710**	**1,583**	**7,288**	**23,569**	**46,577**	**79,017**
Hypertensive diseases	I10–I15	28	424	758	524	1,734	28	404	687	937	2,056	56	828	1,445	1,461	3,790
Angina pectoris	I20	0	115	872	1,206	2,193	0	38	369	621	1,028	0	153	1,241	1,827	3,221
Acute myocardial infarction	I21–I22	~	*	2,083	2,580	4,955	0	62	549	1,334	1,945	~	*	2,632	3,914	6,900
Other ischaemic heart disease	I23–I25	~	*	3,064	3,945	7,235	~	*	1,008	1,729	2,798	6	281	4,072	5,674	10,033
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	12	149	411	477	1,049	11	219	294	602	1,126	23	368	705	1,079	2,175
Conduction disorders and cardiac arrhythmias	I44–I49	127	600	2,586	4,768	8,081	105	381	1,047	3,420	4,953	232	981	3,633	8,188	13,034
Heart failure	I50	*	*	588	3,693	4,358	~	*	250	2,951	3,243	9	110	838	6,644	7,601
Cerebrovascular disease	I60–I69	40	349	1,525	3,540	5,454	24	238	988	3,026	4,276	64	587	2,513	6,566	9,730
Atherosclerosis (non-coronary)	I70	~	*	304	818	1,144	0	17	76	340	433	~	*	380	1,158	1,577
Diseases of the respiratory system	**J00–J99**	**9,993**	**6,394**	**9,093**	**21,417**	**46,897**	**7,900**	**7,955**	**9,314**	**21,334**	**46,503**	**17,893**	**14,349**	**18,407**	**42,751**	**93,400**
Acute upper respiratory infections and influenza	J00–J11	3,136	1,009	448	874	5,467	2,446	1,520	559	913	5,438	5,582	2,529	1,007	1,787	10,905
Pneumonia	J12–J18	587	590	1,338	5,371	7,886	549	606	1,188	5,010	7,353	1,136	1,196	2,526	10,381	15,239
Unspecified lower acute respiratory infection	J22	957	624	1,182	3,874	6,637	916	840	1,236	3,808	6,800	1,873	1,464	2,418	7,682	13,437
Chronic diseases of tonsils and adenoids	J35	1,441	380	51	22	1,894	1,204	849	57	16	2,126	2,645	1,229	108	38	4,020
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	31	225	1,807	5,946	8,009	14	275	1,907	6,894	9,090	45	500	3,714	12,840	17,099
Asthma	J45–J46	855	902	1,531	998	4,286	580	1,649	1,826	1,144	5,199	1,435	2,551	3,357	2,142	9,485

TABLE 3.11 Total Discharges: Principal Diagnosis by Sex and Age Group (N) (contd.)

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Diseases of the digestive system	**K00–K93**	**5,422**	**26,853**	**29,475**	**25,577**	**87,327**	**3,942**	**27,905**	**26,941**	**23,465**	**82,253**	**9,364**	**54,758**	**56,416**	**49,042**	**169,580**
Diseases of oesophagus, stomach and duodenum	K20–K31	333	3,261	5,644	5,663	14,901	269	3,504	5,483	5,214	14,470	602	6,765	11,127	10,877	29,371
Diseases of appendix	K35–K38	890	1,694	415	164	3,163	626	1,557	416	173	2,772	1,516	3,251	831	337	5,935
Inguinal hernia	K40	306	528	1,327	1,399	3,560	81	38	57	101	277	387	566	1,384	1,500	3,837
Noninfective enteritis and colitis	K50–K52	1,181	10,788	6,387	2,279	20,635	845	9,077	5,726	2,699	18,347	2,026	19,865	12,113	4,978	38,982
Diverticular Disease of Intestine	K57	0	516	1,480	1,698	3,694	0	353	1,547	2,283	4,183	0	869	3,027	3,981	7,877
Alcoholic liver disease	K70	0	137	566	191	894	0	114	255	74	443	0	251	821	265	1,337
Cholelithiasis	K80	~	*	1,028	1,743	3,251	*	*	1,695	1,723	5,562	22	2,602	2,723	3,466	8,813
Diseases of the skin and subcutaneous tissue	**L00–L99**	**1,829**	**11,171**	**9,785**	**9,106**	**31,891**	**1,522**	**11,435**	**9,505**	**7,940**	**30,402**	**3,351**	**22,606**	**19,290**	**17,046**	**62,293**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	497	1,228	1,409	1,714	4,848	431	770	774	1,514	3,489	928	1,998	2,183	3,228	8,337
Decubitus ulcer and pressure area	L89	*	*	52	101	193	~	*	39	111	164	9	45	91	212	357
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**1,510**	**6,308**	**13,418**	**14,297**	**35,533**	**1,685**	**8,581**	**19,506**	**22,374**	**52,146**	**3,195**	**14,889**	**32,924**	**36,671**	**87,679**
Rheumatoid arthritis	M05–M06	22	229	673	785	1,709	0	495	1,571	1,553	3,619	22	724	2,244	2,338	5,328
Coxarthrosis and Gonarthrosis	M16–M17	~	*	2,172	3,307	5,698	~	*	2,804	4,814	7,836	6	431	4,976	8,121	13,534
Intervertebral disc disorders	M50–M51	~	*	614	398	1,428	~	*	781	568	1,916	6	977	1,395	966	3,344
Dorsalgia (back pain)	M54	40	1,110	2,385	1,923	5,458	50	1,857	3,761	3,532	9,200	90	2,967	6,146	5,455	14,658
Diseases of the genitourinary system	**N00–N99**	**2,871**	**4,562**	**6,767**	**12,145**	**26,345**	**1,734**	**18,605**	**22,668**	**13,644**	**56,651**	**4,605**	**23,167**	**29,435**	**25,789**	**82,996**
Chronic kidney disease	N18	8	164	355	395	922	11	106	179	267	563	19	270	534	662	1,485
Urolithiasis	N20–N23	48	1,119	1,525	794	3,486	48	715	857	456	2,076	96	1,834	2,382	1,250	5,562
Hyperplasia of prostate	N40	0	36	678	1,490	2,204	0	0	0	0	0	0	36	678	1,490	2,204
Disorders of breast	N60–N64	~	67	23	*	105	*	1,551	1,820	*	3,793	20	1,618	1,843	417	3,898
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	21	1,007	306	102	1,436	21	1,007	306	102	1,436
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	166	11,808	15,470	3,621	31,065	166	11,808	15,470	3,621	31,065
Pregnancy, childbirth and the puerperium	**O00–O99**	**0**	**0**	**0**	**0**	**0**	**19**	**106,086**	**815**	**0**	**106,920**	**19**	**106,086**	**815**	**0**	**106,920**
Pregnancy with abortive outcome	O00-O09	0	0	0	0	0	~	7,450	*	0	7,546	~	7,450	*	0	7,546
Gestational [pregnancy-induced] hypertension	O13	0	0	0	0	0	~	3,257	*	0	3,298	~	3,257	*	0	3,298
Diabetes mellitus in pregnancy	O24	0	0	0	0	0	0	1,473	25	0	1,498	0	1,473	25	0	1,498
Single spontaneous delivery	O80	0	0	0	0	0	~	23,094	*	0	23,142	~	23,094	*	0	23,142
Single delivery by forceps and vacuum extractor	O81	0	0	0	0	0	~	6,972	*	0	6,994	~	6,972	*	0	6,994
Single delivery by caesarean section	O82	0	0	0	0	0	0	18,920	253	0	19,173	0	18,920	253	0	19,173
Other assisted single delivery	O83	0	0	0	0	0	0	*	~	0	769	0	*	~	0	769
Multiple delivery	O84	0	0	0	0	0	0	809	20	0	829	0	809	20	0	829
Certain conditions originating in the perinatal period	**P00–P96**	*****	**~**	**0**	**0**	**5,380**	**4,341**	**0**	**0**	**0**	**4,341**	*****	**~**	**0**	**0**	**9,721**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**3,809**	**611**	**263**	**98**	**4,781**	**2,632**	**751**	**287**	**98**	**3,768**	**6,441**	**1,362**	**550**	**196**	**8,549**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**6,271**	**16,423**	**24,589**	**31,426**	**78,709**	**5,556**	**25,059**	**27,197**	**30,261**	**88,073**	**11,827**	**41,482**	**51,786**	**61,687**	**166,782**
Pain in throat and chest	R07	65	3,061	4,861	3,326	11,313	66	2,842	4,092	2,778	9,778	131	5,903	8,953	6,104	21,091
Abdominal and pelvic pain	R10	729	3,533	3,903	2,675	10,840	830	8,103	6,025	3,830	18,788	1,559	11,636	9,928	6,505	29,628
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**5,354**	**12,382**	**7,925**	**10,914**	**36,575**	**4,046**	**6,771**	**6,504**	**14,367**	**31,688**	**9,400**	**19,153**	**14,429**	**25,281**	**68,263**
Intracranial injury	S06	114	466	427	911	1,918	72	143	178	754	1,147	186	609	605	1,665	3,065
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1,096	1,652	616	1,289	4,653	720	502	368	1,355	2,945	1,816	2,154	984	2,644	7,598
Fracture of femur	S72	107	146	363	1,700	2,316	44	53	321	3,590	4,008	151	199	684	5,290	6,324
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	139	855	443	179	1,616	395	1,161	488	238	2,282	534	2,016	931	417	3,898
Factors influencing health status and contact with health services[a]	**U00–U49, Z00–Z99**	**6,534**	**32,862**	**90,240**	**149,295**	**278,931**	**4,788**	**49,522**	**93,158**	**98,364**	**245,832**	**11,322**	**82,384**	**183,398**	**247,659**	**524,763**
Care involving dialysis	Z49	*	*	41,357	63,526	121,904	~	*	23,031	36,361	69,341	474	26,496	64,388	99,887	191,245
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,364	6,890	38,085	69,485	116,824	2,064	16,215	58,374	51,474	128,127	4,428	23,105	96,459	120,959	244,951

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

TABLE 3.12 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Diagnosis, Sex and Age Group[a]

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total In-Patient Discharges	**Mean**	**3.4**	**4.0**	**6.4**	**9.7**	**7.0**	**3.5**	**2.7**	**5.1**	**9.6**	**5.4**	**3.5**	**3.1**	**5.8**	**9.7**	**6.1**
	Median	**1**	**1**	**2**	**5**	**3**	**1**	**2**	**2**	**5**	**2**	**1**	**2**	**2**	**5**	**2**
Certain infectious and parasitic diseases	**A00–B99**	**2.1**	**6.1**	**9.4**	**12.2**	**7.1**	**2.1**	**4.4**	**7.5**	**11.3**	**6.6**	**2.1**	**5.1**	**8.4**	**11.7**	**6.8**
		1	**2**	**4**	**7**	**3**	**1**	**2**	**4**	**6**	**3**	**1**	**2**	**4**	**7**	**3**
Intestinal infectious diseases (including diarrhoea)	A00–A09	1.7	3.3	4.4	8.7	4.3	1.7	3.0	4.7	8.5	4.8	1.7	3.1	4.6	8.6	4.6
		1	2	3	4	2	1	2	3	5	2	1	2	3	5	2
Tuberculosis	A15–A19	^	21.5	35.5	26.0	24.1	^	17.9	26.9	33.0	23.0	9.1	20.5	32.8	29.6	23.8
		^	11	18	21	13	^	7	32	14	10	9	10	25	20	12
Septicaemia	A40–A41	5.5	21.0	14.4	14.7	14.7	7.1	11.9	13.8	15.1	14.2	6.3	15.9	14.2	14.9	14.5
		3	9	7	9	8	3	6	8	9	8	3	7	7	9	8
Human immunodeficiency virus [HIV] disease	B20–B24	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	20.0
		ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	8
Neoplasms	**C00–D48**	**5.4**	**10.0**	**10.4**	**11.7**	**10.9**	**5.7**	**6.7**	**8.0**	**11.0**	**9.1**	**5.6**	**7.9**	**9.1**	**11.4**	**10.0**
		2	**5**	**5**	**6**	**6**	**2**	**3**	**4**	**6**	**4**	**2**	**4**	**4**	**6**	**5**
Malignant neoplasms	C00–C96	5.3	10.7	10.9	12.3	11.4	5.9	8.9	9.2	11.6	10.3	5.6	9.8	10.1	12.0	10.9
		2	5	6	7	6	3	4	5	7	5	2	5	5	7	6
Malignant neoplasm of colon, rectum and anus	C18–C21	-	11.0	11.0	13.8	12.7	^	12.6	11.6	13.0	12.5	^	11.8	11.2	13.5	12.6
		-	8	7	9	8	^	7	7	8	8	^	7	7	9	8
Malignant neoplasm of trachea, bronchus and lung	C33–C34	^	8.7	10.9	12.0	11.6	^	10.7	10.8	11.8	11.5	^	9.8	10.9	11.9	11.6
		^	5	7	8	7	^	7	8	7	7	^	6	7	8	7
Melanoma and other malignant neoplasms of skin	C43–C44	2.3	2.4	7.0	6.7	6.6	-	7.8	5.4	6.2	6.0	2.3	4.8	6.3	6.6	6.4
		2	1	2	2	2	-	1	2	1	1	2	1	2	2	2
Malignant neoplasms of breast	C50	-	^	3.6	5.3	4.3	-	4.2	4.4	5.1	4.6	-	4.1	4.4	5.1	4.6
		-	^	2	2	2	-	2	2	2	2	-	2	2	2	2
Malignant neoplasms of female genital organs	C51–C58	-	-	-	-	-	^	10.7	8.9	10.5	9.8	^	10.7	8.9	10.5	9.8
		-	-	-	-	-	^	5	5	6	5	^	5	5	6	5
Malignant neoplasm of prostate	C61	-	2.9	3.4	10.9	7.5	-	-	-	-	-	-	2.9	3.4	10.9	7.5
		-	3	2	4	3	-	-	-	-	-	-	3	2	4	3
Malignant neoplasm of bladder	C67	-	5.3	5.3	6.8	6.5	-	5.9	5.9	8.0	7.4	-	5.7	5.5	7.1	6.7
		-	2	2	2	2	-	2	3	3	3	-	2	2	3	3
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	7.0	15.5	14.2	14.0	13.7	7.5	12.1	15.1	14.6	13.6	7.2	14.0	14.6	14.3	13.7
		2	7	7	7	7	2	6	7	7	6	2	6	7	7	6
In situ neoplasms	D00-D09	-	1.3	14.0	4.2	6.7	-	2.4	2.8	2.3	2.6	-	2.3	4.2	3.1	3.6
		-	1	1	2	1	-	1	1	1	1	-	1	1	1	1
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	5.8	6.5	5.5	7.2	6.5	4.9	3.7	4.2	7.4	4.8	5.3	4.3	4.6	7.3	5.4
		2	3	3	3	3	2	2	2	3	2	2	2	2	3	2
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**3.6**	**4.2**	**5.8**	**6.6**	**5.8**	**3.0**	**2.8**	**3.8**	**6.1**	**4.6**	**3.3**	**3.2**	**4.6**	**6.3**	**5.1**
		2	**2**	**3**	**3**	**2**	**2**	**1**	**1**	**3**	**2**	**2**	**1**	**2**	**3**	**2**
Endocrine, nutritional and metabolic diseases	**E00–E89**	4.7	5.1	9.3	10.8	8.9	4.6	4.8	5.7	9.6	7.2	4.6	4.9	7.6	10.2	8.0
		3	2	4	5	4	3	2	2	5	3	3	2	3	5	3
Diabetes mellitus	E10–E14	3.9	3.4	11.2	13.7	10.3	3.9	4.9	7.2	12.8	8.1	3.9	4.1	9.9	13.4	9.5
		4	2	5	7	5	3	2	3	6	4	3	2	4	7	4
Cystic fibrosis	E84	7.1	10.3	10.1	^	10.1	9.6	8.0	7.5	^	8.2	8.9	9.2	9.3	8.7	9.2
		6	8	4	^	7	11	7	5	^	8	10	7	5	10	8
Mental and behavioural disorders	**F00–F99**	**10.3**	**5.9**	**8.6**	**22.4**	**12.7**	**10.4**	**9.9**	**10.4**	**20.8**	**14.7**	**10.4**	**7.7**	**9.2**	**21.6**	**13.6**
		2	**3**	**3**	**10**	**4**	**3**	**3**	**4**	**10**	**6**	**2**	**3**	**3**	**10**	**5**
Mental and behavioural disorders due to use of alcohol	F10	0.8	3.3	6.9	12.8	6.4	0.9	4.0	7.1	11.7	6.5	0.9	3.5	7.0	12.5	6.5
		1	2	3	6	3	1	2	3	5	3	1	2	3	6	3
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	1.8	6.1	7.8	14.3	6.6	^	9.5	9.4	14.3	10.0	1.6	7.0	8.5	14.3	7.7
		1	3	3	8	3	^	5	6	8	5	1	3	4	8	4

TABLE 3.12 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Diagnosis, Sex and Age Group[a] (contd.)

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Diseases of nervous system	**G00–G99**	**4.6**	**7.3**	**9.1**	**12.0**	**9.1**	**4.6**	**4.0**	**6.3**	**9.4**	**6.4**	**4.6**	**5.3**	**7.7**	**10.7**	**7.7**
		2	**1**	**2**	**4**	**2**	**2**	**1**	**2**	**4**	**2**	**2**	**1**	**2**	**4**	**2**
Multiple sclerosis	G35	-	4.8	18.9	16.3	12.5	-	5.4	14.4	17.9	10.0	-	5.3	16.0	17.5	10.7
		-	2	5	13	4	-	3	5	6	4	-	3	5	8	4
Epilepsy	G40, G41	3.7	4.4	7.0	13.3	6.1	3.4	4.2	8.0	10.3	6.0	3.5	4.3	7.4	11.8	6.1
		2	2	3	5	2	2	2	3	5	3	2	2	3	5	2
Transient cerebral ischaemic attacks and related syndromes	G45	^	3.2	3.7	5.2	4.7	^	2.8	3.0	4.8	4.4	^	3.0	3.4	5.0	4.5
		^	2	2	3	3	^	2	2	3	3	^	2	2	3	3
Diseases of the eye and adnexa	**H00–H59**	**2.5**	**2.6**	**2.4**	**2.9**	**2.7**	**2.4**	**2.7**	**2.4**	**2.8**	**2.7**	**2.4**	**2.7**	**2.4**	**2.9**	**2.7**
		1	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Cataracts	H25-H26	^	3.0	1.5	1.2	1.4	0.9	1.1	1.1	1.6	1.4	1.0	2.3	1.4	1.4	1.4
		^	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other retinal disorders	H35	3.8	1.7	1.4	1.5	1.6	3.5	0.9	1.1	1.6	1.5	3.6	1.3	1.3	1.5	1.6
		3	1	1	1	1	1	1	1	1	1	2	1	1	1	1
Diseases of the ear and mastoid process	**H60–H95**	**2.0**	**1.7**	**2.1**	**3.7**	**2.4**	**2.0**	**1.6**	**2.0**	**3.4**	**2.3**	**2.0**	**1.6**	**2.0**	**3.5**	**2.3**
		1	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Diseases of the circulatory system	**I00–I99**	**3.7**	**6.4**	**7.2**	**9.4**	**8.4**	**3.0**	**5.4**	**6.4**	**9.2**	**8.1**	**3.4**	**6.0**	**7.0**	**9.3**	**8.3**
		1	**2**	**3**	**5**	**4**	**1**	**1**	**2**	**5**	**4**	**1**	**2**	**3**	**5**	**4**
Hypertensive diseases	I10–I15	4.0	1.9	2.4	3.9	2.8	3.6	1.7	1.8	2.8	2.3	3.8	1.8	2.1	3.2	2.5
		2	1	1	1	1	2	1	1	1	1	2	1	1	1	1
Angina pectoris	I20	-	3.0	3.7	4.5	4.1	-	2.7	3.7	3.8	3.7	-	2.9	3.7	4.3	4.0
		-	1	2	3	2	-	2	2	2	2	-	1	2	3	2
Acute myocardial infarction	I21–I22	^	4.1	4.8	7.2	6.0	-	4.6	4.7	7.7	6.7	^	4.2	4.7	7.4	6.2
		^	3	3	4	4	-	3	3	5	4	^	3	3	4	4
Other ischaemic heart disease	I23–I25	^	5.2	4.7	5.6	5.2	^	5.0	4.2	4.2	4.2	^	5.2	4.6	5.2	5.0
		^	2	2	2	2	^	3	1	1	1	^	2	2	2	2
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	7.1	5.4	6.6	8.9	7.5	^	7.2	5.9	9.8	8.3	7.0	6.5	6.3	9.4	7.9
		4	4	4	6	5	^	3	4	6	5	4	4	4	6	5
Conduction disorders and cardiac arrhythmias	I44–I49	2.4	3.1	3.5	4.8	4.3	2.4	2.5	3.2	5.4	4.7	2.4	2.9	3.4	5.1	4.4
		1	1	2	2	2	1	1	1	3	2	1	1	1	2	2
Heart failure	I50	7.6	11.4	10.9	10.8	10.8	^	10.4	8.3	11.0	10.8	6.8	11.1	10.1	10.9	10.8
		3	7	7	7	7	^	8	6	7	7	3	7	7	7	7
Cerebrovascular disease	I60–I69	25.3	23.0	19.5	17.7	18.6	14.1	15.3	15.8	17.2	16.8	20.3	19.9	18.1	17.5	17.8
		6	8	7	8	8	11	8	7	9	8	7	8	7	9	8
Atherosclerosis (non-coronary)	I70	^	12.5	16.8	18.2	17.7	-	14.1	11.9	14.6	14.1	^	13.0	15.7	17.0	16.7
		^	9	7	9	9	-	2	10	9	9	^	7	8	9	9
Diseases of the respiratory system	**J00–J99**	**2.5**	**3.9**	**7.3**	**10.4**	**7.3**	**2.6**	**3.1**	**6.4**	**10.2**	**7.1**	**2.5**	**3.5**	**6.9**	**10.3**	**7.2**
		1	**1**	**4**	**6**	**3**	**2**	**1**	**3**	**6**	**4**	**1**	**1**	**4**	**6**	**3**
Acute upper respiratory infections and influenza	J00–J11	1.7	2.5	4.9	10.1	3.4	1.8	1.9	3.9	10.0	3.4	1.8	2.1	4.4	10.1	3.4
		1	1	2	6	1	1	1	2	6	1	1	1	2	6	1
Pneumonia	J12–J18	3.9	7.5	10.3	12.9	11.4	3.7	5.9	9.7	13.0	11.2	3.8	6.7	10.0	12.9	11.3
		2	4	6	8	7	3	3	5	8	6	2	4	6	8	7
Unspecified lower acute respiratory infection	J22	3.2	3.3	4.5	8.5	6.5	3.0	2.7	4.6	8.6	6.4	3.1	3.0	4.5	8.6	6.5
		2	1	3	5	4	2	1	2	5	3	2	1	2	5	4
Chronic diseases of tonsils and adenoids	J35	1.1	1.1	1.2	10.3	1.1	1.1	1.1	1.4	^	1.1	1.1	1.1	1.3	7.5	1.1
		1	1	1	1	1	1	1	1	^	1	1	1	1	1	1
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	3.8	6.1	6.6	8.2	7.8	16.5	5.2	6.4	8.6	8.1	7.2	5.5	6.5	8.4	8.0
		3	2	4	5	5	4	2	4	6	5	3	2	4	5	5
Asthma	J45–J46	1.8	2.2	3.8	6.5	2.9	1.9	2.4	3.2	5.8	3.1	1.8	2.4	3.4	6.1	3.0
		1	1	2	3	1	1	1	2	4	2	1	1	2	4	2
Diseases of the digestive system	**K00–K93**	**3.4**	**4.2**	**6.5**	**8.7**	**6.5**	**3.2**	**4.0**	**5.7**	**8.9**	**6.2**	**3.3**	**4.1**	**6.1**	**8.8**	**6.4**
		2	**2**	**3**	**5**	**3**	**2**	**2**	**3**	**5**	**3**	**2**	**2**	**3**	**5**	**3**
Diseases of oesophagus, stomach and duodenum	K20–K31	2.0	2.9	5.6	7.8	5.5	2.3	3.4	3.8	7.6	5.1	2.1	3.1	4.8	7.7	5.3
		1	1	2	4	2	1	1	1	4	2	1	1	2	4	2

TABLE 3.12 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Diagnosis, Sex and Age Group[a] (contd.)

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Diseases of appendix	K35–K38	3.0 2	2.7 2	3.9 3	7.0 5	3.2 2	3.3 2	2.8 2	4.2 3	5.8 4	3.3 2	3.2 2	2.8 2	4.0 3	6.4 5	3.2 2
Inguinal hernia	K40	5.3 1	1.3 1	1.6 1	3.4 1	2.8 1	4.0 1	1.2 1	1.9 1	3.8 2	3.3 1	5.2 1	1.3 1	1.6 1	3.5 1	2.9 1
Noninfective enteritis and colitis	K50–K52	5.3 4	7.1 5	8.1 5	10.0 6	7.8 5	6.5 3	6.5 5	6.9 4	10.4 6	7.6 5	5.9 3	6.8 5	7.5 5	10.3 6	7.7 5
Diverticular disease of intestine	K57	- -	4.4 3	5.6 3	7.2 5	6.0 3	- -	3.9 2	4.8 3	8.4 4	6.7 3	- -	4.2 3	5.2 3	7.9 4	6.4 3
Alcoholic liver disease	K70	- -	12.9 8	14.2 7	16.7 9	14.5 8	- -	14.6 8	13.4 9	16.4 13	14.2 9	- -	13.6 8	13.9 8	16.6 11	14.4 8
Cholelithiasis	K80	^ ^	3.7 2	4.9 3	8.3 6	6.6 4	3.0 3	3.2 2	4.0 2	7.2 5	4.7 2	2.8 2	3.3 2	4.3 2	7.8 5	5.5 3
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2.8 2**	**2.8 1**	**6.3 3**	**9.8 5**	**6.1 3**	**3.1 2**	**3.3 1**	**5.4 2**	**10.1 5**	**6.3 2**	**2.9 2**	**3.0 1**	**5.9 3**	**9.9 5**	**6.2 3**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	2.9 2	3.0 2	5.4 3	9.5 5	6.0 3	3.2 3	4.0 2	5.2 3	9.2 5	6.5 3	3.0 2	3.4 2	5.3 3	9.4 5	6.2 3
Decubitus ulcer and pressure area	L89	^ ^	21.4 10	24.5 9	23.7 12	23.2 11	^ ^	42.8 7	12.6 9	23.0 13	21.9 9	^ ^	27.7 9	19.0 9	23.3 12	22.6 10
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**4.2 2**	**3.3 1**	**4.9 2**	**7.5 3**	**5.8 2**	**4.6 2**	**2.8 1**	**4.0 1**	**7.2 3**	**5.4 2**	**4.4 2**	**3.1 1**	**4.5 2**	**7.3 3**	**5.6 2**
Rheumatoid arthritis	M05–M06	^ ^	5.8 3	4.5 3	8.1 3	6.5 3	- -	5.0 2	4.9 2	9.4 4	7.6 3	^ ^	5.3 3	4.7 2	8.9 4	7.1 3
Coxarthrosis and Gonarthrosis	M16–M17	^ ^	3.1 3	3.5 3	5.0 4	4.4 3	- -	3.3 2	4.2 3	6.4 4	5.6 4	^ ^	3.2 3	3.9 3	5.8 4	5.1 3
Intervertebral disc disorders	M50–M51	^ ^	3.6 2	5.5 3	9.9 5	5.9 3	^ ^	3.6 2	4.8 2	11.7 6	6.0 3	^ ^	3.6 2	5.2 3	10.9 5	6.0 3
Dorsalgia (back pain)	M54	1.7 1	1.9 1	3.5 1	6.8 2	4.2 1	2.5 2	2.2 1	3.5 1	6.9 2	4.4 1	2.1 1	2.1 1	3.5 1	6.8 2	4.3 1
Diseases of the genitourinary system	**N00–N99**	**2.4 1**	**2.6 1**	**4.4 2**	**10.1 6**	**6.7 3**	**2.9 2**	**2.6 1**	**4.4 2**	**9.6 5**	**5.8 3**	**2.6 2**	**2.6 1**	**4.4 2**	**9.8 5**	**6.2 3**
Chronic kidney disease	N18	12.1 9	7.1 6	6.9 6	11.1 6	8.9 6	14.0 6	8.6 6	6.7 6	9.0 4	8.3 5	13.1 6	7.7 6	6.8 6	10.2 5	8.7 6
Urolithiasis	N20–N23	2.9 2	1.9 1	2.4 2	3.4 2	2.4 2	2.3 2	2.3 2	3.3 2	5.0 2	3.3 2	2.7 2	2.1 1	2.7 2	4.0 2	2.8 2
Hyperplasia of prostate	N40	- -	^ ^	3.0 2	4.1 3	3.8 3	- -	- -	- -	- -	- -	- -	^ ^	3.0 2	4.1 3	3.8 3
Disorders of breast	N60–N64	^ ^	1.4 1	0.9 1	^ ^	1.4 1	2.7 3	1.8 1	1.6 1	3.5 1	1.9 1	2.6 3	1.8 1	1.6 1	3.4 1	1.9 1
Inflammatory diseases of female pelvic organs	N70–N77	- -	- -	- -	- -	- -	3.6 1	2.7 1	4.7 2	16.5 5	3.7 2	3.6 1	2.7 1	4.7 2	16.5 5	3.7 2
Noninflammatory disorders of female genital tract	N80–N98	- -	- -	- -	- -	- -	1.7 1	1.8 1	2.5 2	3.8 2	2.4 1	1.7 1	1.8 1	2.5 2	3.8 2	2.4 1
Pregnancy, childbirth and the puerperium	**O00–O99**	**- -**	**- -**	**- -**	**- -**	**- -**	**1.7 1**	**2.5 2**	**4.0 3**	**- -**	**2.5 2**	**1.7 1**	**2.5 2**	**4.0 3**	**- -**	**2.5 2**
Pregnancy with abortive outcome	O00-O09	- -	- -	- -	- -	- -	^ ^	1.3 1	1.0 1	- -	1.3 1	^ ^	1.3 1	1.0 1	- -	1.3 1
Gestational [pregnancy-induced] hypertension	O13	- -	- -	- -	- -	- -	- -	1.9 1	4.5 2	- -	2.0 1	- -	1.9 1	4.5 2	- -	2.0 1
Diabetes mellitus in pregnancy	O24	- -	- -	- -	- -	- -	- -	2.1 1	3.5 2	- -	2.1 1	- -	2.1 1	3.5 2	- -	2.1 1
Single spontaneous delivery	O80	- -	- -	- -	- -	- -	^ ^	2.5 2	3.0 3	- -	2.5 2	^ ^	2.5 2	3.0 3	- -	2.5 2

TABLE 3.12 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Diagnosis, Sex and Age Group[a] (contd.)

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Single delivery by forceps and vacuum extractor	O81	-	-	-	-	-	^	3.3	4.0	-	3.3	^	3.3	4.0	-	3.3
		-	-	-	-	-	^	3	4	-	3	^	3	4	-	3
Single delivery by caesarean section	O82	-	-	-	-	-	-	4.1	4.4	-	4.1	-	4.1	4.4	-	4.1
		-	-	-	-	-	-	4	4	-	4	-	4	4	-	4
Other assisted single delivery	O83	-	-	-	-	-	-	3.1	^	-	3.1	-	3.1	^	-	3.1
		-	-	-	-	-	-	3	^	-	3	-	3	^	-	3
Multiple delivery	O84	-	-	-	-	-	-	5.3	6.5	-	5.3	-	5.3	6.5	-	5.3
		-	-	-	-	-	-	4	5	-	4	-	4	5	-	4
Certain conditions originating in the perinatal period	**P00–P96**	**7.7**	**^**	**-**	**-**	**7.7**	**8.1**	**-**	**-**	**-**	**8.1**	**7.9**	**^**	**-**	**-**	**7.9**
		3	**^**	**-**	**-**	**3**	**2**	**-**	**-**	**-**	**2**	**3**	**^**	**-**	**-**	**3**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**7.5**	**5.3**	**11.1**	**6.4**	**7.3**	**6.6**	**4.1**	**5.3**	**8.8**	**6.2**	**7.1**	**4.7**	**8.2**	**7.6**	**6.8**
		2	**2**	**2**	**4**	**2**	**2**	**3**	**2**	**2**	**2**	**2**	**2**	**2**	**3**	**2**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**1.9**	**1.6**	**2.4**	**5.3**	**3.3**	**1.9**	**1.5**	**2.2**	**5.0**	**3.0**	**1.9**	**1.6**	**2.3**	**5.2**	**3.1**
		1	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**2**	**1**
Pain in throat and chest	R07	1.2	0.9	1.3	2.1	1.4	1.0	0.9	1.3	2.0	1.3	1.1	0.9	1.3	2.0	1.4
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Abdominal and pelvic pain	R10	1.3	1.3	2.0	2.8	1.8	1.4	1.4	1.8	3.0	1.7	1.3	1.3	1.9	2.9	1.7
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**1.5**	**4.1**	**7.4**	**13.8**	**7.6**	**1.7**	**3.3**	**5.7**	**14.3**	**8.9**	**1.6**	**3.8**	**6.6**	**14.1**	**8.2**
		1	**1**	**2**	**7**	**2**	**1**	**1**	**2**	**8**	**3**	**1**	**1**	**2**	**7**	**2**
Intracranial injury	S06	4.1	14.4	18.5	18.4	16.6	2.0	5.7	14.7	13.9	12.2	3.3	12.3	17.4	16.4	15.0
		1	3	6	8	5	1	2	4	8	5	1	3	5	8	5
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1.1	4.1	6.8	9.6	5.5	1.0	2.1	4.3	9.7	6.0	1.1	3.7	5.9	9.7	5.7
		1	1	2	4	1	1	1	1	5	2	1	1	2	5	1
Fracture of femur	S72	3.0	9.2	14.9	20.7	18.2	2.9	11.5	12.4	19.2	18.4	2.9	9.8	13.7	19.6	18.3
		2	4	8	14	11	2	6	8	13	12	2	4	8	13	12
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	1.3	3.0	6.0	10.5	4.5	2.1	2.7	4.5	12.0	4.0	1.9	2.8	5.2	11.4	4.2
		1	1	3	5	2	1	1	2	4	1	1	1	2	4	2
Factors influencing health status and contact with health services[b]	**U00–U49, Z00–Z99**	**2.1**	**6.5**	**9.5**	**16.1**	**10.7**	**2.2**	**1.2**	**7.0**	**19.5**	**6.1**	**2.2**	**1.6**	**8.2**	**17.8**	**7.6**
		1	**1**	**3**	**7**	**3**	**1**	**1**	**2**	**8**	**1**	**1**	**1**	**2**	**7**	**1**
Care involving dialysis	Z49	-	1.4	2.3	1.6	1.8	-	2.7	1.9	2.5	2.2	-	1.8	2.1	1.8	1.9
		-	1	1	1	1	-	3	1	1	1	-	1	1	1	1
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	4.6	9.6	14.7	27.4	23.6	5.8	3.7	21.3	32.1	26.6	5.1	5.1	17.8	30.1	25.3
		3	3	6	22	17	2	1	9	24	20	2	1	6	23	18

Notes:
^ Denotes that length of stay calculation was based on five or fewer discharges.
- Length of stay cannot be calculated as no in-patients are reported.
ǂ Denotes that no breakdown is provided.
a Includes length of stay for total in-patients (includes sameday and overnight in-patients). Excludes day patients.
b This category includes discharges in the code range U00–U49 'codes for special purposes'.

TABLE 3.13 Total Discharges: All-Listed Diagnoses by Sex and Age Group (N)

Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges	–	64,285	150,618	264,018	400,017	878,938	50,992	305,400	282,376	344,419	983,187	115,277	456,018	546,394	744,436	1,862,125
All Conditions	–	149,986	341,678	688,696	1,230,890	2,411,250	119,011	812,142	689,765	1,039,258	2,660,176	268,997	1,153,820	1,378,461	2,270,148	5,071,426
Certain infectious and parasitic diseases	**A00-B99**	**13,329**	**12,087**	**14,253**	**30,114**	**69,783**	**11,574**	**13,953**	**12,346**	**30,282**	**68,155**	**24,903**	**26,040**	**26,599**	**60,396**	**137,938**
Intestinal infectious diseases (including diarrhoea)	A00–A09	2,426	2,583	3,389	5,352	13,750	2,301	4,736	4,345	7,167	18,549	4,727	7,319	7,734	12,519	32,299
Tuberculosis	A15–A19	*	130	55	*	224	~	75	27	*	135	9	205	82	63	359
Septicaemia	A40–A41	235	511	1,725	5,798	8,269	222	648	1,283	4,547	6,700	457	1,159	3,008	10,345	14,969
Human immunodeficiency virus [HIV] disease	B20–B24	*	135	204	*	378	~	125	134	~	268	10	260	338	38	646
Neoplasms	**C00–D48**	**6,628**	**19,596**	**102,596**	**178,323**	**307,143**	**5,606**	**44,528**	**149,660**	**137,259**	**337,053**	**12,234**	**64,124**	**252,256**	**315,582**	**644,196**
Malignant neoplasms	C00–C96	5,867	15,092	89,045	154,808	264,812	4,652	33,602	132,488	120,817	291,559	10,519	48,694	221,533	275,625	556,371
Malignant neoplasm of colon, rectum and anus	C18–C21	0	1,120	9,649	11,933	22,702	~	*	6,387	7,253	14,963	~	*	16,036	19,186	37,665
Malignant neoplasm of trachea, bronchus and lung	C33–C34	10	368	5,296	11,412	17,086	14	236	5,531	10,071	15,852	24	604	10,827	21,483	32,938
Melanoma and other malignant neoplasms of skin	C43–C44	*	*	4,016	15,602	20,338	~	*	3,322	7,776	11,842	23	1,441	7,338	23,378	32,180
Malignant neoplasms of breast	C50	0	21	137	174	332	0	11,016	38,161	20,735	69,912	0	11,037	38,298	20,909	70,244
Malignant neoplasms of female genital organs	C51–C58	0	0	0	0	0	16	2,146	9,075	7,905	19,142	16	2,146	9,075	7,905	19,142
Malignant neoplasm of prostate	C61	6	103	7,652	24,372	32,133	0	0	0	0	0	6	103	7,652	24,372	32,133
Malignant neoplasm of bladder	C67	~	*	1,163	4,151	5,382	*	*	492	1,106	1,699	24	145	1,655	5,257	7,081
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	3,282	3,723	11,072	22,264	40,341	2,363	2,745	6,516	14,852	26,476	5,645	6,468	17,588	37,116	66,817
In situ neoplasms	D00-D09	~	*	674	2,429	3,195	0	813	3,289	3,161	7,263	~	*	3,963	5,590	10,458
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	758	4,415	12,877	21,086	39,136	954	10,113	13,883	13,281	38,231	1,712	14,528	26,760	34,367	77,367
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**2,921**	**4,832**	**8,400**	**19,904**	**36,057**	**2,115**	**12,845**	**9,178**	**18,299**	**42,437**	**5,036**	**17,677**	**17,578**	**38,203**	**78,494**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**3,428**	**13,560**	**49,444**	**98,958**	**165,390**	**2,876**	**17,999**	**32,520**	**72,669**	**126,064**	**6,304**	**31,559**	**81,964**	**171,627**	**291,454**
Diabetes mellitus	E10–E14	407	5,900	33,494	73,495	113,296	466	8,162	19,745	44,296	72,669	873	14,062	53,239	117,791	185,965
Cystic fibrosis	E84	72	881	216	8	1,177	142	788	184	14	1,128	214	1,669	400	22	2,305
Mental and behavioural disorders	**F00–F99**	**2,408**	**8,379**	**10,534**	**18,037**	**39,358**	**1,720**	**6,919**	**5,730**	**17,923**	**32,292**	**4,128**	**15,298**	**16,264**	**35,960**	**71,650**
Mental and behavioural disorders due to use of alcohol	F10	22	3,492	6,393	3,611	13,518	56	1,484	2,326	1,423	5,289	78	4,976	8,719	5,034	18,807
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	32	2,548	1,288	139	4,007	10	1,209	440	113	1,772	42	3,757	1,728	252	5,779
Diseases of nervous system	**G00–G99**	**3,498**	**6,711**	**9,945**	**14,626**	**34,780**	**2,714**	**12,147**	**11,334**	**13,455**	**39,650**	**6,212**	**18,858**	**21,279**	**28,081**	**74,430**
Multiple sclerosis	G35	13	1,311	1,182	287	2,793	0	4,359	2,732	612	7,703	13	5,670	3,914	899	10,496
Epilepsy	G40, G41	1,089	1,261	999	674	4,023	786	1,291	712	659	3,448	1,875	2,552	1,711	1,333	7,471
Transient cerebral ischaemic attacks and related syndromes	G45	*	*	500	1,256	1,819	~	*	386	1,432	1,905	9	141	886	2,688	3,724
Diseases of the eye and adnexa	**H00–H59**	**1,389**	**3,179**	**8,890**	**28,630**	**42,088**	**1,101**	**3,683**	**7,916**	**38,482**	**51,182**	**2,490**	**6,862**	**16,806**	**67,112**	**93,270**
Cataracts	H25-H26	16	165	1,402	6,056	7,639	15	131	1,457	8,309	9,912	31	296	2,859	14,365	17,551
Other retinal disorders	H35	141	459	2,720	12,790	16,110	116	370	1,911	19,531	21,928	257	829	4,631	32,321	38,038
Diseases of the ear and mastoid process	**H60–H95**	**2,583**	**1,780**	**1,638**	**1,967**	**7,968**	**1,950**	**1,996**	**1,930**	**2,049**	**7,925**	**4,533**	**3,776**	**3,568**	**4,016**	**15,893**
Diseases of the circulatory system	**I00–I99**	**1,417**	**7,161**	**31,391**	**74,944**	**114,913**	**1,510**	**7,578**	**16,537**	**57,569**	**83,194**	**2,927**	**14,739**	**47,928**	**132,513**	**198,107**
Hypertensive diseases	I10–I15	85	1,056	3,340	6,080	10,561	95	1,983	2,626	6,556	11,260	180	3,039	5,966	12,636	21,821
Angina pectoris	I20	0	126	1,106	1,629	2,861	0	44	437	832	1,313	0	170	1,543	2,461	4,174
Acute myocardial infarction	I21–I22	~	*	2,485	3,709	6,537	0	76	701	2,104	2,881	~	*	3,186	5,813	9,418
Other ischaemic heart disease	I23–I25	*	*	6,144	9,011	15,683	~	*	1,800	3,884	5,819	16	647	7,944	12,895	21,502
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	45	298	883	1,489	2,715	68	355	655	1,750	2,828	113	653	1,538	3,239	5,543
Conduction disorders and cardiac arrhythmias	I44–I49	203	1,030	5,215	18,361	24,809	248	711	2,106	13,495	16,560	451	1,741	7,321	31,856	41,369

TABLE 3.13 Total Discharges: All-Listed Diagnoses by Sex and Age Group (N) (contd.)

Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Heart failure	I50	31	218	1,660	10,360	12,269	100	145	822	8,654	9,721	131	363	2,482	19,014	21,990
Cerebrovascular disease	I60–I69	94	537	2,420	5,923	8,974	65	424	1,516	5,021	7,026	159	961	3,936	10,944	16,000
Atherosclerosis (non-coronary)	I70	~	*	537	1,511	2,085	~	*	151	758	946	6	68	688	2,269	3,031
Diseases of the respiratory system	**J00–J99**	**13,117**	**9,838**	**17,619**	**47,317**	**87,891**	**10,413**	**12,059**	**15,674**	**45,196**	**83,342**	**23,530**	**21,897**	**33,293**	**92,513**	**171,233**
Acute upper respiratory infections and influenza	J00–J11	4,107	1,376	837	1,720	8,040	3,296	2,496	963	1,739	8,494	7,403	3,872	1,800	3,459	16,534
Pneumonia	J12–J18	727	954	2,551	10,012	14,244	635	949	1,931	9,130	12,645	1,362	1,903	4,482	19,142	26,889
Unspecified lower acute respiratory infection	J22	1,234	963	2,258	8,039	12,494	1,160	1,350	1,954	7,555	12,019	2,394	2,313	4,212	15,594	24,513
Chronic diseases of tonsils and adenoids	J35	2,000	437	75	31	2,543	1,634	899	65	24	2,622	3,634	1,336	140	55	5,165
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	61	379	2,996	10,851	14,287	47	451	2,983	11,752	15,233	108	830	5,979	22,603	29,520
Asthma	J45–J46	1,065	1,069	1,756	1,224	5,114	731	1,981	2,114	1,563	6,389	1,796	3,050	3,870	2,787	11,503
Diseases of the digestive system	**K00–K93**	**7,184**	**47,806**	**73,210**	**80,780**	**208,980**	**5,293**	**54,166**	**68,809**	**76,598**	**204,866**	**12,477**	**101,972**	**142,019**	**157,378**	**413,846**
Diseases of oesophagus, stomach and duodenum	K20–K31	542	11,374	21,177	22,986	56,079	452	11,909	20,521	21,702	54,584	994	23,283	41,698	44,688	110,663
Diseases of appendix	K35–K38	928	1,750	453	205	3,336	653	1,639	452	210	2,954	1,581	3,389	905	415	6,290
Inguinal hernia	K40	380	541	1,399	1,638	3,958	86	45	63	128	322	466	586	1,462	1,766	4,280
Noninfective enteritis and colitis	K50–K52	1,257	11,730	7,407	3,096	23,490	913	10,272	6,912	3,702	21,799	2,170	22,002	14,319	6,798	45,289
Diverticular Disease of Intestine	K57	0	1,179	5,735	8,724	15,638	0	957	5,615	9,626	16,198	0	2,136	11,350	18,350	31,836
Alcoholic liver disease	K70	0	422	1,708	753	2,883	0	274	776	325	1,375	0	696	2,484	1,078	4,258
Cholelithiasis	K80	6	540	1,238	2,374	4,158	20	2,474	1,994	2,403	6,891	26	3,014	3,232	4,777	11,049
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2,708**	**12,919**	**13,783**	**20,592**	**50,002**	**2,264**	**14,430**	**12,627**	**17,875**	**47,196**	**4,972**	**27,349**	**26,410**	**38,467**	**97,198**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	670	1,623	2,267	3,602	8,162	607	1,200	1,239	3,146	6,192	1,277	2,823	3,506	6,748	14,354
Decubitus ulcer and pressure area	L89	29	225	725	3,617	4,596	29	128	448	3,447	4,052	58	353	1,173	7,064	8,648
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**2,153**	**8,753**	**18,902**	**24,629**	**54,437**	**2,385**	**14,875**	**26,105**	**35,432**	**78,797**	**4,538**	**23,628**	**45,007**	**60,061**	**133,234**
Rheumatoid arthritis	M05–M06	*	*	747	1,038	2,050	~	*	1,782	1,939	4,274	26	792	2,529	2,977	6,324
Coxarthrosis and Gonarthrosis	M16–M17	~	*	2,304	3,730	6,278	~	*	2,991	5,481	8,715	6	481	5,295	9,211	14,993
Intervertebral disc disorders	M50–M51	~	*	913	775	2,223	~	*	1,132	1,046	2,913	6	1,264	2,045	1,821	5,136
Dorsalgia (back pain)	M54	73	1,505	3,041	3,070	7,689	97	4,056	4,762	5,272	14,187	170	5,561	7,803	8,342	21,876
Diseases of the genitourinary system	**N00–N99**	**4,904**	**18,291**	**42,842**	**89,364**	**155,401**	**2,572**	**39,956**	**51,448**	**66,220**	**160,196**	**7,476**	**58,247**	**94,290**	**155,584**	**315,597**
Chronic kidney disease	N18	540	11,165	29,118	49,654	90,477	58	7,056	15,104	28,570	50,788	598	18,221	44,222	78,224	141,265
Urolithiasis	N20–N23	75	1,251	1,781	1,179	4,286	58	872	1,016	690	2,636	133	2,123	2,797	1,869	6,922
Hyperplasia of prostate	N40	0	107	*	4,159	*	0	0	~	0	~	0	107	1,537	4,159	5,803
Disorders of breast	N60–N64	7	81	32	30	150	16	2,103	2,527	727	5,373	23	2,184	2,559	757	5,523
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	50	2,963	833	435	4,281	50	2,963	833	435	4,281
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	256	20,213	22,918	6,299	49,686	256	20,213	22,918	6,299	49,686
Pregnancy, childbirth and the puerperium	**O00–O99**	**0**	**0**	**0**	**0**	**0**	**32**	**251,067**	**2,101**	**0**	**253,200**	**32**	**251,067**	**2,101**	**0**	**253,200**
Pregnancy with abortive outcome	O00-O09	0	0	0	0	0	10	20,780	255	0	21,045	10	20,780	255	0	21,045
Gestational [pregnancy-induced] hypertension	O13	0	0	0	0	0	~	5,354	*	0	5,427	~	5,354	*	0	5,427
Diabetes mellitus in pregnancy	O24	0	0	0	0	0	0	11,923	143	0	12,066	0	11,923	143	0	12,066
Single spontaneous delivery	O80	0	0	0	0	0	~	23,809	*	0	23,858	~	23,809	*	0	23,858
Single delivery by forceps and vacuum extractor	O81	0	0	0	0	0	~	7,204	*	0	7,227	~	7,204	*	0	7,227
Single delivery by caesarean section	O82	0	0	0	0	0	0	20,011	279	0	20,290	0	20,011	279	0	20,290
Other assisted single delivery	O83	0	0	0	0	0	0	*	~	0	814	0	*	~	0	814
Multiple delivery	O84	0	0	0	0	0	0	913	27	0	940	0	913	27	0	940
Certain conditions originating in the perinatal period	**P00–P96**	**14,831**	**~**	**~**	**0**	**14,833**	**11,734**	**0**	**0**	**0**	**11,734**	**26,565**	**~**	**~**	**0**	**26,567**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**9,402**	**1,821**	**1,165**	**665**	**13,053**	**6,605**	**2,192**	**942**	**379**	**10,118**	**16,007**	**4,013**	**2,107**	**1,044**	**23,171**

TABLE 3.13 Total Discharges: All-Listed Diagnoses by Sex and Age Group (N) (contd.)

Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**12,566**	**31,456**	**52,055**	**94,011**	**190,088**	**11,408**	**64,056**	**55,060**	**89,984**	**220,508**	**23,974**	**95,512**	**107,115**	**183,995**	**410,596**
Pain in throat and chest	R07	120	3,809	6,028	4,696	14,653	101	4,276	5,264	4,144	13,785	221	8,085	11,292	8,840	28,438
Abdominal and pelvic pain	R10	1,003	4,936	5,587	4,329	15,855	1,110	16,136	8,715	6,161	32,122	2,113	21,072	14,302	10,490	47,977
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**7,125**	**23,234**	**16,941**	**23,330**	**70,630**	**5,379**	**11,888**	**11,454**	**26,274**	**54,995**	**12,504**	**35,122**	**28,395**	**49,604**	**125,625**
Intracranial injury	S06	165	1,020	971	1,627	3,783	103	302	388	1,328	2,121	268	1,322	1,359	2,955	5,904
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1,410	3,545	1,823	3,470	10,248	895	986	870	3,429	6,180	2,305	4,531	2,693	6,899	16,428
Fracture of femur	S72	114	196	409	1,892	2,611	47	66	356	3,901	4,370	161	262	765	5,793	6,981
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	192	1,831	924	407	3,354	572	2,181	1,090	538	4,381	764	4,012	2,014	945	7,735
External causes of morbidity and mortality	**U50–Y98**	**17,682**	**43,408**	**34,210**	**62,359**	**157,659**	**13,421**	**28,101**	**27,691**	**69,481**	**138,694**	**31,103**	**71,509**	**61,901**	**131,840**	**296,353**
Transport accidents	V01–V99	382	1,488	826	587	3,283	232	768	457	373	1,830	614	2,256	1,283	960	5,113
Factors influencing health status and contact with health services[a]	**U00–U49, Z00–Z99**	**20,713**	**66,866**	**180,877**	**322,340**	**590,796**	**16,339**	**197,704**	**170,703**	**223,832**	**608,578**	**37,052**	**264,570**	**351,580**	**546,172**	**1,199,374**
COVID-19[b]	U07.1-U07.2	745	564	1,490	6,595	9,394	606	1,159	1,170	5,834	8,769	1,351	1,723	2,660	12,429	18,163
Care involving dialysis	Z49	*	*	41,369	63,570	121,964	~	*	23,037	36,371	69,359	474	26,502	64,406	99,941	191,323
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,469	7,420	41,098	78,360	129,347	2,135	17,129	61,458	59,025	139,747	4,604	24,549	102,556	137,385	269,094

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
ł Denotes that no breakdown is provided.
a This category includes discharges in the code range U00–U49 'codes for special purposes'.
b COVID-19 discharges are based on any diagnosis of U07.1 *Emergency use of U07.1 (COVID-19, virus identified)* or *U07.2 (COVID-19, virus not identified),* **and** any diagnosis of *B97.2 Coronavirus as the cause of diseases classified to other chapters* to identify the infectious agent or *B34.2 Coronavirus infection, unspecified site.*

3.4.4 Total Discharges by Principal Procedure, Sex and Age Group

In 2023, 80.0 per cent of total discharges had a principal procedure recorded (see Table 3.4). Discussion of procedures is confined to ACHI chapter level.

Table 3.14 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 28.5 per cent of total discharges with a principal procedure reported. 36.2 per cent of discharges aged less than 15 years, 24.2 per cent aged between 15–44 years, 26.2 per cent aged between 45–64 years and 31.5 per cent aged 65 years and over had a procedure from this chapter recorded as a principal procedure.
- 63.5 per cent of total discharges with a principal procedure from the chapter *Procedures on urinary system* were males. Procedures from this chapter accounted for 15.3 per cent of total discharges with a principal procedure reported.
- 26.4 per cent of female discharges aged between 15–44 years who underwent a procedure recorded a principal procedure from the chapter *Obstetric procedures*.
- Procedures from the chapter *Procedures on digestive system* accounted for 13.2 per cent of total discharges with a principal procedure reported, 74.2 per cent of these were aged 45 years and over.

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

Table 3.15 presents the in-patient mean and median length of stay for principal procedure by sex and age group. The analysis presented here includes total in-patient (sameday and overnight) discharges, and excludes day patients. These measures include pre-operative and post-operative length of stay. It should also be noted that this analysis by 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 length of stay presented in Table 3.15, in the absence of information on discharge destination.[36]

- At chapter level, *Radiation oncology procedures* reported the longest in-patient mean length of stay at 19.9 days. It should be noted that the majority of discharges with *Radiation oncology procedures* recorded as a principal procedure were day patients and are therefore not included in Table 3.15.

36 See Section Two for details of discharge destination.

- The longest in-patient mean length of stay for those aged less than 15 years and for those aged between 15–44 years was reported for the chapter *Procedures on blood and blood-forming organs* at 14.9 days and 17.1 days respectively. The longest in-patient mean length of stay for those aged between 45–64 years was reported for the *Radiation oncology procedures* at 18.6 days. For those aged 65 years and over the longest in-patient mean length of stay was reported for the chapter *Radiation oncology procedures* at 22.1 days.
- The shortest in-patient mean length of stay was reported for the chapter *Procedures on breast* at 2.5 days for total discharges.

3.4.6 All-Listed Procedures by Sex and Age Group

Table 3.16 provides details of all-listed procedures reported by sex and age group for total discharges. 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.

- Over 2.8 million procedures were reported for total discharges.
    - Procedures within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 1,253,633 of all listed procedures or 44.6 per cent of all procedures reported for total discharges.
- Males accounted for 65.9 per cent of procedures from the chapter *Procedures on cardiovascular system*.
- Total discharges aged less than 15 years accounted for 54.1 per cent of procedures from the chapter *Dental Services*.

TABLE 3.14 Total Discharges: Principal Procedure by Sex and Age Group (N)

Principal Procedure	Procedure Block	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges	-	64,285	150,618	264,018	400,017	878,938	50,992	305,400	282,376	344,419	983,187	115,277	456,018	546,394	744,436	1,862,125
All Principal Procedures	0001–2016	36,912	118,617	223,953	344,532	724,014	27,892	205,751	240,887	291,638	766,168	64,804	324,368	464,840	636,170	1,490,182
Procedures on nervous system	**0001–0086**	**827**	**2,708**	**4,336**	**3,820**	**11,691**	**627**	**4,079**	**6,359**	**5,626**	**16,691**	**1,454**	**6,787**	**10,695**	**9,446**	**28,382**
Lumbar puncture	0030	592	617	530	504	2,243	449	1,221	701	512	2,883	1,041	1,838	1,231	1,016	5,126
Procedures on endocrine system	**0110–0129**	**12**	**122**	**236**	**192**	**562**	**19**	**488**	**664**	**389**	**1,560**	**31**	**610**	**900**	**581**	**2,122**
Procedures on eye and adnexa	**0160–0256**	**613**	**1,917**	**7,172**	**22,588**	**32,290**	**451**	**1,463**	**5,561**	**30,006**	**37,481**	**1,064**	**3,380**	**12,733**	**52,594**	**69,771**
Extraction of crystalline lens	0200	35	123	1,048	4,643	5,849	20	86	1,130	6,318	7,554	55	209	2,178	10,961	13,403
Application insertion or removal procedures on retina choroid or posterior chamber	0209	~	*	4,449	15,444	20,669	*	*	3,020	21,203	24,816	16	1,353	7,469	36,647	45,485
Procedures on ear and mastoid process	**0300–0333**	1,408	1,125	908	860	4,301	1,039	1,115	971	807	3,932	2,447	2,240	1,879	1,667	8,233
Myringotomy	0309	850	81	70	58	1,059	566	87	69	39	761	1,416	168	139	97	1,820
Procedures on nose, mouth and pharynx	**0370–0422**	**2,229**	**3,194**	**2,760**	**2,263**	**10,446**	**1,761**	**3,295**	**2,617**	**1,709**	**9,382**	**3,990**	**6,489**	**5,377**	**3,972**	**19,828**
Tonsillectomy or adenoidectomy	0412	1,439	347	46	16	1,848	1,204	768	41	12	2,025	2,643	1,115	87	28	3,873
Dental services	**0450–0490**	**1,595**	**919**	**351**	**182**	**3,047**	**1,261**	**1,140**	**289**	**187**	**2,877**	**2,856**	**2,059**	**640**	**369**	**5,924**
Procedures on respiratory system	**0520–0572**	**2,836**	**1,953**	**4,362**	**7,189**	**16,340**	**2,085**	**1,581**	**3,811**	**6,173**	**13,650**	**4,921**	**3,534**	**8,173**	**13,362**	**29,990**
Bronchoscopy with/without biopsy	0543–0544, 90163-01 [0545]	117	578	1,389	2,025	4,109	85	491	1,413	1,928	3,917	202	1,069	2,802	3,953	8,026
Procedures on cardiovascular system	**0600–0777**	**798**	**5,329**	**15,436**	**14,936**	**36,499**	**719**	**2,712**	**8,133**	**8,007**	**19,571**	**1,517**	**8,041**	**23,569**	**22,943**	**56,070**
Coronary angiography	0668	48	452	3,671	4,345	8,516	32	180	1,713	2,568	4,493	80	632	5,384	6,913	13,009
Transluminal coronary angioplasty with/without stenting	0670–0671	0	188	1,543	1,701	3,432	~	*	366	644	1,039	~	*	1,909	2,345	4,471
CABG	0672–0679	0	18	289	377	684	0	6	35	64	105	0	24	324	441	789
Leg varicose vein ligation	0727–0728	0	322	541	254	1,117	0	734	891	347	1,972	0	1,056	1,432	601	3,089
Procedures on blood and blood-forming	**0800–0817**	**144**	**452**	**1,068**	**1,557**	**3,221**	**94**	**491**	**1,069**	**1,194**	**2,848**	**238**	**943**	**2,137**	**2,751**	**6,069**
Procedures on digestive system	**0850–1011**	**2,086**	**20,739**	**36,337**	**39,085**	**98,247**	**1,324**	**26,590**	**36,030**	**34,540**	**98,484**	**3,410**	**47,329**	**72,367**	**73,625**	**196,731**
Fibreoptic colonoscopy with/without excision	0905, 0911	50	7,990	15,833	16,790	40,663	26	10,034	15,964	14,356	40,380	76	18,024	31,797	31,146	81,043
Appendicectomy	0926	834	1,599	352	127	2,912	595	1,453	366	138	2,552	1,429	3,052	718	265	5,464
Procedures for haemorrhoids	0941	0	563	697	256	1,516	0	695	593	301	1,589	0	1,258	1,290	557	3,105
Cholecystectomy	0965	~	308	605	*	1,390	*	1,346	1,148	*	3,009	16	1,654	1,753	976	4,399
Division of abdominal adhesions	0986	8	31	46	68	153	7	198	93	111	409	15	229	139	179	562
Repair of inguinal and obstructed hernia	0990, 0997	292	496	1,276	1,271	3,335	76	56	93	154	379	368	552	1,369	1,425	3,714
Panendoscopy with/without excision	1005–1008	317	7,196	12,344	13,691	33,548	229	9,562	13,713	14,065	37,569	546	16,758	26,057	27,756	71,117
Procedures on urinary system	**1040–1129**	**813**	**19,281**	**48,101**	**76,467**	**144,662**	**191**	**12,863**	**28,201**	**41,880**	**83,135**	**1,004**	**32,144**	**76,302**	**118,347**	**227,797**
Haemodialysis	1060	*	*	41,614	64,157	122,859	~	*	23,217	36,760	70,025	477	26,659	64,831	100,917	192,884
Examination procedures on bladder (includes cystoscopy)	1089	42	862	3,000	6,439	10,343	22	1,170	2,094	2,693	5,979	64	2,032	5,094	9,132	16,322
Procedures on male genital organs	**1160–1203**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**2,491**	**1,238**	**2,452**	**2,607**	**8,788**
Prostatectomy	1166–1167	0	8	568	647	1,223	0	0	0	0	0	0	8	568	647	1,223
Circumcision	30653-00 [1196]	1,058	381	215	170	1,824	0	0	0	0	0	1,058	381	215	170	1,824
Gynaecological procedures	**1240–1299**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**89**	**16,987**	**17,438**	**3,823**	**38,337**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	7	336	465	179	987	7	336	465	179	987
Salpingectomy	1251	0	0	0	0	0	~	289	46	~	341	~	289	46	~	341
Examination procedures on uterus	1259	0	0	0	0	0	~	4,327	7,853	*	13,425	~	4,327	7,853	*	13,425
Curettage and evacuation of uterus	1265	0	0	0	0	0	~	4,735	2,320	*	7,372	~	4,735	2,320	*	7,372
Hysterectomy	1268–1269	0	0	0	0	0	0	410	1,254	559	2,223	0	410	1,254	559	2,223
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	68	285	299	652	0	68	285	299	652
Obstetric procedures	**1330–1347**	**0**	**0**	**0**	**0**	**0**	**~**	**54,346**	*****	**0**	**54,741**	**~**	**54,346**	*****	**0**	**54,741**
Analgesia and anaesthesia during labour and delivery procedure	1333	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~

TABLE 3.14 Total Discharges: Principal Procedure by Sex and Age Group (N) (contd.)

Principal Procedure	Procedure Block	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Medical or surgical induction of labour	1334	0	0	0	0	0	~	1,177	*	0	1,188	~	1,177	*	0	1,188
Medical or surgical augmentation of labour	1335	0	0	0	0	0	0	109	0	0	109	0	109	0	0	109
Spontaneous vertex delivery	1336	0	0	0	0	0	~	22,664	*	0	22,715	~	22,664	*	0	22,715
Forceps rotation and delivery	1337	0	0	0	0	0	0	*	~	0	1,646	0	*	~	0	1,646
Vacuum extraction	1338	0	0	0	0	0	~	5,561	*	0	5,579	~	5,561	*	0	5,579
Breech delivery and extraction	1339	0	0	0	0	0	0	60	0	0	60	0	60	0	0	60
Caesarean section	1340	0	0	0	0	0	0	20,663	304	0	20,967	0	20,663	304	0	20,967
Episiotomy associated with delivery	90472-00 [1343]	0	0	0	0	0	0	123	0	0	123	0	123	0	0	123
Postpartum suture	1344	0	0	0	0	0	0	1,235	0	0	1,235	0	1,235	0	0	1,235
Procedures on musculoskeletal system	**1360–1580**	**3,459**	**9,431**	**10,470**	**10,646**	**34,006**	**2,933**	**5,947**	**13,170**	**17,039**	**39,089**	**6,392**	**15,378**	**23,640**	**27,685**	**73,095**
Arthroplasty of hip	1489	~	*	742	1,659	2,481	0	70	731	2,481	3,282	~	*	1,473	4,140	5,763
Arthroplasty of knee	1518–1519	0	9	420	711	1,140	0	13	474	973	1,460	0	22	894	1,684	2,600
Dermatological and plastic procedures	**1600–1718**	**3,188**	**13,687**	**13,999**	**19,147**	**50,021**	**2,632**	**14,787**	**13,885**	**14,220**	**45,524**	**5,820**	**28,474**	**27,884**	**33,367**	**95,545**
Excision of lesion of skin and subcutaneous tissue	1620	366	3,891	6,083	9,937	20,277	307	5,475	6,165	7,101	19,048	673	9,366	12,248	17,038	39,325
Other debridement of skin and subcutaneous tissue	1628	155	896	630	466	2,147	107	422	337	351	1,217	262	1,318	967	817	3,364
Skin graft	1640–1650	7	59	52	106	224	11	29	41	65	146	18	88	93	171	370
Procedures on breast	**1740–1759**	**0**	**64**	**39**	**33**	**136**	**9**	**3,685**	**5,716**	**2,545**	**11,955**	**9**	**3,749**	**5,755**	**2,578**	**12,091**
Breast biopsy	1743–1744	0	22	23	24	69	7	2,658	3,991	1,964	8,620	7	2,680	4,014	1,988	8,689
Mastectomy	1747–1748	0	15	6	9	30	0	230	576	344	1,150	0	245	582	353	1,180
Radiation oncology procedures	**1786–1800**	**236**	**2,949**	**18,302**	**36,343**	**57,830**	**177**	**6,566**	**26,971**	**22,158**	**55,872**	**413**	**9,515**	**45,273**	**58,501**	**113,702**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1923**	**12,436**	**32,306**	**54,843**	**102,506**	**202,091**	**11,019**	**46,153**	**66,916**	**98,149**	**222,237**	**23,455**	**78,459**	**121,759**	**200,655**	**424,328**
Administration of blood and blood products	1893	1,419	2,142	3,396	9,383	16,340	1,033	2,739	3,475	6,767	14,014	2,452	4,881	6,871	16,150	30,354
Conduction anaesthesia	1909	0	~	~	*	16	0	~	~	~	10	0	~	*	15	26
Cerebral anaesthesia	1910	28	15	16	27	86	21	20	20	20	81	49	35	36	47	167
Imaging services[a]	**1940–2016**	**1,743**	**1,204**	**2,778**	**4,111**	**9,836**	**1,457**	**1,462**	**2,697**	**3,186**	**8,802**	**3,200**	**2,666**	**5,475**	**7,297**	**18,638**
Computerised tomography scan	1952–1966	171	231	656	1,218	2,276	131	207	680	975	1,993	302	438	1,336	2,193	4,269
Magnetic resonance imaging	2015	1,251	121	57	90	1,519	1,010	109	57	65	1,241	2,261	230	114	155	2,760

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 See Appendix V for information on updated Australian Coding Standard (ACS) 0042 *Procedures normally not coded* in ICD-10-AM 10th edition.

TABLE 3.15 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Procedure, Sex and Age Group[a]

Principal Procedure	Procedure Block	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total In-Patient Discharges	**Mean**	**3.4**	**4.0**	**6.4**	**9.7**	**7.0**	**3.5**	**2.7**	**5.1**	**9.6**	**5.4**	**3.5**	**3.1**	**5.8**	**9.7**	**6.1**
	Median	**1**	**1**	**2**	**5**	**3**	**1**	**2**	**2**	**5**	**2**	**1**	**2**	**2**	**5**	**2**
All Principal Procedures	**0001–2016**	**5.5**	**6.3**	**9.4**	**12.9**	**10.3**	**5.9**	**3.9**	**7.8**	**12.9**	**8.0**	**5.7**	**4.5**	**8.7**	**12.9**	**9.0**
		2	**2**	**4**	**7**	**5**	**2**	**3**	**4**	**7**	**4**	**2**	**3**	**4**	**7**	**4**
Procedures on nervous system	**0001–0086**	**6.6**	**9.3**	**13.1**	**16.0**	**11.7**	**6.4**	**6.7**	**10.1**	**16.5**	**10.0**	**6.5**	**7.9**	**11.6**	**16.3**	**10.9**
		3	**4**	**6**	**9**	**5**	**4**	**4**	**6**	**9**	**5**	**4**	**4**	**6**	**9**	**5**
Lumbar puncture	0030	5.0	7.9	17.7	23.0	12.5	5.6	6.4	10.8	22.3	10.1	5.2	6.9	13.9	22.6	11.2
		3	5	8	13	6	4	4	6	14	5	3	4	7	13	5
Procedures on endocrine system	**0110–0129**	**4.4**	**11.4**	**5.6**	**10.7**	**8.5**	**3.7**	**2.9**	**3.2**	**5.6**	**3.7**	**4.0**	**4.9**	**3.9**	**7.3**	**5.0**
		2	**2**	**3**	**4**	**3**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
Procedures on eye and adnexa	**0160–0256**	**2.8**	**3.1**	**2.1**	**3.4**	**2.9**	**4.7**	**2.2**	**1.8**	**2.9**	**2.6**	**3.6**	**2.7**	**2.0**	**3.1**	**2.7**
		1	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Extraction of crystalline lens	0200	1.1	2.9	1.4	1.7	1.7	1.5	1.2	1.8	1.8	1.8	1.3	2.3	1.6	1.7	1.7
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Application insertion or removal procedures on retina choroid or posterior chamber	0209	^	1.3	3.7	2.8	2.9	-	0.9	1.8	1.6	1.5	^	1.1	2.9	2.1	2.1
		^	1	1	1	1	-	1	1	1	1	^	1	1	1	1
Procedures on ear and mastoid process	**0300–0333**	**1.6**	**1.5**	**3.3**	**7.8**	**2.9**	**1.6**	**1.7**	**3.5**	**4.1**	**2.4**	**1.6**	**1.6**	**3.4**	**6.3**	**2.7**
		1	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Myringotomy	0309	1.5	^	^	19.0	3.1	2.2	^	1.3	^	2.2	1.8	6.2	3.0	16.4	2.7
		1	^	^	18	1	1	^	1	^	1	1	2	1	11	1
Procedures on nose, mouth and pharynx	**0370–0422**	**1.3**	**2.0**	**3.9**	**9.0**	**3.0**	**1.4**	**1.4**	**4.2**	**7.9**	**2.5**	**1.4**	**1.7**	**4.1**	**8.6**	**2.8**
		1	**1**	**1**	**3**	**1**	**1**	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**2**	**1**
Tonsillectomy or adenoidectomy	0412	1.1	1.2	2.4	2.4	1.2	1.2	1.1	1.2	2.9	1.2	1.1	1.1	1.8	2.6	1.2
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dental services	**0450–0490**	**1.6**	**4.6**	**11.9**	**18.5**	**6.5**	**1.4**	**3.4**	**8.1**	**5.0**	**3.8**	**1.5**	**4.0**	**10.5**	**13.8**	**5.3**
		1	**2**	**3**	**5**	**2**	**1**	**2**	**3**	**3**	**2**	**1**	**2**	**3**	**4**	**2**
Procedures on respiratory system	**0520–0572**	**12.7**	**16.4**	**19.6**	**18.1**	**16.8**	**13.9**	**15.7**	**16.7**	**17.8**	**16.4**	**13.2**	**16.1**	**18.4**	**18.0**	**16.6**
		5	**7**	**10**	**11**	**8**	**6**	**7**	**10**	**11**	**9**	**5**	**7**	**10**	**11**	**9**
Bronchoscopy with/without biopsy	0543–0544, 90163-01 [0545]	6.2	13.9	17.9	17.8	16.7	9.2	11.2	14.9	19.1	16.4	7.5	12.7	16.6	18.4	16.5
		5	10	12	13	12	7	8	10	12	10	5	9	11	13	11
Procedures on cardiovascular system	**0600–0777**	**11.4**	**6.7**	**6.5**	**8.5**	**7.8**	**12.6**	**7.9**	**6.1**	**8.5**	**8.0**	**11.9**	**7.1**	**6.4**	**8.5**	**7.8**
		6	**3**	**3**	**4**	**3**	**7**	**3**	**3**	**4**	**3**	**6**	**3**	**3**	**4**	**3**
Coronary angiography	0668	8.7	4.1	4.6	5.4	5.0	2.8	4.3	3.9	5.8	5.0	6.5	4.2	4.4	5.5	5.0
		2	2	2	3	2	2	2	2	2	2	2	2	2	2	2
Transluminal coronary angioplasty with/without stenting	0670–0671	-	3.1	3.1	4.3	3.7	^	2.8	3.0	4.1	3.7	^	3.0	3.1	4.3	3.7
		-	2	2	2	2	^	2	2	2	2	^	2	2	2	2
CABG	0672–0679	-	13.6	13.0	16.2	14.8	-	15.7	14.3	18.0	16.7	-	14.1	13.1	16.5	15.0
		-	12	10	12	11	-	14	11	14	13	-	12	10	12	12
Leg varicose vein ligation	0727–0728	-	1.1	1.0	1.0	1.0	-	1.0	1.5	4.1	2.1	-	1.0	1.2	2.3	1.5
		-	1	1	1	1	-	1	1	1	1	-	1	1	1	1
Procedures on blood and blood-forming organs	**0800–0817**	**19.1**	**20.8**	**16.7**	**16.7**	**17.6**	**8.4**	**13.1**	**12.3**	**16.4**	**13.8**	**14.9**	**17.1**	**14.6**	**16.6**	**15.9**
		10	**8**	**11**	**9**	**9**	**4**	**5**	**4**	**10**	**6**	**7**	**7**	**8**	**10**	**8**
Procedures on digestive system	**0850–1011**	**7.0**	**6.0**	**9.5**	**14.1**	**10.6**	**5.5**	**5.4**	**8.8**	**14.0**	**9.8**	**6.4**	**5.7**	**9.2**	**14.0**	**10.2**
		2	**2**	**5**	**7**	**5**	**2**	**3**	**5**	**8**	**5**	**2**	**3**	**5**	**8**	**5**
Fibreoptic colonoscopy with/without excision	0905, 0911	5.2	8.5	8.8	13.9	11.6	3.4	6.5	8.8	13.3	10.7	4.3	7.5	8.8	13.6	11.2
		2	6	5	7	6	3	5	5	7	6	2	5	5	7	6
Appendicectomy	0926	3.0	2.7	4.5	6.7	3.2	3.3	2.8	4.0	5.4	3.2	3.1	2.8	4.2	6.0	3.2
		2	2	3	5	2	2	2	3	4	2	2	2	3	4	2
Procedures for haemorrhoids	0941	-	2.4	1.8	4.9	2.8	-	1.6	1.4	5.6	2.7	-	1.9	1.7	5.2	2.8
		-	1	1	2	1	-	1	1	3	1	-	1	1	3	1

TABLE 3.15 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Procedure, Sex and Age Group[a] (contd.)

Principal Procedure	Procedure Block	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Cholecystectomy	0965	^	3.2	4.7	5.5	4.7	4.0	3.1	3.1	4.5	3.4	3.5	3.1	3.7	5.0	3.9
		^	2	2	2	2	2	1	1	2	1	2	1	1	2	1
Division of abdominal adhesions	0986	7.6	11.8	9.1	13.5	11.6	10.6	3.9	7.5	15.2	9.3	9.1	5.7	8.1	14.6	10.0
		8	8	6	9	8	10	2	6	10	6	9	3	6	10	7
Repair of inguinal and obstructed hernia	0990, 0997	7.0	1.9	2.5	4.5	3.8	1.5	4.9	4.8	8.5	6.9	6.6	2.5	2.8	5.1	4.2
		1	1	1	1	1	2	3	2	4	3	1	1	1	1	1
Panendoscopy with/without excision	1005–1008	4.8	6.0	9.8	15.0	12.2	4.3	7.3	9.8	14.8	12.3	4.6	6.7	9.8	14.9	12.3
		2	3	5	8	7	2	4	6	8	7	2	4	6	8	7
Procedures on urinary system	**1040–1129**	**7.3**	**5.5**	**6.6**	**10.8**	**8.6**	**6.0**	**5.2**	**7.2**	**10.2**	**8.0**	**6.8**	**5.4**	**6.8**	**10.6**	**8.4**
		3	**3**	**3**	**5**	**3**	**3**	**3**	**4**	**5**	**4**	**3**	**3**	**3**	**5**	**4**
Haemodialysis	1060	7.7	10.6	11.9	16.6	14.6	-	11.9	11.4	13.9	12.9	7.7	11.2	11.7	15.6	13.9
		2	6	8	9	8	-	5	7	8	7	2	6	7	9	8
Examination procedures on bladder (includes cystoscopy)	1089	7.1	8.8	9.8	12.4	11.6	^	6.0	6.3	13.6	10.0	5.4	7.6	8.4	12.6	11.2
		1	2	2	5	4	^	2	2	7	4	1	2	2	6	4
Procedures on male genital organs	**1160–1203**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**1.2**	**1.8**	**3.1**	**5.3**	**3.2**
		ǂ	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**1**	**1**	**2**	**3**	**2**
Prostatectomy	1166–1167	-	2.9	2.6	3.9	3.3	-	-	-	-	-	-	2.9	2.6	3.9	3.3
		-	3	2	3	2	-	-	-	-	-	-	3	2	3	2
Circumcision	30653-00 [1196]	1.1	1.5	2.3	3.2	1.7	-	-	-	-	-	1.1	1.5	2.3	3.2	1.7
		1	1	1	1	1	-	-	-	-	-	1	1	1	1	1
Gynaecological procedures	**1240–1299**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**2.3**	**1.8**	**3.2**	**5.0**	**2.6**
		ǂ	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**2**	**1**	**2**	**3**	**1**
Oophorectomy and salpingo-oophorectomy	1243, 1252	-	-	-	-	-	3.4	2.9	2.2	4.0	2.8	3.4	2.9	2.2	4.0	2.8
		-	-	-	-	-	3	2	1	2	2	3	2	1	2	2
Salpingectomy	1251	-	-	-	-	-	^	2.0	4.5	^	2.5	^	2.0	4.5	^	2.5
		-	-	-	-	-	^	1	1	^	1	^	1	1	^	1
Examination procedures on uterus	1259	-	-	-	-	-	-	1.2	2.1	6.8	2.8	-	1.2	2.1	6.8	2.8
		-	-	-	-	-	-	1	1	2	1	-	1	1	2	1
Curettage and evacuation of uterus	1265	-	-	-	-	-	^	1.1	1.4	6.8	1.2	^	1.1	1.4	6.8	1.2
		-	-	-	-	-	^	1	1	1	1	^	1	1	1	1
Hysterectomy	1268–1269	-	-	-	-	-	-	4.1	4.0	5.0	4.2	-	4.1	4.0	5.0	4.2
		-	-	-	-	-	-	3	3	3	3	-	3	3	3	3
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	-	-	-	-	-	2.3	2.4	3.2	2.7	-	2.3	2.4	3.2	2.7
		-	-	-	-	-	-	2	2	3	2	-	2	2	3	2
Obstetric procedures	**1330–1347**	**-**	**-**	**-**	**-**	**-**	**^**	**3.4**	**5.5**	**-**	**3.4**	**^**	**3.4**	**5.5**	**-**	**3.4**
		-	**-**	**-**	**-**	**-**	**^**	**3**	**4**	**-**	**3**	**^**	**3**	**4**	**-**	**3**
Analgesia and anaesthesia during labour and delivery procedure	1333	-	-	-	-	-	-	^	-	-	^	-	^	-	-	^
		-	-	-	-	-	-	^	-	-	^	-	^	-	-	^
Medical or surgical induction of labour	1334	-	-	-	-	-	^	2.1	1.2	-	2.1	^	2.1	1.2	-	2.1
		-	-	-	-	-	^	1	1	-	1	^	1	1	-	1
Medical or surgical augmentation of labour	1335	-	-	-	-	-	-	2.5	-	-	2.5	-	2.5	-	-	2.5
		-	-	-	-	-	-	2	-	-	2	-	2	-	-	2
Spontaneous vertex delivery	1336	-	-	-	-	-	^	2.6	3.5	-	2.6	^	2.6	3.5	-	2.6
		-	-	-	-	-	^	2	3	-	2	^	2	3	-	2
Forceps rotation and delivery	1337	-	-	-	-	-	-	3.6	^	-	3.6	-	3.6	^	-	3.6
		-	-	-	-	-	-	3	^	-	3	-	3	^	-	3
Vacuum extraction	1338	-	-	-	-	-	^	3.3	4.4	-	3.3	^	3.3	4.4	-	3.3
		-	-	-	-	-	^	3	4	-	3	^	3	4	-	3
Breech delivery and extraction	1339	-	-	-	-	-	-	4.3	-	-	4.3	-	4.3	-	-	4.3
		-	-	-	-	-	-	3	-	-	3	-	3	-	-	3

TABLE 3.15 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Procedure, Sex and Age Group[a] (contd.)

Principal Procedure	Procedure Block	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Caesarean section	1340	-	-	-	-	-	-	4.5	6.1	-	4.5	-	4.5	6.1	-	4.5
		-	-	-	-	-	-	4	4	-	4	-	4	4	-	4
Episiotomy associated with delivery	90472-00	-	-	-	-	-	-	3.4	-	-	3.4	-	3.4	-	-	3.4
	[1343]	-	-	-	-	-	-	3	-	-	3	-	3	-	-	3
Postpartum suture	1344	-	-	-	-	-	-	2.9	-	-	2.9	-	2.9	-	-	2.9
		-	-	-	-	-	-	2	-	-	2	-	2	-	-	2
Procedures on musculoskeletal system	**1360–1580**	**2.0**	**3.3**	**7.4**	**13.7**	**7.7**	**2.3**	**4.1**	**5.6**	**12.2**	**8.4**	**2.1**	**3.6**	**6.6**	**12.8**	**8.1**
		1	**1**	**3**	**6**	**2**	**1**	**2**	**2**	**6**	**3**	**1**	**1**	**2**	**6**	**3**
Arthroplasty of hip	1489	^	3.7	5.4	11.8	9.7	-	5.8	5.0	12.7	10.8	^	4.7	5.2	12.3	10.3
		^	3	3	6	4	-	3	3	7	6	^	3	3	7	5
Arthroplasty of knee	1518–1519	-	4.1	3.3	4.5	4.1	-	2.9	4.1	5.1	4.7	-	3.4	3.7	4.8	4.4
		-	4	3	4	3	-	2	3	4	4	-	3	3	4	4
Dermatological and plastic procedures	**1600–1718**	**2.5**	**3.2**	**7.0**	**9.5**	**5.2**	**2.9**	**3.8**	**6.2**	**14.0**	**6.2**	**2.7**	**3.4**	**6.7**	**11.3**	**5.6**
		1	**1**	**2**	**3**	**1**	**1**	**1**	**2**	**5**	**2**	**1**	**1**	**2**	**3**	**2**
Excision of lesion of skin and subcutaneous tissue	1620	10.1	2.3	3.4	5.3	4.8	1.7	3.4	1.4	8.8	5.8	7.9	2.8	2.4	6.6	5.2
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other debridement of skin and subcutaneous tissue	1628	2.0	4.2	9.0	13.1	7.6	2.5	6.0	8.0	20.2	10.8	2.2	4.8	8.7	16.3	8.7
		1	1	3	7	2	1	1	3	9	3	1	1	3	8	2
Skin graft	1640–1650	^	12.3	20.5	8.6	12.7	24.3	12.9	8.2	15.1	13.6	16.8	12.4	15.5	11.5	13.1
		^	5	7	2	5	6	6	1	7	4	5	5	4	3	5
Procedures on breast	**1740–1759**	**-**	**2.8**	**1.1**	**4.6**	**3.0**	**^**	**2.4**	**2.4**	**2.9**	**2.5**	**^**	**2.4**	**2.3**	**2.9**	**2.5**
		-	**2**	**1**	**2**	**2**	**^**	**1**	**1**	**1**	**1**	**^**	**1**	**1**	**1**	**1**
Breast biopsy	1743–	-	^	^	^	7.6	-	1.3	1.3	2.7	1.8	-	1.4	1.3	2.7	1.8
	1744	-	^	^	^	4	-	1	1	1	1	-	1	1	1	1
Mastectomy	1747–	-	1.2	^	2.2	1.7	-	2.9	3.0	3.1	3.0	-	2.9	3.0	3.0	3.0
	1748	-	1	^	2	1	-	2	2	2	2	-	2	2	2	2
Radiation oncology procedures	**1786–1800**	**-**	**16.5**	**19.9**	**24.0**	**22.1**	**^**	**10.7**	**17.5**	**19.8**	**17.7**	**^**	**12.7**	**18.6**	**22.1**	**19.9**
		-	**11**	**14**	**21**	**18**	**^**	**5**	**15**	**16**	**14**	**^**	**5**	**15**	**18**	**15**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1923**	**4.9**	**8.2**	**10.4**	**13.2**	**11.5**	**5.4**	**5.8**	**9.3**	**13.4**	**11.1**	**5.2**	**6.8**	**9.9**	**13.3**	**11.3**
		3	**4**	**5**	**8**	**6**	**3**	**3**	**5**	**8**	**6**	**3**	**3**	**5**	**8**	**6**
Administration of blood and blood products	1893	3.6	7.7	10.7	12.4	11.2	4.0	5.6	9.1	12.2	10.1	3.8	6.3	9.8	12.3	10.6
		2	4	6	7	6	2	2	5	7	5	2	3	5	7	6
Conduction anaesthesia	1909	-	-	^	12.1	10.6	-	^	^	^	^	-	^	^	14.4	10.8
		-	-	^	1	1	-	^	^	^	^	-	^	^	4	2
Cerebral anaesthesia	1910	^	45.1	9.4	22.9	23.5	^	8.4	2.8	12.9	7.5	2.1	26.8	5.7	18.7	15.6
		^	3	4	15	4	^	4	3	6	3	1	3	3	10	3
Imaging services[b]	**1940–2016**	**8.2**	**6.7**	**8.9**	**14.1**	**10.7**	**8.3**	**4.2**	**8.5**	**12.6**	**8.9**	**8.2**	**5.2**	**8.7**	**13.4**	**9.9**
		2	**2**	**5**	**7**	**5**	**3**	**1**	**3**	**7**	**3**	**3**	**1**	**4**	**7**	**4**
Computerised tomography scan	1952-1966	7.3	3.3	2.0	3.1	3.9	3.7	2.0	4.5	4.2	4.0	5.7	2.8	3.4	3.7	3.9
		1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Magnetic resonance imaging	2015	9.9	2.5	1.9	20.8	10.0	9.6	8.8	18.5	18.1	10.8	9.7	6.0	9.9	19.9	10.3
		3	1	1	7	3	4	1	1	9	3	4	1	1	8	3

Notes:
^ Denotes that length of stay calculation was based on five or fewer discharges.
ǂ Denotes that no breakdown is provided.
\- Length of stay cannot be calculated as no in-patients are reported.
a Includes length of stay for total in-patients (includes sameday and overnight in-patients). Excludes day patients.
b See Appendix V for information on updated Australian Coding Standard (ACS) 0042 *Procedures normally not coded* in ICD-10-AM 10th edition.

TABLE 3.16 Total Discharges: All-Listed Procedures by Sex and Age Group (N)

All Procedures	Procedure Block	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges	-	64,285	150,618	264,018	400,017	878,938	50,992	305,400	282,376	344,419	983,187	115,277	456,018	546,394	744,436	1,862,125
All Procedures	0001–2016	86,863	203,190	391,751	637,552	1,319,356	63,976	445,039	425,007	557,892	1,491,914	150,839	648,229	816,758	1,195,444	2,811,270
Procedures on nervous system	**0001–0086**	**1,808**	**4,312**	**7,321**	**6,509**	**19,950**	**1,399**	**6,223**	**10,650**	**10,090**	**28,362**	**3,207**	**10,535**	**17,971**	**16,599**	**48,312**
Lumbar puncture	0030	1,326	818	755	768	3,667	1,035	1,381	885	717	4,018	2,361	2,199	1,640	1,485	7,685
Procedures on endocrine system	**0110–0129**	**15**	**134**	**267**	**230**	**646**	**22**	**506**	**696**	**427**	**1,651**	**37**	**640**	**963**	**657**	**2,297**
Procedures on eye and adnexa	**0160–0256**	**827**	**2,581**	**10,036**	**30,927**	**44,371**	**637**	**2,076**	**8,093**	**41,190**	**51,996**	**1,464**	**4,657**	**18,129**	**72,117**	**96,367**
Extraction of crystalline lens	200	36	137	1,089	4,757	6,019	21	89	1,175	6,442	7,727	57	226	2,264	11,199	13,746
Application insertion or removal procedures on retina choroid or posterior chamber	0209	**16**	**912**	**5,198**	**17,239**	**23,365**	**14**	**701**	**3,488**	**24,163**	**28,366**	**30**	**1,613**	**8,686**	**41,402**	**51,731**
Procedures on ear and mastoid process	**0300–0333**	**2,053**	**1,375**	**1,090**	**1,051**	**5,569**	**1,487**	**1,305**	**1,112**	**935**	**4,839**	**3,540**	**2,680**	**2,202**	**1,986**	**10,408**
Myringotomy	0309	1,213	107	84	71	1,475	809	98	76	46	1,029	2,022	205	160	117	2,504
Procedures on nose, mouth and pharynx	**0370–0422**	**2,732**	**4,494**	**4,006**	**3,136**	**14,368**	**2,116**	**4,262**	**3,593**	**2,322**	**12,293**	**4,848**	**8,756**	**7,599**	**5,458**	**26,661**
Tonsillectomy or adenoidectomy	0412	1,575	360	61	18	2,014	1,306	782	46	13	2,147	2,881	1,142	107	31	4,161
Dental services	**0450–0490**	**4,589**	**2,477**	**702**	**288**	**8,056**	**3,047**	**2,176**	**601**	**245**	**6,069**	**7,636**	**4,653**	**1,303**	**533**	**14,125**
Procedures on respiratory system	**0520–0572**	**4,406**	**3,445**	**7,522**	**11,473**	**26,846**	**3,165**	**2,722**	**5,886**	**8,958**	**20,731**	**7,571**	**6,167**	**13,408**	**20,431**	**47,577**
Bronchoscopy with/without biopsy	0543–0544, 90163-01[0545]	249	835	1,944	2,752	5,780	184	610	1,733	2,407	4,934	433	1,445	3,677	5,159	10,714
Procedures on cardiovascular system	**0600–0777**	**2,413**	**6,243**	**20,009**	**21,188**	**49,853**	**2,063**	**3,402**	**9,772**	**10,602**	**25,839**	**4,476**	**9,645**	**29,781**	**31,790**	**75,692**
Coronary angiography	0668	211	659	5,250	6,052	12,172	181	237	2,079	3,294	5,791	392	896	7,329	9,346	17,963
Transluminal coronary angioplasty with/without stenting	0670–0671	0	207	1,850	2,038	4,095	~	*	416	739	1,190	~	*	2,266	2,777	5,285
CABG	0672–0679	0	44	715	878	1,637	0	10	80	134	224	0	54	795	1,012	1,861
Leg varicose vein ligation	0727–0728	0	422	718	333	1,473	0	955	1,164	438	2,557	0	1,377	1,882	771	4,030
Procedures on blood and blood-forming organs	**0800–0817**	**329**	**689**	**1,724**	**2,561**	**5,303**	**243**	**1,201**	**3,335**	**3,016**	**7,795**	**572**	**1,890**	**5,059**	**5,577**	**13,098**
Procedures on digestive system	**0850–1011**	**2,614**	**25,779**	**47,280**	**52,397**	**128,070**	**1,654**	**34,822**	**46,960**	**45,832**	**129,268**	**4,268**	**60,601**	**94,240**	**98,229**	**257,338**
Fibreoptic colonoscopy with/without excision	0905, 0911	197	9,987	20,337	22,043	52,564	123	12,877	20,745	19,045	52,790	320	22,864	41,082	41,088	105,354
Appendicectomy	0926	847	1,621	388	162	3,018	601	1,506	464	227	2,798	1,448	3,127	852	389	5,816
Procedures for haemorrhoids	0941	~	1,226	1,526	*	3,367	0	1,457	1,276	697	3,430	~	2,683	2,802	*	6,797
Cholecystectomy	0965	~	*	661	550	1,535	*	*	1,194	545	3,129	16	1,698	1,855	1,095	4,664
Division of abdominal adhesions	0986	67	260	473	517	1,317	47	1,629	816	591	3,083	114	1,889	1,289	1,108	4,400
Repair of inguinal and obstructed hernia	0990, 0997	312	512	1,298	1,313	3,435	77	60	95	174	406	389	572	1,393	1,487	3,841
Panendoscopy with/without excision	1005–1008	341	8,152	14,488	17,008	39,989	241	10,793	15,891	16,874	43,799	582	18,945	30,379	33,882	83,788
Procedures on urinary system	**1040–1129**	**959**	**20,398**	**50,339**	**79,817**	**151,513**	**259**	**13,928**	**30,177**	**43,746**	**88,110**	**1,218**	**34,326**	**80,516**	**123,563**	**239,623**
Haemodialysis	1060	481	16,808	42,153	65,043	124,485	9	10,161	23,510	37,218	70,898	490	26,969	65,663	102,261	195,383
Examination procedures on bladder (includes cystoscopy)	1089	66	902	3,133	6,754	10,855	35	1,273	2,350	2,928	6,586	101	2,175	5,483	9,682	17,441
Procedures on male genital organs	**1160–1203**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**2,906**	**1,450**	**2,644**	**2,944**	**9,944**
Prostatectomy	1166–1167	0	8	587	721	1,316	0	0	0	0	0	0	8	587	721	1,316
Circumcision	30653-00[1196]	1,131	393	221	187	1,932	0	0	0	0	0	1,131	393	221	187	1,932
Gynaecological procedures	**1240–1299**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**ǂ**	**116**	**28,522**	**29,569**	**5,594**	**63,801**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	7	395	541	229	1,172	7	395	541	229	1,172
Salpingectomy	1251	0	0	0	0	0	~	1,097	91	*	1,200	~	1,097	91	*	1,200
Examination procedures on uterus	1259	0	0	0	0	0	7	6,612	10,654	1,598	18,871	7	6,612	10,654	1,598	18,871
Curettage and evacuation of uterus	1265	0	0	0	0	0	7	6,848	5,249	774	12,878	7	6,848	5,249	774	12,878
Hysterectomy	1268–1269	0	0	0	0	0	0	443	1,297	594	2,334	0	443	1,297	594	2,334
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	97	489	545	1,131	0	97	489	545	1,131

TABLE 3.16 Total Discharges: All-Listed Procedures by Sex and Age Group (N) (contd.)

All Procedures	Procedure Block	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Obstetric procedures	**1330–1347**	**0**	**0**	**0**	**0**	**0**	*****	**134,713**	**622**	**~**	**135,346**	*****	**134,713**	**622**	**~**	**135,346**
Analgesia and anaesthesia during labour and delivery procedure	1333	0	0	0	0	0	~	22,367	*	0	22,424	~	22,367	*	0	22,424
Medical or surgical induction of labour	1334	0	0	0	0	0	~	21,204	*	0	21,287	~	21,204	*	0	21,287
Medical or surgical augmentation of labour	1335	0	0	0	0	0	~	6,539	*	0	6,546	~	6,539	*	0	6,546
Spontaneous vertex delivery	1336	0	0	0	0	0	~	24,506	*	0	24,561	~	24,506	*	0	24,561
Forceps rotation and delivery	1337	0	0	0	0	0	0	*	~	0	1,836	0	*	~	0	1,836
Vacuum extraction	1338	0	0	0	0	0	~	6,347	*	0	6,368	~	6,347	*	0	6,368
Breech delivery and extraction	1339	0	0	0	0	0	0	*	~	0	112	0	*	~	0	112
Caesarean section	1340	0	0	0	0	0	0	20,702	304	0	21,006	0	20,702	304	0	21,006
Episiotomy associated with delivery	90472-00[1343]	0	0	0	0	0	~	8,822	26	~	8,850	~	8,822	26	~	8,850
Postpartum suture	1344	0	0	0	0	0	~	15,776	*	0	15,813	~	15,776	*	0	15,813
Procedures on musculoskeletal system	**1360–1580**	**4,604**	**13,038**	**14,650**	**14,202**	**46,494**	**4,285**	**8,997**	**19,222**	**22,865**	**55,369**	**8,889**	**22,035**	**33,872**	**37,067**	**101,863**
Arthroplasty of hip	1489	~	*	749	1,688	2,520	0	72	740	2,521	3,333	~	*	1,489	4,209	5,853
Arthroplasty of knee	1518–1519	0	9	421	713	1,143	0	13	478	977	1,468	0	22	899	1,690	2,611
Dermatological and plastic procedures	**1600–1718**	**4,708**	**17,362**	**18,835**	**28,764**	**69,669**	**3,734**	**19,765**	**18,235**	**20,180**	**61,914**	**8,442**	**37,127**	**37,070**	**48,944**	**131,583**
Excision of lesion of skin and subcutaneous tissue	1620	412	4,910	7,713	13,338	26,373	338	6,960	7,829	9,012	24,139	750	11,870	15,542	22,350	50,512
Other debridement of skin and subcutaneous tissue	1628	285	2,074	1,811	1,526	5,696	229	2,623	967	1,163	4,982	514	4,697	2,778	2,689	10,678
Skin graft	1640–1650	40	217	326	993	1,576	36	88	202	562	888	76	305	528	1,555	2,464
Procedures on breast	**1740–1759**	**0**	**72**	**42**	**34**	**148**	**9**	**4,232**	**6,852**	**2,917**	**14,010**	**9**	**4,304**	**6,894**	**2,951**	**14,158**
Breast biopsy	1743–1744	0	23	24	25	72	7	2,811	4,288	2,146	9,252	7	2,834	4,312	2,171	9,324
Mastectomy	1747–1748	0	15	6	9	30	0	233	590	350	1,173	0	248	596	359	1,203
Radiation oncology procedures	**1786–1800**	**564**	**6,686**	**40,285**	**79,176**	**126,711**	**352**	**13,441**	**53,781**	**44,869**	**112,443**	**916**	**20,127**	**94,066**	**124,045**	**239,154**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1923**	**49,054**	**90,756**	**160,096**	**295,452**	**595,358**	**37,401**	**160,601**	**171,585**	**288,688**	**658,275**	**86,455**	**251,357**	**331,681**	**584,140**	**1,253,633**
Administration of blood and blood products	1893	2,541	3,377	6,786	16,094	28,798	1,929	5,559	5,893	11,980	25,361	4,470	8,936	12,679	28,074	54,159
Conduction anaesthesia	1909	425	2,249	4,627	9,005	16,306	282	18,209	5,265	11,337	35,093	707	20,458	9,892	20,342	51,399
Cerebral anaesthesia	1910	19,160	35,903	54,710	62,175	171,948	13,038	50,611	63,077	58,318	185,044	32,198	86,514	117,787	120,493	356,992
Imaging services[a]	**1940–2016**	**2,285**	**1,900**	**4,900**	**7,402**	**16,487**	**1,974**	**2,144**	**4,269**	**5,416**	**13,803**	**4,259**	**4,044**	**9,169**	**12,818**	**30,290**
Computerised tomography scan	1952–1966	207	382	954	1,655	3,198	166	319	1,003	1,328	2,816	373	701	1,957	2,983	6,014
Magnetic resonance imaging	2015	1,610	154	75	128	1,967	1,338	140	81	83	1,642	2,948	294	156	211	3,609

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 See Appendix V for information on updated Australian Coding Standard (ACS) 0042 *Procedures normally not coded* in ICD-10-AM 10th edition.

Case Mix Analysis 2023

SECTION Four

Table of Contents

4.1 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 2023.[1] Hospital case mix may be defined as 'the proportion of cases of each disease and health problem treated in the hospital'.[2]

- Section 4.2 presents background to the applied case mix classification and details of the assignment of discharges to Major Diagnostic Categories (MDC) and Australian Refined Diagnosis Related Groups (AR-DRG). The AR-DRG Classification System has been updated from Version 6.0 to Version 8.0 for 2015 onwards.[3] The update to AR-DRG Version 8.0 included a revision of the complexity model used to assign AR-DRGs to episodes of care. In addition to this, it included a review of existing AR-DRGs, the removal of some AR-DRGs and the inclusion of new AR-DRGs. The naming convention for AR-DRGs was also updated. Due to the update in this classification, DRGs in this report are not comparable with those in reports prior to 2016.[4]
- Section 4.3 presents analysis of HIPE data by case mix for day patients and in-patients.

4.2 OVERVIEW

4.2.1 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, length of stay, admission weight, sameday status 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.[5] 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 10th Edition is the coding system used for AR-DRG grouping since 2020.[6] As all of the data required for AR-DRG classification are available on the HIPE system,

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1 For information on how the DRG system is used in Activity Based Funding see https://www.hse.ie/eng/services/publications/activity-based-funding-abf-programme-implementation-plan-2021-2023.pdf

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

3 AR-DRG Version 8.0 was first reported on in the HIPE Annual Report in 2016.

4 See Appendix VIII for an overview of changes between AR-DRG Version 6.0 and Version 8.0.

5 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.

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

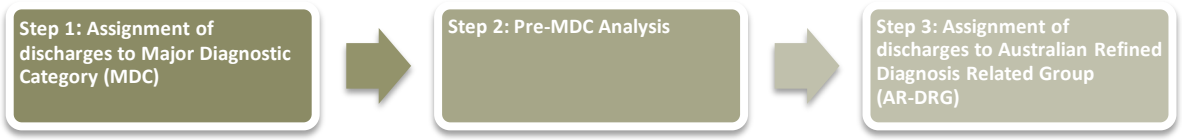
and since diagnoses and procedures are coded with ICD-10-AM/ACHI/ACS, discharges are assigned to the AR-DRG system from this database. AR-DRG Version 6.0 was used in Ireland from 2009-2014.[7] In 2015, this classification was updated to AR-DRG Version 8.0.[8]

4.2.2 Assignment of Discharges to MDC and AR-DRG

Figure 4.1 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.[9]
- After assignment to the appropriate MDCs, discharges are assigned to an AR-DRG. In total, there are 807 AR-DRGs in version 8.0 of the AR-DRG classification.

FIGURE 4.1 Steps in AR-DRG Assignment



In AR-DRG Version 8.0 an AR-DRG consists of four alphanumeric characters in the form of 'MAAD':

- 'M' 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).[10]
- 'AA' identifies the partition to which the adjacent DRG belongs.[11] Both characters are numbers whose values indicate whether the code is surgical,

7 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.

8 See Appendix VIII for an overview of changes between AR-DRG Version 6.0 and Version 8.0.

9 'Some episodes involving procedures that are particularly resource-intensive may be assigned to the *Pre-MDC* category, 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.

10 '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.

medical or other.[12] 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.

- 'D' 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.[13] The complexity of the case is determined by particular variables, such as the presence of complications and/or comorbidities (CC), age, or other demographic and administrative information, which influence the treatment process and/or the pattern of resource utilisation.[14]

4.2.2.1 AR-DRG Complexity Split

The AR-DRG complexity split for total discharges is presented in Table 4.1. For in-patient discharges, 26.4 per cent were assigned to complexity group A *'Highest consumption of resources'*, and 59.0 per cent were assigned to complexity group B *'Second highest consumption of resources'.*

TABLE 4.1 Total Discharges: AR-DRG Complexity Split by Patient Type (N, %)

	Discharges									
	Day Patients		In-Patients[a]						Total Discharges	
			Sameday In-Patients		Overnight In-Patients		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
A Highest consumption of resources	40,343	3.3	15,098	10.5	157,694	30.8	172,792	26.4	213,135	11.4
B Second highest consumption of resources	460,904	38.2	108,339	75.0	278,784	54.5	387,123	59.0	848,027	45.5
C Third highest consumption of resources	189,042	15.7	6,689	4.6	55,227	10.8	61,916	9.4	250,958	13.5
D Fourth highest consumption of resources	236	0.0	1,276	0.9	5,295	1.0	6,571	1.0	6,807	0.4
Z No complexity split	515,929	42.8	13,002	9.0	14,267	2.8	27,269	4.2	543,198	29.2
Total Discharges	**1,206,454**	**100**	**144,404**	**100**	**511,267**	**100**	**655,671**	**100**	**1,862,125**	**100**

Notes: Percentage columns are subject to rounding.

a The sameday and overnight in-patient split is provided in this table for information purposes, this split is not provided in Tables 4.2 to 4.27.

4.3 Analysis of HIPE Data by Case Mix

The analysis presented in this section includes all discharges reported to HIPE. Analysis of 2023 HIPE data by MDC is presented in Table 4.2 and Figures 4.2 and

11 'Adjacent Diagnosis Related Group (ADRGs) are clinically meaningful MDC partitions that are generally defined by the same (principal) diagnosis or intervention codes. Occasionally ADRGs may also be defined by age, length of stay (i.e. sameday) and separation mode (e.g. died or transfer). An ADRG consists of one or more end classes or DRGs.' Australian Consortium for Classification Development, 2015, *Australian Refined Diagnosis Related Groups, Version 8.0, Definitions Manual*, Volume 1. Independent Hospital Pricing Authority. p. xiii.

12 'The separate ranges - 01 to 39, 40 to 59 and 60 to 99 - are used to indicate the surgical, other and medical partitions respectively.' Australian Consortium for Classification Development, 2015, *Australian Refined Diagnosis Related Groups, Version 8.0, Definitions Manual*, Volume 1. Independent Hospital Pricing Authority. p. 8.

13 For a more detailed description of how AR-DRGs are derived see Australian Consortium for Classification Development, 2015, *Australian Refined Diagnosis Related Groups, Version 8.0, Definitions Manual*, Volume 1. Independent Hospital Pricing Authority. pp. 4–11.

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

4.3. Tables 4.3 to 4.27 represent each MDC (including unassignable to MDC and pre-MDC) and their associated AR-DRGs.[15,16,17]

4.3.1 Analysis of Day Patients by MDC and AR-DRG

- The MDC with the largest proportion of day patients reported was *Neoplastic disorders (haematological and solid neoplasms)* (MDC 17), which accounted for 279,898 discharges or 23.2 per cent of day patients (see Tables 4.2 and 4.19 and Figure 4.3).
    - *Chemotherapy* (AR-DRG R63Z) accounted for 49.1 per cent of day patients within this MDC, and 11.4 per cent of total day patients; *Other Neoplastic Disorders, Minor Complexity* (AR-DRG R62C) accounted for 35.5 per cent of day patients within this MDC and 8.2 per cent of total day patients.[18]

- *Diseases and disorders of the kidney and urinary tract* (MDC 11), with 219,634 discharges, accounted for 18.2 per cent of day patients (see Tables 4.2 and 4.13 and Figure 4.3).
    - *Haemodialysis* (AR-DRG L61Z) accounted for 86.9 per cent of day patients within this MDC and 15.8 per cent of total day patients.

4.3.2 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 97,999 discharges, which accounted for 14.9 per cent of in-patients (see Tables 4.2 and 4.16 and Figure 4.3).
    - *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C) accounted for 32.0 per cent of in-patients within this MDC and 4.8 per cent of total in-patient discharges.
    - *Antenatal and Other Obstetric Admission* (AR-DRGs O66A and O66B) accounted for 36.6 per cent of in-patients within this MDC and 5.5 per cent of total in-patient discharges.

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

16 The official classification for AR-DRG's (Version 8.0) has been slightly modified by the addition of two local DRG's specific to Ireland to account for differences in the provision of care between Ireland and Australia. While this practice has been used for Activity Based Funding, this modification to the official AR-DRG classification has only been published in the HIPE Annual Report since 2018. See MDC 9 (Table 4.11) for a description of J98Z (*UV Therapy*) and MDC 17 (Table 4.19) for a description of R99Z (*Oncology Repeat Attendance*).

17 The calculation of total in-patient length of stay differs in this report compared to reports prior to 2018. Since 2018, the length of stay assigned for sameday in-patients has changed from one bed day to 0.5 bed days. This will impact on the total in-patient length of stay resulting in a lower average length of stay compared to years prior to 2018 (see Section 1.8).

18 R62 *Other Neoplastic Disorders* is a new ADRG in Version 8.0 of the AR-DRG classification system; most cases in this ADRG were grouped to R64 *Radiotherapy* in AR-DRG Version 6.0. For an overview of changes between AR-DRG Version 6.0 and Version 8.0 see Appendix VIII.

- *Caesarean Delivery* (AR-DRGs O01A, O01B and O01C) accounted for 21.4 per cent of in-patients within this MDC, with *Caesarean Delivery, Minor Complexity* (AR-DRG O01C) accounting for the majority of these cases (53.7 per cent).
- For *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C), the in-patient mean length of stay ranged from 2.1 days for *Vaginal Delivery, Minor Complexity* (AR-DRG O60C) to 4.4 days for *Vaginal Delivery, Major Complexity* (AR-DRG O60A).
- For *Caesarean Delivery* (AR-DRGs O01A, O01B and O01C), the in-patient mean length of stay ranged from 3.5 days for *Caesarean Delivery, Minor Complexity* (AR-DRG O01C) to 9.5 days for *Caesarean Delivery, Major Complexity* (AR-DRG O01A).

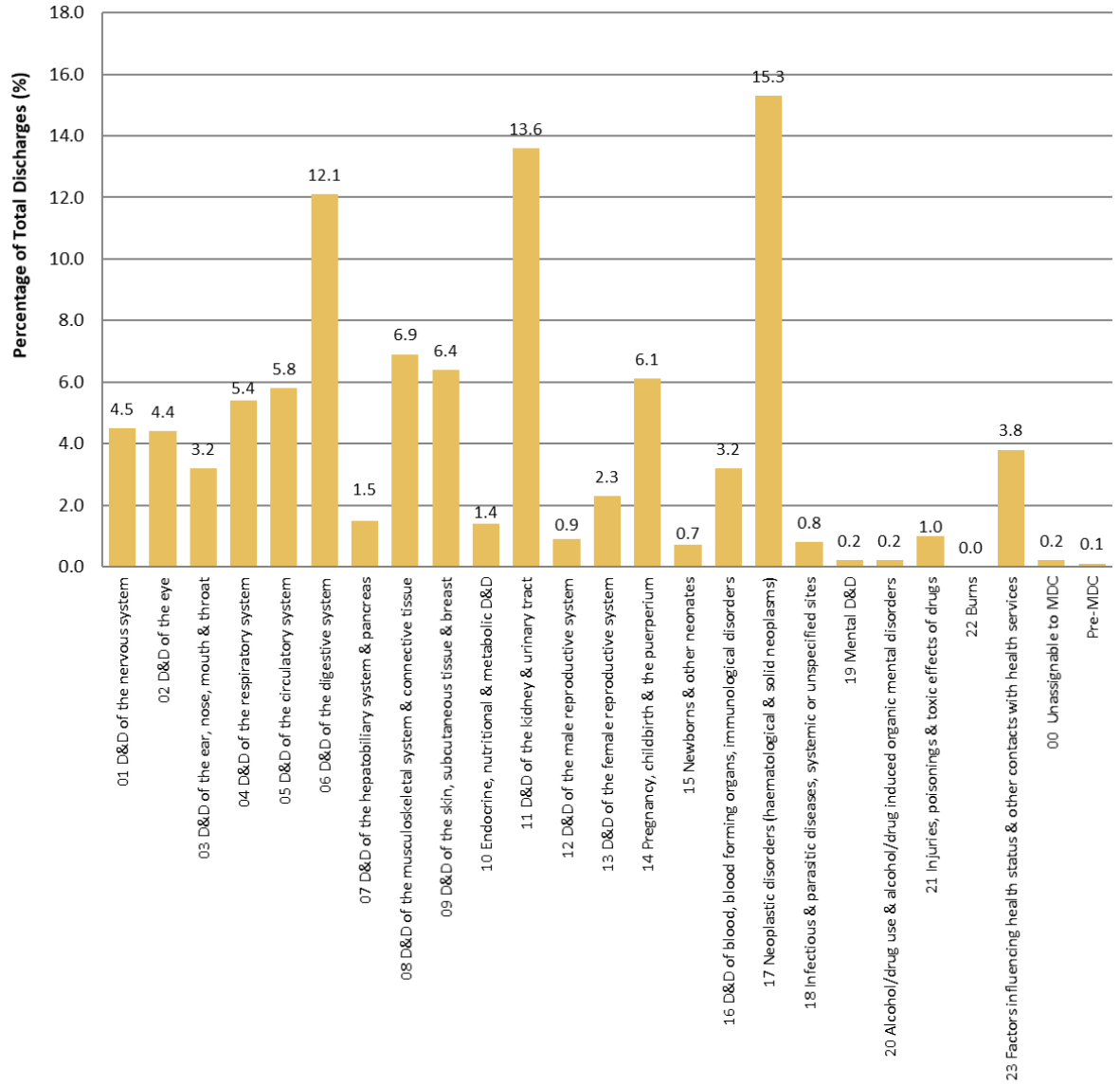
- *Diseases and Disorders of the Circulatory System* (MDC 5), with 83,296 in-patient discharges, accounted for 12.7 per cent of total in-patients (see Tables 4.2 and 4.7 and Figure 4.3).
- *Diseases and Disorders of the Respiratory System* (MDC 4), with 76,361 discharges, accounted for 11.6 per cent of total in-patients (see Tables 4.2 and 4.6 and Figure 4.3).

TABLE 4.2 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	27,654	2.3	55,377	8.4	83,031	4.5
02 Diseases and disorders of the eye	75,121	6.2	6,162	0.9	81,283	4.4
03 Diseases and disorders of the ear, nose, mouth and throat	30,296	2.5	29,922	4.6	60,218	3.2
04 Diseases and disorders of the respiratory system	24,373	2.0	76,361	11.6	100,734	5.4
05 Diseases and disorders of the circulatory system	24,992	2.1	83,296	12.7	108,288	5.8
06 Diseases and disorders of the digestive system	159,716	13.2	66,156	10.1	225,872	12.1
07 Diseases and disorders of the hepatobiliary system and pancreas	9,422	0.8	18,005	2.7	27,427	1.5
08 Diseases and disorders of the musculoskeletal system and connective tissue	69,731	5.8	59,410	9.1	129,141	6.9
09 Diseases and disorders of the skin, subcutaneous tissue and breast	98,134	8.1	21,429	3.3	119,563	6.4
10 Endocrine, nutritional and metabolic diseases and disorders	10,600	0.9	14,816	2.3	25,416	1.4
11 Diseases and disorders of the kidney and urinary tract	219,634	18.2	33,132	5.1	252,766	13.6
12 Diseases and disorders of the male reproductive system	10,796	0.9	5,448	0.8	16,244	0.9
13 Diseases and disorders of the female reproductive system	32,404	2.7	10,869	1.7	43,273	2.3
14 Pregnancy, childbirth and the puerperium	14,901	1.2	97,999	14.9	112,900	6.1
15 Newborns and other neonates	319	0.0	12,880	2.0	13,199	0.7
16 Diseases and disorders of blood, blood forming organs, immunological disorders	50,522	4.2	9,580	1.5	60,102	3.2
17 Neoplastic disorders (haematological and solid neoplasms)	279,898	23.2	5,418	0.8	285,316	15.3
18 Infectious and parasitic diseases, systemic or unspecified sites	3,341	0.3	11,660	1.8	15,001	0.8
19 Mental diseases and disorders	932	0.1	2,732	0.4	3,664	0.2
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	7	0.0	3,551	0.5	3,558	0.2
21 Injuries, poisonings and toxic effects of drugs	2,218	0.2	17,164	2.6	19,382	1.0
22 Burns	155	0.0	484	0.1	639	0.0
23 Factors influencing health status and other contacts with health services	60,862	5.0	9,485	1.4	70,347	3.8
Unassignable to MDC	99	0.0	2,911	0.4	3,010	0.2
Pre-MDC	327	0.0	1,424	0.2	1,751	0.1
Total Discharges	**1,206,454**	**100**	**655,671**	**100**	**1,862,125**	**100**

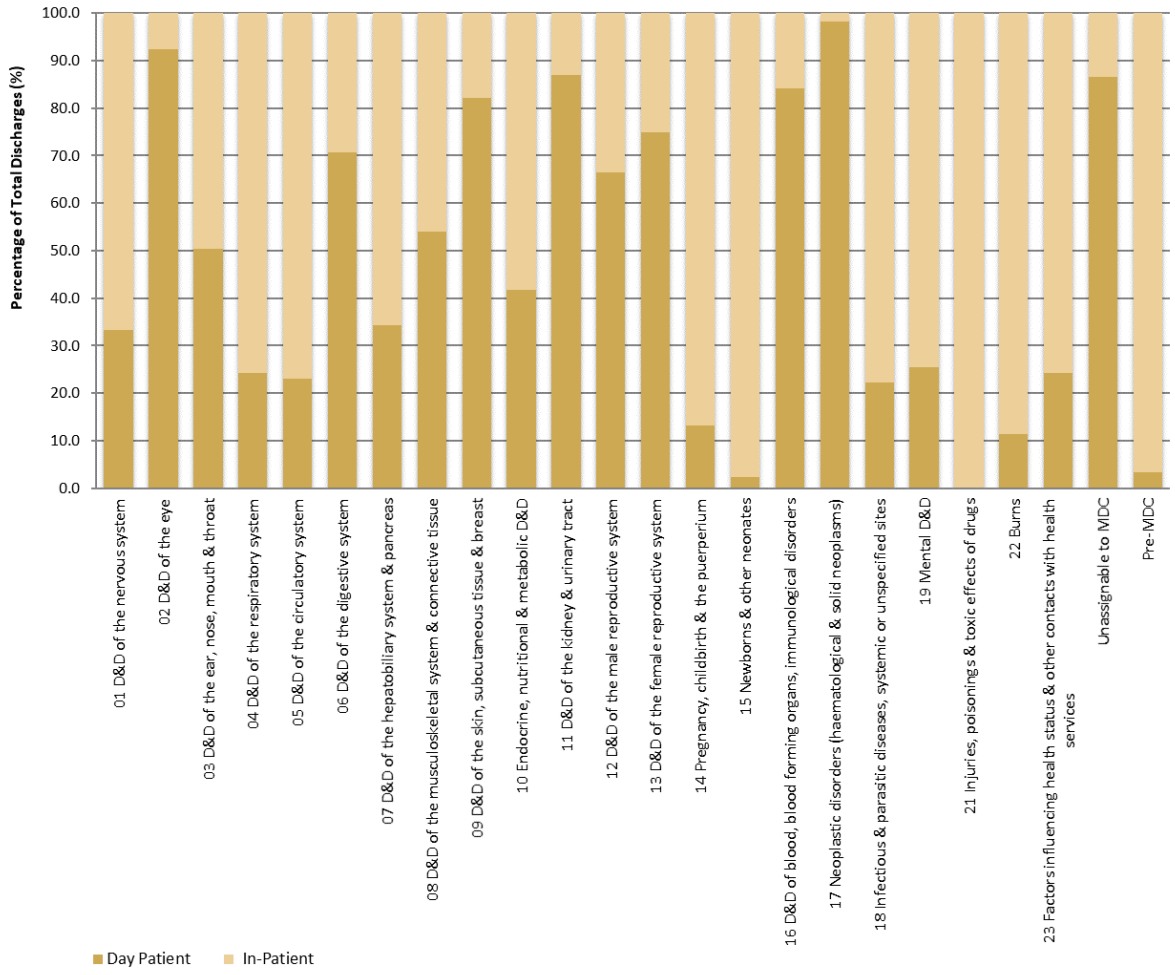
Notes: Percentage columns are subject to rounding.

FIGURE 4.2 Total Discharges: Major Diagnostic Category (MDC) (%)



Note: D&D = Diseases and disorders
Percentages are subject to rounding.

FIGURE 4.3 Total Discharges: Major Diagnostic Category (MDC) by Patient Type (%)



Note: D&D = Diseases and disorders

TABLE 4.3 Total Discharges: MDC 1 Diseases and Disorders of the Nervous System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 1 Diseases and Disorders of the Nervous System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
B01A Ventricular Shunt Revision, Major Complexity	0	23	5.1	3
B01B Ventricular Shunt Revision, Minor Complexity	~	76	6.0	3
B02A Cranial Procedures, Major Complexity	0	243	29.3	18
B02B Cranial Procedures, Intermediate Complexity	~	772	11.5	8
B02C Cranial Procedures, Minor Complexity	12	1,383	6.8	5
B03A Spinal Procedures, Major Complexity	~	80	28.2	14
B03B Spinal Procedures, Intermediate Complexity	~	75	7.0	5
B03C Spinal Procedures, Minor Complexity	19	90	5.5	4
B04A Extracranial Vascular Procedures, Major Complexity	0	33	21.4	19
B04B Extracranial Vascular Procedures, Intermediate Complexity	0	80	12.5	10
B04C Extracranial Vascular Procedures, Minor Complexity	~	214	5.5	4
B05Z Carpal Tunnel Release	1,453	33	1.5	1
B06A Procedures for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Major Comp	~	42	42.0	8
B06B Procedures for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Interm Comp	16	42	11.1	3
B06C Procedures for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Minor Comp	208	83	3.8	1
B07A Cranial or Peripheral Nerve and Other Nervous System Procedures, Major Comp	~	47	32.4	17
B07B Cranial or Peripheral Nerve and Other Nervous System Procedures, Minor Comp	203	342	1.6	1
B40Z Plasmapheresis W Neurological Disease, Sameday	11	0	-	-
B41Z Telemetric EEG Monitoring	0	154	6.1	6
B42A Nervous System Disorders W Ventilator Support, Major Complexity	0	85	41.8	13
B42B Nervous System Disorders W Ventilator Support, Minor Complexity	0	119	8.5	4
B60A Acute Paraplegia and Quadriplegia W or W/O OR Procedures, Major Complexity	0	21	144.6	96
B60B Acute Paraplegia and Quadriplegia W or W/O OR Procedures, Minor Complexity	~	67	42.4	13
B61A Spinal Cord Conditions W or W/O OR Procedures, Major Complexity	~	78	26.1	18
B61B Spinal Cord Conditions W or W/O OR Procedures, Minor Complexity	29	139	10.2	6
B62Z Apheresis	~	~	^	^
B63A Dementia and Other Chronic Disturbances of Cerebral Function, Major Complexity	54	880	43.1	27
B63B Dementia and Other Chronic Disturbances of Cerebral Function, Minor Complexity	203	769	17.8	9
B64A Delirium, Major Complexity	48	1,217	17.5	9
B64B Delirium, Minor Complexity	32	1,136	5.2	3
B65A Cerebral Palsy, Major Complexity	14	14	15.9	6
B65B Cerebral Palsy, Minor Complexity	212	*	^	^
B66A Nervous System Neoplasms, Major Complexity	82	587	19.6	13
B66B Nervous System Neoplasms, Minor Complexity	1,692	836	7.8	5
B67A Degenerative Nervous System Disorders, Major Complexity	72	909	28.1	14
B67B Degenerative Nervous System Disorders, Intermediate Complexity	628	777	7.2	4
B67C Degenerative Nervous System Disorders, Minor Complexity	1,243	122	3.9	3
B68A Multiple Sclerosis and Cerebellar Ataxia, Major Complexity	419	340	18.7	9
B68B Multiple Sclerosis and Cerebellar Ataxia, Minor Complexity	8,453	375	4.1	2
B69A TIA and Precerebral Occlusion, Major Complexity	~	716	9.8	6
B69B TIA and Precerebral Occlusion, Minor Complexity	52	2,379	3.2	2
B70A Stroke and Other Cerebrovascular Disorders, Major Complexity	~	882	53.1	38
B70B Stroke and Other Cerebrovascular Disorders, Intermediate Complexity	~	2,483	22.3	13
B70C Stroke and Other Cerebrovascular Disorders, Minor Complexity	46	3,950	10.1	6
B70D Stroke and Other Cerebrovascular Disorders, Transferred <5 Days	~	378	1.4	1
B71A Cranial and Peripheral Nerve Disorders, Major Complexity	1,922	1,418	8.4	2
B71B Cranial and Peripheral Nerve Disorders, Minor Complexity	3,733	349	4.7	2
B72A Nervous System Infection Except Viral Meningitis, Major Complexity	26	258	24.0	14
B72B Nervous System Infection Except Viral Meningitis, Minor Complexity	289	295	9.1	6
B73Z Viral Meningitis	13	258	5.0	4
B74A Nontraumatic Stupor and Coma, Major Complexity	~	70	16.6	7
B74B Nontraumatic Stupor and Coma, Minor Complexity	10	139	2.5	1
B75Z Febrile Convulsions	32	464	1.8	1
B76A Seizures, Major Complexity	73	2,296	10.3	5
B76B Seizures, Minor Complexity	1,042	5,505	2.8	1
B77A Headaches, Major Complexity	111	1,863	3.9	2
B77B Headaches, Minor Complexity	1,645	8,279	1.4	1
B78A Intracranial Injuries, Major Complexity	0	500	33.1	19
B78B Intracranial Injuries, Minor Complexity	11	1,135	9.7	4
B78C Intracranial Injuries, Transferred <5 Days	0	86	1.6	1
B79A Skull Fractures, Major Complexity	0	192	11.9	5

TABLE 4.3 Total Discharges: MDC 1 Diseases and Disorders of the Nervous System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay) (contd.)

MDC 1 Diseases and Disorders of the Nervous System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
B79B Skull Fractures, Minor Complexity	21	193	2.7	2
B80A Other Head Injuries, Major Complexity	0	480	10.7	5
B80B Other Head Injuries, Minor Complexity	12	1,424	1.5	1
B81A Other Disorders of the Nervous System, Major Complexity	54	1,367	20.9	12
B81B Other Disorders of the Nervous System, Minor Complexity	3,340	5,282	4.8	2
B82A Chronic & Unspec Para/Quadriplegia W or W/O OR Proc, Major Complexity	0	97	71.6	36
B82B Chronic & Unspec Para/Quadriplegia W or W/O OR Proc, Intermediate Complexity	6	213	36.5	13
B82C Chronic & Unspec Para/Quadriplegia W or W/O OR Proc, Minor Complexity	76	127	12.5	4
Total	**27,654**	**55,377**	**9.7**	**3**

Notes: a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
^ Denotes that length of stay is suppressed where the number of discharges is not reported.

TABLE 4.4 Total Discharges: MDC 2 Diseases and Disorders of the Eye: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 2 Diseases and Disorders of the Eye	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
C01A Procedures for Penetrating Eye Injury, Major Complexity	~	*	^	^
C01B Procedures for Penetrating Eye Injury, Minor Complexity	15	48	2.5	2
C02Z Enucleations and Orbital Procedures	42	116	3.5	2
C03A Retinal Procedures, Major Complexity	4,597	1,240	1.9	1
C03B Retinal Procedures, Minor Complexity	42,951	272	0.9	1
C04A Major Corneal, Scleral and Conjunctival Procedures, Major Complexity	*	83	3.6	2
C04B Major Corneal, Scleral and Conjunctival Procedures, Minor Complexity	35	181	1.6	1
C05Z Dacryocystorhinostomy	62	73	1.0	1
C10Z Strabismus Procedures	708	47	1.2	1
C11Z Eyelid Procedures	931	68	1.5	1
C12Z Other Corneal, Scleral and Conjunctival Procedures	427	78	5.1	4
C13Z Lacrimal Procedures	328	~	^	^
C14A Other Eye Procedures, Major Complexity	95	58	4.5	4
C14B Other Eye Procedures, Minor Complexity	1,537	77	1.4	1
C15Z Glaucoma and Complex Cataract Procedures	1,258	252	1.8	1
C16Z Lens Procedures	13,743	151	1.4	1
C60A Acute and Major Eye Infections, Major Complexity	0	58	13.5	7
C60B Acute and Major Eye Infections, Minor Complexity	56	217	4.7	4
C61A Neurological and Vascular Disorders of the Eye, Major Complexity	246	488	5.7	3
C61B Neurological and Vascular Disorders of the Eye, Minor Complexity	919	626	2.6	1
C62A Hyphaema and Medically Managed Trauma to the Eye, Major Complexity	29	225	12.7	6
C62B Hyphaema and Medically Managed Trauma to the Eye, Minor Complexity	64	258	1.8	1
C63A Other Disorders of the Eye, Major Complexity	240	242	5.0	3
C63B Other Disorders of the Eye, Intermediate Complexity	2,430	1,121	2.0	1
C63C Other Disorders of the Eye, Minor Complexity	4,398	144	1.7	1
Total	**75,121**	**6,162**	**3.1**	**1**

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 is suppressed where the number of discharges is not reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.5 Total Discharges: MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat: AR-DRG Version 8.0 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[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
D01Z Cochlear Implant	~	114	1.7	1
D02A Head and Neck Procedures, Major Complexity	~	59	16.4	10
D02B Head and Neck Procedures, Intermediate Complexity	~	62	8.5	7
D02C Head and Neck Procedures, Minor Complexity	29	104	3.8	2
D03Z Surgical Repair for Cleft Lip and Palate Disorders	36	121	2.5	2
D04A Maxillo Surgery, Major Complexity	16	437	3.3	2
D04B Maxillo Surgery, Minor Complexity	29	213	2.3	2
D05Z Parotid Gland Procedures	13	169	1.9	1
D06Z Sinus and Complex Middle Ear Procedures	617	599	1.4	1
D10Z Nasal Procedures	791	477	1.2	1
D11Z Tonsillectomy and Adenoidectomy	1,277	3,249	1.3	1
D12A Other Ear, Nose, Mouth and Throat Procedures, Major Complexity	98	130	8.2	4
D12B Other Ear, Nose, Mouth and Throat Procedures, Minor Complexity	1,209	374	2.0	1
D13Z Myringotomy W Tube Insertion	1,454	75	4.4	1
D14A Mouth and Salivary Gland Procedures, Major Complexity	373	260	3.3	2
D14B Mouth and Salivary Gland Procedures, Minor Complexity	739	86	1.5	1
D15Z Mastoid Procedures	33	259	2.1	1
D40Z Dental Extractions and Restorations	5,067	329	2.5	1
D60A Ear, Nose, Mouth and Throat Malignancy, Major Complexity	47	297	25.6	18
D60B Ear, Nose, Mouth and Throat Malignancy, Minor Complexity	1,200	408	10.9	5
D61A Dysequilibrium, Major Complexity	40	898	5.0	3
D61B Dysequilibrium, Minor Complexity	837	5,639	1.6	1
D62A Epistaxis, Major Complexity	~	116	8.2	5
D62B Epistaxis, Minor Complexity	695	708	2.2	2
D63A Otitis Media and Upper Respiratory Infections, Major Complexity	205	3,824	4.7	2
D63B Otitis Media and Upper Respiratory Infections, Minor Complexity	2,619	6,954	1.5	1
D64A Laryngotracheitis and Epiglottitis, Major Complexity	7	98	2.6	2
D64B Laryngotracheitis and Epiglottitis, Minor Complexity	25	436	1.1	1
D65A Nasal Trauma and Deformity, Major Complexity	13	134	9.7	5
D65B Nasal Trauma and Deformity, Minor Complexity	969	339	1.3	1
D66A Other Ear, Nose, Mouth and Throat Disorders, Major Complexity	623	538	5.2	3
D66B Other Ear, Nose, Mouth and Throat Disorders, Minor Complexity	9,612	1,165	1.5	1
D67A Oral and Dental Disorders, Major Complexity	94	412	6.5	3
D67B Oral and Dental Disorders, Minor Complexity	1,518	839	1.9	1
Total	**30,296**	**29,922**	**2.8**	**1**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.6 Total Discharges: MDC 4 Diseases and Disorders of the Respiratory System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 4 Diseases and Disorders of the Respiratory System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
E01A Major Chest Procedures, Major Complexity	0	35	33.0	23
E01B Major Chest Procedures, Intermediate Complexity	0	221	17.6	14
E01C Major Chest Procedures, Minor Complexity	30	742	8.4	7
E02A Other Respiratory System OR Procedures, Major Complexity	9	205	21.9	17
E02B Other Respiratory System OR Procedures, Intermediate Complexity	191	322	7.8	5
E02C Other Respiratory System OR Procedures, Minor Complexity	138	86	1.9	1
E40A Respiratory System Disorders W Ventilator Support, Major Complexity	0	106	22.0	15
E40B Respiratory System Disorders W Ventilator Support, Minor Complexity	0	174	10.4	8
E41A Respiratory System Disorders W Non-Invasive Ventilation, Major Complexity	0	916	23.1	16
E41B Respiratory System Disorders W Non-Invasive Ventilation, Minor Complexity	0	2,200	12.1	9
E42A Bronchoscopy, Major Complexity	525	808	18.0	13
E42B Bronchoscopy, Minor Complexity	6,744	473	6.2	4
E60A Cystic Fibrosis, Major Complexity	40	263	13.4	13
E60B Cystic Fibrosis, Minor Complexity	1,384	281	5.4	1
E61A Pulmonary Embolism, Major Complexity	6	683	10.7	7
E61B Pulmonary Embolism, Minor Complexity	28	1,123	4.4	3
E62A Respiratory Infections and Inflammations, Major Complexity	69	10,074	13.8	9
E62B Respiratory Infections and Inflammations, Minor Complexity	85	6,715	5.3	4
E63A Sleep Apnoea, Major Complexity	17	199	4.0	1
E63B Sleep Apnoea, Minor Complexity	145	1,103	1.1	1
E64A Pulmonary Oedema and Respiratory Failure, Major Complexity	0	209	14.2	9
E64B Pulmonary Oedema and Respiratory Failure, Minor Complexity	9	275	7.5	4
E65A Chronic Obstructive Airways Disease, Major Complexity	110	4,403	11.6	8
E65B Chronic Obstructive Airways Disease, Minor Complexity	1,696	8,671	4.9	4
E66A Major Chest Trauma, Major Complexity	0	322	16.0	11
E66B Major Chest Trauma, Minor Complexity	0	452	4.3	3
E67A Respiratory Signs and Symptoms, Major Complexity	271	2,590	4.2	2
E67B Respiratory Signs and Symptoms, Minor Complexity	1,534	6,607	1.2	1
E68A Pneumothorax, Major Complexity	0	327	10.3	6
E68B Pneumothorax, Minor Complexity	6	505	3.8	3
E69A Bronchitis and Asthma, Major Complexity	117	490	7.0	4
E69B Bronchitis and Asthma, Minor Complexity	5,499	3,271	2.1	1
E70A Whooping Cough and Acute Bronchiolitis, Major Complexity	9	392	4.4	3
E70B Whooping Cough and Acute Bronchiolitis, Minor Complexity	52	2,886	2.3	2
E71A Respiratory Neoplasms, Major Complexity	80	898	15.4	12
E71B Respiratory Neoplasms, Minor Complexity	2,656	1,139	7.5	5
E72Z Respiratory Problems Arising from Neonatal Period	~	35	8.4	3
E73A Pleural Effusion, Major Complexity	~	189	18.8	14
E73B Pleural Effusion, Intermediate Complexity	17	473	8.6	7
E73C Pleural Effusion, Minor Complexity	122	357	4.5	3
E74A Interstitial Lung Disease, Major Complexity	244	600	11.4	8
E74B Interstitial Lung Disease, Minor Complexity	1,488	358	4.7	3
E75A Other Respiratory System Disorders, Major Complexity	152	7,636	9.0	6
E75B Other Respiratory System Disorders, Minor Complexity	828	6,477	2.3	1
E76A Respiratory Tuberculosis, Major Complexity	0	34	16.5	14
E76B Respiratory Tuberculosis, Minor Complexity	65	36	6.1	6
Total	**24,373**	**76,361**	**7.3**	**4**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.7 Total Discharges: MDC 5 Diseases and Disorders of the Circulatory System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
F01A Implantation and Replacement of AICD, Total System, Major Complexity	0	57	18.9	17
F01B Implantation and Replacement of AICD, Total System, Minor Complexity	275	220	4.3	1
F02Z Other AICD Procedures	7	30	8.2	3
F03A Cardiac Valve Procedures W CPB Pump W Invasive Cardiac Investigation, Major Comp	0	45	32.1	29
F03B Cardiac Valve Procedures W CPB Pump W Invasive Cardiac Investigation, Minor Comp	0	90	16.2	15
F04A Cardiac Valve Procedures W CPB Pump W/O Invasive Cardiac Invest, Major Comp	0	44	31.8	27
F04B Cardiac Valve Procedures W CPB Pump W/O Invasive Cardiac Invest, Interm Comp	0	210	15.2	13
F04C Cardiac Valve Procedures W CPB Pump W/O Invasive Cardiac Invest, Minor Comp	11	521	7.8	8
F05A Coronary Bypass W Invasive Cardiac Investigation, Major Complexity	0	35	29.1	24
F05B Coronary Bypass W Invasive Cardiac Investigation, Minor Complexity	0	135	19.2	18
F06A Coronary Bypass W/O Invasive Cardiac Investigation, Major Complexity	0	49	20.9	16
F06B Coronary Bypass W/O Invasive Cardiac Investigation, Minor Complexity	0	513	11.2	9
F07A Other Cardiothoracic/Vascular Procedures W CPB Pump, Major Complexity	0	20	20.3	14
F07B Other Cardiothoracic/Vascular Procedures W CPB Pump, Intermediate Complexity	0	45	10.6	10
F07C Other Cardiothoracic/Vascular Procedures W CPB Pump, Minor Complexity	1	82	9.2	8
F08A Major Reconstructive Vascular Procedures W/O CPB Pump, Major Complexity	0	67	41.9	33
F08B Major Reconstructive Vascular Procedures W/O CPB Pump, Intermediate Complexity	0	290	17.4	13
F08C Major Reconstructive Vascular Procedures W/O CPB Pump, Minor Complexity	14	364	8.7	7
F09A Other Cardiothoracic Procedures W/O CPB Pump, Major Complexity	~	31	20.1	13
F09B Other Cardiothoracic Procedures W/O CPB Pump, Intermediate Complexity	~	42	11.9	10
F09C Other Cardiothoracic Procedures W/O CPB Pump, Minor Complexity	19	53	4.7	3
F10A Interventional Coronary Procedures, Admitted for AMI, Major Complexity	0	263	11.7	9
F10B Interventional Coronary Procedures, Admitted for AMI, Minor Complexity	45	2,212	3.1	2
F11A Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Major Comp	0	78	71.1	48
F11B Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Minor Comp	0	121	24.6	20
F12A Implantation and Replacement of Pacemaker, Total System, Major Complexity	11	230	15.7	9
F12B Implantation and Replacement of Pacemaker, Total System, Minor Complexity	572	648	3.8	2
F13A Amputation, Upper Limb and Toe, for Circulatory Disorders, Major Complexity	0	31	29.4	21
F13B Amputation, Upper Limb and Toe, for Circulatory Disorders, Minor Complexity	7	89	15.0	12
F14A Vascular Procedures, Except Major Reconstruction, W/O CPB Pump, Major Complexity	13	163	20.2	12
F14B Vascular Procedures, Except Major Reconstruction, W/O CPB Pump, Interm Comp	23	414	9.5	7
F14C Vascular Procedures, Except Major Reconstruction, W/O CPB Pump, Minor Complexity	152	399	5.1	3
F15A Interventional Coronary Procs, Not Adm for AMI, W Stent Implant, Major Comp	~	152	11.8	9
F15B Interventional Coronary Procs, Not Adm for AMI, W Stent Implant, Minor Comp	505	1,530	2.1	1
F16A Interventional Coronary Procs, Not Adm for AMI, W/O Stent Implant, Major Comp	~	20	7.8	7
F16B Interventional Coronary Procs, Not Adm for AMI, W/O Stent Implant, Minor Comp	35	101	2.5	1
F17A Insertion and Replacement of Pacemaker Generator, Major Complexity	12	31	6.1	3
F17B Insertion and Replacement of Pacemaker Generator, Minor Complexity	358	36	2.3	1
F18A Other Pacemaker Procedures, Major Complexity	0	26	18.6	11
F18B Other Pacemaker Procedures, Minor Complexity	26	49	4.8	2
F19A Trans-Vascular Percutaneous Cardiac Intervention, Major Complexity	17	63	8.1	2
F19B Trans-Vascular Percutaneous Cardiac Intervention, Minor Complexity	102	85	1.4	1
F20Z Vein Ligation and Stripping	3,411	86	2.9	1
F21A Other Circulatory System OR Procedures, Major Complexity	0	35	27.1	18
F21B Other Circulatory System OR Procedures, Intermediate Complexity	21	46	9.8	8
F21C Other Circulatory System OR Procedures, Minor Complexity	44	56	5.3	3
F40A Circulatory Disorders W Ventilator Support, Major Complexity	0	51	16.7	14
F40B Circulatory Disorders W Ventilator Support, Minor Complexity	0	48	8.0	3

TABLE 4.7 Total Discharges: MDC 5 Diseases and Disorders of the Circulatory System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay) (contd.)

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
F41A Circulatory Disorders, Adm for AMI W Invasive Cardiac Inves Proc, Major Comp	~	136	10.4	8
F41B Circulatory Disorders, Adm for AMI W Invasive Cardiac Inves Proc, Minor Comp	109	766	3.6	2
F42A Circulatory Dsrds, Not Adm for AMI W Invasive Cardiac Inves Proc, Major Comp	289	905	10.5	7
F42B Circulatory Dsrds, Not Adm for AMI W Invasive Cardiac Inves Proc, Minor Comp	7,379	2,918	2.6	1
F43A Circulatory Disorders W Non-Invasive Ventilation, Major Complexity	0	123	34.0	27
F43B Circulatory Disorders W Non-Invasive Ventilation, Minor Complexity	0	184	14.6	10
F60A Circulatory Dsrd, Adm for AMI W/O Invas Card Inves Proc	7	2,566	8.2	5
F60B Circulatory Dsrd, Adm for AMI W/O Invas Card Inves Proc, Transf <5 Days	7	491	1.7	1
F61A Infective Endocarditis, Major Complexity	0	99	29.9	27
F61B Infective Endocarditis, Minor Complexity	12	63	12.9	8
F62A Heart Failure and Shock, Major Complexity	6	2,239	17.4	12
F62B Heart Failure and Shock, Minor Complexity	361	4,248	6.6	5
F62C Heart Failure and Shock, Transferred <5 Days	~	124	1.8	1
F63A Venous Thrombosis, Major Complexity	10	503	8.5	5
F63B Venous Thrombosis, Minor Complexity	90	1,982	1.4	1
F64A Skin Ulcers in Circulatory Disorders, Major Complexity	0	168	21.5	14
F64B Skin Ulcers in Circulatory Disorders, Intermediate Complexity	45	219	9.6	7
F64C Skin Ulcers in Circulatory Disorders, Minor Complexity	7	59	9.9	7
F65A Peripheral Vascular Disorders, Major Complexity	231	528	14.2	7
F65B Peripheral Vascular Disorders, Minor Complexity	1,441	1,045	4.7	2
F66A Coronary Atherosclerosis, Major Complexity	20	257	10.6	8
F66B Coronary Atherosclerosis, Minor Complexity	484	2,005	3.2	2
F67A Hypertension, Major Complexity	~	414	7.1	4
F67B Hypertension, Minor Complexity	128	3,095	1.4	1
F68A Congenital Heart Disease, Major Complexity	276	90	4.0	1
F68B Congenital Heart Disease, Minor Complexity	302	60	1.2	1
F69A Valvular Disorders, Major Complexity	45	380	11.9	8
F69B Valvular Disorders, Minor Complexity	1,062	4,099	1.4	1
F72A Unstable Angina, Major Complexity	0	132	9.1	5
F72B Unstable Angina, Minor Complexity	11	833	4.3	3
F73A Syncope and Collapse, Major Complexity	208	3,248	10.8	7
F73B Syncope and Collapse, Minor Complexity	2,541	9,392	2.7	1
F74A Chest Pain, Major Complexity	90	2,216	3.4	2
F74B Chest Pain, Minor Complexity	875	16,007	1.1	1
F75A Other Circulatory Disorders, Major Complexity	~	295	17.6	12
F75B Other Circulatory Disorders, Intermediate Complexity	33	522	8.6	6
F75C Other Circulatory Disorders, Minor Complexity	885	1,992	3.3	2
F76A Arrhythmia, Cardiac Arrest and Conduction Disorders, Major Complexity	87	2,335	8.5	5
F76B Arrhythmia, Cardiac Arrest and Conduction Disorders, Minor Complexity	2,251	6,552	2.3	1
Total	**24,992**	**83,296**	**4.8**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.8 Total Discharges: MDC 6 Diseases and Disorders of the Digestive System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 6 Diseases and Disorders of the Digestive System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
G01A Rectal Resection, Major Complexity	0	77	64.6	47
G01B Rectal Resection, Intermediate Complexity	0	169	23.7	18
G01C Rectal Resection, Minor Complexity	9	894	10.1	8
G02A Major Small and Large Bowel Procedures, Major Complexity	0	222	49.3	37
G02B Major Small and Large Bowel Procedures, Intermediate Complexity	~	822	21.5	16
G02C Major Small and Large Bowel Procedures, Minor Complexity	77	1,800	9.5	7
G03A Stomach, Oesophageal and Duodenal Procedures, Major Complexity	~	146	25.2	18
G03B Stomach, Oesophageal and Duodenal Procedures, Intermediate Complexity	7	287	12.2	9
G03C Stomach, Oesophageal and Duodenal Procedures, Minor Complexity	55	310	6.6	4
G04A Peritoneal Adhesiolysis, Major Complexity	0	86	26.4	19
G04B Peritoneal Adhesiolysis, Intermediate Complexity	~	305	10.2	8
G04C Peritoneal Adhesiolysis, Minor Complexity	99	576	4.4	3
G05A Minor Small and Large Bowel Procedures, Major Complexity	0	81	19.4	13
G05B Minor Small and Large Bowel Procedures, Minor Complexity	26	244	6.4	6
G06Z Pyloromyotomy	0	29	3.0	3
G07A Appendicectomy, Major Complexity	~	417	6.9	6
G07B Appendicectomy, Minor Complexity	37	4,580	2.6	2
G10A Hernia Procedures, Major Complexity	104	364	9.2	5
G10B Hernia Procedures, Minor Complexity	3,139	1,872	2.1	1
G11A Anal and Stomal Procedures, Major Complexity	69	270	8.1	4
G11B Anal and Stomal Procedures, Minor Complexity	1,633	1,103	2.1	1
G12A Other Digestive System OR Procedures, Major Complexity	~	98	35.1	23
G12B Other Digestive System OR Procedures, Intermediate Complexity	10	297	12.9	10
G12C Other Digestive System OR Procedures, Minor Complexity	299	310	5.3	3
G46A Complex Endoscopy, Major Complexity	850	1,094	14.5	8
G46B Complex Endoscopy, Minor Complexity	14,060	505	5.0	3
G47A Gastroscopy, Major Complexity	258	1,958	12.0	7
G47B Gastroscopy, Intermediate Complexity	2,697	1,563	4.5	3
G47C Gastroscopy, Minor Complexity	37,269	1,365	3.7	3
G48A Colonoscopy, Major Complexity	3,460	1,389	11.0	7
G48B Colonoscopy, Minor Complexity	54,697	1,133	4.4	3
G60A Digestive Malignancy, Major Complexity	293	773	14.8	10
G60B Digestive Malignancy, Minor Complexity	2,816	733	6.8	4
G61A Gastrointestinal Haemorrhage, Major Complexity	30	845	8.0	5
G61B Gastrointestinal Haemorrhage, Minor Complexity	968	1,500	2.6	2
G64A Inflammatory Bowel Disease, Major Complexity	318	301	7.5	6
G64B Inflammatory Bowel Disease, Minor Complexity	28,030	711	3.6	3
G65A Gastrointestinal Obstruction, Major Complexity	~	482	12.8	8
G65B Gastrointestinal Obstruction, Minor Complexity	16	1,182	4.4	3
G66A Abdominal Pain and Mesenteric Adenitis, Major Complexity	291	2,700	2.7	1
G66B Abdominal Pain and Mesenteric Adenitis, Minor Complexity	977	8,867	1.2	1
G67A Oesophagitis and Gastroenteritis, Major Complexity	125	3,546	7.2	4
G67B Oesophagitis and Gastroenteritis, Minor Complexity	1,018	6,283	2.0	1
G70A Other Digestive System Disorders, Major Complexity	1,479	6,546	6.1	3
G70B Other Digestive System Disorders, Minor Complexity	4,492	7,321	2.0	1
Total	**159,716**	**66,156**	**5.3**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.9 Total Discharges: MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
H01A Pancreas, Liver and Shunt Procedures, Major Complexity	0	29	42.5	35
H01B Pancreas, Liver and Shunt Procedures, Intermediate Complexity	11	346	9.9	7
H01C Pancreas, Liver and Shunt Procedures, Minor Complexity	33	133	6.0	4
H02A Major Biliary Tract Procedures, Major Complexity	~	125	27.9	20
H02B Major Biliary Tract Procedures, Minor Complexity	61	185	9.7	7
H05A Hepatobiliary Diagnostic Procedures, Major Complexity	11	44	13.4	10
H05B Hepatobiliary Diagnostic Procedures, Minor Complexity	71	41	6.1	4
H06A Other Hepatobiliary and Pancreas OR Procedures, Major Complexity	~	81	36.6	29
H06B Other Hepatobiliary and Pancreas OR Procedures, Intermediate Complexity	23	106	8.8	5
H06C Other Hepatobiliary and Pancreas OR Procedures, Minor Complexity	23	175	2.6	1
H07A Open Cholecystectomy, Major Complexity	0	21	26.7	16
H07B Open Cholecystectomy, Intermediate Complexity	0	32	12.8	12
H07C Open Cholecystectomy, Minor Complexity	31	121	5.8	6
H08A Laparoscopic Cholecystectomy, Major Complexity	24	260	9.2	7
H08B Laparoscopic Cholecystectomy, Minor Complexity	1,626	2,221	2.5	1
H40A Endoscopic Procedures for Bleeding Oesophageal Varices, Major Complexity	0	24	20.8	13
H40B Endoscopic Procedures for Bleeding Oesophageal Varices, Intermediate Complexity	~	26	7.5	6
H40C Endoscopic Procedures for Bleeding Oesophageal Varices, Minor Complexity	22	20	6.9	6
H43A ERCP Procedures, Major Complexity	11	220	18.8	14
H43B ERCP Procedures, Intermediate Complexity	204	385	10.6	8
H43C ERCP Procedures, Minor Complexity	1,808	892	5.7	4
H60A Cirrhosis and Alcoholic Hepatitis, Major Complexity	~	473	22.2	16
H60B Cirrhosis and Alcoholic Hepatitis, Intermediate Complexity	297	588	6.7	5
H60C Cirrhosis and Alcoholic Hepatitis, Minor Complexity	250	95	4.6	2
H61A Malignancy of Hepatobiliary System and Pancreas, Major Complexity	28	602	17.1	13
H61B Malignancy of Hepatobiliary System and Pancreas, Minor Complexity	896	769	7.1	4
H62A Disorders of Pancreas, Except Malignancy, Major Complexity	~	459	15.3	11
H62B Disorders of Pancreas, Except Malignancy, Minor Complexity	454	1,723	5.2	4
H63A Other Disorders of Liver, Major Complexity	12	537	12.4	8
H63B Other Disorders of Liver, Intermediate Complexity	546	861	4.7	3
H63C Other Disorders of Liver, Minor Complexity	2,189	731	2.1	1
H64A Disorders of the Biliary Tract, Major Complexity	144	2,254	9.4	7
H64B Disorders of the Biliary Tract, Minor Complexity	637	3,426	4.0	3
Total	**9,422**	**18,005**	**7.4**	**4**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.10 Total Discharges: MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue: AR-DRG Version 8.0 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[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
I01A Bilateral and Multiple Major Joint Procedures of Lower Limb, Major Complexity	0	105	43.4	9
I01B Bilateral and Multiple Major Joint Procedures of Lower Limb, Minor Complexity	0	30	6.1	5
I02A Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Major Complexity	0	16	52.1	39
I02B Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Intermediate Comp	9	78	22.3	13
I02C Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Minor Complexity	32	36	8.9	5
I03A Hip Replacement, Major Complexity	0	492	28.2	18
I03B Hip Replacement, Minor Complexity	44	5,060	7.4	5
I04A Knee Replacement, Major Complexity	0	141	10.0	7
I04B Knee Replacement, Minor Complexity	~	2,423	4.0	3
I05A Other Joint Replacement, Major Complexity	0	56	10.7	5
I05B Other Joint Replacement, Minor Complexity	15	360	3.0	2
I06Z Spinal Fusion for Deformity	70	198	9.3	6
I07Z Amputation	0	103	42.6	20
I08A Other Hip and Femur Procedures, Major Complexity	~	648	30.9	20
I08B Other Hip and Femur Procedures, Minor Complexity	59	2,517	11.2	8
I09A Spinal Fusion, Major Complexity	0	56	30.4	14
I09B Spinal Fusion, Intermediate Complexity	~	159	9.4	7
I09C Spinal Fusion, Minor Complexity	6	373	5.7	4
I10A Other Back and Neck Procedures, Major Complexity	10	130	16.1	8
I10B Other Back and Neck Procedures, Minor Complexity	920	921	3.3	2
I11Z Limb Lengthening Procedures	~	51	6.3	4
I12A Misc Musculoskeletal Procs for Infect/Inflam of Bone/Joint, Major Complexity	0	168	35.0	27
I12B Misc Musculoskeletal Procs for Infect/Inflam of Bone/Joint, Intermediate Comp	8	319	15.8	12
I12C Misc Musculoskeletal Procs for Infect/Inflam of Bone/Joint, Minor Complexity	115	310	9.0	5
I13A Humerus, Tibia, Fibula and Ankle Procedures, Major Complexity	7	637	14.1	7
I13B Humerus, Tibia, Fibula and Ankle Procedures, Minor Complexity	497	4,328	3.0	2
I15A Cranio-Facial Surgery, Major Complexity	~	38	5.3	4
I15B Cranio-Facial Surgery, Minor Complexity	~	29	6.2	5
I16Z Other Shoulder Procedures	332	645	1.4	1
I17A Maxillo-Facial Surgery, Major Complexity	0	30	3.5	3
I17B Maxillo-Facial Surgery, Minor Complexity	6	48	3.0	2
I18A Other Knee Procedures, Major Complexity	102	339	4.5	2
I18B Other Knee Procedures, Minor Complexity	1,143	236	1.7	1
I19A Other Elbow and Forearm Procedures, Major Complexity	~	169	8.8	5
I19B Other Elbow and Forearm Procedures, Minor Complexity	1,124	2,830	1.6	1
I20A Other Foot Procedures, Major Complexity	10	156	6.9	2
I20B Other Foot Procedures, Minor Complexity	384	843	1.5	1
I21Z Local Excision and Removal of Internal Fixation Devices of Hip and Femur	80	48	3.6	2
I23A Local Excision & Removal of Internal Fixation Device, Except Hip & Fmr, Maj Comp	141	127	3.3	1
I23B Local Excision & Removal of Internal Fixation Device, Except Hip & Fmr, Min Comp	1,824	282	1.5	1
I24A Arthroscopy, Major Complexity	21	35	9.2	4
I24B Arthroscopy, Minor Complexity	198	63	1.6	1
I25A Bone and Joint Diagnostic Procedures Including Biopsy, Major Complexity	19	50	24.6	17
I25B Bone and Joint Diagnostic Procedures Including Biopsy, Minor Complexity	168	71	8.5	2
I27A Soft Tissue Procedures, Major Complexity	10	170	20.6	13
I27B Soft Tissue Procedures, Minor Complexity	750	779	2.9	1
I28A Other Musculoskeletal Procedures, Major Complexity	~	111	24.7	15
I28B Other Musculoskeletal Procedures, Intermediate Complexity	232	392	3.8	2
I28C Other Musculoskeletal Procedures, Minor Complexity	267	171	2.2	1
I29Z Knee Reconstructions, and Revisions of Reconstructions	56	291	1.3	1
I30Z Hand Procedures	2,758	1,744	1.3	1
I31A Revision of Hip Replacement, Major Complexity	0	64	46.2	35
I31B Revision of Hip Replacement, Intermediate Complexity	0	147	19.5	13
I31C Revision of Hip Replacement, Minor Complexity	~	334	10.0	7
I32A Revision of Knee Replacement, Major Complexity	0	57	24.7	20
I32B Revision of Knee Replacement, Minor Complexity	0	139	10.9	7
I40Z Infusions for Musculoskeletal Disorders, Sameday	42,208	81	0.5	1
I60Z Femoral Shaft Fractures	0	94	10.5	4
I61A Distal Femoral Fractures, Major Complexity	0	22	38.0	29
I61B Distal Femoral Fractures, Minor Complexity	0	91	13.5	7
I63A Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Major Complexity	0	55	22.7	12

TABLE 4.10 Total Discharges: MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue: AR-DRG Version 8.0 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[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
I63B Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Minor Complexity	0	131	5.4	3
I64A Osteomyelitis, Major Complexity	0	234	28.3	21
I64B Osteomyelitis, Minor Complexity	0	383	11.9	9
I65A Musculoskeletal Malignant Neoplasms, Major Complexity	0	175	21.9	16
I65B Musculoskeletal Malignant Neoplasms, Minor Complexity	0	816	6.9	4
I66A Inflammatory Musculoskeletal Disorders, Major Complexity	0	83	28.1	18
I66B Inflammatory Musculoskeletal Disorders, Intermediate Complexity	0	210	13.4	10
I66C Inflammatory Musculoskeletal Disorders, Minor Complexity	0	630	5.8	4
I67A Septic Arthritis, Major Complexity	0	97	22.6	17
I67B Septic Arthritis, Minor Complexity	0	141	8.0	5
I68A Non-surgical Spinal Disorders, Major Complexity	0	1,876	17.8	11
I68B Non-surgical Spinal Disorders, Minor Complexity	0	2,685	5.5	3
I69A Bone Diseases and Arthropathies, Major Complexity	0	397	17.1	9
I69B Bone Diseases and Arthropathies, Minor Complexity	0	927	9.2	5
I71A Other Musculotendinous Disorders, Major Complexity	0	681	16.1	8
I71B Other Musculotendinous Disorders, Minor Complexity	0	1,653	5.7	2
I72A Specific Musculotendinous Disorders, Major Complexity	0	253	16.9	9
I72B Specific Musculotendinous Disorders, Minor Complexity	0	629	5.3	3
I73A Aftercare of Musculoskeletal Implants or Prostheses, Major Complexity	0	116	31.5	19
I73B Aftercare of Musculoskeletal Implants or Prostheses, Minor Complexity	0	358	8.0	5
I74A Injuries to Forearm, Wrist, Hand and Foot, Major Complexity	0	370	18.2	10
I74B Injuries to Forearm, Wrist, Hand and Foot, Minor Complexity	0	887	2.4	1
I75A Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Major Complexity	0	707	24.8	15
I75B Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Minor Complexity	0	1,473	5.3	2
I76A Other Musculoskeletal Disorders, Major Complexity	0	169	25.4	20
I76B Other Musculoskeletal Disorders, Intermediate Complexity	0	380	9.9	5
I76C Other Musculoskeletal Disorders, Minor Complexity	0	439	5.3	2
I77A Fractures of Pelvis, Major Complexity	0	496	23.7	18
I77B Fractures of Pelvis, Minor Complexity	0	549	11.0	7
I78A Fractures of Neck of Femur, Major Complexity	0	289	34.2	26
I78B Fractures of Neck of Femur, Minor Complexity	0	950	17.9	13
I79A Pathological Fractures, Major Complexity	0	123	29.1	20
I79B Pathological Fractures, Minor Complexity	0	323	11.3	8
I80Z Femoral Fractures, Transferred to Acute Facility <2 Days	0	31	0.8	1
I81Z Musculoskeletal Injuries, Sameday	948	1,650	0.5	1
I82Z Other Sameday Treatment for Musculoskeletal Disorders	15,129	7,603	0.5	1
Total	**69,731**	**59,410**	**7.6**	**3**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.11 Total Discharges: MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast: AR-DRG Version 8.0 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[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
J01A Microvas Tiss Transf for Skin, Subcut Tiss & Breast Dsrds, Major Complexity	0	~	^	^
J01B Microvas Tiss Transf for Skin, Subcut Tiss & Breast Dsrds, Minor Complexity	0	112	5.6	6
J06A Major Procedures for Breast Disorders, Major Complexity	62	177	4.8	3
J06B Major Procedures for Breast Disorders, Minor Complexity	1,212	1,962	1.8	1
J07A Minor Procedures for Breast Disorders, Major Complexity	956	307	1.2	1
J07B Minor Procedures for Breast Disorders, Minor Complexity	1,203	141	0.7	1
J08A Other Skin Grafts and Debridement Procedures, Major Complexity	6	116	16.5	10
J08B Other Skin Grafts and Debridement Procedures, Intermediate Complexity	61	179	5.5	3
J08C Other Skin Grafts and Debridement Procedures, Minor Complexity	1,572	296	2.4	1
J09Z Perianal and Pilonidal Procedures	538	117	1.9	1
J10A Plastic OR Procs for Skin, Subcutaneous Tissue and Breast Disorders, Major Comp	126	60	3.0	2
J10B Plastic OR Procs for Skin, Subcutaneous Tissue and Breast Disorders, Minor Comp	1,250	138	2.0	1
J11A Other Skin, Subcutaneous Tissue and Breast Procedures, Major Complexity	1,767	461	8.5	3
J11B Other Skin, Subcutaneous Tissue and Breast Procedures, Minor Complexity	37,445	482	1.5	1
J12A Lower Limb Procedures W Ulcer or Cellulitis, Major Complexity	~	53	33.8	23
J12B Lower Limb Procedures W Ulcer or Cellulitis, Minor Complexity	42	107	12.5	9
J13A Lower Limb Procedures W/O Ulcer or Cellulitis, Major Complexity	33	*	^	^
J13B Lower Limb Procedures W/O Ulcer or Cellulitis, Minor Complexity	234	65	3.0	1
J14Z Major Breast Reconstructions	77	225	3.7	3
J60A Skin Ulcers, Major Complexity	29	250	24.5	16
J60B Skin Ulcers, Intermediate Complexity	16	326	10.7	7
J60C Skin Ulcers, Minor Complexity	666	350	3.2	1
J62A Malignant Breast Disorders, Major Complexity	41	204	17.7	14
J62B Malignant Breast Disorders, Minor Complexity	5,403	413	8.4	5
J63A Non-Malignant Breast Disorders, Major Complexity	248	272	2.9	2
J63B Non-Malignant Breast Disorders, Minor Complexity	4,093	100	0.9	1
J64A Cellulitis, Major Complexity	23	2,219	12.3	7
J64B Cellulitis, Minor Complexity	683	6,219	3.0	2
J65A Trauma to Skin, Subcutaneous Tissue and Breast, Major Complexity	~	661	15.2	9
J65B Trauma to Skin, Subcutaneous Tissue and Breast, Minor Complexity	63	1,102	3.0	1
J67A Minor Skin Disorders, Major Complexity	814	569	5.0	3
J67B Minor Skin Disorders, Minor Complexity	15,797	2,075	1.4	1
J68A Major Skin Disorders, Major Complexity	976	1,006	6.7	3
J68B Major Skin Disorders, Minor Complexity	1,301	381	2.3	1
J69A Skin Malignancy, Major Complexity	37	92	20.6	15
J69B Skin Malignancy, Intermediate Complexity	740	85	9.5	5
J69C Skin Malignancy, Minor Complexity	3,362	62	7.0	2
J98Z UV Therapy[b]	17,256	0	-	-
Total	**98,134**	**21,429**	**5.3**	**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 is suppressed where the number of discharges is not reported.
\- Mean and median length of stay cannot be calculated as no in-patients are reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
b The official classification for AR-DRG's (Version 8.0) has been slightly modified by the addition of two local DRG's specific to Ireland to account for some differences between Ireland and Australia in the provision of care. While this practice has been used for Activity Based Funding, this modification to the official classification has only been published in the HIPE Annual Report since 2018.
In general UV therapy is not administered in the acute hospital setting in Australia whereas it is in a number of Irish hospitals. In order to differentiate this activity from other skin disorder treatments the local DRG J98Z (*UV Therapy*) has been created which isolates this activity so it can be costed and reimbursed appropriately.

TABLE 4.12 Total Discharges: MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
K01A OR Procedures for Diabetic Complications, Major Complexity	0	39	67.6	50
K01B OR Procedures for Diabetic Complications, Intermediate Complexity	0	116	25.8	21
K01C OR Procedures for Diabetic Complications, Minor Complexity	6	273	15.8	12
K02A Pituitary Procedures, Major Complexity	0	8	15.8	16
K02B Pituitary Procedures, Minor Complexity	~	73	10.7	8
K03Z Adrenal Procedures	~	60	7.4	5
K05A Parathyroid Procedures, Major Complexity	0	37	9.4	6
K05B Parathyroid Procedures, Minor Complexity	15	193	1.7	1
K06A Thyroid Procedures, Major Complexity	~	70	7.3	4
K06B Thyroid Procedures, Minor Complexity	34	509	2.2	1
K08Z Thyroglossal Procedures	~	41	1.8	1
K09A Other Endocrine, Nutritional and Metabolic OR Procedures, Major Complexity	~	45	53.8	22
K09B Other Endocrine, Nutritional and Metabolic OR Procedures, Minor Complexity	37	80	11.2	8
K10A Revisional and Open Bariatric Procedures, Major Complexity	0	~	^	^
K10B Revisional and Open Bariatric Procedures, Minor Complexity	0	10	2.3	2
K11A Major Laparoscopic Bariatric Procedures, Major Complexity	0	114	3.5	2
K11B Major Laparoscopic Bariatric Procedures, Minor Complexity	0	103	2.4	2
K12A Other Bariatric Procedures, Major Complexity	~	~	^	^
K12B Other Bariatric Procedures, Minor Complexity	~	~	^	^
K13Z Plastic OR Procedures for Endocrine, Nutritional and Metabolic Disorders	6	19	2.7	2
K40A Endoscopic and Investigative Procedures for Metabolic Disorders, Major Comp	60	320	20.0	12
K40B Endoscopic and Investigative Procedures for Metabolic Disorders, Minor Comp	2,665	120	5.9	4
K60A Diabetes, Major Complexity	40	1,010	12.6	7
K60B Diabetes, Minor Complexity	326	3,199	4.4	3
K61A Severe Nutritional Disturbance, Major Complexity	0	36	40.3	30
K61B Severe Nutritional Disturbance, Minor Complexity	0	27	28.6	13
K62A Miscellaneous Metabolic Disorders, Major Complexity	18	829	15.3	9
K62B Miscellaneous Metabolic Disorders, Intermediate Complexity	161	2,228	5.9	4
K62C Miscellaneous Metabolic Disorders, Minor Complexity	3,389	3,309	2.4	1
K63A Inborn Errors of Metabolism, Major Complexity	212	192	7.7	3
K63B Inborn Errors of Metabolism, Minor Complexity	215	31	2.5	1
K64A Endocrine Disorders, Major Complexity	616	1,014	8.1	4
K64B Endocrine Disorders, Minor Complexity	2,782	704	2.0	1
Total	**10,600**	**14,816**	**6.7**	**3**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
^ Denotes that length of stay is suppressed where the number of discharges is not reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.13 Total Discharges: MDC 11 Diseases and Disorders of the Kidney and Urinary Tract: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 11 Diseases and Disorders of the Kidney and Urinary Tract	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
L02A Operative Insertion of Peritoneal Catheter for Dialysis, Major Complexity	~	24	16.5	11
L02B Operative Insertion of Peritoneal Catheter for Dialysis, Minor Complexity	50	51	4.0	3
L03A Kidney, Ureter and Major Bladder Procedures for Neoplasm, Major Complexity	0	58	32.6	25
L03B Kidney, Ureter and Major Bladder Procedures for Neoplasm, Intermediate Comp	0	233	10.1	8
L03C Kidney, Ureter and Major Bladder Procedures for Neoplasm, Minor Complexity	11	469	5.3	5
L04A Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm, Major Complexity	~	213	31.6	18
L04B Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm, Intermediate Comp	82	707	7.2	5
L04C Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm, Minor Complexity	1,131	1,859	2.9	2
L05A Transurethral Prostatectomy for Urinary Disorder, Major Complexity	0	19	17.3	14
L05B Transurethral Prostatectomy for Urinary Disorder, Minor Complexity	0	90	5.4	3
L06A Minor Bladder Procedures, Major Complexity	0	56	16.0	12
L06B Minor Bladder Procedures, Intermediate Complexity	11	107	8.3	5
L06C Minor Bladder Procedures, Minor Complexity	112	132	4.2	3
L07A Other Transurethral Procedures, Major Complexity	11	253	12.9	7
L07B Other Transurethral Procedures, Minor Complexity	476	1,254	2.7	2
L08A Urethral Procedures, Major Complexity	~	12	4.3	2
L08B Urethral Procedures, Minor Complexity	47	65	2.4	2
L09A Other Procedures for Kidney and Urinary Tract Disorders, Major Complexity	0	47	33.5	28
L09B Other Procedures for Kidney and Urinary Tract Disorders, Intermediate Complexity	~	48	13.1	8
L09C Other Procedures for Kidney and Urinary Tract Disorders, Minor Complexity	278	112	3.4	2
L40Z Ureteroscopy	63	107	3.4	2
L41Z Cystourethroscopy for Urinary Disorder, Sameday	12,150	68	0.5	1
L42Z ESW Lithotripsy	889	46	3.2	2
L60A Kidney Failure, Major Complexity	0	625	21.5	15
L60B Kidney Failure, Intermediate Complexity	68	1,942	8.6	6
L60C Kidney Failure, Minor Complexity	536	614	3.5	2
L61Z Haemodialysis	190,783	20	1.0	1
L62A Kidney and Urinary Tract Neoplasms, Major Complexity	39	243	16.5	11
L62B Kidney and Urinary Tract Neoplasms, Minor Complexity	1,036	341	4.0	2
L63A Kidney and Urinary Tract Infections, Major Complexity	67	7,330	12.8	8
L63B Kidney and Urinary Tract Infections, Minor Complexity	1,347	8,041	4.6	3
L64A Urinary Stones and Obstruction, Major Complexity	69	892	5.1	3
L64B Urinary Stones and Obstruction, Minor Complexity	244	1,748	1.8	1
L65A Kidney and Urinary Tract Signs and Symptoms, Major Complexity	35	723	9.8	6
L65B Kidney and Urinary Tract Signs and Symptoms, Minor Complexity	2,955	1,990	3.2	2
L66Z Urethral Stricture	198	75	2.4	1
L67A Other Kidney and Urinary Tract Disorders, Major Complexity	419	1,232	11.0	6
L67B Other Kidney and Urinary Tract Disorders, Intermediate Complexity	2,693	1,140	3.3	2
L67C Other Kidney and Urinary Tract Disorders, Minor Complexity	3,812	146	2.0	1
L68Z Peritoneal Dialysis	11	0	-	-
Total	**219,634**	**33,132**	**7.4**	**4**

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 Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.14 Total Discharges: MDC 12 Diseases and Disorders of the Male Reproductive System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 12 Diseases and Disorders of the Male Reproductive System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
M01A Major Male Pelvic Procedures, Major Complexity	0	42	7.0	4
M01B Major Male Pelvic Procedures, Minor Complexity	0	685	2.1	2
M02A Transurethral Prostatectomy for Reproductive System Disorder, Major Complexity	0	35	9.0	7
M02B Transurethral Prostatectomy for Reproductive System Disorder, Minor Complexity	~	383	3.3	3
M03A Penis Procedures, Major Complexity	29	54	11.3	4
M03B Penis Procedures, Minor Complexity	388	110	1.8	1
M04Z Testes Procedures	1,105	852	2.1	1
M05Z Circumcision	1,538	152	1.5	1
M06A Other Male Reproductive System OR Procedures, Major Complexity	47	44	9.0	5
M06B Other Male Reproductive System OR Procedures, Minor Complexity	51	55	2.3	2
M40Z Cystourethroscopy for Male Reproductive System Disorder, Sameday	1,071	~	^	^
M60A Male Reproductive System Malignancy, Major Complexity	353	398	11.8	6
M60B Male Reproductive System Malignancy, Minor Complexity	3,843	196	17.3	6
M61A Benign Prostatic Hypertrophy, Major Complexity	18	19	9.3	5
M61B Benign Prostatic Hypertrophy, Minor Complexity	927	40	2.8	1
M62A Male Reproductive System Inflammation, Major Complexity	~	221	7.7	5
M62B Male Reproductive System Inflammation, Minor Complexity	269	1,136	2.6	2
M63Z Male Sterilisation Procedures	87	~	^	^
M64A Other Male Reproductive System Disorders, Major Complexity	47	89	4.2	2
M64B Other Male Reproductive System Disorders, Minor Complexity	1,019	930	1.1	1
Total	**10,796**	**5,448**	**3.9**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
^ Denotes that length of stay is suppressed where the number of discharges is not reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.15 Total Discharges: MDC 13 Diseases and Disorders of the Female Reproductive System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 13 Diseases and Disorders of the Female Reproductive System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
N01A Pelvic Evisceration and Radical Vulvectomy, Major Complexity	0	26	18.3	16
N01B Pelvic Evisceration and Radical Vulvectomy, Minor Complexity	8	72	6.1	5
N04A Hysterectomy for Non-Malignancy, Major Complexity	0	168	8.8	5
N04B Hysterectomy for Non-Malignancy, Minor Complexity	11	1,510	3.3	3
N05A Oophorectomy and Complex Fallopian Tube Procedures for Non-Malignancy, Maj Comp	9	57	6.9	5
N05B Oophorectomy and Complex Fallopian Tube Procedures for Non-Malignancy, Min Comp	241	613	2.1	1
N06A Female Reproductive System Reconstructive Procedures, Major Complexity	0	46	5.9	3
N06B Female Reproductive System Reconstructive Procedures, Minor Complexity	280	723	2.5	2
N07A Other Uterus and Adnexa Procedures for Non-Malignancy, Major Complexity	1,679	1,128	2.5	2
N07B Other Uterus and Adnexa Procedures for Non-Malignancy, Minor Complexity	3,586	180	1.3	1
N08Z Endoscopic and Laparoscopic Procedures, Female Reproductive System	640	279	2.4	1
N09Z Other Vagina, Cervix and Vulva Procedures	2,198	652	4.4	1
N10Z Diagnostic Curettage and Diagnostic Hysteroscopy	15,857	634	2.4	1
N11A Other Female Reproductive System OR Procedures, Major Complexity	12	94	13.5	8
N11B Other Female Reproductive System OR Procedures, Minor Complexity	13	6	1.1	1
N12A Uterus and Adnexa Procedures for Malignancy, Major Complexity	0	28	26.6	21
N12B Uterus and Adnexa Procedures for Malignancy, Intermediate Complexity	~	156	6.6	6
N12C Uterus and Adnexa Procedures for Malignancy, Minor Complexity	67	408	3.2	3
N60A Female Reproductive System Malignancy, Major Complexity	~	197	17.2	13
N60B Female Reproductive System Malignancy, Minor Complexity	1,004	465	8.5	5
N61A Female Reproductive System Infections, Major Complexity	26	103	6.3	4
N61B Female Reproductive System Infections, Minor Complexity	142	355	2.6	2
N62A Menstrual and Other Female Reproductive System Disorders, Major Complexity	164	520	3.9	2
N62B Menstrual and Other Female Reproductive System Disorders, Minor Complexity	6,462	2,449	1.5	1
Total	**32,404**	**10,869**	**3.5**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.16 Total Discharges: MDC 14 Pregnancy, Childbirth and the Puerperium: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 14 Pregnancy, Childbirth and the Puerperium	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
O01A Caesarean Delivery, Major Complexity	0	1,564	9.5	6
O01B Caesarean Delivery, Intermediate Complexity	0	8,159	4.9	4
O01C Caesarean Delivery, Minor Complexity	0	11,273	3.5	3
O02A Vaginal Delivery W OR Procedures, Major Complexity	0	193	5.3	4
O02B Vaginal Delivery W OR Procedures, Minor Complexity	0	552	3.3	3
O03A Ectopic Pregnancy, Major Complexity	~	163	2.6	2
O03B Ectopic Pregnancy, Minor Complexity	29	513	1.5	1
O04A Postpartum and Post Abortion W OR Procedures, Major Complexity[b]	~	76	5.7	3
O04B Postpartum and Post Abortion W OR Procedures, Minor Complexity[b]	21	191	2.1	2
O05Z Abortion W OR Procedures[b]	1,048	2,379	1.0	1
O60A Vaginal Delivery, Major Complexity	0	3,943	4.4	4
O60B Vaginal Delivery, Intermediate Complexity	0	15,439	2.9	3
O60C Vaginal Delivery, Minor Complexity	0	11,997	2.1	2
O61A Postpartum and Post Abortion W/O OR Procedures, Major Complexity[b]	147	551	3.3	3
O61B Postpartum and Post Abortion W/O OR Procedures, Minor Complexity[b]	2,958	2,754	1.7	1
O63A Abortion W/O OR Procedures, Major Complexity[b]	14	278	1.7	1
O63B Abortion W/O OR Procedures, Minor Complexity[b]	401	2,087	1.1	1
O66A Antenatal and Other Obstetric Admissions, Major Complexity	1,853	10,615	1.7	1
O66B Antenatal and Other Obstetric Admissions, Minor Complexity	8,425	25,272	0.9	1
Total	**14,901**	**97,999**	**2.5**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
b This includes spontaneous abortions and pregnancies with abortive outcome.

TABLE 4.17 Total Discharges: MDC 15 Newborns and Other Neonates: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 15 Newborns and Other Neonates	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
P01Z Neonate W Sig OR Proc/Vent>=96hrs, Died or Transfer to Acute Faclity <5Days	0	35	2.6	3
P02Z Cardiothoracic and Vascular Procedures for Neonates	0	58	24.3	15
P03A Neonate, AdmWt 1000-1499g W Significant OR Proc/Vent>=96hrs, Major Complexity	0	57	59.5	57
P03B Neonate, AdmWt 1000-1499g W Significant OR Proc/Vent>=96hrs, Minor Complexity	0	150	39.8	40
P04A Neonate, AdmWt 1500-1999g W Significant OR Proc/Vent>=96hrs, Major Complexity	0	34	57.6	49
P04B Neonate, AdmWt 1500-1999g W Significant OR Proc/Vent>=96hrs, Minor Complexity	0	144	27.3	24
P05A Neonate, AdmWt 2000-2499g W Significant OR Proc/Vent>=96hrs, Major Complexity	0	7	130.3	63
P05B Neonate, AdmWt 2000-2499g W Significant OR Proc/Vent>=96hrs, Minor Complexity	0	92	22.4	16
P06A Neonate, AdmWt >=2500g W Significant OR Proc/Vent>=96hrs, Major Complexity	0	114	50.0	27
P06B Neonate, AdmWt >=2500g W Significant OR Proc/Vent>=96hrs, Minor Complexity	~	297	13.4	10
P07Z Neonate, AdmWt <750g W Significant OR Procedures	0	8	60.8	80
P08Z Neonate, AdmWt 750-999g W Significant OR Procedures	0	12	77.4	82
P60A Neonate W/O Sig OR/Vent>=96hrs, Died/Transfer Acute Facility <5 Days, MajC	0	102	2.2	2
P60B Neonate W/O Sig OR/Vent>=96hrs, Died/Transfer Acute Facility <5 Days, MinC	~	475	1.1	1
P61Z Neonate, AdmWt <750g W/O Significant OR procedure	~	97	56.2	49
P62A Neonate, AdmWt 750-999g W/O Significant OR Procedures, Major Complexity	0	34	69.7	79
P62B Neonate, AdmWt 750-999g W/O Significant OR Procedures, Minor Complexity	0	77	46.6	48
P63A Neonate, AdmWt 1000-1249g W/O Significant OR Proc/Vent>=96hrs, Major Complexity	0	7	44.1	38
P63B Neonate, AdmWt 1000-1249g W/O Significant OR Proc/Vent>=96hrs, Minor Complexity	~	29	22.9	23
P64A Neonate, AdmWt 1250-1499g W/O Significant OR Proc/Vent>=96hrs, Major Complexity	0	14	36.0	29
P64B Neonate, AdmWt 1250-1499g W/O Significant OR Proc/Vent>=96hrs, Minor Complexity	0	68	23.5	24
P65A Neonate, AdmWt 1500-1999g W/O Significant OR Proc/Vent>=96hrs, Extreme Comp	0	25	33.8	29
P65B Neonate, AdmWt 1500-1999g W/O Significant OR Proc/Vent>=96hrs, Major Complexity	0	89	21.1	21
P65C Neonate, AdmWt 1500-1999g W/O Significant OR Proc/Vent>=96hrs, Intermediate Comp	0	285	17.7	17
P65D Neonate, AdmWt 1500-1999g W/O Significant OR Proc/Vent>=96hrs, Minor Complexity	~	155	11.0	10
P66A Neonate, AdmWt 2000-2499g W/O Significant OR Proc/Vent>=96hrs, Extreme Comp	0	80	18.3	17
P66B Neonate, AdmWt 2000-2499g W/O Significant OR Proc/Vent>=96hrs, Major Complexity	~	270	12.5	12
P66C Neonate, AdmWt 2000-2499g W/O Significant OR Proc/Vent>=96hrs, Intermediate Comp	~	601	7.2	5
P66D Neonate, AdmWt 2000-2499g W/O Significant OR Proc/Vent>=96hrs, Minor Complexity	14	523	2.8	1
P67A Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, <37 Comp Wks Gest, Extr Comp	~	75	13.4	11
P67B Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, <37 Comp Wks Gest, Maj Comp	~	190	8.4	7
P67C Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, <37 Comp Wks Gest, Int Comp	~	217	6.3	5
P67D Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, <37 Comp Wks Gest, Min Comp	17	394	3.8	2
P68A Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Comp Wks Gest, Ext Comp	~	502	8.5	6
P68B Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Comp Wks Gest, Maj Comp	14	1,112	4.4	3
P68C Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Comp Wks Gest, Int Comp	51	1,330	3.2	2
P68D Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Comp Wks Gest, Min Comp	202	5,121	1.8	1
Total	**319**	**12,880**	**7.3**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.18 Total Discharges: MDC 16 Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders: AR-DRG Version 8.0 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[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
Q01A Splenectomy, Major Complexity	0	7	39.4	27
Q01B Splenectomy, Minor Complexity	0	25	5.9	5
Q02A Blood and Immune System Disorders W Other OR Procedures, Major Complexity	7	77	30.7	16
Q02B Blood and Immune System Disorders W Other OR Procedures, Minor Complexity	621	170	5.3	3
Q60A Reticuloendothelial and Immunity Disorders, Major Complexity	447	1,153	6.4	4
Q60B Reticuloendothelial and Immunity Disorders, Minor Complexity	3,841	495	2.0	1
Q61A Red Blood Cell Disorders, Major Complexity	1,686	2,522	8.5	5
Q61B Red Blood Cell Disorders, Intermediate Complexity	20,231	4,140	2.1	1
Q61C Red Blood Cell Disorders, Minor Complexity	20,624	35	1.1	1
Q62A Coagulation Disorders, Major Complexity	59	318	9.6	5
Q62B Coagulation Disorders, Minor Complexity	3,006	638	2.1	1
Total	**50,522**	**9,580**	**4.8**	**2**

Notes: a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.19 Total Discharges: MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms): AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms)	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
R01A Lymphoma and Leukaemia W Major OR Procedures, Major Complexity	~	53	43.6	29
R01B Lymphoma and Leukaemia W Major OR Procedures, Minor Complexity	33	69	5.3	4
R02A Other Neoplastic Disorders W Major OR Procedures, Major Complexity	0	24	19.6	15
R02B Other Neoplastic Disorders W Major OR Procedures, Intermediate Complexity	~	73	8.3	6
R02C Other Neoplastic Disorders W Major OR Procedures, Minor Complexity	42	139	2.9	2
R03A Lymphoma and Leukaemia W Other OR Procedures, Major Complexity	0	85	48.2	37
R03B Lymphoma and Leukaemia W Other OR Procedures, Intermediate Complexity	6	126	15.4	13
R03C Lymphoma and Leukaemia W Other OR Procedures, Minor Complexity	257	158	6.4	3
R04A Other Neoplastic Disorders W Other OR Procedures, Major Complexity	40	37	18.1	10
R04B Other Neoplastic Disorders W Other OR Procedures, Minor Complexity	1,031	98	4.0	2
R60A Acute Leukaemia, Major Complexity	113	459	24.6	20
R60B Acute Leukaemia, Minor Complexity	2,799	556	6.0	3
R61A Lymphoma and Non-Acute Leukaemia, Major Complexity	524	1,506	16.4	10
R61B Lymphoma and Non-Acute Leukaemia, Minor Complexity	10,784	1,708	4.6	3
R62A Other Neoplastic Disorders, Major Complexity	486	185	14.3	9
R62B Other Neoplastic Disorders, Intermediate Complexity	5,748	120	8.6	4
R62C Other Neoplastic Disorders, Minor Complexity	99,306	22	4.3	2
R63Z Chemotherapy	137,303	0	-	-
R99Z Oncology Repeat Attendance[b]	21,422	0	-	-
Total	**279,898**	**5,418**	**11.7**	**5**

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 Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
b The official classification for AR-DRG's (V8.0) has been slightly modified by the addition of two local DRG's specific to Ireland to account for some differences in the provision of care. While this practice has been used for Activity Based Funding, this modification to the official classification has only been published in the HIPE Annual Report since 2018.
There are many attendances at oncology day wards where patients undergo only very minor procedures (e.g. taking of bloods) which are generally of lower complexity than administration of chemotherapy or other oncology procedures. The local DRG R99Z (*Oncology Repeat Attendance*) is used to identify these cases and to ensure that they are costed and reimbursed appropriately.

TABLE 4.20 Total Discharges: MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
S65A Human Immunodeficiency Virus, Major Complexity	0	52	51.9	22
S65B Human Immunodeficiency Virus, Intermediate Complexity	11	104	10.3	8
S65C Human Immunodeficiency Virus, Minor Complexity	82	45	3.7	1
T01A Infectious and Parasitic Diseases W OR Procedures, Major Complexity	0	144	41.3	29
T01B Infectious and Parasitic Diseases W OR Procedures, Intermediate Complexity	8	179	20.0	14
T01C Infectious and Parasitic Diseases W OR Procedures, Minor Complexity	28	271	11.1	8
T40Z Infectious and Parasitic Diseases W Ventilator Support	0	41	20.7	10
T60A Septicaemia, Major Complexity	0	464	31.0	20
T60B Septicaemia, Intermediate Complexity	40	1,379	13.0	9
T60C Septicaemia, Minor Complexity	19	1,736	7.5	6
T61A Postoperative and Post-Traumatic Infections, Major Complexity	16	259	12.4	8
T61B Postoperative and Post-Traumatic Infections, Minor Complexity	86	839	4.6	3
T62A Fever of Unknown Origin, Major Complexity	~	415	6.9	4
T62B Fever of Unknown Origin, Minor Complexity	38	1,533	2.7	2
T63A Viral Illnesses, Major Complexity	406	652	5.6	3
T63B Viral Illnesses, Minor Complexity	409	2,807	1.7	1
T64A Other Infectious and Parasitic Diseases, Major Complexity	~	72	21.7	14
T64B Other Infectious and Parasitic Diseases, Intermediate Complexity	11	225	12.0	9
T64C Other Infectious and Parasitic Diseases, Minor Complexity	2,183	443	4.6	3
Total	**3,341**	**11,660**	**7.8**	**3**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.21 Total Discharges: MDC 19 Mental Diseases and Disorders: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 19 Mental Diseases and Disorders	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
U40Z Mental Health Treatment W ECT, Sameday	20	0	-	-
U60A Mental Health Treatment W/O ECT, Sameday, Major Complexity	636	252	0.5	1
U60B Mental Health Treatment W/O ECT, Sameday, Minor Complexity	276	461	0.5	1
U61A Schizophrenia Disorders, Major Complexity	0	58	57.5	19
U61B Schizophrenia Disorders, Minor Complexity	0	100	31.6	20
U62A Paranoia and Acute Psychotic Disorders, Major Complexity	0	49	36.9	24
U62B Paranoia and Acute Psychotic Disorders, Minor Complexity	0	118	13.8	8
U63A Major Affective Disorders, Major Complexity	0	85	34.9	22
U63B Major Affective Disorders, Minor Complexity	0	146	15.9	9
U64A Other Affective and Somatoform Disorders, Major Complexity	0	60	19.1	11
U64B Other Affective and Somatoform Disorders, Minor Complexity	0	99	6.8	3
U65A Anxiety Disorders, Major Complexity	0	171	14.4	7
U65B Anxiety Disorders, Minor Complexity	0	353	6.1	3
U66A Eating and Obsessive-Compulsive Disorders, Major Complexity	0	132	33.8	20
U66B Eating and Obsessive-Compulsive Disorders, Minor Complexity	0	286	17.8	10
U67A Personality Disorders and Acute Reactions, Major Complexity	0	88	30.6	13
U67B Personality Disorders and Acute Reactions, Minor Complexity	0	182	11.0	4
U68A Childhood Mental Disorders, Major Complexity	0	45	32.2	6
U68B Childhood Mental Disorders, Minor Complexity	0	47	5.2	2
Total	**932**	**2,732**	**13.9**	**4**

Notes: - Mean and median length of stay cannot be calculated as no in-patients are reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.22 Total Discharges: MDC 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders: AR-DRG Version 8.0 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[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
V60A Alcohol Intoxication and Withdrawal, Major Complexity	0	658	9.6	6
V60B Alcohol Intoxication and Withdrawal, Minor Complexity	0	1,578	3.8	3
V61A Drug Intoxication and Withdrawal, Major Complexity	0	34	12.1	8
V61B Drug Intoxication and Withdrawal, Minor Complexity	0	186	5.6	3
V62A Alcohol Use and Dependence, Major Complexity	0	95	13.7	7
V62B Alcohol Use and Dependence, Minor Complexity	0	452	4.3	3
V63Z Opioid Use and Dependence	0	45	14.8	15
V64Z Other Drug Use and Dependence	0	69	13.6	16
V65Z Treatment for Alcohol Disorders, Sameday	7	357	0.5	1
V66Z Treatment for Drug Disorders, Sameday	0	77	0.5	1
Total	**7**	**3,551**	**5.3**	**3**

Notes: a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.23 Total Discharges: MDC 21 Injuries, Poisonings and Toxic Effects of Drugs: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 21 Injuries, Poisonings and Toxic Effects of Drugs	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
W01A Vent, Trac & Cran Procs for Mult Sig Trauma, Major Complexity	0	26	76.5	53
W01B Vent, Trac & Cran Procs for Mult Sig Trauma, Intermediate Complexity	0	56	39.1	25
W01C Vent, Trac & Cran Procs for Mult Sig Trauma, Minor Complexity	0	53	23.7	17
W02A Hip, Femur and Lower Limb Procedures for Multiple Sig Trauma, Major Complexity	0	34	42.3	30
W02B Hip, Femur and Lower Limb Procedures for Multiple Sig Trauma, Minor Complexity	0	95	33.0	16
W03Z Abdominal Procedures for Multiple Significant Trauma	0	25	24.0	14
W04A Multiple Significant Trauma W Other OR Procedures, Major Complexity	0	27	33.4	19
W04B Multiple Significant Trauma W Other OR Procedures, Minor Complexity	0	38	11.5	10
W60A Multiple Sig Trauma, Died or Transferred to Acute Facility <5 Days, Major Comp	0	28	2.0	2
W60B Multiple Sig Trauma, Died or Transferred to Acute Facility <5 Days, Minor Comp	0	30	2.1	2
W61A Multiple Significant Trauma W/O OR Procedures, Major Complexity	0	119	30.2	20
W61B Multiple Significant Trauma W/O OR Procedures, Minor Complexity	~	175	12.6	9
X02A Microvascular Tissue Transfer and Skin Grafts for Injuries to Hand, Major Comp	7	15	8.2	7
X02B Microvascular Tissue Transfer and Skin Grafts for Injuries to Hand, Minor Comp	8	47	3.1	1
X04A Other Procedures for Injuries to Lower Limb, Major Complexity	0	54	33.9	17
X04B Other Procedures for Injuries to Lower Limb, Minor Complexity	32	190	3.8	2
X05A Other Procedures for Injuries to Hand, Major Complexity	74	265	2.9	1
X05B Other Procedures for Injuries to Hand, Minor Complexity	497	963	0.7	1
X06A Other Procedures for Other Injuries, Major Complexity	~	127	22.1	14
X06B Other Procedures for Other Injuries, Intermediate Complexity	34	237	7.0	4
X06C Other Procedures for Other Injuries, Minor Complexity	395	1,009	2.1	1
X07A Skin Grafts for Injuries Excluding Hand, Major Complexity	~	18	42.9	21
X07B Skin Grafts for Injuries Excluding Hand, Intermediate Complexity	~	28	11.4	9
X07C Skin Grafts for Injuries Excluding Hand, Minor Complexity	23	48	4.5	2
X40A Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Major Comp	0	32	16.4	11
X40B Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Minor Comp	0	60	6.8	6
X60A Injuries, Major Complexity	18	1,452	14.1	7
X60B Injuries, Minor Complexity	794	3,291	2.1	1
X61A Allergic Reactions, Major Complexity	~	91	3.8	2
X61B Allergic Reactions, Minor Complexity	19	306	1.1	1
X62A Poisoning/Toxic Effects of Drugs and Other Substances, Major Complexity	0	972	8.2	4
X62B Poisoning/Toxic Effects of Drugs and Other Substances, Minor Complexity	34	2,926	2.1	1
X63A Sequelae of Treatment, Major Complexity	19	525	8.8	4
X63B Sequelae of Treatment, Minor Complexity	247	1,835	2.4	1
X64A Other Injuries, Poisonings and Toxic Effects, Major Complexity	0	858	22.6	12
X64B Other Injuries, Poisonings and Toxic Effects, Minor Complexity	8	1,109	5.0	1
Total	**2,218**	**17,164**	**6.2**	**2**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.24 Total Discharges: MDC 22 Burns: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 22 Burns	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
Y01Z Vent >=96hrs or Trach for Burns or OR Procs for Severe Full Thickness Burns	0	18	65.8	58
Y02A Skin Grafts for Other Burns, Major Complexity	~	37	22.9	22
Y02B Skin Grafts for Other Burns, Intermediate Complexity	9	54	9.4	7
Y02C Skin Grafts for Other Burns, Minor Complexity	*	16	5.4	4
Y03A Other OR Procedures for Other Burns, Major Complexity	14	16	22.0	14
Y03B Other OR Procedures for Other Burns, Minor Complexity	11	39	5.0	3
Y60Z Burns, Transferred to Acute Facility <5 Days	0	33	1.0	1
Y61Z Severe Burns	22	56	9.5	7
Y62A Other Burns, Major Complexity	7	79	9.7	6
Y62B Other Burns, Minor Complexity	84	136	3.0	1
Total	**155**	**484**	**10.2**	**4**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.25 Total Discharges: MDC 23 Factors Influencing Health Status and Other Contacts with Health Services: AR-DRG Version 8.0 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[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
Z01A Other Contacts W Health Services W OR Procedures, Major Complexity	35	72	23.4	7
Z01B Other Contacts W Health Services W OR Procedures, Minor Complexity	946	204	2.4	1
Z40Z Other Contacts W Health Services W Endoscopy, Sameday	17,599	25	0.5	1
Z60A Rehabilitation, Major Complexity[b]	0	0	-	-
Z60B Rehabilitation, Minor Complexity[b]	0	0	-	-
Z61A Signs and Symptoms, Major Complexity	63	848	11.9	6
Z61B Signs and Symptoms, Intermediate Complexity	234	1,222	4.0	1
Z61C Signs and Symptoms, Minor Complexity	741	1,641	1.8	1
Z63A Other Follow Up After Surgery or Medical Care, Major Complexity	45	1,260	26.0	16
Z63B Other Follow Up After Surgery or Medical Care, Minor Complexity	1,062	1,200	15.7	5
Z64A Other Factors Influencing Health Status, Major Complexity	4,031	793	14.7	2
Z64B Other Factors Influencing Health Status, Minor Complexity	35,468	1,611	1.7	1
Z65Z Congenital Anomalies and Problems Arising from Neonatal Period	88	45	3.7	1
Z66Z Sleep Disorders	550	564	1.1	1
Total	**60,862**	**9,485**	**9.2**	**1**

Note: a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
b The coding of rehabilitation was updated in ICD-10-AM/ACHI/ACS 10th edition. The sequencing was amended to the additional diagnosis position. Therefore, rehabilitation can no longer be assigned as a principal diagnosis. See Appendix VII for an overview of changes from ICD-10-AM/ACHI/ACS 8th edition (in use from 2015–2019) to 10th Edition (in use from 1st January 2020).
- Mean and median length of stay cannot be calculated as no in-patients are reported.

TABLE 4.26 Total Discharges: Unassignable to MDC: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

Unassignable to MDC[b]	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
801A OR Procedures Unrelated to Principal Diagnosis, Major Complexity	~	456	55.3	36
801B OR Procedures Unrelated to Principal Diagnosis, Intermediate Complexity	*	559	18.4	13
801C OR Procedures Unrelated to Principal Diagnosis, Minor Complexity	290	409	6.8	4
Total	**327**	**1,424**	**26.9**	**14**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
b As not all discharges can be assigned directly to an MDC, there is a category entitled 'unassignable to MDC'. These cases are always queried by the HPO.
Unrelated OR DRGs: Patients whose OR procedures are unrelated to the patient's principal diagnosis are assigned to one of three OR DRGs: 801A *OR Procedures Unrelated to Principal Diagnosis Major Complexity*, 801B *OR Procedures Unrelated to Principal Diagnosis Intermediate Complexity* or 801C *OR Procedures Unrelated to Principal Diagnosis Minor Complexity*. An example of when this may be assigned is when a patient is admitted for a medical treatment; they develop a complication unrelated to the principal diagnosis and later have an OR procedure performed for the additional diagnoses associated with the complication.
Error DRGs: Episodes that contain clinically atypical or invalid information are assigned to one of three error DRGs: 960Z *Ungroupable*, *961Z Unacceptable Principal Diagnosis* or 963Z *Neonatal Diagnosis Not Consistent W Age/Weight*.
Australian Consortium for Classification Development, 2015, *Australian Refined Diagnosis Related Groups, Version 8.0, Definitions Manual*, Volume 1. Independent Hospital Pricing Authority. p.11.

TABLE 4.27 Total Discharges: Pre-MDC: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

Pre-MDC	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
A01Z Liver Transplant	0	43	27.2	23
A03Z Lung or Heart-Lung Transplant	0	22	101.2	67
A05Z Heart Transplant	0	7	93.6	81
A06A Tracheostomy and/or Ventilation >=96hours, Major Complexity	0	200	103.6	73
A06B Tracheostomy and/or Ventilation >=96hours, Intermediate Complexity	0	749	56.7	38
A06C Tracheostomy and/or Ventilation >=96hours, Minor Complexity	~	1,305	28.2	20
A07A Allogeneic Bone Marrow Transplant, Age <=16 Years or Major Complexity	0	49	47.8	44
A07B Allogeneic Bone Marrow Transplant, Age >=17 Years and Minor Complexity	0	67	35.8	37
A08A Autologous Bone Marrow Transplant, Major Complexity	0	108	24.6	20
A08B Autologous Bone Marrow Transplant, Minor Complexity	~	41	11.0	6
A09A Kidney Transplant, Age <=16 Years or Major Complexity	0	31	19.1	15
A09B Kidney Transplant, Age >=17 Years and Minor Complexity	0	161	8.8	7
A10Z Insertion of Ventricular Assist Device	0	6	90.2	93
A11A Insertion of Implantable Spinal Infusion Device, Major Complexity	~	*	^	^
A11B Insertion of Implantable Spinal Infusion Device, Minor Complexity	~	~	^	^
A12Z Insertion of Neurostimulator Device	87	79	2.5	2
A40A ECMO, Major Complexity	0	7	57.6	51
A40B ECMO, Minor Complexity	0	25	27.2	23
Total	**99**	**2,911**	**39.9**	**24**

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 is suppressed where the number of discharges is not reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

Annex
2023

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PROFILE OF DISCHARGES WITH *INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES*, 2023

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 emergency in-patient discharges with a principal diagnosis of *Injury, Poisoning and certain other consequences of external causes* (S00-T98).[1] Additional external cause codes are assigned to any discharge with an injury coded to identify the cause, place of occurrence and activity of the injury.[2]

In 2023, 53,868 emergency in-patient discharges had a principal diagnosis of *Injury, Poisoning and certain other consequences of external causes*.[3,] These discharges accounted for 11.5 per cent of total emergency in-patient discharges.

Table A 1.1 disaggregates these discharges by ICD-10-AM diagnosis categories, showing that, for discharges with a principal diagnosis of *Injury, Poisoning and certain other consequences of external causes*:

- *Injuries to the Head* accounted for 17.3 per cent of discharges, who stayed on average 7.9 days in hospital.
- *Complications of Surgical and Medical Care, Not Elsewhere Classified* accounted for 13.7 per cent of all discharges, staying on average 8.7 days in hospital.

Figure A 1.1 disaggregates these discharges by the ICD-10-AM Diagnosis Category, and age group, showing that, for discharges with a principal diagnosis of *Injury, Poisoning and certain other consequences of external causes*:

- Almost half of all discharges in the category *Injuries to hip and thigh* were accounted for by those aged 80 years and over (47.2 per cent).
- The younger age groups account for the majority of discharges with *Injuries to the wrist and hand*, with 29.1 per cent of discharges in this group aged 0-19 years, and 28.8 per cent aged 20-39 years.

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1 This code range is based on Chapter 19 in the ICD-10-AM Classification 'Injury, Poisoning and certain other consequences of external causes'.

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

3 More than one injury can be recorded on the HIPE record, however this Annex focuses on the principal diagnosis which is defined as the "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" (METeOR: 514273) (Australian Institute of Health and Welfare 2014).

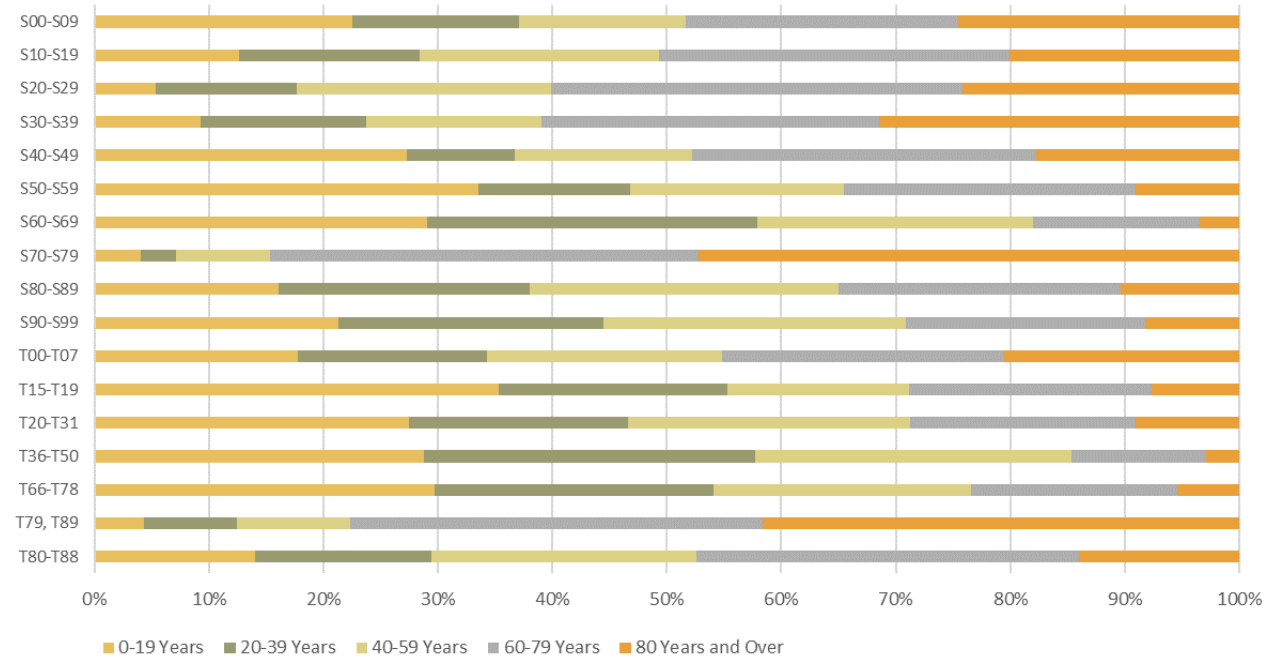
TABLE A 1.1 Emergency[a] In-Patient Discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause:* (ICD-10-AM Category, N, Mean LOS, %)

Diagnosis code	Diagnosis Description	N	Mean LOS	%
S00-S09	Injuries To The Head	9,312	7.9	17.3
S10-S19	Injuries To The Neck	821	11.0	1.5
S20-S29	Injuries To The Thorax	2,312	10.0	4.3
S30-S39	Injuries To The Abdomen, Lower Back, Lumbar Spine And Pelvis	3,186	11.9	5.9
S40-S49	Injuries To The Shoulder And Upper Arm	2,990	7.3	5.6
S50-S59	Injuries To The Elbow And Forearm	4,425	3.3	8.2
S60-S69	Injuries To The Wrist And Hand	4,318	1.6	8.0
S70-S79	Injuries To The Hip And Thigh	6,485	15.7	12
S80-S89	Injuries To The Knee And Lower Leg	5,558	6.2	10.3
S90-S99	Injuries To The Ankle And Foot	886	4.9	1.6
T00-T07	Injuries to Multiple or Unspecified Part Of Trunk, Limb Or Body Region	73	7.5	0.1
T15-T19	Effects Of Foreign Body Entering Through Natural Orifice	863	2.1	1.6
T20-T31	Burns or Frostbite	476	10.1	0.9
T36-T50	Poisoning by Drugs, Medicaments, Biological Substances Or Toxic effect of nonmedicinal substances	3,877	4.2	7.2
T66-T78	Other And Unspecified Effects Of External Causes	662	3.6	1.2
T79, T89	Certain Early Complications Of Trauma and Other Complications Of Trauma not elsewhere classified	233	22.2	0.4
T80-T88	Complications Of Surgical And Medical Care, Not Elsewhere Classified	7,391	8.7	13.7
Total		**53,868**	**7.8**	**100**

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 A 1.1 Emergency[a] In-Patient Discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause* by ICD-10-AM Category group and Age Group (%)



Notes: Percentage columns are subject to rounding.
Please refer to Table A1.1 for diagnosis category descriptions

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.

A.1.2 DEMOGRAPHIC ANALYSIS

Table A 1.2 disaggregates emergency in-patient discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause* by age and sex. Of these discharges:

- 53.1 per cent of discharges were male and 46.9 per cent of discharges were female.
- For both males and females the highest proportion of discharges were in the 70-79 year age group (13.2 per cent for males and 17.1 per cent for females).

Figure A 1.2 shows emergency in-patient discharges with a listed diagnosis of 'Injury, Poisoning or other consequence of external cause' by age group and sex.

- For all age groups aged less than 70 years the majority of discharges were male. This was highest in the 30-39 year age group where 65.6 per cent of all discharges were male.
- For all age groups over 70 years of age, the majority of discharges were female, with 59 per cent of discharges age 80 years and over accounted for by females.

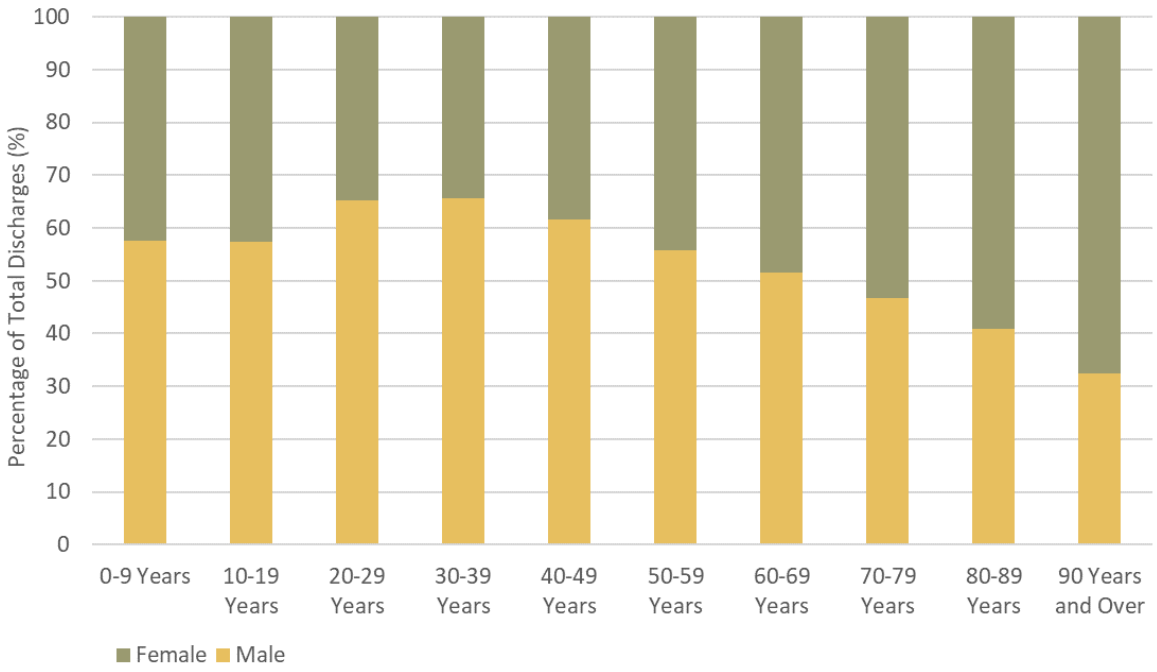
TABLE A 1.2 Emergency[a] In-Patient Discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause*: Sex and Age Group (N, %)

	Male		Female		Total	
	N	%	N	%	N	%
0-9 Years	2,776	9.7	2,052	8.1	4,828	9.0
10-19 Years	3,149	11	2,350	9.3	5,499	10.2
20-29 Years	2,881	10.1	1,539	6.1	4,420	8.2
30-39 Years	2,794	9.8	1,466	5.8	4,260	7.9
40-49 Years	3,066	10.7	1,913	7.6	4,979	9.2
50-59 Years	2,994	10.5	2,378	9.4	5,372	10.0
60-69 Years	3,190	11.1	2,998	11.9	6,188	11.5
70-79 Years	3,791	13.2	4,325	17.1	8,116	15.1
80-89 Years	3,207	11.2	4,613	18.3	7,820	14.5
90 Years and Over	775	2.7	1,611	6.4	2,386	4.4
Total	**28,623**	**100**	**25,245**	**100**	**53,868**	**100**

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 A 1.2 Emergency[a] In-Patient Discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause* by Age group and Sex (%)



Notes: Percentage columns are subject to rounding.

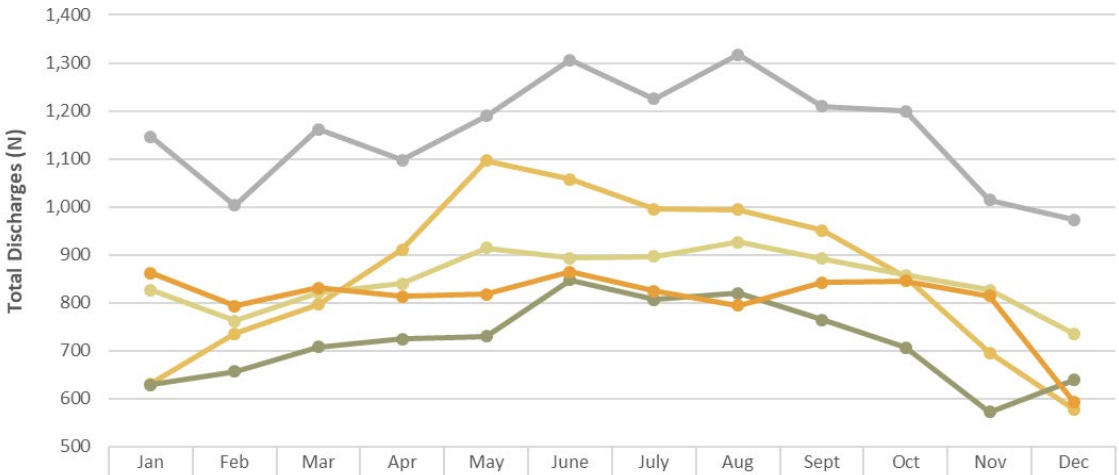
a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about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

A.1.3 TEMPORAL ANALYSIS

Figure A 1.3 shows emergency in-patient discharges with a listed diagnosis of *Injury, Poisoning or other consequence of external cause* by age group and month of admission.

- Discharges in the youngest age group (0-19 years) had the highest number of admissions in May and June.
- In the older age groups, admissions were highest in August for those aged 60-79 years and in June for those aged 80 years and over.

FIGURE A 1.3 Emergency[a] In-Patient Discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause* by Age Group and Month of Admission (%)



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
0-19 Years	631	736	797	911	1,096	1,057	995	994	951	854	696	578
20-39 Years	629	657	708	725	730	848	807	820	764	707	573	639
40-59 Years	827	762	821	840	914	893	897	927	892	858	827	736
60-79 Years	1,146	1,003	1,162	1,097	1,190	1,306	1,225	1,317	1,210	1,200	1,014	973
80 Years and Over	862	793	831	813	818	864	824	795	842	846	814	594

Notes: 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. This figure does not include 1,232 discharges admitted prior to 2023 and discharged in 2023. December data does not include discharges that were admitted in 2023 and discharged after 2023.

A.1.4 PRINCIPAL DIAGNOSES

Table A 1.3 presents the top 10 principal diagnoses for discharges with a listed diagnosis of *Injury, Poisoning or other consequence of external cause* based on the ICD-10-AM classification.[4]

- The highest reported principal diagnosis was *Fracture of Femur* accounting for 10.3 per cent of in-patient discharges, with a total in-patient mean length of stay of 16.9 days.
- *Fracture of lower leg, including ankle* accounted for 8.0 per cent of in-patient discharges, while the in-patient mean length of stay was 6.2 days.

TABLE A 1.3 Emergency[a] In-Patient Discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause*: Top 10 Principal Diagnoses (N, %, In-Patient Length of Stay, Average Age)

Top 10 Principal Diagnoses		N	%	In-Patient LOS		Average Age
				Mean	Median	
S72	Fracture of femur	5,523	10.3	16.9	11	74.9
S82	Fracture of lower leg, including ankle	4,302	8.0	6.2	3	46.7
S52	Fracture of forearm	3,779	7.0	3.1	1	41.9
T81	Complications of procedures, not elsewhere classified	3,656	6.8	5.7	2	44.9
S06	Intracranial injury	2,907	5.4	12.9	5	60.9
S42	Fracture of shoulder and upper arm	2,334	4.3	7.1	2	46.3
S01	Open wound of head	2,115	3.9	5.7	1	53.1
S32	Fracture of lumbar spine and pelvis	2,034	3.8	14.7	9	69.7
S61	Open wound of wrist and hand	1,729	3.2	1.5	1	33.9
S22	Fracture of rib(s), sternum and thoracic spine	1,674	3.1	10.9	5	64.2
Other Principal Diagnosis Code		23,815	44.2	-	-	-
Total		**53,868**	**100**	**7.8**	**2**	**51.2**

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.

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

A.1.5 PRINCIPAL PROCEDURE

Table A 1.4 presents the top 10 principal procedure blocks for discharges with a listed diagnosis of *Injury, Poisoning or other consequence of external cause*, based on the ICD-10-AM classification.[5]

- A principal procedure was recorded for 40,352 (74.9 per cent) of all emergency in-patients with a listed diagnosis of *Injury, Poisoning or other consequence of external cause*.

For those discharges with a procedure:

- the procedure block *Generalised allied health interventions* was reported for 29.1 per cent of in-patient discharges, with an in-patient mean length of stay of 12.2 days.
- the procedure block *Arthroplasty of hip* accounted for 5.5 per cent of in-patient discharges, while the in-patient mean length of stay was 17.4 days.

TABLE A 1.4 Emergency[a] In-Patient Discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause*: Top 10 Principal Procedures Blocks (N, %, In-Patient Length of Stay, Average Age)

Top 10 Principal Procedure Blocks		N	%	In-Patient LOS		Average Age
				Mean	Median	
1916	Generalised allied health interventions	11,748	29.1	12.2	7	67.4
1489	Arthroplasty of hip	2,213	5.5	17.4	11	79.1
1479	Fixation of fracture of pelvis or femur	2,120	5.3	18.3	12	75.9
1539	Open reduction of fracture of ankle or toe	1,896	4.7	4.6	2	47.3
1429	Open reduction of fracture of radius	1,400	3.5	2.3	1	54.6
1628	Other debridement of skin and subcutaneous tissue	1,273	3.2	6.0	1	42.6
1427	Closed reduction of fracture of radius	934	2.3	1.4	1	21.2
1635	Repair of wound of skin and subcutaneous tissue	734	1.8	1.6	1	27.1
1414	Open reduction of fracture of humerus or elbow	663	1.6	5.5	2	44.9
1566	Excision procedures on other musculoskeletal sites	658	1.6	6.7	2	44.1
Other Principal Procedure Block		16,713	41.4	-	-	-
Total Discharges with Procedure		**40,352**	**100**	**9.8**	**4**	**54.4**

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.

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

A.1.6 Diagnosis Related Group Analysis

Table A 1.5 presents the top 10 AR-DRGs for emergency in-patient discharges with a listed diagnosis of *Injury, Poisoning or other consequence of external cause*.[6]

- The highest proportion of discharges were grouped to *Humerus, Tibia, Fibula and Ankle Procedures, Minor Complexity* (AR-DRG I13B), representing 6.5 per cent of in-patient discharges, with an average length of stay of 3.2 days.
- Discharges grouped to *Injuries, Minor Complexity* (AR-DRG X60B) represented 5.8 per cent of in-patient discharges, and stayed on average 2.2 days in hospital.

TABLE A 1.5 Emergency[a] In-Patient Discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause*: Top 10 AR-DRGs (N, %, In-Patient Length of Stay, Average Age)

Top 10 AR-DRGs		N	%	In-Patient LOS		Average Age
				Mean	Median	
I13B	Humerus, Tibia, Fibula and Ankle Procedures, MINC	3,490	6.5	3.2	2	40.2
X60B	Injuries, MINC	3,141	5.8	2.2	1	44.2
X62B	Poisoning/Toxic Effects of Drugs and Other Substances, MINC	2,915	5.4	2.1	1	31.9
I19B	Other Elbow and Forearm Procedures, MINC	2,232	4.1	1.7	1	45.2
I08B	Other Hip and Femur Procedures, MINC	2,013	3.7	13.1	10	73.4
I03B	Hip Replacement, MINC	1,833	3.4	13.6	10	79.0
X63B	Sequelae of Treatment, MINC	1,754	3.3	2.3	1	39.8
I81Z	Musculoskeletal Injuries, Sameday	1,591	3.0	0.5	1	33.2
X60A	Injuries, MAJC	1,425	2.6	14.1	7	73.7
B80B	Other Head Injuries, MINC	1,418	2.6	1.5	1	30.5
Other AR-DRG		32,056	59.5	-	-	-
Total		**53,868**	**100**	**7.8**	**2**	**51.2**

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.

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

A.1.7 EXTERNAL CAUSE

As per the ICD-10-AM classification, discharges that are assigned a code from the chapter *Injury, Poisoning or other consequence of external cause* must be assigned an external cause code from the code range U50-Y98 *External causes of morbidity and mortality* to identify the external cause of conditions.[7]

Table A 1.6 shows the top 20 external cause codes assigned to emergency in-patient discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause*.

- The highest proportion of discharges had an external cause code of *Unspecified fall* (15.8 per cent) with a mean age of 68.7 years.

TABLE A 1.6 Top 20 External Cause Codes for Emergency[a] In-Patient Discharges with a principal diagnosis of *Injury, Poisoning or other consequence of external cause* (N, %)

Diagnosis code	Diagnosis Description	N	%	Mean Age
W19	Unspecified fall	8,523	15.8	68.7
W01	Fall on same level from slipping, tripping and stumbling	5,586	10.4	66.5
Y83	Surgical operation and other surgical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional events	5,547	10.3	50.6
W18	Other fall on same level	3,263	6.1	65.5
W10	Fall on and from stairs and steps	2,205	4.1	61.0
X59	Exposure to unspecified factor	1,414	2.6	48.3
Y84	Other medical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure	1,403	2.6	62.4
X60	Intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics and anti-rheumatics	1,066	2.0	28.6
W06	Fall involving bed	1,015	1.9	63.4
X61	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	987	1.8	40.2
W23	Caught, crushed, jammed or pinched in or between objects	974	1.8	26.5
X50	Overexertion and strenuous or repetitive movements	907	1.7	43.1
W22	Striking against or struck by other objects	825	1.5	43.2
Y04	Assault by bodily force	770	1.4	35.3
W07	Fall involving chair	738	1.4	56.1
W44	Foreign body entering into or through eye or natural orifice	700	1.3	35.0
U73	Other activity	697	1.3	46.9
V18	Pedal cyclist injured in non-collision transport accident	683	1.3	37.1
W11	Fall on and from ladder	662	1.2	58.9
W17	Other fall from one level to another	657	1.2	42.0

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.

7 More than one external cause code may be assigned if additional code(s) are required to classify the clinical concept. For this analysis, only the first external cause code that was listed after the principal diagnosis is included.

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 (ACCD,2017).

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 provided with general guidelines and 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 is discharged alive, as scheduled, on the same day (Department of Health and Children, 2001). Deliveries are not included.

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

Delivery status
Refers to the disaggregation of Maternity discharges into delivery and non-delivery status determined by the presence of a diagnosis of delivery (ICD-10-AM diagnosis code Z37 *Outcome of delivery*).

Diagnosis Related Group (DRG)
DRGs are clusters of cases with similar clinical attributes and resource requirements. In Ireland, Australian Refined Diagnosis Related Group (AR-DRG) have been in use in Ireland since 2005.

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.

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. This term is used to refer to in-patient discharges.

GMS status	Refers to whether a patient holds a medical card.
Hospital acquired complications (HACs)	Hospital acquired complications (HACs) are complications which occur during a hospital stay and for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. (IHPA) A list of 16 HACs was developed by a Joint Working Party of the Australian Commission on Safety and Quality in Health Care (the Commission) and IHPA. The Commission is responsible for the ongoing curation of the HAC list to ensure it remains clinically relevant.
Hospital Acquired Diagnosis (HADx) Indicator	This indicator will allow the diagnoses acquired during the patient's episode of care that were not present prior to admission, to be identified. (Irish Coding Standards 2023)
Hospital Groups	The organisational structure of public hospitals was revised in 2013 with the establishment of hospital groups on a non-statutory administrative basis.
Hospital In-Patient Enquiry (HIPE)	HIPE is a health information system that collates data on discharges from, and deaths in, acute hospitals in Ireland.
In-Patient	An in-patient is admitted to hospital for treatment or investigation on a planned or emergency basis. **Overnight In-Patient:** These discharges are in-patient discharges who stayed at least one night in hospital. **Sameday In-Patient:** These discharges are admitted as in-patients and discharged on the same day. They do not meet the criteria to be classified as a day patient. They are assigned a length of stay of 0.5 days
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 2023 (V1) was used in the collection of HIPE data in 2023.
Length of stay	Length of stay refers to the time, expressed in days, between admission to and discharge from hospital. For day patients and same day in-patients where the dates of admission and discharge are the same, length of stay is set equal to 0.5 days. 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 8.0, 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.
Maternity discharges	These discharges are admitted in relation to their obstetrical experience (from conception to six weeks post-delivery), that is, they are allocated to Admission Type 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.

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 (ACCD, 2017).

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 (ACCD, 2017).

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.

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 and procedures see Australian Consortium for Classification Development (ACCD) 2017. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), and Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS) – ICD-10-AM/ACHI/ACS (10th Ed)- Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.
Further information on AR-DRG Version 8.0 can be found on the IHPA website https://www.ihacpa.gov.au/resources/development-australian-refined-diagnosis-related-groups-v80 [Accessed 23rd September 2024].

ABBREVIATIONS

ACCD	Australian Consortium for Classification Development
Adm	Admission
Admwt	Admission Weight
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
ADRG	Adjacent Diagnosis Related Groups
AICD	Automatic Implantable Cardioverter-Defibrillator
AMAU	Acute Medical Assessment Unit
AMI	Acute Myocardial Infarction
AR-DRG	Australian Refined Diagnosis Related Group
ASAU	Acute Surgical Assessment Unit
CABG	Coronary Artery Bypass Graft
CC	Complication and/or Comorbidity
Circ	Circulatory
Comp	Complexity
CPB	Cardiopulmonary Bypass
Cran	Cranial
CSO	Central Statistics Office
D&D	Diseases and Disorders
CPB pump	Cardiopulmonary bypass pump
Dsrds	Disorders
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
excl	Excluding
Ext	Extreme
Fmr	Femur
Gest	Gestation
GI	Gastro-intestinal
g	Grams
GMS	General Medical Services
GP	General Practitioner
HAC	Hospital Acquired Complications
HADx	Hospital Acquired Diagnosis
HIPE	Hospital In-Patient Enquiry

HIV	Human Immunodeficiency Virus
HPO	Healthcare Pricing Office
HSE	Health Service Executive
ICD-10-AM	Tenth Revision of the International Classification of Diseases, Australian Modification
ICS	Irish Coding Standards
IHACPA	Independent Health and Aged Care Pricing Authority
Incl	Including
Infect/inflam	Infection/inflammation
Inhal	Inhalation
Int/Interm	Intermediate
Inves/Invest	Investigative
IT	Information Technology
LOS	Length of Stay
Maj	Major
MAJC	Major Complexity
MDC	Major Diagnostic Category
Med	Median
Microvas	Microvascular
Min	Minor
MINC	Minor Complexity
misc	Miscellaneous
Mod	Moderate
Mult	Multiple
n/a	Not applicable
NCCH	National Centre for Classification in Health
N	Number of Observations/Discharges
NPRS	National Perinatal Reporting System
NTPF	National Treatment Purchase Fund
Obs	Obstetric
OR	Operating Room
PICQ	Performance Indicators of Coding Quality
Pr/Proc(s)	Procedure(s)
Psych	Psychiatric
RCSI	Royal College of Surgeons in Ireland
Sev	Severe
Sig	Significant
TIA	Transient Ischaemic Attack
Tiss	Tissue
Tfr/Transf	Transfer
Trac	Tracheostomy
UL	University of Limerick Hospital Group
URI	Upper Respiratory Infection
Vent	Ventilation
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 by Hospital Group

Hospital Name	County	Hospital Model[a]	Hospital Type
Ireland East Hospital Group			
St. Columcille's Hospital	Dublin	Model 2	Non-Voluntary
Mater Misericordiae University Hospital	Dublin	Model 4	Voluntary
St. Vincent's University Hospital	Dublin	Model 4	Voluntary
Cappagh National Orthopaedic Hospital	Dublin	Specialist	Voluntary
St. Michael's Hospital, Dun Laoghaire	Dublin	Model 2	Voluntary
Royal Victoria Eye and Ear Hospital, Dublin	Dublin	Specialist	Voluntary
National Maternity Hospital, Holles St, Dublin	Dublin	Maternity	Voluntary
St. Luke's General Hospital, Kilkenny	Kilkenny	Model 3	Non-Voluntary
Wexford General Hospital	Wexford	Model 3	Non-Voluntary
Midland Regional Hospital, Mullingar	Westmeath	Model 3	Non-Voluntary
Our Lady's Hospital, Navan	Meath	Model 3	Non-Voluntary
National Rehabilitation Hospital (NRH), Dun Laoghaire[b]	Dublin	Specialist	Voluntary
RCSI Hospital Group			
Connolly Hospital, Blanchardstown	Dublin	Model 3	Non-Voluntary
Beaumont Hospital, Dublin	Dublin	Model 4	Voluntary
Rotunda Hospital, Dublin	Dublin	Maternity	Voluntary
St. Joseph's Hospital, Raheny	Dublin	Model 2	Voluntary
Our Lady of Lourdes Hospital, Drogheda	Louth	Model 3	Non-Voluntary
Cavan General Hospital	Cavan	Model 3	Non-Voluntary
Louth County Hospital, Dundalk	Louth	Model 2	Non-Voluntary
Monaghan Hospital	Monaghan	Model 2	Non-Voluntary
Dublin Midlands Hospital Group			
Naas General Hospital	Kildare	Model 3	Non-Voluntary
St. Luke's Hospital, Rathgar[c]	Dublin	Specialist	Non-Voluntary
St. James's Hospital, Dublin	Dublin	Model 4	Voluntary
Coombe Women & Infants University Hospital	Dublin	Maternity	Voluntary
Tallaght University Hospital[d]	Dublin	Model 4	Voluntary
Midland Regional Hospital, Tullamore	Offaly	Model 3	Non-Voluntary
Midland Regional Hospital, Portlaoise	Laois	Model 3	Non-Voluntary
South/South West Hospital Group			
University Hospital Waterford	Waterford	Model 4	Non-Voluntary
Kilcreene Orthopaedic Hospital	Kilkenny	Specialist	Non-Voluntary
South Tipperary General Hospital, Clonmel	Tipperary	Model 3	Non-Voluntary
Bantry General Hospital	Cork	Model 2	Non-Voluntary
Mercy University Hospital, Cork	Cork	Model 3	Voluntary
South Infirmary Victoria University Hospital	Cork	Model 2	Voluntary
Mallow General Hospital	Cork	Model 2	Non-Voluntary
Cork University Hospital	Cork	Model 4	Non-Voluntary
University Hospital Kerry	Kerry	Model 3	Non-Voluntary

TABLE I.1 Listing of Hospitals Participating in the HIPE Scheme by Hospital Group (contd.)

Hospital Name	County	Hospital Model[a]	Hospital Type
University of Limerick Hospital Group			
University Maternity Hospital Limerick	Limerick	Maternity	Non-Voluntary
University Hospital Limerick	Limerick	Model 4	Non-Voluntary
Croom Orthopaedic Hospital, Limerick	Limerick	Specialist	Non-Voluntary
St. John's Hospital, Limerick	Limerick	Model 2	Voluntary
UL Hospitals, Ennis Hospital	Clare	Model 2	Non-Voluntary
UL Hospitals, Nenagh Hospital	Tipperary	Model 2	Non-Voluntary
Saolta Hospital Group			
Roscommon County Hospital	Roscommon	Model 2	Non-Voluntary
Portiuncula Hospital, Ballinasloe	Galway	Model 3	Non-Voluntary
Galway University Hospitals	Galway	Model 4	Non-Voluntary
Mayo University Hospital	Mayo	Model 3	Non-Voluntary
Letterkenny University Hospital	Donegal	Model 3	Non-Voluntary
Sligo University Hospital	Sligo	Model 3	Non-Voluntary
Children's Hospital Group			
Our Lady's Children's Hospital, Crumlin	Dublin	Paediatric	Voluntary
Temple Street Children's University Hospital	Dublin	Paediatric	Voluntary
Tallaght University Hospital[d]	Dublin	Paediatric	Voluntary
No group			
Peamount Hospital	Dublin	Non-Acute	Voluntary
Incorporated Orthopaedic Hospital, Clontarf	Dublin	Non-Acute	Voluntary
St. Finbarr's Hospital	Cork	Non-Acute	Non-Voluntary

Notes: Total number of hospitals participating in 2023: 53

a Please be advised that information on hospital model may be subject to change.

b In 2021, the National Rehabilitation Hospital (NRH), Dun Laoghaire moved under the management of the Ireland East Hospital Group. This hospital was previously included in 'No Group' which are hospitals that are not under the management of the Acute Hospitals programme.

c Includes St. Luke's Radiation Oncology Network centres located in Beaumont and St. James's Hospitals. These centres are operational since 2011 but activity has only been included in HIPE from 2015.

d For reporting purposes, discharges aged 17 years and older from Tallaght University Hospital are included in the Dublin Midlands Hospital Group, while discharges aged less than 17 years from Tallaght University Hospital are included in the Children's Hospital Group.

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), 10th Edition, July 2017.
	Twenty-nine additional diagnoses	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 10th Edition, July 2017.
	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), 10th Edition, July 2017.
	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), 10th Edition, July 2017.
	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 of the admitting hospital, AMAU admitted as in-patient, other, unknown, AMAU only, Local Injury Unit ASAU admitted as in-patient and ASAU only.

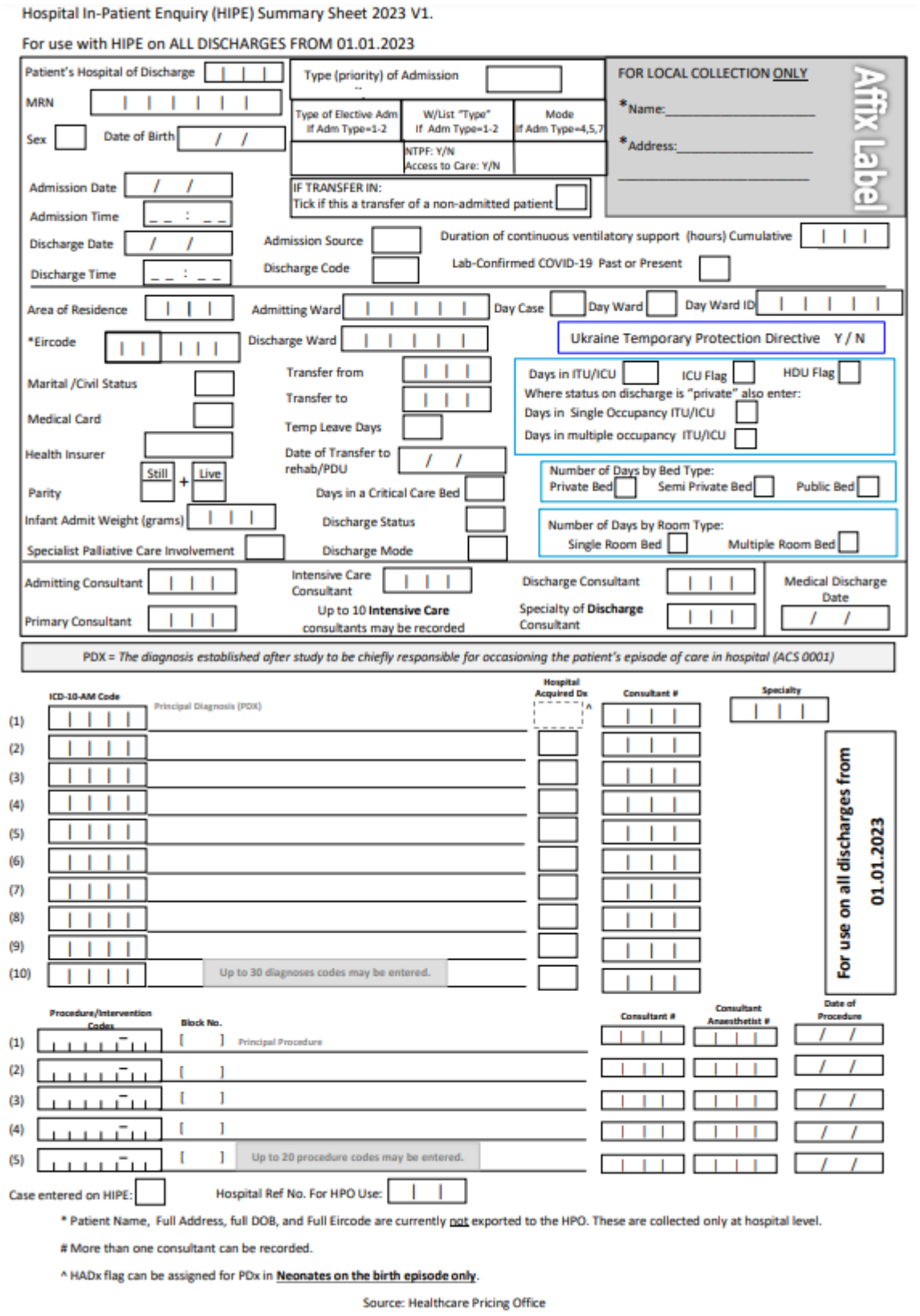
Data Collected by HIPE (contd.)

Type of Data	Parameters	Notes
	Source of admission	Values include home, transfer from nursing home/convalescent home or other long stay accommodation, transfer of admitted or non-admitted patient from hospital or COVID-19 facility in hospital code list or transfer from *any* acute hospital not specified in hospital code listing, transfer from other non-acute hospital, transfer from hospice, transfer from psychiatric hospital/unit, newborn, temporary place of residence, prison, or other.
Administrative Data (contd.)	Discharge destination	Values include self discharge, home, nursing home, convalescent home or long stay accommodation, emergency transfer to hospital in hospital code listing or transfer to *any* acute hospital not specified in hospital code listing, non-emergency transfer to hospital in hospital code listing, or COVID-19 facility, or transfer to *any* acute hospital not specified in hospital code listing, transfer to psychiatric hospital/unit, died with post-mortem, died without post-mortem, emergency transfer to non-acute hospital, non-emergency transfer to non-acute hospital, transfer to 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	Number of days patient spent in a private bed
	Days in a semi-private bed	Number of days patient spent in a semi-private bed
	Days in a public bed	Number of days patient spent 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.
	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.

Note: * For details of all variables collected by HIPE see HIPE Data Dictionary 2023 V15.0.
Source: HIPE Data Dictionary 2023 Version 15.0, available at www.hpo.ie

APPENDIX III: HIPE DATA ENTRY FORM

FIGURE III.1 HIPE Data Entry Form, 01.01.2023



Hospital In-Patient Enquiry (HIPE) Summary Sheet 2023 V1.

For use with HIPE on ALL DISCHARGES FROM 01.01.2023

Patient's Hospital of Discharge | MRN | Sex | Date of Birth | Admission Date | Admission Time | Discharge Date | Discharge Time | Area of Residence | *Eircode | Marital /Civil Status | Medical Card | Health Insurer | Parity (Still + Live) | Infant Admit Weight (grams) | Specialist Palliative Care Involvement

Type (priority) of Admission | Type of Elective Adm If Adm Type=1-2 | W/List "Type" If Adm Type=1-2 | Mode If Adm Type=4,5,7 | NTPF: Y/N Access to Care: Y/N

IF TRANSFER IN: Tick if this a transfer of a non-admitted patient

Admission Source | Discharge Code | Duration of continuous ventilatory support (hours) Cumulative | Lab-Confirmed COVID-19 Past or Present

Admitting Ward | Day Case | Day Ward | Day Ward ID | Discharge Ward | Transfer from | Transfer to | Temp Leave Days | Date of Transfer to rehab/PDU | Days in a Critical Care Bed | Discharge Status | Discharge Mode

Ukraine Temporary Protection Directive Y / N

Days in ITU/ICU | ICU Flag | HDU Flag

Where status on discharge is "private" also enter:
Days in Single Occupancy ITU/ICU
Days in multiple occupancy ITU/ICU

Number of Days by Bed Type: Private Bed | Semi Private Bed | Public Bed

Number of Days by Room Type: Single Room Bed | Multiple Room Bed

FOR LOCAL COLLECTION ONLY
*Name:
*Address:

Affix Label

Admitting Consultant | Primary Consultant | Intensive Care Consultant | Up to 10 **Intensive Care** consultants may be recorded | Discharge Consultant | Specialty of **Discharge** Consultant | Medical Discharge Date

PDX = *The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (ACS 0001)*

	ICD-10-AM Code	Principal Diagnosis (PDX)	Hospital Acquired Dx ^	Consultant #	Specialty
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)		Up to 30 diagnoses codes may be entered.			

For use on all discharges from 01.01.2023

	Procedure/Intervention Codes	Block No.		Consultant #	Consultant Anaesthetist #	Date of Procedure
(1)	_	[ ]	Principal Procedure			/ /
(2)	_	[ ]				/ /
(3)	_	[ ]				/ /
(4)	_	[ ]				/ /
(5)	_	[ ]	Up to 20 procedure codes may be entered.			/ /

Case entered on HIPE: | Hospital Ref No. For HPO Use:

* Patient Name, Full Address, full DOB, and Full Eircode are currently not exported to the HPO. These are collected only at hospital level.

More than one consultant can be recorded.

^ HADx flag can be assigned for PDx in **Neonates on the birth episode only**.

Source: Healthcare Pricing Office

APPENDIX IV: DERIVED VARIABLES

For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. Table IV.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 IV.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 of admitted or non-admitted patient from hospital or Covid -19 facility in hospital code list or transfer from *any* acute hospital not specified in hospital code listing'	3	'Transfer from other hospital' (3,4,6)
4	'Transfer from non-acute hospital'	4	'Other' (7, 8, 9, 0)
5	'Transfer from hospice'		
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	'Emergency transfer to hospital in hospital code listing or transfer to *any* acute hospital not specified in hospital code listing'	4	'Died' (06, 07)
04	'Non Emergency transfer to hospital in hospital code listing, or Covid-19 facility, or transfer to *any* acute hospital not specified in hospital code listing'	5	'Other' (00, 12, 13, 14, 15)
05	'Transfer to psychiatric hospital/unit'		
06	'Died with post mortem'		
07	'Died no post mortem'		
08	'Emergency transfer to non-acute hospital'		
09	'Non Emergency transfer to non-acute hospital'		
10	'Transfer to rehabilitation facility'		
11	'Hospice'		
12	'Prison'		
13	'Absconded'		
14	'Other (e.g. Foster care)'		
15	'Temporary Place of Residence'		

Note: For further information on all variables collected by HIPE see HIPE Data Dictionary 2023 Version 15.0 available at www.hpo.ie

APPENDIX V: AUSTRALIAN CODING STANDARD 0042

Australian Coding Standard 0042 Procedures normally not coded[1]

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. That is, for a particular diagnosis or procedure there is a standard treatment which is unnecessary to code. 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/sepsis
- Cardioplegia in cardiac surgery is performed routinely

Note:

- 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.
- The listed procedures should be coded if cerebral anaesthesia is required in order for the procedure to be performed (see ACS 0031 *Anaesthesia*).
- These procedures should be coded if they are the principal reason for admission in same-day episodes of care. This includes patients who are admitted the day before or discharged on the day after a procedure because a same-day admission is not possible or practicable for them (e.g. elderly patients, those who live in remote locations).

1. Application of plaster

2. Bladder washout via indwelling catheter
   Exception(s): code:
   - endoscopic irrigation for removal of blood clot (36842-00 [1092])
   - endoscopically controlled hydrodilation of bladder (36827-00 [1108])

3. Cardiopulmonary resuscitation (mechanical or non-mechanical)

1 Australian Consortium for Classification Development (ACCD) 2017. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), and Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS) – ICD-10-AM/ACHI/ACS (10th Ed)- Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

4. Cardiotocography (CTG) except internal fetal monitoring (eg fetal scalp electrodes) (16514-00 [1341])

5. Catheterisation:
   - arterial or venous (such as Hickman's, PICC, CVC, Swan Ganz) except cardiac catheterisation (blocks [667] and [668]), surgical catheterisation (block [741]) or catheterisation in neonates (see ACS 1615 *Specific diseases and interventions related to the sick neonate*)
   - urinary except if suprapubic

6. Doppler recordings

7. Dressings (eg autologous platelet-rich plasma (PRP) dressing), except vacuum (VAC) dressings (90686-01 [1628], 90686-00 [1627])

8. Drug treatment/pharmacotherapy/prescription of drugs (eg parental nutrition (TPN))
   Drug treatment should not be coded except if:
   - the substance is given as the principal treatment in same-day episodes of care
   - drug treatment is specifically addressed in a coding standard (see ACS 0044 *Chemotherapy*, ACS 0534 *Specific interventions related to mental health care services*, ACS 0943 *Thrombolytic therapy*, ACS 1316 *Cement spacer/beads* and ACS 1615 *Specific diseases and interventions related to the sick neonate*)

9. Electrocardiography (ECG) except patient-activated implantable cardiac event monitoring (loop recorder) (11722-00 [1854])

10. Electromyography (EMG)

11. Imaging services – all codes in ACHI Chapter 20 *Imaging services* and block [451] *Dental radiological examination and interpretation* except:
   - endoscopic ultrasound (EUS) (30688-00 [1949])
   - transoesophageal echocardiogram (TOE) (55118-00 [1942])

12. Monitoring: cardiac, electroencephalography (EEG), vascular pressure except radiographic/video EEG monitoring ≥ 24 hours (92011-00 [1825])

13. Nasogastric intubation, aspiration and feeding, except nasogastric feeding in neonates (96202-07 [1920]) (see ACS 1615 *Specific diseases and interventions related to the sick neonate*)

14. Primary suture of surgical and traumatic wounds
   Code only for traumatic wounds which are not associated with an underlying injury (see ACS 1217 *Repair of wound of skin and subcutaneous tissue*)

15. Stress test

16. Traction if associated with another procedure

APPENDIX VI: FURTHER INFORMATION ON HIPE SCHEME

Previously published reports can be downloaded at **www.hpo.ie**.

Documentation relating to the operation of the HIPE scheme as outlined below is available online at **www.hpo.ie**.

- *Coding Notes:* This quarterly bulletin is distributed to all coders nationally. It contains important updates on coding queries, changes in coding practice and any other relevant information including the scheduling of training courses.

- *HIPE Data Dictionary:* This dictionary provides definitions and codes for data collected within HIPE as of a specified year (e.g. 2023 relates to discharges reported for 2023). It provides standard definitions for variables with the objective of ensuring that consistency and data quality are maintained.

- *HIPE Instruction Manual:* This manual which is updated annually provides instruction on the capture of administrative and demographic data for each HIPE discharge record. Clinical data are captured in accordance with the classification and associated standards.

- *Irish Coding Standards:* Irish Coding Standards (ICS), which are updated annually, 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 setting. ICS are developed to complement the Australian Coding Standards (ACS) and are revised regularly to reflect changing clinical practice.

APPENDIX VII: OVERVIEW OF CHANGES FROM 8TH EDITION TO 10TH EDITION ICD-10-AM/ACHI/ACS

VII.1 Introduction

Ireland updated to the 10th edition of ICD-10-AM/ACHI/ACS for all discharges from 1st January 2020. For practical reasons Ireland does not update each time the classification is updated in Australia therefore on this occasion Ireland has adopted updates from both the 9th and the 10th Edition of ICD-10-AM/ACHI/ACS. Extensive training on the update to 10th edition ICD-10-AM/ACHI/ACS was held for all HIPE staff throughout the country in a series of regional training workshops in 2019. Additional training on the update was also held in 2020.

A summary of the changes from the 8th edition to the 10th edition are outlined below.

- Number of codes in 10th Edition

  Number of valid disease codes: 16,953
  Number of ACHI Codes: 6,248

- Number of codes added and removed

Code Set	Added	Removed
Diagnosis from 8th to 10th	363	78
Procedures from 8th to 10th	178	317

- Number of Australian Coding Standards added and deleted

  17 New ACS
  36 Deleted ACS

The following lists include the areas in the classification and coding standards where the main changes occurred with some detail provided for illustration. For example, in 10th edition there were major changes to the coding of Obstetrics in terms of diagnosis codes, procedure codes and coding guidelines; also changes to the coding guidelines for Rehabilitation will impact the sequencing of codes. This is not an exhaustive list and if further details are required, these are available on application to the HPO.

VII.2 Main Changes in ICD-10-AM/ACHI/ACS 10th edition

ICD-10-AM Diagnoses

- Obstetrics
    - There were extensive changes to the coding of diagnoses in Obstetrics.
    - Examples of changes:
        - The term *complicating pregnancy* has been replaced by *in pregnancy* particularly for conditions not exclusive to the pregnant state—that is, non-obstetric conditions.
    - Many of the changes provide clarification for clinical coders.
        - Example: *O24.0 Pre-existing diabetes mellitus, type 1, in pregnancy* now contains an instructional note; *code also diabetes mellitus (E10.-)*. Therefore, an appropriate code from E10 *Type 1 diabetes mellitus* must be assigned with O24.0 *Pre-existing diabetes mellitus, Type 1, in pregnancy* to indicate the severity of the type 1 diabetes, including E10.9 *Type 1 diabetes mellitus without complication* if the pregnant patient does not have a diabetes complication.
    - Removal of *Excludes* notes that support single condition coding rather than multiple condition coding.
    - Some four character codes have been removed and there is addition of a *Code also* instruction at the 3-character code.
        - Example: O10 *Pre-existing hypertension in pregnancy, childbirth and the puerperium* is now a standalone code and is followed by an instructional note; *Code also specific type of hypertension* (I10 – I15), *if known*.
- Procedural complications
    - There are 160 new codes added throughout the classification for the coding of procedural complications in addition to amendments in existing codes and code titles and changes in the terminology.
- Sepsis
- Cystic fibrosis
- Chronic pain
- Pressure injuries
- Rehabilitation
    - ACS 2104 Rehabilitation
        - Amended sequencing of rehabilitation to additional diagnosis position
        - Z50.9 *Care involving use of rehabilitation procedure, unspecified* should never be assigned as a principal diagnosis. For admitted episodes of rehabilitation care, the principal diagnosis should reflect the underlying condition requiring rehabilitation (see ACS 0001 *Principal diagnosis*).
- Same day endoscopies
- Allergen Challenges

ACHI Procedures

- Ophthalmology interventions
    - Extensive revision of codes and code titles for ophthalmology procedures
        - Codes with similar procedural concepts have been combined into a single code
        - Certain codes have been deleted as the procedural concepts are already present in other codes or due to the low volume of assignment of the codes
        - Addition or amendment of *Instructional* notes
        - Deletion of old terminology e.g. "magnetic" vs "nonmagnetic"
        - Amendment of code titles for consistency within the classification
        - Review of cataract procedure codes in blocks [193] to [201] revealed that the codes were overly granular with many overlapping concepts
            - Coding of cataract procedures will now require a code from block [200] *Extraction of crystalline lens* to specify the type of lens extraction **and** assignment of a code from block [193] *Insertion of intraocular prosthesis* to specify the lens insertion

- Obstetrics
    - Block 1336 *Spontaneous vertex delivery*: Previously this code was not required for all spontaneous vertex deliveries as the delivery was assumed to be normal when there is an absence of procedure codes for interventions such as Caesarean Section etc. This has been updated and this code is now required for all spontaneous vertex deliveries.
    - Caesarean Section: Change in guidance on when to assign emergency and elective caesarean section codes. Note added at block 1340 to state that assignment of emergency or elective caesarean section is based on documentation of these terms in the clinical record.
- Cardiovascular interventions
- Ventilatory support
- Respiratory interventions e.g. bronchoscopy

Australian Coding Standards (ACS)

- Revision of conventions e.g. *code also* notes
- ACS 0042 *Procedures normally not coded*
- ACS 0002 *Additional Diagnoses*
- ACS 0943 *Thrombolytic Therapy*
- Obstetrics:
    - 3 new Australian Coding Standards
        - ACS 1500 *Diagnosis sequencing in delivery episodes of care*
        - ACS 1505 *Delivery and assisted delivery codes*

        - Provides guidelines regarding the assignment of ACHI delivery (or other) intervention codes with O80-O84 *Delivery*
        - This standard requires a corresponding ACHI code to be assigned for <u>all</u> episodes of delivery.
      - ACS 1552 *Premature rupture of membranes, labour delayed by therapy*
    - 15 Australian Coding Standards have been deleted
      - The guidelines are now included within the classification or within the general Australian Coding Standards.
    - 4 Australian Coding Standards have undergone major changes
      - ACS 1506 *Fetal presentation, disproportion and abnormality of maternal pelvic organs*
      - ACS 1511 *Termination of pregnancy*
      - ACS 1521 *Conditions and injuries in pregnancy*
      - ACS 1548 *Puerperal/Postpartum condition or complication*

- ACS 1904 Procedural Complications
    - Extensive revision of coding guidance in ACS 1904 Procedural complications including:
      - Clarification on qualifying terms
      - Intraoperative/postoperative medical conditions
        - Causal relationship must be clearly documented
        - Examples of common conditions listed
      - Routine postoperative care
        - Care beyond routine
      - New flow chart
      - 29 coding examples

Irish Coding Standards (ICS 2020 V1)

Five new Irish Coding Standards:

- ICS 0003 *Supplementary codes for chronic conditions* – supplementary codes for chronic conditions will not be collected in Ireland.
- ICS 0049 *Disease codes that must never be assigned* – code R65.0 SIRS of infectious origin without acute organ failure can be assigned in Ireland in accordance with ICS 0110 SIRS, Sepsis, Severe Sepsis and Septic Shock.
- ICS 0110 *SIRS, Sepsis, Severe Sepsis and Septic Shock* provides guidance on the coding of SIRS in Ireland in 10th edition.
- ICS 2116 *Palliative Care* – palliative care has been moved to Chapter 21 in 10th edition and also the content of the standard has changed. Palliative care can only be coded when there is documented evidence that the patient has been provided with palliative care.

- ICS 22X1 *Vaping Related Disorder* – advice issued by the WHO/IHPA instructs that code U07.0 *Emergency Use of U07.0* be used when there is documentation of vaping related disorders.
- Additionally, 3 Irish coding standards were updated and 4 were deleted.

COVID-19

ICD-10-AM diagnosis codes were introduced during 2020 following instruction from the WHO and IHPA. Initially code U07.1 *Emergency use of U07.1 (COVID-19 Virus identified)* was introduced to capture cases with laboratory confirmed COVID-19. The codes and associated guidance for capturing COVID-19 data expanded throughout the year.

The following resources relating to COVID-19 are available in the 2023 Irish Coding Standards (available at www.hpo.ie).

- ICS 22X2 Novel Coronavirus (COVID-19)
- Supplementary Guidance for classifying COVID-19
- HPO Coding Advisory: Unspecified pneumonia in COVID-19 cases
- Guidelines for Administrative Data: XII. Laboratory Confirmed COVID 19 Past or Present – Flag

The following resources relating to COVID-19 are also available.

- HPO's quarterly newsletter: Coding Notes – see articles in Coding Notes on COVID-19 (available at www.hpo.ie)
- Independent Hospital Pricing Authority (IHPA) COVID-19 Guidance (available at https://www.ihpa.gov.au/what-we-do/how-to-classify-covid-19)
- WHO classification of COVID-19 https://www.who.int/standards/classifications/classification-of-diseases/emergency-use-icd-codes-for-covid-19-disease-outbreak

APPENDIX VIII: OVERVIEW OF CHANGES BETWEEN VERSION 6.0 AND VERSION 8.0 OF THE AR-DRG CLASSIFICATION SYSTEM

VIII.1 Introduction

Ireland updated to Version 8.0 of the Australian Refined Diagnosis Related Group (AR-DRG) classification system in 2015.[2] A number of changes took place during this update; the largest change was the complete revision of the case complexity methodology within the AR-DRG classification.[3] This appendix gives a brief outline of the major changes in AR-DRG Version 8.0 compared to Version 6.0.

VIII.2 Summary

VIII.2.1 Revision of ADRG Splitting

The number of Diagnosis Related Groups (DRGs) has increased from 698 in AR-DRG Version 6.0 to 807 in AR-DRG Version 8.0, while the number of Adjacent Diagnosis Related Groups (ADRGs) has increased from 399 in AR-DRG Version 6.0 to 406 in AR-DRG Version 8.0.

In AR-DRG Version 8.0, 14 ADRGs were added and 7 ADRGs were removed; while 194 splits were added and 22 splits were removed. Table VIII.1 outlines the increase in splits in AR-DRG Version 8.0 compared to AR-DRG Version 6.0. This increase results in greater granularity in AR-DRG Version 8.0.

TABLE VIII.1 Changes in ADRG splits

ADRG Splitting	Number of ADRGs	
	Version 6.0	Version 8.0
No Split (Z)	156	85
Two Levels (A,B)	192	246
Three Levels (A,B,C)	46	70
Four Levels (A,B,C,D)	5	5
Total ADRGs	399	406

2 AR-DRG Version 8.0 was first reported on in the HIPE Annual Report in 2016.

3 Further information on AR-DRG Version 8.0 can be found on the IHACPA website https://www.ihacpa.gov.au/resources/development-australian-refined-diagnosis-related-groups-v80 [Accessed 17th July 2023].

VIII.2.2 ADRGs Added and Removed in Version 8.0 of the AR-DRG Classification System

There were 14 ADRGs added in AR-DRG Version 8.0 (see Table VIII.2). These include a number of musculoskeletal codes, bariatric codes, neonate codes, alcohol and drug sameday, and sleep disorders.

TABLE VIII.2 ADRGs Added in Version 8.0 of the AR-DRG Classification System

ADRG	ADRG Description
I40	Infusions for Musculoskeletal Disorders, Sameday
I80	Femoral Fractures, Transferred to Acute Facility <2 Days
I81	Musculoskeletal Injuries, Sameday
I82	Other Sameday Treatment for Musculoskeletal Disorders
K10	Revisional and Open Bariatric Procedures
K11	Major Laparoscopic Bariatric Procedures
K12	Other Bariatric Procedures
K13	Plastic OR Procedures for Endocrine, Nutritional and Metabolic Disorders
P07	Neonate, AdmWt <750g W Significant OR Procedure
P08	Neonate, AdmWt 750-999g W Significant OR Procedure
P68	Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Completed Wks Gestation
V65	Treatment for Alcohol Disorders, Sameday
V66	Treatment for Drug Disorders, Sameday
Z66	Sleep Disorders

There were 7 ADRGs removed in AR-DRG Version 8.0 (see Table VIII.3). These include peptic ulcer codes, obesity procedures, false labour, radiotherapy, and HIV, sameday. Some of the cases previously grouped to these DRGs have grouped to pre-existing DRGs, while some have grouped to new DRGs. For example, all cases previously grouped to R64 *Radiotherapy* have grouped to R62 *Other Neoplastic Disorders* in AR-DRG Version 8.0; the majority of these have grouped to R62C *Other Neoplastic Disorders, Minor Complexity*.

TABLE VIII.3 ADRGs Removed in Version 8.0 of the AR-DRG Classification System

ADRG	ADRG Description
G62	Complicated Peptic Ulcer
G63	Uncomplicated Peptic Ulcer
K04	Major Procedures for Obesity
K07	Obesity Procedures
O64	False Labour
R64	Radiotherapy
S60	HIV, Sameday

VIII.2.3 Naming Convention of AR-DRGs

The terminology used to name AR-DRGs has been updated. The descriptive terms mild, moderate, severe and catastrophic CC have been replaced with minor, intermediate, major and extreme complexity. An example of this is shown in Table VIII.4 below which compares the naming of ADRG B02 *Cranial Procedures* in both versions of the classification system.

TABLE VIII.4 Example of change in naming convention between AR-DRG Version 6.0 and Version 8.0

Version 6.0	Version 8.0
B02A Cranial Procedures W Catastrophic CC	B02A Cranial Procedures, Major Complexity
B02B Cranial Procedures W Severe CC	B02B Cranial Procedures, Intermediate Complexity
B02C Cranial Procedures W/O Catastrophic or Severe CC	B02C Cranial Procedures, Minor Complexity

VIII.2.3 Changes in Complexity Split

All AR-DRG splits have been revised using the Episode Clinical Complexity (ECC) Model.[4] As a result, an ADRG may have the same description in both versions but may have different DRG splits. For example, O60 *Vaginal Delivery* is present in both Version 6.0 and Version 8.0, with a different number of splits in each. AR-DRG Version 6.0 has no split (O60Z *Vaginal Delivery*) whereas AR-DRG Version 8.0 has three end classes:

- O60A *Vaginal Delivery, Major Complexity*
- O60B *Vaginal Delivery, Intermediate Complexity*
- O60C *Vaginal Delivery, Minor Complexity*

[4] Further information on the ECC Model in AR-DRG Version 8.0 can be found at https://www.ihacpa.gov.au/sites/default/files/2022-01/Review%20of%20the%20AR-DRG%20Complexity%20Process.pdf [Accessed 17th July 2023]

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www.hpo.ie
ISBN 978-1-78602-254-7

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