

Activity in Acute Public Hospitals in Ireland

2024
ANNUAL REPORT

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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 2024. Discharge activity is examined by patient type, admission type, HSE health region, 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.

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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.

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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.

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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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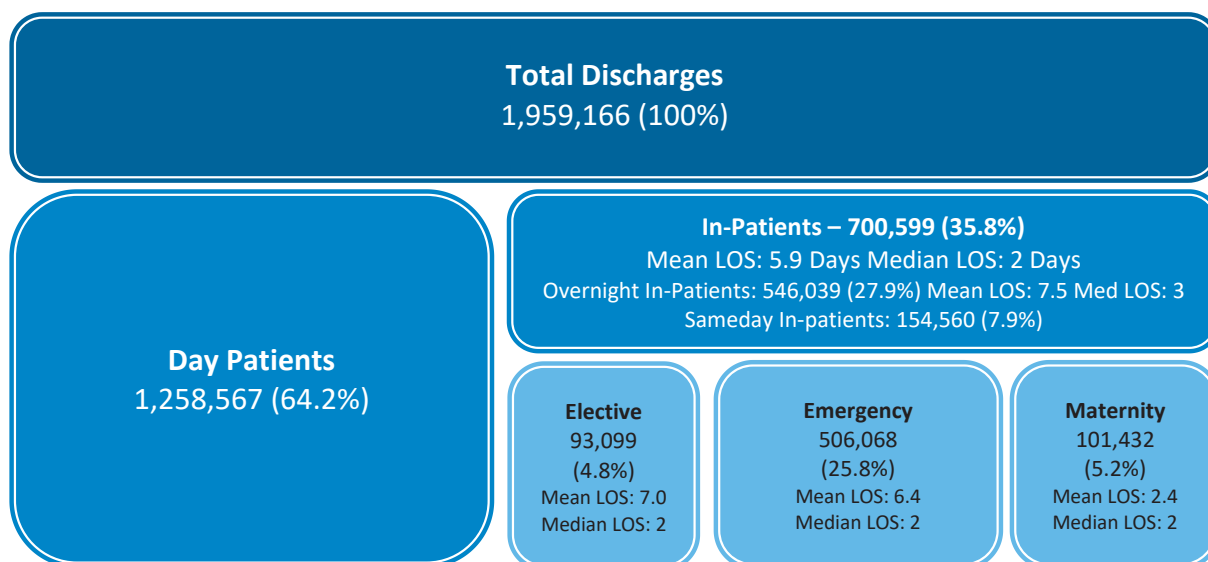
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EXECUTIVE SUMMARY

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 2024. 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, 2024



Discharge Overview

- Nearly 2 million discharges were reported by participating hospitals in 2024, an increase of 5.2 per cent over the period 2023–2024.
- Day patients accounted for 64.2 per cent of total discharges, an increase of 4.3 per cent since 2023.
- In-patients accounted for 35.8 per cent of total discharges, an increase of 6.9 per cent since 2023, and of 23.0 per cent from 2020–2024.

- Over the period 2020–2024, the number of elective in-patient discharges increased by 28.5 per cent, emergency in-patients increased by 26.6 per cent, while maternity in-patients increased by 3.9 per cent.

Length of Stay

- In-patient average length of stay was 5.9 days in 2024, a decrease from 6.1 in 2023. This represents an increase of 1.7 percent since 2020, when the average length of stay was 5.8 days.
- Over the period 2020–2024, the average length of stay for emergency in-patients increased from 6.3 days to 6.4 days. The average length of stay decreased for elective in-patients from 7.4 days to 7.0 days, and for maternity in-patients the average length of stay remained the same at 2.4 days.

Sex

- Females accounted for 52.4 per cent of total discharges in 2024, with males accounting for 47.6 per cent.
- Excluding maternity discharges, females accounted for 49.2 per cent of discharges with males accounting for 50.8 per cent.

Age

- Discharges aged 65 years and over accounted for 40.7 per cent of total discharges, representing an increase of 7.1 per cent since 2023 and an increase of 36.0 per cent since 2020.
- Discharges aged 65 years and over accounted for 58.2 per cent of total in-patient bed days, an increase of 3.8 per cent since 2023, and an increase of 31.6 per cent since 2020.

Public/Private Status

- Discharges treated on a public basis accounted for 89.5 per cent of total discharges in 2024. Private patients accounted for 10.5 per cent of total discharges in 2024.
- The less than one year age group had the largest proportion of total discharges treated publicly in 2024 (91.9 per cent), with only 8.1 per cent of total discharges treated on a private basis.

HSE Health Region

- The largest proportion of total discharges were hospitalised in HSE Dublin & Midlands (22.5 per cent).
- Total in-patient discharges were highest in HSE Dublin & Midlands where 21.5 per cent of discharges were hospitalised, and this health region also accounted for the highest proportion of day patients (23.0 per cent).

Admission Source

- The majority of total discharges were admitted from home (96.2 per cent).

Discharge Destination

- The majority of total discharges were discharged home (94.4 per cent).
- Of total emergency in-patients, 6.6 per cent were transferred to long stay accommodation, and 6.2 per cent were transferred to another hospital.

Day of Admission

- Almost 60 per cent of elective in-patients were admitted between Monday and Wednesday, with only 6.6 per cent admitted at the weekend.

Day of Discharge

- The proportion of elective in-patients discharged increased throughout the week, from 11.1 per cent on Monday to 22.3 per cent on Friday, falling to 10.3 per cent on Saturday and 4.9 per cent on Sunday.

Month of Discharge

- Emergency in-patient hospital discharges peaked in May (45,192 discharges), while the smallest number of emergency in-patients were discharged in June with 39,069 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 20.7 and 15.6 per cent of day patient discharges respectively.
- At least one procedure was recorded for 92.7 per cent of day patient discharges.
- The highest principal procedure block reported was *Administration of pharmacotherapy*, accounting for 19.7 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 3.1 per cent of in-patients.
- At least one procedure was recorded for 57.5 per cent of in-patient discharges.
- The highest principal procedure block reported was *Generalised allied health interventions* which accounted for 32.0 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 3.7 per cent of elective in-patient discharges.
- At least one procedure was recorded for 89.5 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 3.6 per cent of emergency in-patient discharges.
- At least one procedure was recorded for 51.0 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 45.1 per cent of emergency in-patient discharges who had at least one procedure reported.

Maternity In-Patients – by Delivery Status²

- Delivery discharges with a principal diagnosis of *Single spontaneous delivery* accounted for 42.0 per cent of delivery in-patient discharges.
- For delivery discharges who had a procedure reported, 41.3 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 27.6 per cent of non-delivery in-patient discharges.
- For non-delivery discharges who had a procedure reported, 25.9 per cent reported the principal procedure block *Generalised allied health interventions*.

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 10th Edition to 12th 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 298,339 discharges, or 23.7 per cent of day patients.
 - * *Chemotherapy* (AR-DRG R63Z) accounted for 49.6 per cent of day patients within this MDC, and 11.8 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 8.4 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 99,984 discharges, which accounted for 14.3 per cent of in-patients.
 - * *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C) accounted for 30.2 per cent of in-patients within this MDC and 4.3 per cent of total in-patient discharges.
 - * *Antenatal and Other Obstetric Admission* (AR-DRGs O66A, O66B and O66C) accounted for 37.5 per cent of in-patients within this MDC and 5.3 per cent of total in-patient discharges.

⁴ AR-DRG Version 10.0 was first reported on in the HIPE Annual Report in 2024.
See Appendix VIII for an overview of changes between AR-DRG Version 8.0 and Version 10.0.

Overview SECTION

One

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1.1 INTRODUCTION

This report aims to present an overview of discharge activity in acute public hospitals in Ireland during 2024 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 2024 report. It outlines briefly the background of the HIPE scheme, and highlights other data sources used throughout the report. 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 2020–2024.²

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.³ Part of the remit of the HPO is to oversee all functions associated with the operation of the HIPE database, including the development and support of the data collection and reporting software, training of coders, data quality, audit, data analysis and reporting, and responding to requests for information.⁴

At the start of 2024, the classification used to code clinical information was updated from the 10th Edition to the 12th 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).^{5,6,7} 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 undertaken when the classification is updated to ensure understanding of changes in the new classification.

¹ See Appendix I for a list of hospitals participating in HIPE in 2024.

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 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).

⁴ For more information on the work of the HPO please see www.hpo.ie

⁵ Australian Consortium for Classification Development (ACCD) 2022. 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 (12th Ed) Adelaide: Independent Health and Aged Care Pricing Authority (IHACPA).

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

⁷ HIPE data for 2024 is coded using the 12th edition of ICD-10-AM/ACHI/ACS.

Use of ICD-10-AM/ACHI/ACS is complemented by the Irish Coding Standards (ICS).⁸ 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 2024 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.⁹

In 2024, the Australian Refined Diagnosis Related Groups (AR-DRG) classification was updated from AR-DRG Version 8.0 to AR-DRG Version 10.0.^{10,11} The update to AR-DRG Version 10.0 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.¹²

1.3 DATA SOURCES FOR ANNUAL REPORT 2024

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.^{13,14} In 2024, 55 public hospitals in Ireland participated in HIPE (see Appendix I).¹⁵

Population Estimates: Population figures for 2024 are based on population estimates data published by the Central Statistics Office.

⁸ Irish Coding Standards (ICS) provide guidelines for the collection of HIPE data for all discharges and are to be used in conjunction with 12th Edition ICD-10-AM/ACHI/ACS and the relevant HIPE Instruction Manual. For further information, see www.hpo.ie

⁹ See Appendix VII for an overview of changes from ICD-10-AM/ACHI/ACS 10th edition (in use from 2020–2023) to 12th Edition (in use from 1st January 2024).

¹⁰ AR-DRG Version 10.0 was first reported on in the HIPE Annual Report in 2024.

¹¹ See Appendix VIII for an overview of changes between AR-DRG Version 8.0 and Version 10.0.

¹² Available at www.hpo.ie

¹³ See Appendix II for details of data collected by HIPE, see also the HIPE Data Dictionary 2024 Version 16.0 available at www.hpo.ie

¹⁴ A copy of the HIPE data entry form for 2024 is contained in Appendix III.

¹⁵ For historical reasons, a small number of non-acute hospitals also reported to HIPE in 2024. Discharges from these hospitals have been included in this report.

1.4 STRUCTURE OF ANNUAL REPORT 2024

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 2024. 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 Region 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.

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 in 2024 is Version 10.0,¹⁶ which replaced Version 8.0 at the beginning of 2024.

Glossary and Abbreviations

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

¹⁶ Further information on AR-DRG Version 10.0 can be found on the IHACPA website <https://www.ihacpa.gov.au/resources/ar-drg-version-100> [Accessed 08th August 2025].

1.5 SCOPE OF HIPE DATA

- *Each HIPE discharge record represents one episode of care.* Patients may be admitted to hospital more than once in any given time period with the same or different diagnoses. In the absence of a unique health identifier, therefore, the data reported to HIPE facilitate analysis of hospital discharge activity but do not permit analysis of certain parameters, such as the number of hospital encounters per patient; or estimate the incidence or prevalence of a particular disease.
- *Emergency In-Patient Admissions:* HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.
- *Coverage of data:* Coverage of the HIPE system is calculated using the discharges returned as 'coded' as a proportion of total discharges reported within each hospital. The data available from participating hospitals for 2024 indicate that for day patient and in-patient discharges appropriate for inclusion in the HIPE data set, 99.3 per cent of the discharges reported from hospital systems were coded and returned for inclusion in the national HIPE data set.

1.6 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)¹⁷ 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 statement will vary depending on the data and information being published. The

¹⁷ Available at: www.hiqa.ie/reports-and-publications/health-information/review-information-management-practices-hospital

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.

1.7 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.¹⁸ 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 10.0) 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.

¹⁸ 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 ‡ 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.

1.8 DISCHARGES REPORTED TO HIPE, 2020-2024

In 2024, 1,959,166 discharges were reported to HIPE by participating acute public hospitals, representing an increase of 30.6 per cent over the period 2020–2024 and an increase of 5.2 per cent over the period 2023–2024. 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 2020–2024 by selected variables. The following points provide a summary of changes over the period 2020–2024:

- The male-female split in 2024 has remained relatively consistent with previous years, with a larger proportion of female discharges (52.4 per cent).
- The 65 years and over age group accounted for the largest proportion of total discharges in 2024 (40.7 per cent), representing an increase of 7.1 per cent for this age group from 2023–2024.
- From 2020–2024 there was an increase in the rate of public discharges from 87.1 per cent to 89.5 per cent, while there was a decrease in the rate of private discharges from 12.9 per cent to 10.5 per cent.¹⁹
- The number of day patient discharges increased from 930,310 in 2020 to 1,258,567 in 2024, an increase of 35.3 per cent.
- The number of in-patient discharges increased from 569,635 in 2020 to 700,599 in 2024, an increase of 23.0 per cent.
- Elective in-patient discharges increased by 28.5 per cent over the period 2020–2024 from 72,426 to 93,099 discharges.
- Emergency in-patient discharges comprised 70.2 per cent of total in-patient discharges in 2020, increasing to 72.2 per cent of discharges in 2024.
- Maternity in-patient discharges increased by 3.9 per cent over the period 2020–2024 from 97,600 to 101,432 discharges.
- The rate of same-day in-patient discharges increased over the period 2020–2024 from 20.3 per cent to 22.1 per cent.
- Over the period 2020–2024, the average length of stay for emergency in-patients increased from 6.3 days to 6.4 days. The average length of stay decreased for elective in-patients from 7.4 days to 7.0 days, and remained unchanged for maternity in-patients at 2.4 days over the same period.

¹⁹ 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.

- Overnight in-patient discharges stayed on average 7.1 days in 2020 which has increased to 7.5 days in 2024, an increase of 5.6 per cent. The median has remained constant at 3 days over the period.

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2020-2024

	2020	2021	2022	2023	2024	% Change	% Change
	N (%)	N (%)	N (%)	N (%)	N (%)	2020–2024	2023–2024
Total Discharges	1,499,945	1,627,914	1,739,724	1,862,125	1,959,166	30.6	5.2
	100	100	100	100	100		
Discharge Rate^a	301.4	324.8	337.9	352.6	364.1		
Sex							
Males	714,171	767,016	826,142	878,938	933,073	30.7	6.2
	47.6	47.1	47.5	47.2	47.6		
Females	785,774	860,898	913,582	983,187	1,026,093	30.6	4.4
	52.4	52.9	52.5	52.8	52.4		
Age Group							
Under 15 Years	92,537	100,912	114,737	115,277	120,860	30.6	4.8
	6.2	6.2	6.6	6.2	6.2		
15–44 Years	389,864	425,956	428,798	456,018	469,667	20.5	3.0
	26.0	26.2	24.6	24.5	24.0		
45–64 Years	431,326	465,499	499,795	546,394	571,463	32.5	4.6
	28.8	28.6	28.7	29.3	29.2		
65 Years and Over	586,218	635,547	696,394	744,436	797,176	36.0	7.1
	39.1	39.0	40.0	40.0	40.7		
Public/Private Status^b							
Public Discharges	1,306,683	1,421,450	1,519,892	1,638,743	1,753,094	34.2	7.0
	87.1	87.3	87.4	88.0	89.5		
Private Discharges	193,262	206,464	219,832	223,382	206,072	6.6	-7.7
	12.9	12.7	12.6	12.0	10.5		
GMS Status							
GMS	790,465	815,687	874,067	917,811	920,976	16.5	0.3
	52.7	50.1	50.2	49.3	47.0		
Non-GMS	644,414	750,073	799,918	904,449	1,010,305	56.8	11.7
	43.0	46.1	46.0	48.6	51.6		
Unknown	65,066	62,154	65,739	39,865	27,885	-57.1	-30.1
	4.3	3.8	3.8	2.1	1.4		
Health Region							
HSE Dublin & Midlands	349,280	368,736	400,217	413,021	440,380	26.1	6.6
	23.3	22.7	23.0	22.2	22.5		
HSE Dublin & North East	329,605	372,253	385,326	418,690	433,579	31.5	3.6
	22.0	22.9	22.1	22.5	22.1		
HSE Dublin & South East	245,703	272,954	282,243	302,830	322,702	31.3	6.6
	16.4	16.8	16.2	16.3	16.5		
HSE Mid West	100,268	109,437	126,841	140,735	141,700	41.3	0.7
	6.7	6.7	7.3	7.6	7.2		
HSE South West	212,709	221,163	237,884	257,463	273,468	28.6	6.2
	14.2	13.6	13.7	13.8	14.0		
HSE West & North West	259,591	280,697	304,519	326,198	343,425	32.3	5.3
	17.3	17.2	17.5	17.5	17.5		
Non-Acute	2,789	2,674	2,694	3,188	3,912	40.3	22.7
	0.2	0.2	0.2	0.2	0.2		
Day Patients	930,310	1,027,431	1,124,574	1,206,454	1,258,567	35.3	4.3
	100	100	100	100	100		
Dialysis/Radiotherapy/ Chemotherapy ^d	388,246	396,966	424,892	433,635	455,409	17.3	5.0
	41.7	38.6	37.8	35.9	36.2		
Maternity	21,867	24,334	22,668	23,798	22,553	3.1	-5.2
	2.4	2.4	2.0	2.0	1.8		
Other	520,197	606,131	677,014	749,021	780,605	50.1	4.2
	55.9	59.0	60.2	62.1	62.0		
In-Patients	569,635	600,483	615,150	655,671	700,599	23.0	6.9
	100	100	100	100	100		
Elective	72,426	74,451	79,164	89,178	93,099	28.5	4.4
	12.7	12.4	12.9	13.6	13.3		
Emergency ^e	399,609	422,277	437,392	467,469	506,068	26.6	8.3
	70.2	70.3	71.1	71.3	72.2		
Maternity	97,600	103,755	98,594	99,024	101,432	3.9	2.4
	17.1	17.3	16.0	15.1	14.5		

Contd. overleaf

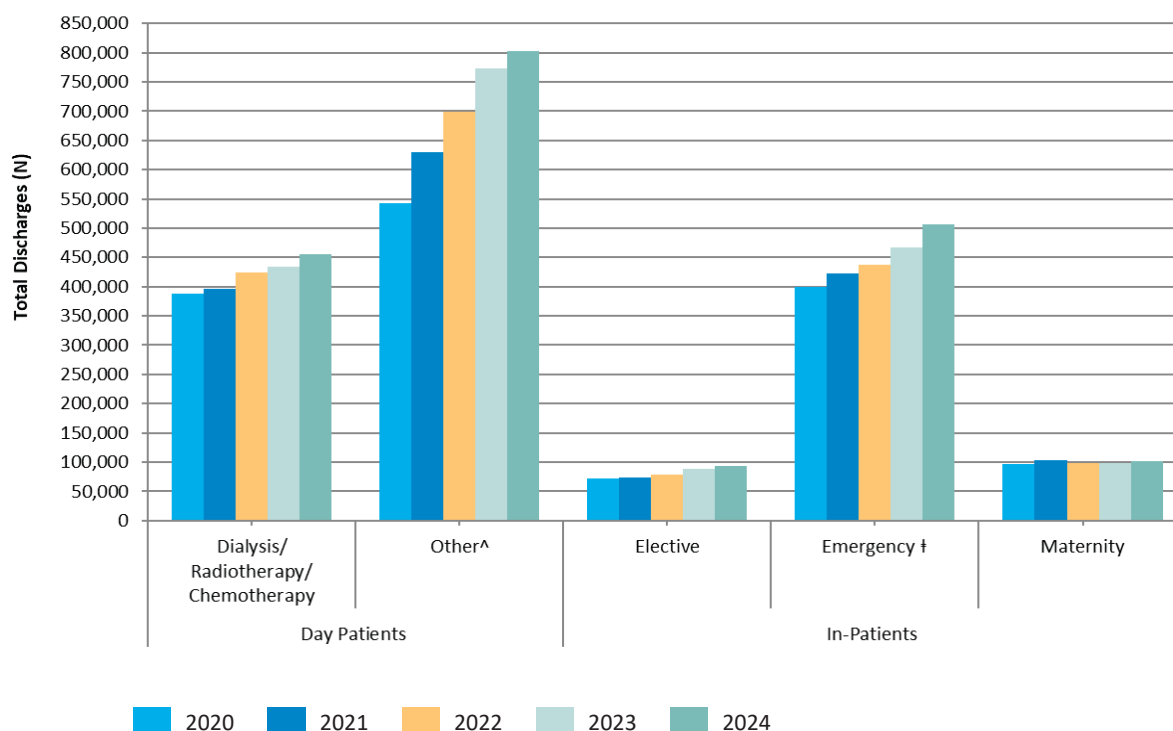
TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2020–2024 (contd.)

		2020	2021	2022	2023	2024	% Change	% Change
		N (%)	N (%)	N (%)	N (%)	N (%)	2020–2024	2023–2024
Overnight In-Patients		454,123 79.7	475,296 79.2	482,008 78.4	511,267 78.0	546,039 77.9	20.2	6.8
Sameday In-Patients		115,512 20.3	125,187 20.8	133,142 21.6	144,404 22.0	154,560 22.1	33.8	7.0
In-Patient Length of Stay								
In-Patients	Mean	5.8	5.7	6.1	6.1	5.9	1.7	-3.3
	Median	2	2	2	2	2		
Elective	Mean	7.4	7.1	7.2	7.2	7.0	-5.4	-2.8
	Median	2	2	2	2	2		
Emergency ^e	Mean	6.3	6.3	6.7	6.6	6.4	1.6	-3.0
	Median	2	3	3	3	2		
Maternity	Mean	2.4	2.4	2.4	2.4	2.4	0.0	0.0
	Median	2	2	2	2	2		
Overnight In-Patients	Mean	7.1	7.1	7.6	7.7	7.5	5.6	-2.6
	Median	3	3	3	3	3		
In-Patient Bed Days^f								
Total In-Patients		3,282,359 100	3,439,323 100	3,747,471 100	3,987,740 100	4,145,643 100	26.3	4.0
Under 15 Years		213,764 6.5	229,478 6.7	245,806 6.6	250,970 6.3	260,066 6.3	21.7	3.6
15 to 44 Years		576,822 17.6	603,768 17.6	597,121 15.9	637,581 16.0	654,446 15.8	13.5	2.6
45 to 64 Years		658,254 20.1	699,064 20.3	728,369 19.4	774,044 19.4	818,781 19.8	24.4	5.8
65 Years and Over		1,833,520 55.9	1,907,014 55.4	2,176,176 58.1	2,325,146 58.3	2,412,352 58.2	31.6	3.8
Overnight In-Patients		3,224,603 98.2	3,376,729 98.2	3,680,900 98.2	3,915,538 98.2	4,068,363 98.1	26.2	3.9

Notes: Percentage columns are subject to rounding.

- a These rates are based on population estimates for 2020, 2021, 2023 and 2024, and are based on the 'usual residence' concept. 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 Although the health regions only replaced hospital groups in 2024, the data is reported by health region for each of the years 2020–2024.
- 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 2020–2024 were obtained from HIPE. Population estimates for 2020, 2021, 2023 and 2024 were obtained from the Central Statistics Office. <https://data.cso.ie/> (Table PEA01) [2024 data accessed on 08th July 2025]. 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), 2020–2024

Notes:

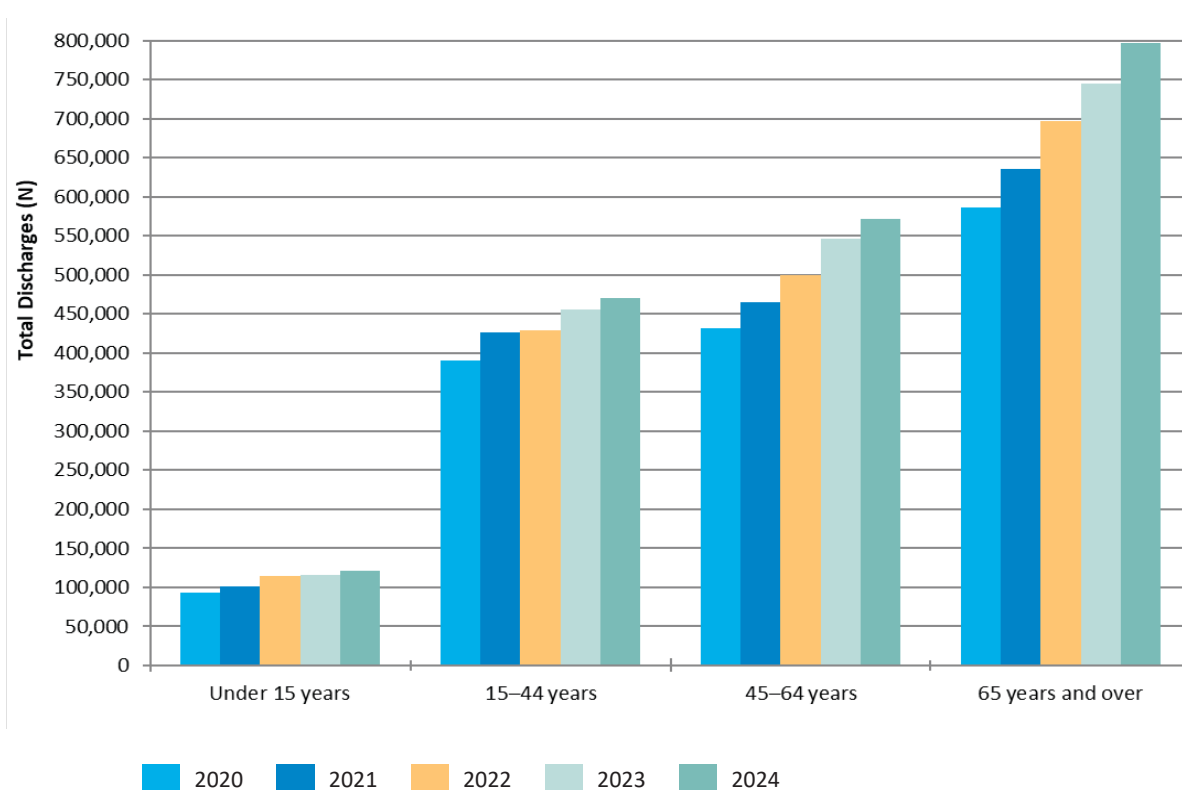
See Appendix I for a list of hospitals that participated in HIPE in 2024.

^ Includes day patient maternity discharges (see Table 1.1).

† 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 2020–2024 were obtained from HIPE.

FIGURE 1.2 Total Discharges by Age Group (N), 2020–2024

Source:

Data for 2020–2024 were obtained from HIPE.

Discharge Overview SECTION
2024

Two

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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 (HSE health region, 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 2024, day patient discharges accounted for 64.2 per cent of total discharges. In-patient discharges accounted for the remaining 35.8 per cent of total discharges with 72.2 per cent of in-patients admitted on an emergency basis, 13.3 per cent admitted on an elective basis and 14.5 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 (19.2 per cent). This age group also accounted for the largest proportion of day patient discharges (21.9 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 37.2 per cent of in-patient discharges and 58.2 per cent of in-patient bed days.

Length of Stay

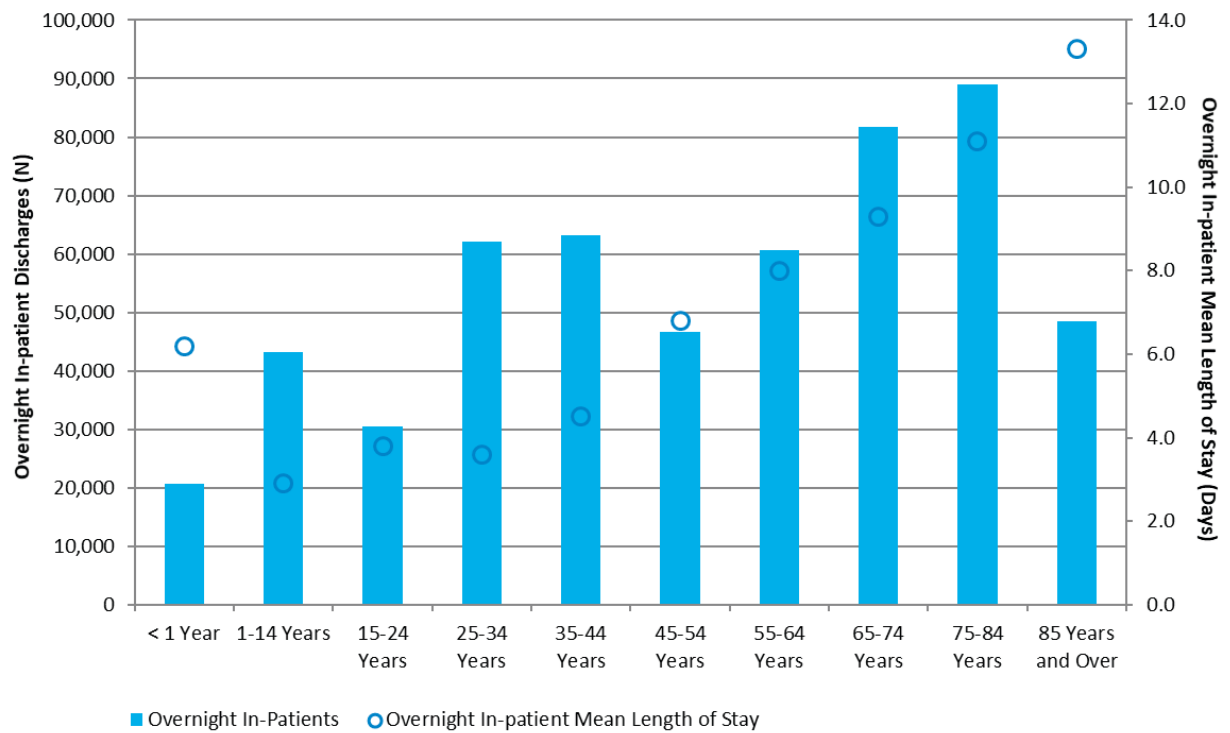
- Discharges aged 25–34 years accounted for 16.1 per cent of total sameday in-patients, the largest amongst all age groups.
- Apart from those aged less than one year, mean length of stay generally increased with age for overnight in-patient discharges rising from 2.9 days for discharges aged 1–14 years to 13.3 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	2,626	0.2	23,726	3.4	129,318	3.1	26,352	1.3
1–14 Years	40,014	3.2	54,494	7.8	130,748	3.2	94,508	4.8
15–24 Years	45,178	3.6	44,331	6.3	123,461	3.0	89,509	4.6
25–34 Years	73,372	5.8	86,949	12.4	234,861	5.7	160,321	8.2
35–44 Years	132,954	10.6	86,883	12.4	296,124	7.1	219,837	11.2
45–54 Years	187,449	14.9	64,852	9.3	324,559	7.8	252,301	12.9
55–64 Years	240,491	19.1	78,671	11.2	494,222	11.9	319,162	16.3
65–74 Years	276,016	21.9	100,696	14.4	769,786	18.6	376,712	19.2
75–84 Years	208,734	16.6	105,420	15.0	994,506	24.0	314,154	16.0
85 Years and Over	51,733	4.1	54,577	7.8	648,060	15.6	106,310	5.4
Total Discharges	1,258,567	100	700,599	100	4,145,643	100	1,959,166	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	3,122	20,604	6.2	2	23,726	5.5	2
1–14 Years	11,363	43,131	2.9	2	54,494	2.4	1
15–24 Years	13,852	30,479	3.8	2	44,331	2.8	1
25–34 Years	24,893	62,056	3.6	2	86,949	2.7	2
35–44 Years	23,666	63,217	4.5	3	86,883	3.4	2
45–54 Years	18,160	46,692	6.8	3	64,852	5.0	2
55–64 Years	18,051	60,620	8.0	4	78,671	6.3	3
65–74 Years	19,026	81,670	9.3	5	100,696	7.6	3
75–84 Years	16,402	89,018	11.1	6	105,420	9.4	5
85 Years and Over	6,025	48,552	13.3	8	54,577	11.9	6
Total Discharges	154,560	546,039	7.5	3	700,599	5.9	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 2024, there were 1,026,093 female discharges, and of these 12.1 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, 22.2 per cent and 18.8 per cent respectively.
- Discharges aged 65 years and over accounted for 43.6 per cent of male in-patient discharges and 60.4 per cent of male in-patient bed days, while for females (excl. maternity) this group accounted for 43.4 per cent of female in-patient discharges and 63.5 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 (25.3 per cent) and females (excl. maternity) (25.8 per cent).
- Females aged between 25 and 34 years accounted for over half of maternity in-patient discharges (52.2 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 8.3 days and female (excl. maternity) overnight in-patient discharges had a mean length of stay of 8.0 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 84 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 7 days for males and between 2 to 8 days for females.
- For maternity discharges, total overnight in-patient mean length of stay was 3.1 days, increasing with age, from 2.8 days for females aged less than 25 years to 4.5 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	1,436	0.2	13,240	4.4	70,744	3.5	14,676	1.6
1–14 Years	23,535	3.7	29,450	9.8	68,418	3.4	52,985	5.7
15–24 Years	22,473	3.6	15,656	5.2	48,984	2.4	38,129	4.1
25–34 Years	28,948	4.6	15,349	5.1	54,236	2.7	44,297	4.7
35–44 Years	52,782	8.3	22,518	7.5	102,157	5.0	75,300	8.1
45–54 Years	80,974	12.8	30,763	10.2	173,298	8.5	111,737	12.0
55–64 Years	125,699	19.9	42,458	14.1	284,395	14.0	168,157	18.0
65–74 Years	153,719	24.3	53,705	17.9	429,827	21.2	207,424	22.2
75–84 Years	116,707	18.5	53,350	17.7	512,634	25.3	170,057	18.2
85 Years and Over	26,172	4.1	24,139	8.0	283,465	14.0	50,311	5.4
Total Discharges	632,445	100	300,628	100	2,028,155	100	933,073	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	1,687	11,553	6.1	2	13,240	5.3	2
1–14 Years	6,420	23,030	2.8	2	29,450	2.3	1
15–24 Years	4,728	10,928	4.3	2	15,656	3.1	1
25–34 Years	4,922	10,427	5.0	2	15,349	3.5	1
35–44 Years	6,681	15,837	6.2	3	22,518	4.5	2
45–54 Years	7,979	22,784	7.4	3	30,763	5.6	2
55–64 Years	8,916	33,542	8.3	4	42,458	6.7	3
65–74 Years	9,415	44,290	9.6	5	53,705	8.0	4
75–84 Years	7,853	45,497	11.2	6	53,350	9.6	5
85 Years and Over	2,571	21,568	13.1	7	24,139	11.7	6
Total Discharges	61,172	239,456	8.3	4	300,628	6.7	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	1,190	0.2	10,486	3.5	58,575	3.1	11,676	1.3
1–14 Years	16,478	2.7	25,032	8.4	62,301	3.3	41,510	4.6
15–24 Years	20,841	3.5	17,723	5.9	51,647	2.8	38,564	4.3
25–34 Years	32,851	5.4	18,446	6.2	53,872	2.9	51,297	5.7
35–44 Years	71,373	11.8	27,837	9.3	98,192	5.3	99,210	11.0
45–54 Years	106,161	17.6	33,309	11.2	148,368	7.9	139,470	15.5
55–64 Years	114,790	19.0	36,209	12.1	209,814	11.2	150,999	16.7
65–74 Years	122,297	20.3	46,990	15.7	339,958	18.2	169,287	18.8
75–84 Years	92,027	15.2	52,069	17.4	481,864	25.8	144,096	16.0
85 Years and Over	25,561	4.2	30,438	10.2	364,595	19.5	55,999	6.2
Total Discharges	603,569	100	298,539	100	1,869,183	100	902,108	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	1,435	9,051	6.4	2	10,486	5.6	2
1–14 Years	4,939	20,093	3.0	2	25,032	2.5	1
15–24 Years	5,819	11,904	4.1	2	17,723	2.9	1
25–34 Years	6,677	11,769	4.3	2	18,446	2.9	1
35–44 Years	9,252	18,585	5.0	3	27,837	3.5	1
45–54 Years	10,022	23,287	6.2	3	33,309	4.5	2
55–64 Years	9,135	27,074	7.6	4	36,209	5.8	2
65–74 Years	9,611	37,379	9.0	5	46,990	7.2	3
75–84 Years	8,549	43,520	11.0	6	52,069	9.3	5
85 Years and Over	3,454	26,984	13.4	8	30,438	12.0	7
Total Discharges	68,893	229,646	8.0	4	298,539	6.3	2

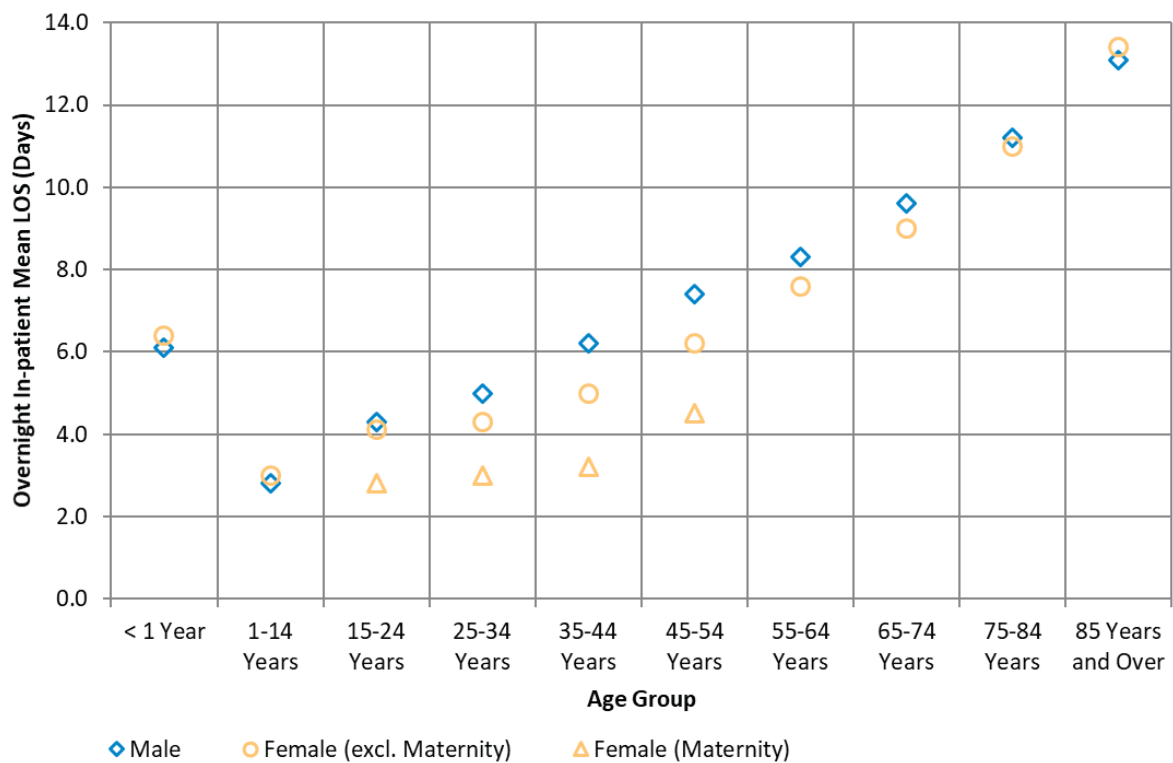
Note: Percentage and bed day columns are subject to rounding.

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	1,865	8.3	10,964	10.8	22,860	9.2	12,829	10.3
25–34 Years	11,573	51.3	53,154	52.4	126,753	51.0	64,727	52.2
35–44 Years	8,799	39.0	36,528	36.0	95,776	38.6	45,327	36.6
45 Years and Over	316	1.4	786	0.8	2,918	1.2	1,102	0.9
Total Discharges	22,553	100	101,432	100	248,306	100	123,985	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
<25 Years	3,309	7,655	2.8	2	10,964	2.1	1
25–34 Years	13,294	39,860	3.0	3	53,154	2.4	2
35–44 Years	7,733	28,795	3.2	3	36,528	2.6	2
45 Years and Over	159	627	4.5	3	786	3.7	3
Total Discharges	24,495	76,937	3.1	3	101,432	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)

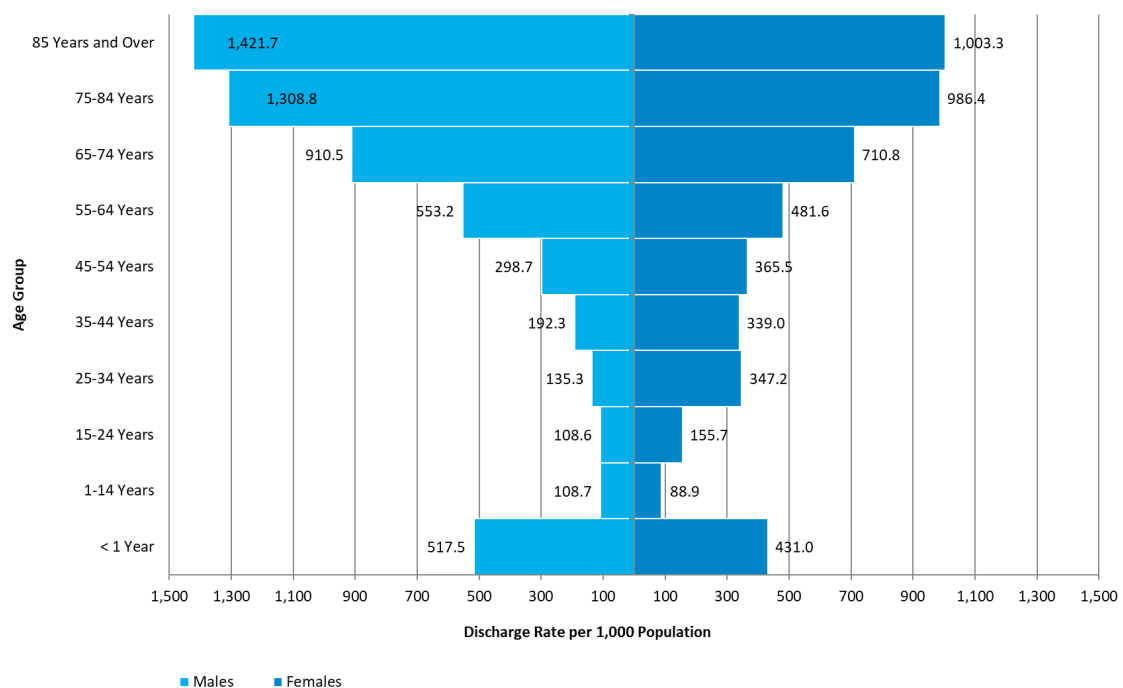
Note: Mean length of stay is not presented for female maternity discharges where there were a small number of discharges reported within a particular age group.

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 (1,421.7 per 1,000 population of males), and the highest discharge rate for females was also those aged 85 years and over (1,003.3 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 2024 by sex and age group were obtained from the CSO.
<https://data.cso.ie/> (Table PEA11) [accessed 17th April 2025]

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 47.5 per cent of total discharges.
- Discharges who were widowed accounted for 8.2 per cent of total in-patient discharges, and 13.9 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 6.0 days, compared to 11.6 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	395,408	31.4	288,317	41.2	1,355,722	32.7	683,725	34.9
Married	634,838	50.4	295,137	42.1	1,752,419	42.3	929,975	47.5
Widowed	88,448	7.0	57,491	8.2	575,086	13.9	145,939	7.4
Other*	52,083	4.1	23,481	3.4	175,151	4.2	75,564	3.9
Unknown	60,225	4.8	24,133	3.4	203,946	4.9	84,358	4.3
Divorced	27,565	2.2	12,040	1.7	83,321	2.0	39,605	2.0
Total Discharges	1,258,567	100	700,599	100	4,145,643	100	1,959,166	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
Single	66,967	221,350	6.0	3	288,317	4.7	2
Married	66,784	228,353	7.5	4	295,137	5.9	3
Widowed	8,307	49,184	11.6	6	57,491	10.0	5
Other*	4,567	18,914	9.1	5	23,481	7.5	3
Unknown	5,399	18,734	10.7	4	24,133	8.5	3
Divorced	2,536	9,504	8.6	4	12,040	6.9	3
Total Discharges	154,560	546,039	7.5	3	700,599	5.9	2

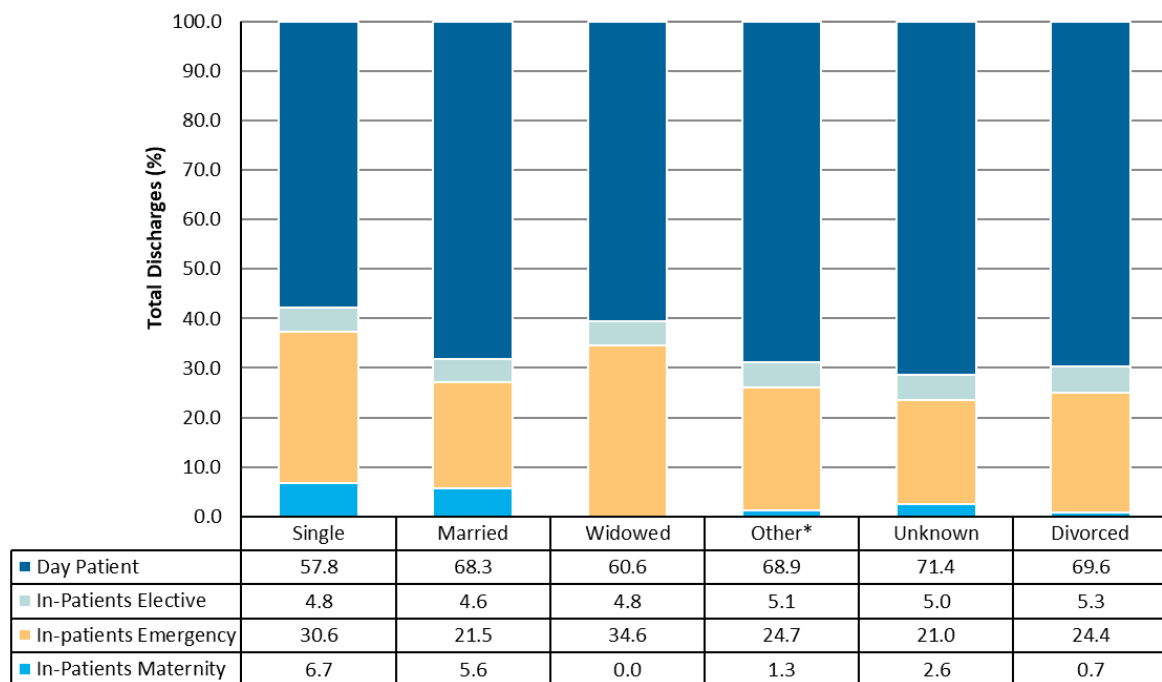
Notes: Percentage and bed day columns are subject to rounding.

* 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 (34.6 per cent and 30.6 per cent respectively).
- 6.7 per cent of total discharges with a marital/civil status of single and 5.6 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 (%)

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.

- 89.5 per cent of total discharges were treated on a public basis. Private patients in public hospitals accounted for 10.5 per cent of total discharges.
- The age groups less than one year and 15–24 years had the largest proportion of total discharges treated publicly (close to 92 per cent).
- The 35–44 years age group had the largest proportion of total discharges that were treated on a private basis, accounting for 12.0 per cent of all discharges in this age group.

Length of Stay

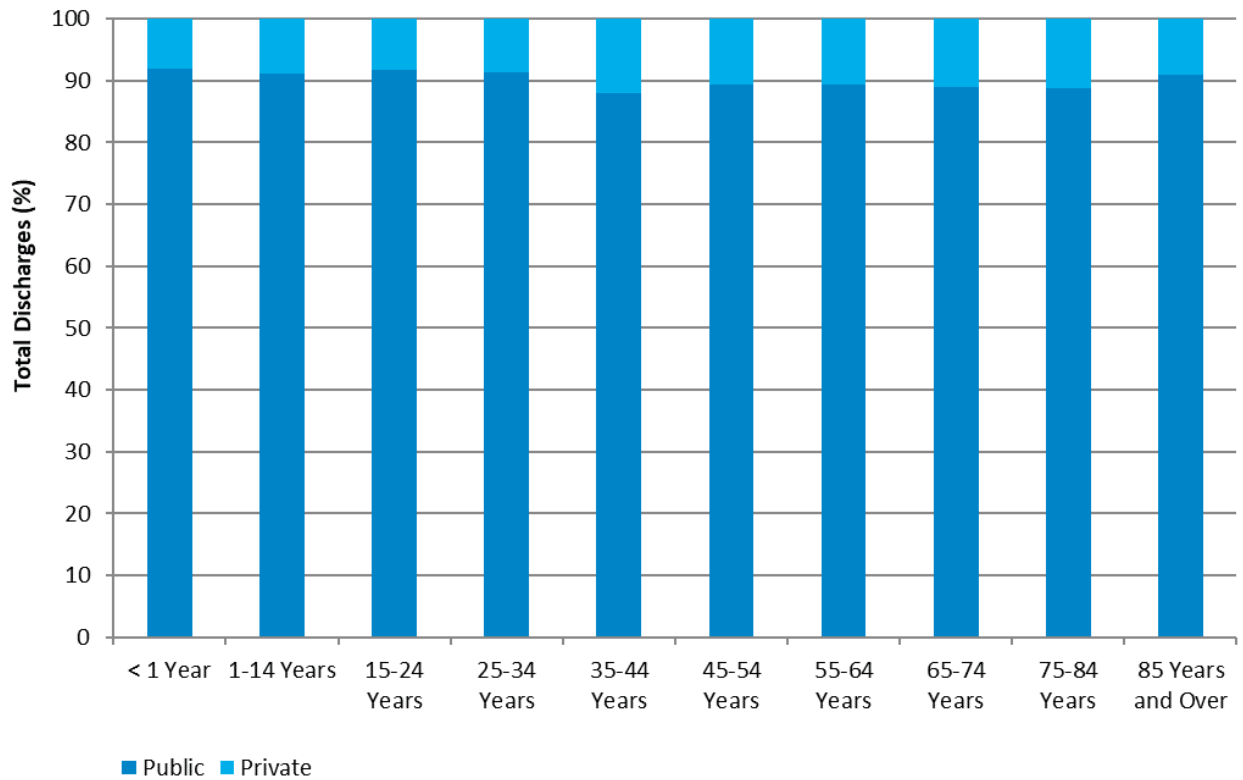
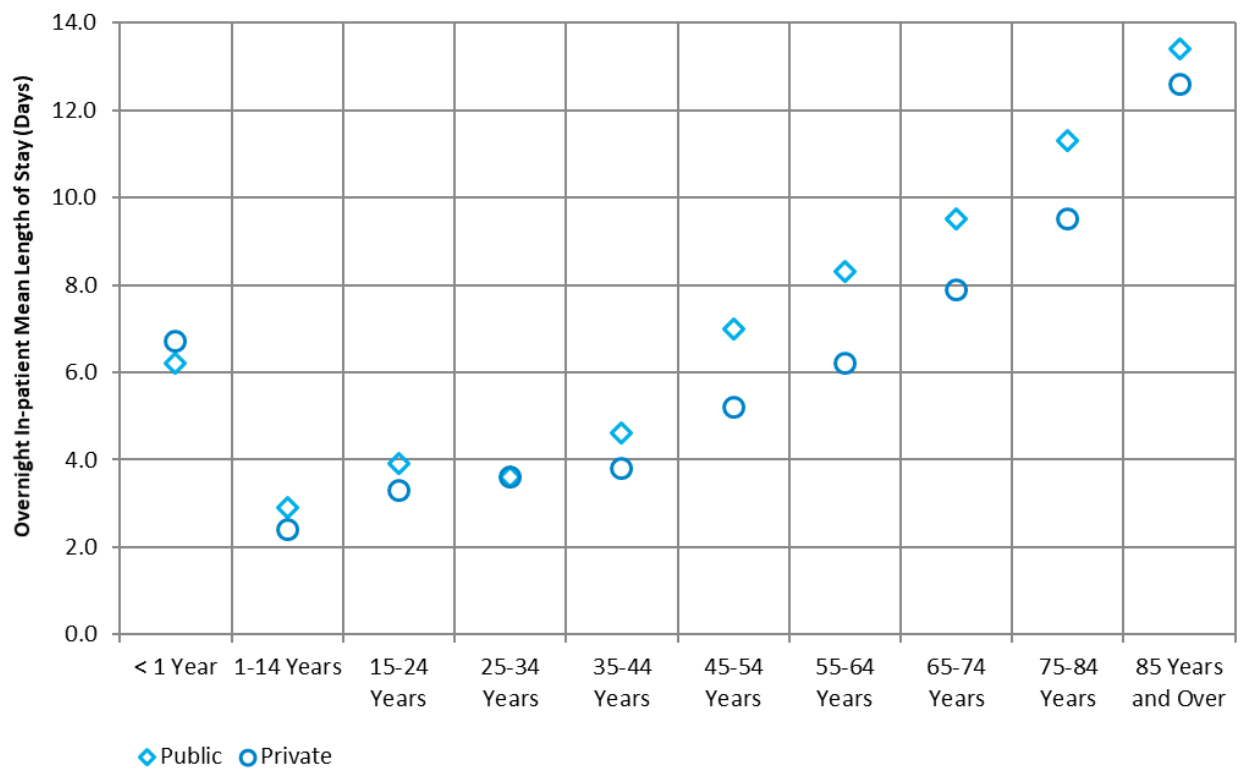
- For the majority of age groups, the public overnight in-patient mean length of stay exceeded the private overnight in-patient mean length of stay. The difference is largest for the age group 55–64 years, where public discharges stayed on average 2.1 days longer than their private counterparts (see 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	2,527	96.2	99	3.8	21,695	91.4	2,031	8.6	24,222	91.9	2,130	8.1
1–14 Years	36,452	91.1	3,562	8.9	49,694	91.2	4,800	8.8	86,146	91.2	8,362	8.8
15–24 Years	41,013	90.8	4,165	9.2	41,147	92.8	3,184	7.2	82,160	91.8	7,349	8.2
25–34 Years	67,223	91.6	6,149	8.4	79,204	91.1	7,745	8.9	146,427	91.3	13,894	8.7
35–44 Years	119,240	89.7	13,714	10.3	74,274	85.5	12,609	14.5	193,514	88.0	26,323	12.0
45–54 Years	167,297	89.2	20,152	10.8	57,997	89.4	6,855	10.6	225,294	89.3	27,007	10.7
55–64 Years	214,873	89.3	25,618	10.7	70,020	89.0	8,651	11.0	284,893	89.3	34,269	10.7
65–74 Years	245,543	89.0	30,473	11.0	89,231	88.6	11,465	11.4	334,774	88.9	41,938	11.1
75–84 Years	185,179	88.7	23,555	11.3	93,878	89.1	11,542	10.9	279,057	88.8	35,097	11.2
85 Years and Over	46,695	90.3	5,038	9.7	49,912	91.5	4,665	8.5	96,607	90.9	9,703	9.1
Total Discharges	1,126,042	89.5	132,525	10.5	627,052	89.5	73,547	10.5	1,753,094	89.5	206,072	10.5

	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	2,961	161	18,734	6.2	2	1,870	6.7	3	5.4	2	6.2	2
1–14 Years	10,659	704	39,035	2.9	2	4,096	2.4	2	2.4	1	2.1	1
15–24 Years	13,330	522	27,817	3.9	2	2,662	3.3	2	2.8	1	2.9	1
25–34 Years	23,529	1,364	55,675	3.6	2	6,381	3.6	3	2.7	1	3.0	3
35–44 Years	21,759	1,907	52,515	4.6	3	10,702	3.8	3	3.4	2	3.3	3
45–54 Years	17,301	859	40,696	7.0	3	5,996	5.2	3	5.1	2	4.6	2
55–64 Years	17,095	956	52,925	8.3	4	7,695	6.2	3	6.4	2	5.5	3
65–74 Years	17,983	1,043	71,248	9.5	5	10,422	7.9	4	7.7	3	7.3	4
75–84 Years	15,572	830	78,306	11.3	6	10,712	9.5	6	9.5	5	8.9	5
85 Years and Over	5,762	263	44,150	13.4	8	4,402	12.6	8	11.9	6	11.9	7
Total Discharges	145,951	8,609	481,101	7.6	3	64,938	6.4	3	5.9	2	5.7	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 and 75–84 years accounted for the largest proportion of GMS discharges (both 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 76.6 per cent (excludes unknown GMS status) – see Figure 2.7.

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

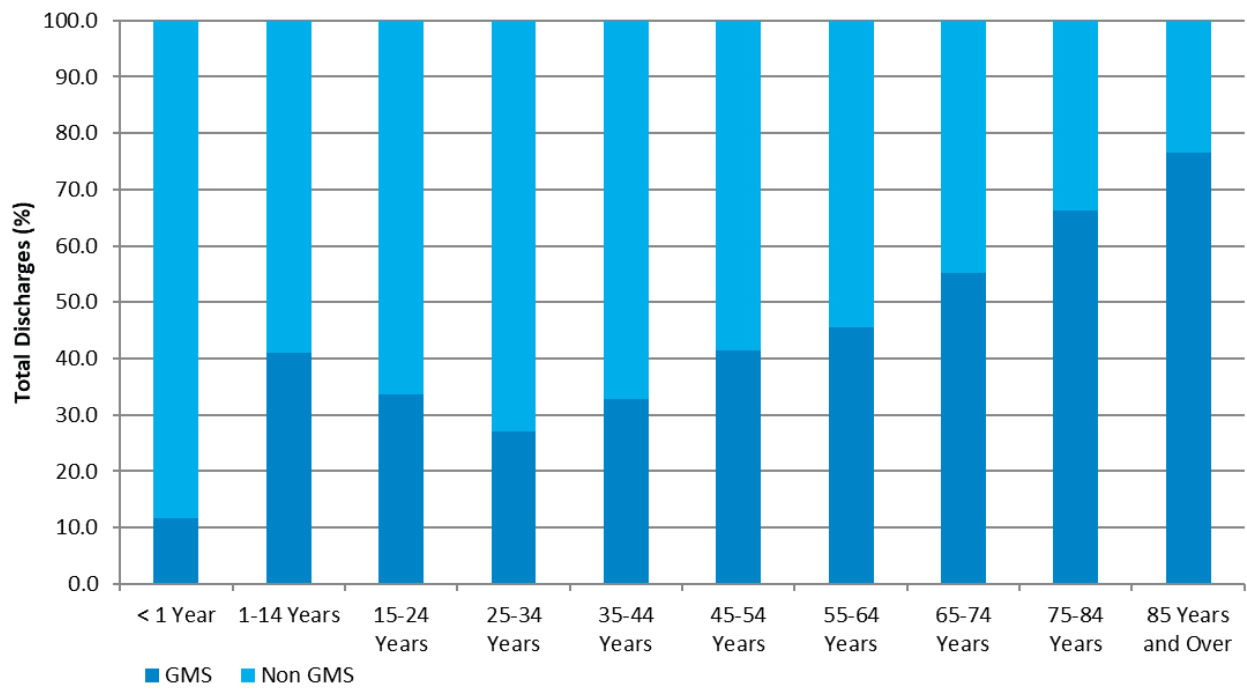
	GMS		Non-GMS		Unknown ^a		Total Discharges	
	N	%	N	%	N	%	N	%
< 1 Year	3,064	0.3	23,244	2.3	44	0.2	26,352	1.3
1–14 Years	38,800	4.2	55,522	5.5	186	0.7	94,508	4.8
15–24 Years	29,970	3.3	59,208	5.9	331	1.2	89,509	4.6
25–34 Years	43,287	4.7	116,156	11.5	878	3.1	160,321	8.2
35–44 Years	71,423	7.8	146,068	14.5	2,346	8.4	219,837	11.2
45–54 Years	103,026	11.2	145,169	14.4	4,106	14.7	252,301	12.9
55–64 Years	142,768	15.5	170,947	16.9	5,447	19.5	319,162	16.3
65–74 Years	204,070	22.2	165,781	16.4	6,861	24.6	376,712	19.2
75–84 Years	204,375	22.2	103,657	10.3	6,122	22.0	314,154	16.0
85 Years and Over	80,193	8.7	24,553	2.4	1,564	5.6	106,310	5.4
Total Discharges	920,976	100	1,010,305	100	27,885	100	1,959,166	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 HSE health region, admission source and discharge destination.

2.3.1 HSE Health Region

Hospitals in Ireland are organised into six HSE health regions (see Appendix I). HIPE data is collected for all of the acute hospitals in these HSE health regions, along with a small number of non-acute hospitals that are not assigned to a HSE health region and are presented together as 'Non-Acute'. Table 2.5 disaggregates total discharges by HSE health region and patient type.

Discharges

- The largest proportion of total discharges were hospitalised in HSE Dublin & Midlands (22.5 per cent).
- Total in-patient discharges were also highest in HSE Dublin & Midlands where 21.5 per cent of discharges were hospitalised, while HSE Dublin & Midlands and HSE Dublin & North East accounted for the highest proportion of day patients (both 23.0 per cent).

Length of Stay

- The highest overnight in-patient mean length of stay was 8.0 days for HSE Dublin & South East – see Figure 2.8.

TABLE 2.5 Total Discharges: HSE Health Region 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	%
HSE Dublin & Midlands	289,917	23.0	150,463	21.5	860,949	20.8	440,380	22.5
HSE Dublin & North East	288,962	23.0	144,617	20.6	947,518	22.9	433,579	22.1
HSE Dublin & South East	197,172	15.7	125,530	17.9	777,866	18.8	322,702	16.5
HSE Mid West	70,453	5.6	71,247	10.2	314,767	7.6	141,700	7.2
HSE South West	183,699	14.6	89,769	12.8	515,127	12.4	273,468	14.0
HSE West & North West	228,073	18.1	115,352	16.5	628,953	15.2	343,425	17.5
Non-Acute [^]	291	0.0	3,621	0.5	100,465	2.4	3,912	0.2
Total Discharges	1,258,567	100	700,599	100	4,145,643	100	1,959,166	100

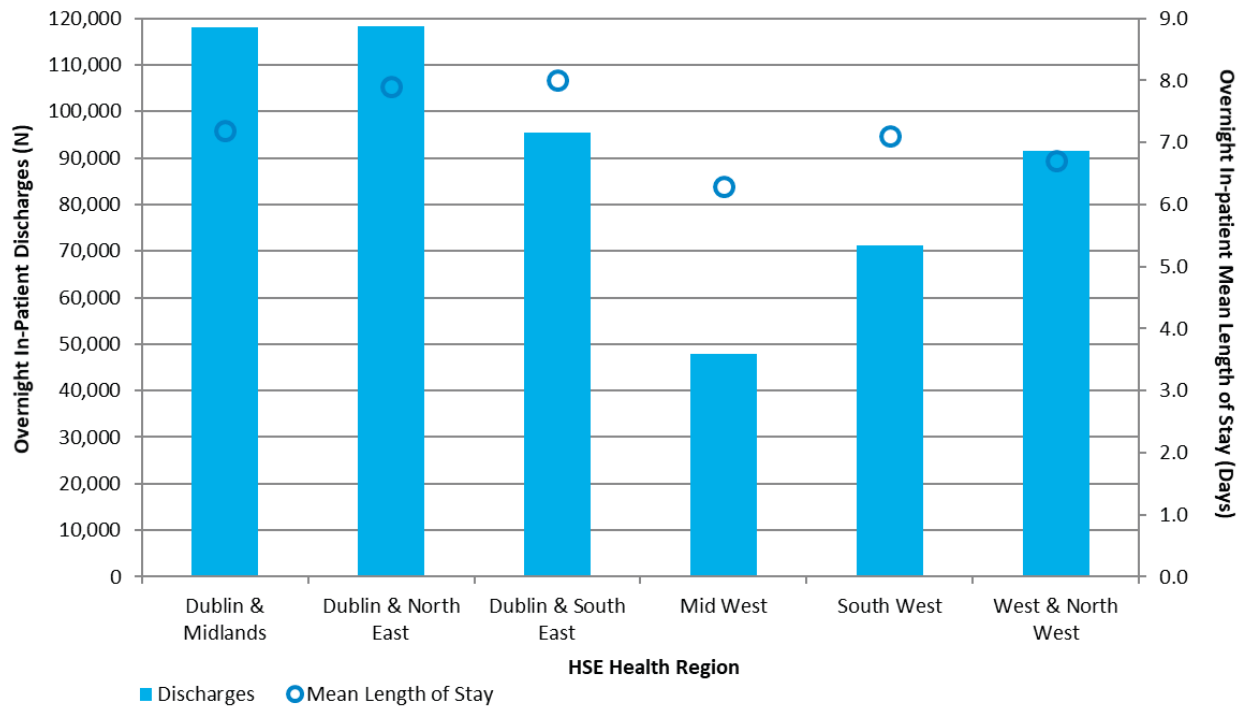
	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
HSE Dublin & Midlands	32,339	118,124	7.2	3	150,463	5.7	2
HSE Dublin & North East	26,290	118,327	7.9	4	144,617	6.6	3
HSE Dublin & South East	30,140	95,390	8.0	3	125,530	6.2	2
HSE Mid West	*	*	-	-	71,247	4.4	2
HSE South West	18,547	71,222	7.1	3	89,769	5.7	2
HSE West & North West	23,773	91,579	6.7	3	115,352	5.5	2
Non-Acute [^]	~	*	-	-	3,621	27.7	21
Total Discharges	154,560	546,039	7.5	3	700,599	5.9	2

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

[^] Discharges allocated to 'Non-Acute' 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 Region in 2024.

~ Denotes five or fewer discharges reported to HIPE.

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

FIGURE 2.8 Overnight In-Patients: Discharges (N) and Mean Length of Stay (Days) by HSE Health Region

Note: Data for discharges hospitalised in 'Non-Acute' are not displayed in this figure.

2.3.1.1 HSE Health Region by Admission Type

Table 2.6 disaggregates total discharges by HSE health region and admission type.

Discharges

- The largest proportion of elective in-patients were treated in HSE Dublin & North East (22.1 per cent), accounting for 18.3 per cent of total elective in-patient bed days.
- HSE Dublin & Midlands treated the largest proportion of both emergency in-patients (21.5 per cent) and maternity in-patients (23.3 per cent) compared to other groups.

TABLE 2.6 Total Discharges: HSE Health Region 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	%		
HSE Dublin & Midlands	289,917	23.0		18,167	19.5	110,431	16.9	108,706	21.5	703,335	21.7	23,590	23.3	47,183	19.0	440,380	22.5		
HSE Dublin & North East	288,962	23.0		20,582	22.1	119,649	18.3	103,882	20.5	774,487	23.9	20,153	19.9	53,383	21.5	433,579	22.1		
HSE Dublin & South East	197,172	15.7		13,908	14.9	119,164	18.2	91,636	18.1	609,341	18.8	19,986	19.7	49,362	19.9	322,702	16.5		
HSE Mid West	70,453	5.6		8,304	8.9	40,719	6.2	56,771	11.2	253,358	7.8	6,172	6.1	20,691	8.3	141,700	7.2		
HSE South West	183,699	14.6		14,271	15.3	81,145	12.4	63,196	12.5	398,036	12.3	12,302	12.1	35,946	14.5	273,468	14.0		
HSE West & North West	228,073	18.1		14,314	15.4	84,122	12.9	81,809	16.2	503,090	15.5	19,229	19.0	41,742	16.8	343,425	17.5		
Non-Acute ^a	291	0.0		3,553	3.8	98,753	15.1	68	0.0	1,712	0.1	0	0.0	0	0.0	3,912	0.2		
Total Discharges	1,258,567	100		93,099	100	653,981	100	506,068	100	3,243,357	100	101,432	100	248,306	100	1,959,166	100		

Notes: Percentage and bed day columns are subject to rounding

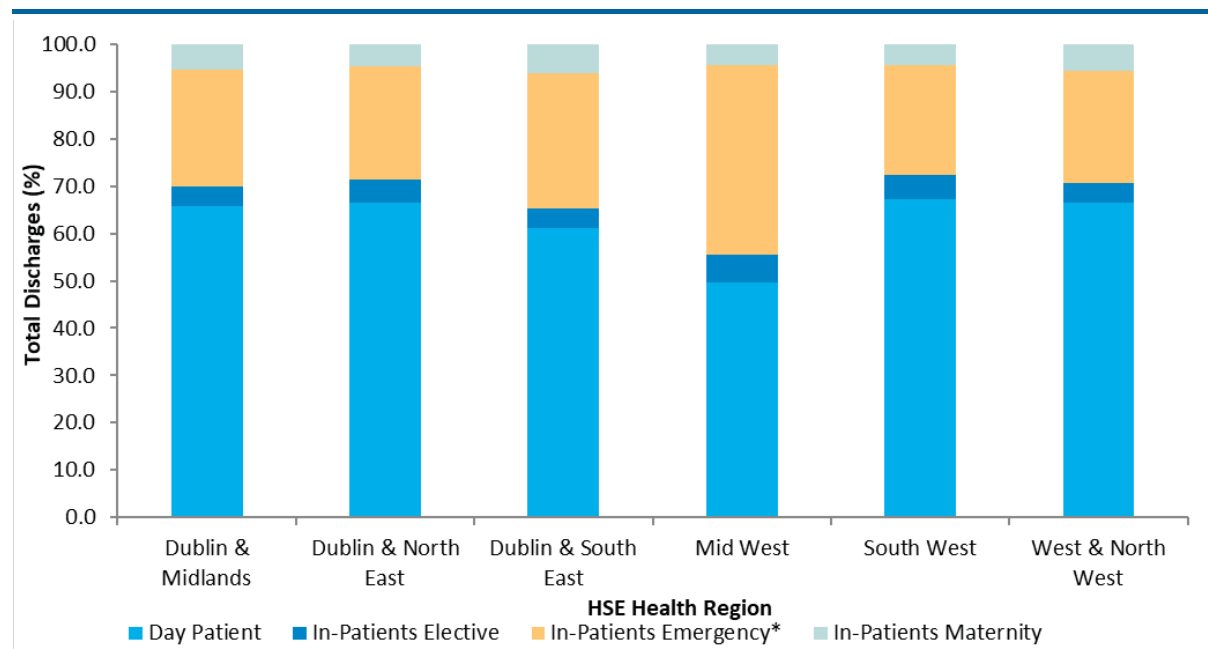
^a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about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

[^] Discharges allocated to 'Non-Acute' 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 Region in 2024.

Figure 2.9 disaggregates total discharges in each HSE health region by admission type.

- Across all HSE health regions, the largest proportion of total discharges were treated as day patients, ranging from 49.7 per cent in HSE Mid West to 67.2 per cent in HSE South West.
- HSE Dublin & South East treated 6.2 per cent of total discharges as maternity in-patients, the highest amongst all HSE health regions.
- HSE Mid West treated the highest proportion of total discharges as emergency in-patients (40.1 per cent), followed by HSE Dublin & South East (28.4 per cent).

FIGURE 2.9 Total Discharges: HSE Health Region 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 'Non-Acute' are not displayed in this figure.

2.3.1.2 HSE Health Region by Public/Private Status

Table 2.7 disaggregates total discharges by HSE health region, public/private status and patient type.

Discharges

- HSE Dublin & North East treated the largest proportion of total discharges on a public basis (94.0 per cent), while HSE Mid West and HSE South West treated the smallest proportion of total discharges on a public basis (both 82.3 per cent).
- Over 90 per cent of total day patients were treated as public day patients in HSE Dublin & North East, HSE Dublin & South East and HSE West & North West. The smallest proportion was in HSE Mid West where 76.4 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 HSE West & North West (92.5 per cent) and was lowest in HSE South West (84.9 per cent).

Length of Stay

- Overnight in-patient mean length of stay was 7.6 days for public discharges compared to 6.4 days for private discharges.
- HSE Dublin & South East recorded the longest overnight in-patient mean length of stay for public discharges (8.3 days), and HSE Dublin & Midlands and HSE Dublin & North East recorded the longest for private discharges (both 6.8 days) compared to the other HSE health regions.

TABLE 2.7 Total Discharges: HSE Health Region 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	%
HSE Dublin & Midlands	257,169	88.7	32,748	11.3	136,178	90.5	14,285	9.5	393,347	89.3	47,033	10.7
HSE Dublin & North East	274,773	95.1	14,189	4.9	132,862	91.9	11,755	8.1	407,635	94.0	25,944	6.0
HSE Dublin & South East	182,514	92.6	14,658	7.4	109,078	86.9	16,452	13.1	291,592	90.4	31,110	9.6
HSE Mid West	53,852	76.4	16,601	23.6	62,799	88.1	8,448	11.9	116,651	82.3	25,049	17.7
HSE South West	148,956	81.1	34,743	18.9	76,207	84.9	13,562	15.1	225,163	82.3	48,305	17.7
HSE West & North West	208,576	91.5	19,497	8.5	106,643	92.5	8,709	7.5	315,219	91.8	28,206	8.2
Non-Acute^	202	69.4	89	30.6	3,285	90.7	336	9.3	3,487	89.1	425	10.9
Total Discharges	1,126,042	89.5	132,525	10.5	627,052	89.5	73,547	10.5	1,753,094	89.5	206,072	10.5

	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
HSE Dublin & Midlands	30881	1,458	105,297	7.2	3	12,827	6.8	3	5.7	2	6.1	3
HSE Dublin & North East	25,257	1,033	107,605	8.0	4	10,722	6.8	4	6.6	3	6.2	3
HSE Dublin & South East	27,351	2,789	81,727	8.3	3	13,663	6.1	3	6.4	2	5.2	3
HSE Mid West	*	*	39,864	6.5	3	7,917	5.4	3	4.3	1	5.1	3
HSE South West	16,835	1,712	59,372	7.3	3	11,850	6.2	3	5.8	2	5.4	3
HSE West & North West	22,688	1,085	83,955	6.8	3	7,624	6.4	3	5.4	2	5.7	3
Non-Acute^	~	~	3,281	28.9	22	335	16.6	9	28.9	22	16.6	9
Total Discharges	145,951	8,609	481,101	7.6	3	64,938	6.4	3	5.9	2	5.7	3

Notes: Percentage columns are subject to rounding.

^ Discharges allocated to 'Non-Acute' 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 Region in 2024.

~ Denotes five or fewer discharges reported to HIPE.

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

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 (96.2 per cent).
- Of total emergency in-patients, 4.6 per cent were transferred in from another hospital.
- 12.6 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	
	N	%	Elective		Emergency ^a		Maternity		N	%
			N	%	N	%	N	%		
Home	1,247,167	99.1	80,800	86.8	456,802	90.3	100,048	98.6	1,884,817	96.2
Long stay accommodation	1,585	0.1	395	0.4	15,168	3.0	0	0.0	17,148	0.9
Transfer from other hospital	6,092	0.5	11,714	12.6	23,440	4.6	810	0.8	42,056	2.1
Other	3,723	0.3	190	0.2	10,658	2.1	574	0.6	15,145	0.8
Total	1,258,567	100	93,099	100	506,068	100	101,432	100	1,959,166	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.

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 (94.4 per cent).
- Of total emergency in-patients, 6.6 per cent were transferred to long stay accommodation, and 6.2 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	1,246,299	99.0	84,165	90.4	420,511	83.1	99,181	97.8	1,850,156	94.4
Long stay accommodation	2,429	0.2	2,903	3.1	33,171	6.6	0	0.0	38,503	2.0
Transfer to other hospital	6,153	0.5	*	-	31,561	6.2	*	-	42,901	2.2
Died	0	0.0	*	-	12,151	2.4	~	-	12,880	0.7
Other	3,686	0.3	750	0.8	8,674	1.7	1,616	1.6	14,726	0.8
Total Discharges	1,258,567	100	93,099	100	506,068	100	101,432	100	1,959,166	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.

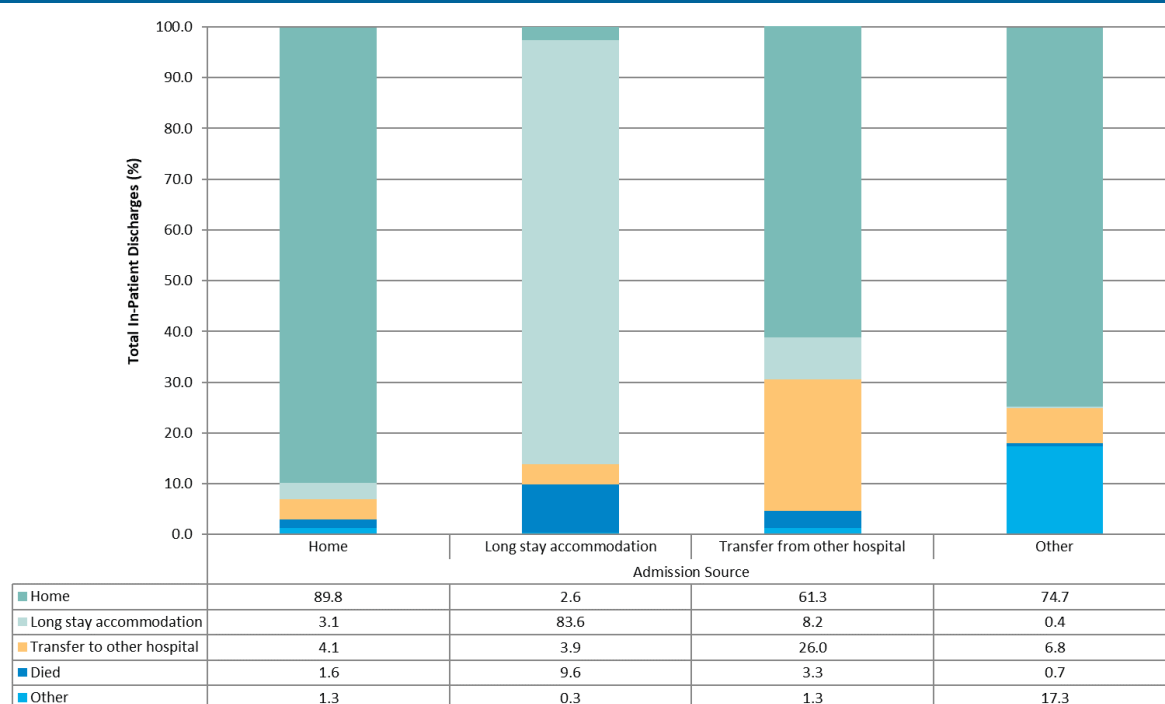
— Percentage not reported where the number of discharges is suppressed.

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, 89.8 per cent were discharged home.
- In-patients admitted from long stay accommodation were primarily discharged back to long stay accommodation (83.6 per cent).
- Over a quarter of in-patients (26.0 per cent) who were admitted from another hospital were transferred to another hospital, while 61.3 per cent were discharged home.

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



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

2.4 WHEN

Section 2.4 profiles when discharges were admitted to and discharged from hospital. Activity is presented 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

- Almost 60 per cent of elective in-patients were admitted between Monday and Wednesday, with only 6.6 per cent admitted at the weekend.
- The proportion of in-patient discharges admitted as emergency in-patients remained relatively constant throughout the week between 14.5 per cent and 16.5 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 20.2 per cent on Wednesday to 3.7 per cent on Saturday and 1.6 per cent on Sunday.

Length of Stay³

- Mean length of stay for elective in-patients ranged from 6.5 days for those admitted on a Tuesday to 11.4 days for those admitted on a Saturday.
- Mean length of stay for emergency in-patients ranged from 5.9 days for those admitted on a Monday to 7.1 days for those admitted on a Saturday.

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

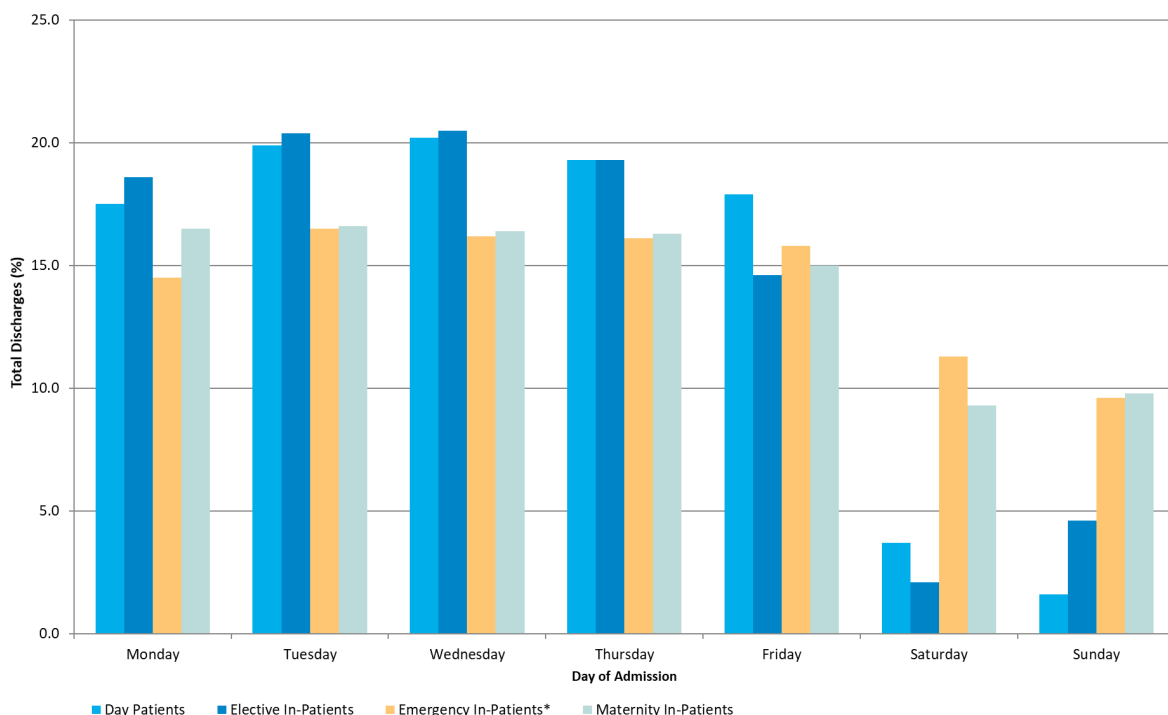
TABLE 2.10 Total Discharges: Patient Type and Admission Type by Day of Admission (N, % and In-Patient Length of Stay)

	Discharges									
	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency ^a		Maternity			
	N	%	N	%	N	%	N	%	N	%
Monday	220,163	17.5	17,321	18.6	73,348	14.5	16,717	16.5	327,549	16.7
Tuesday	250,824	19.9	18,961	20.4	83,607	16.5	16,862	16.6	370,254	18.9
Wednesday	254,220	20.2	19,080	20.5	82,118	16.2	16,672	16.4	372,090	19.0
Thursday	242,560	19.3	17,967	19.3	81,477	16.1	16,506	16.3	358,510	18.3
Friday	224,750	17.9	13,596	14.6	79,962	15.8	15,209	15.0	333,517	17.0
Saturday	46,047	3.7	1,933	2.1	57,005	11.3	9,475	9.3	114,460	5.8
Sunday	20,003	1.6	4,241	4.6	48,551	9.6	9,991	9.8	82,786	4.2
Total Discharges	1,258,567	100	93,099	100	506,068	100	101,432	100	1,959,166	100

	In-Patient Length of Stay								
	Elective		Emergency ^a		Maternity		Total In-Patients		
	Mean	Median	Mean	Median	Mean	Median	N	Mean	Median
Monday	6.7	2	5.9	2	2.5	2	107,386	5.5	2
Tuesday	6.5	2	6.1	2	2.5	2	119,430	5.7	2
Wednesday	6.8	2	6.4	2	2.5	2	117,870	5.9	2
Thursday	7.2	2	6.4	2	2.5	2	115,950	6.0	2
Friday	7.5	3	6.5	3	2.5	2	108,767	6.1	3
Saturday	11.4	4	7.1	3	2.2	2	68,413	6.5	3
Sunday	7.9	4	6.7	3	2.3	2	62,783	6.1	3
In-Patient Discharges	7.0	2	6.4	2	2.4	2	700,599	5.9	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 11.1 per cent on Monday to 22.3 per cent on Friday, falling to 10.3 per cent on Saturday and 4.9 per cent on Sunday.
- The largest proportion of emergency in-patients were discharged on Friday (20.1 per cent), with the smallest proportion discharged on Sunday (5.7 per cent).

Length of Stay⁴

- Elective in-patients discharged on a Monday had the longest in-patient mean length of stay (9.6 days).
- Emergency in-patient mean length of stay ranged from 6.8 days for those discharged on a Tuesday to 4.1 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)

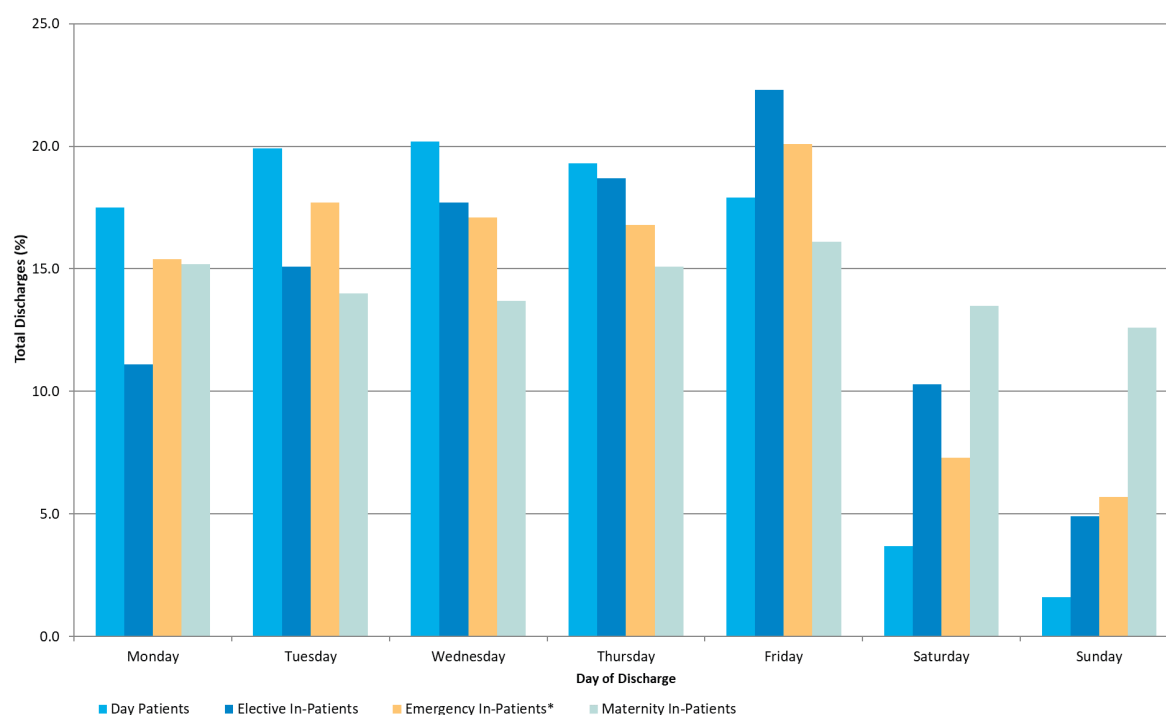
	Discharges									
	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency ^a		Maternity			
	N	%	N	%	N	%	N	%	N	%
Monday	220,163	17.5	10,344	11.1	77,911	15.4	15,441	15.2	323,859	16.5
Tuesday	250,824	19.9	14,014	15.1	89,363	17.7	14,164	14.0	368,365	18.8
Wednesday	254,220	20.2	16,439	17.7	86,325	17.1	13,851	13.7	370,835	18.9
Thursday	242,560	19.3	17,427	18.7	84,995	16.8	15,278	15.1	360,260	18.4
Friday	224,750	17.9	20,790	22.3	101,950	20.1	16,286	16.1	363,776	18.6
Saturday	46,047	3.7	9,544	10.3	36,852	7.3	13,681	13.5	106,124	5.4
Sunday	20,003	1.6	4,541	4.9	28,672	5.7	12,731	12.6	65,947	3.4
Total Discharges	1,258,567	100	93,099	100	506,068	100	101,432	100	1,959,166	100

	In-Patient Length of Stay								
	Elective		Emergency ^a		Maternity		Total In-Patients		
	Mean	Median	Mean	Median	Mean	Median	N	Mean	Median
Monday	9.6	5	6.7	3	2.7	2	103,696	6.4	3
Tuesday	7.9	2	6.8	3	2.5	2	117,541	6.4	3
Wednesday	7.1	2	6.7	3	2.2	2	116,615	6.2	2
Thursday	7.0	2	6.7	2	2.3	2	117,700	6.2	2
Friday	6.8	2	6.6	3	2.4	2	139,026	6.1	2
Saturday	4.1	2	4.9	2	2.5	2	60,077	4.2	2
Sunday	5.7	3	4.1	2	2.6	2	45,944	3.9	2
In-Patient Discharges	7.0	2	6.4	2	2.4	2	700,599	5.9	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 same-day and overnight in-patient length of stay is not provided.

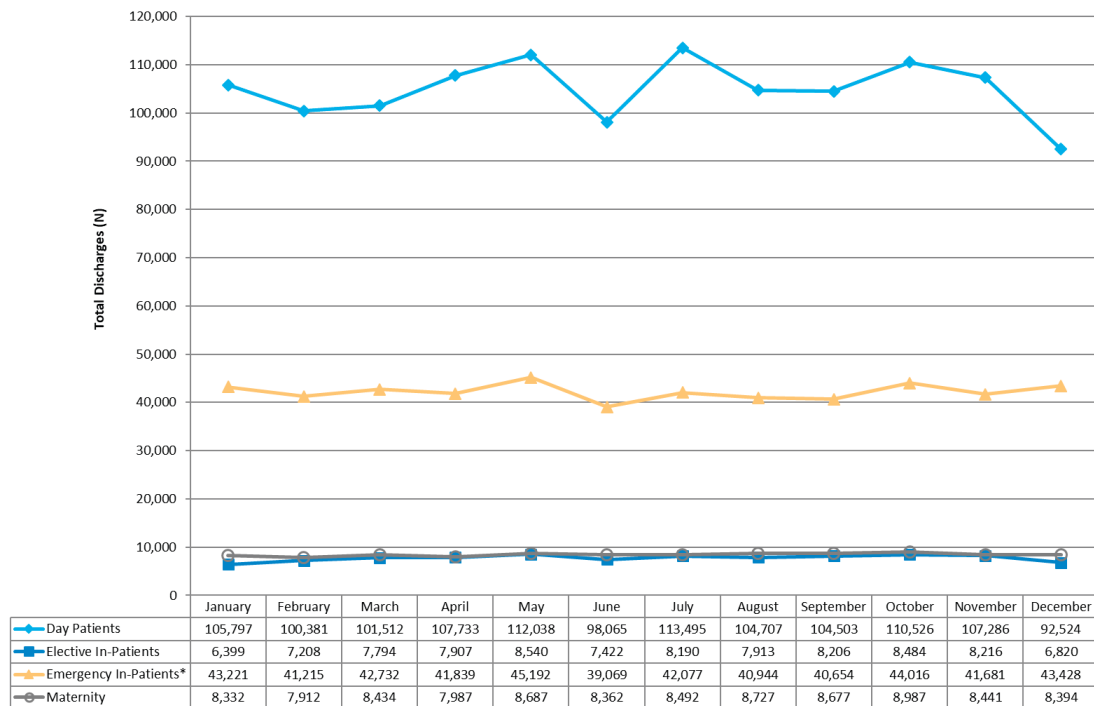
FIGURE 2.12 Total Discharges: Patient Type and Admission Type by Day of Discharge (%)

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 May for elective in-patients (8,540 discharges), while January recorded the smallest number of elective in-patients with only 6,399 elective in-patients discharged in this month.
- Emergency in-patient hospital discharges peaked in May (45,192 discharges), while the smallest number of emergency in-patients were discharged in June with 39,069 discharges.
- Maternity in-patient discharges were highest in October (8,987 discharges) and lowest in February (7,912 discharges).

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

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
2024

SECTION

Three

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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 (formerly 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 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,

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

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 the HIPE Data Entry Form for 2024, 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 2024, the classification used to code clinical information was updated from the 10th Edition to the 12th 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 2024 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

⁴ This instruction is covered in ICS 0010 Clinical Documentation and 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), 2023: *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 (12th Ed) - Independent Health and Aged Care Pricing Authority (IHACPA).

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 12th 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 10th edition (in use from 2020–2023) to 12th Edition (in use from 1st January 2024).

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 <i>Neoplasms</i> and Chapter 3 <i>Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</i>, and the letter H, which is used in both Chapter 7 <i>Diseases of the eye and adnexa</i> and Chapter 8 <i>Diseases of the ear and mastoid process</i>. 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 <i>Emergency use of U07.1 [COVID-19, virus identified]</i> and U07.2 <i>Emergency use of U07.2 [COVID-19, virus not identified]</i>.					
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), 2023: Australian Coding Standards (ACS) – ICD-10-AM/ACHI/ACS (12th Ed) - Independent Health and Aged Care Pricing Authority (IHACPA).

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	12 Procedures on male genital organs
2 Procedures on endocrine system	13 Gynaecological procedures
3 Procedures on eye and adnexa	14 Obstetric procedures
4 Procedures on ear and mastoid process	15 Procedures on musculoskeletal system
5 Procedures on nose, mouth and pharynx	16 Dermatological and plastic procedures
6 Dental services	17 Procedures on breast
7 Procedures on respiratory system	18 Radiation oncology procedures
8 Procedures on cardiovascular system	19 Interventions not elsewhere classified
9 Procedures on blood and blood-forming organs	20 Imaging services
10 Procedures on digestive system	21 Codes for special purposes
11 Procedures on urinary system	

Sources: Australian Consortium for Classification Development (ACCD), 2023: Australian Coding Standards (ACS) (12th Ed) - Independent Health and Aged Care Pricing Authority (IHACPA).
Australian Consortium for Classification Development (ACCD), 2023: *Australian Classification of Health Interventions (ACHI)* (12th Ed) - Independent Health and Aged Care Pricing Authority (IHACPA).

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

3.2.1 Definition of a Diagnosis

In 2024, 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 3.8, compared to 2.1 for day patients.
- The mean number of diagnoses recorded for in-patient discharges was higher for males (3.9) compared with females (3.6).
- The mean number of diagnoses recorded for in-patient discharges increased with age ranging from 2.6 in the less than 15 years age group to 4.6 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	3.8	2.7
Sex			
Male	2.1	3.9	2.7
Female	2.0	3.6	2.7
Maternity	1.9	3.9	3.5
Non-Maternity	2.0	3.5	2.5
Age Group			
< 15 Years	1.7	2.6	2.3
15–44 Years	1.8	3.3	2.5
45–64 Years	2.1	3.5	2.5
65 Years and Over	2.1	4.6	3.0

¹² Australian Consortium for Classification Development (ACCD), 2023: Australian Coding Standards (ACS) (12th Ed) - Independent Health and Aged Care Pricing Authority (IHACPA).

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

3.2.2 Definition of a Procedure

In 2024, 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 1,959,166 total discharges, principal procedures were recorded for 1,569,550 discharges (80.1 per cent).
- 92.7 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 89.5 per cent of elective in-patients, 51.0 per cent of emergency in-patients, and 60.8 per cent of maternity in-patients undergoing a principal procedure.

¹⁴ Australian Consortium for Classification Development (ACCD), 2023: Australian Classification of Health Interventions (ACHI) (12th Ed) - Independent Health and Aged Care Pricing Authority (IHACPA).

¹⁵ Australian Consortium for Classification Development (ACCD), 2023: Australian Coding Standards (ACS) (12th Ed) - Independent Health and Aged Care Pricing Authority (IHACPA).

¹⁶ Australian Consortium for Classification Development (ACCD), 2023: Australian Classification of Health Interventions (ACHI) (12th Ed) - Independent Health and Aged Care Pricing Authority (IHACPA).

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	1,959,166	1,569,550	80.1
Day Patients	1,258,567	1,166,624	92.7
In-Patients	700,599	402,926	57.5
Elective In-Patients	93,099	83,314	89.5
Emergency In-Patients	506,068	257,918	51.0
Maternity In-Patients	101,432	61,694	60.8

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	2.0
Maternity	1.6	3.4	3.3
Non-Maternity	1.5	2.9	1.9
Age Group			
< 15 Years	1.9	2.7	2.3
15–44 Years	1.5	3.0	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), 2023: Australian Coding Standards (ACS) (12th Ed) - Independent Health and Aged Care Pricing Authority (IHACPA).

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 64.2 per cent of total discharges.
- Day patients aged 65 years or over accounted for 42.6 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 20.7 and 15.6 per cent of day patient discharges respectively.

Day Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 92.7 per cent of day patient discharges (see Table 3.4).
- Procedures from the block *Administration of pharmacotherapy* were reported as a principal procedure for 19.7 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 35.7 per cent of day patient discharges reported to HIPE when analysed by diagnosis related group.¹⁹
- *Haemodialysis* accounted for 15.5 per cent, while *Chemotherapy* and *Other Neoplastic Disorders, Minor Complexity* accounted for 11.8 per cent and 8.4 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				Day Patients				Top 20 Principal Procedure Blocks ^b			
		N	%	1,258,567						N	%
Z51	Other medical care ^c	260,775	20.7	Sex	N	%		1920	Administration of pharmacotherapy	229,759	19.7
Z49	Care involving dialysis	196,110	15.6					1060	Haemodialysis	195,653	16.8
H35	Other retinal disorders	37,323	3.0	Male	632,445	50.3		1788	Megavoltage radiation treatment	106,048	9.1
E83	Disorders of mineral metabolism	22,768	1.8					1008	Panendoscopy with excision	52,359	4.5
R10	Abdominal and pelvic pain	19,733	1.6	Female	626,122	49.7		0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	50,484	4.3
K50	Crohn's disease [regional enteritis]	19,355	1.5					0911	Fibreoptic colonoscopy with excision	49,121	4.2
C44	Other malignant neoplasms of skin	17,067	1.4	1620				Excision of lesion of skin and subcutaneous tissue	40,918	3.5	
K51	Ulcerative colitis	16,508	1.3	Age Group				0905	Fibreoptic colonoscopy	30,070	2.6
K92	Other diseases of digestive system	15,860	1.3	< 1 Year	N	%		1552	Administration of agent into other musculoskeletal sites	28,292	2.4
Z13	Special screening examination for other diseases and disorders	13,611	1.1					1893	Administration of blood and blood products	23,272	2.0
M54	Dorsalgia	13,258	1.1	1–14 Years	2,626	0.2		0725	Other incision procedures on veins	21,831	1.9
D64	Other anaemias	10,563	0.8					1089	Examination procedures on bladder	16,013	1.4
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	10,191	0.8	15–24 Years	45,178	3.6		0200	Extraction of crystalline lens	15,210	1.3
Z08	Follow-up examination after treatment for malignant neoplasms	9,985	0.8					1610	Ultraviolet B [UVB] light therapy of skin	13,879	1.2
M25	Other joint disorders, not elsewhere classified	9,590	0.8	35–44 Years	132,954	10.6		1618	Biopsy of skin and subcutaneous tissue	10,722	0.9
L40	Psoriasis	9,526	0.8					1005	Panendoscopy	10,694	0.9
H25	Senile cataract	9,432	0.7	45–54 Years	187,449	14.9		0668	Coronary angiography	9,151	0.8
Z48	Other surgical follow-up care	9,331	0.7					1601	Dressing of other wound	8,930	0.8
H34	Retinal vascular occlusions	9,287	0.7	55–64 Years	240,491	19.1		1259	Examination procedures on uterus	8,021	0.7
D50	Iron deficiency anaemia	9,231	0.7					1798	Radiation field setting	7,614	0.7
HSE Health Region				Top 10 AR-DRGs						N	%
HSE Dublin and Midlands				Sex	N	%		L61Z	Haemodialysis	195,612	15.5
HSE Dublin and North East								R63Z	Chemotherapy	147,943	11.8
HSE Dublin and South East				Male	632,445	50.3		R62C	Other Neoplastic Disorders, Minor Complexity	105,787	8.4
HSE Mid West								G48B	Colonoscopy, Minor Complexity	54,266	4.3
HSE South West				Female	626,122	49.7		C03B	Retinal Interventions, Minor Complexity	52,978	4.2
HSE West and North West								J11B	Other Skin, Subcutaneous Tissue and Breast Interventions, Minor Complexity	39,119	3.1
Non-Acute				G47C				Gastroscopy, Minor Complexity	37,900	3.0	
				Z64B	Other Factors Influencing Health Status, Minor Complexity	37,341	3.0				
				Q61C	Red Blood Cell Disorders, Minor Complexity	33,946	2.7				
				G64Z	Inflammatory Bowel Disease	30,929	2.5				

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 35.8 per cent of total discharges.
- Overnight in-patient discharges accounted for 77.9 per cent of in-patient discharges and had a mean length of stay of 7.5 days.

In-Patients – Top 20 Principal Diagnoses

- In-patient discharges with a principal diagnosis of *Single spontaneous delivery* accounted for 3.1 per cent of in-patient discharges.
- In-patient discharges with a principal diagnosis of *Single delivery by caesarean section* accounted for 2.8 per cent of in-patient discharges while those with a principal diagnosis of *Pain in throat and chest* accounted for 2.7 per cent of in-patient discharges.

In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 57.5 per cent of total in-patient discharges (see Table 3.4).
- Procedures from the block *Generalised allied health interventions* were reported for 32.0 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 7.4 per cent of in-patient discharges when analysed by diagnosis related group.^{21,22}
- *Antenatal and Other Obstetric Admissions, Minor Complexity* accounted for 3.1 per cent of in-patient discharges. *Chest Pain, Minor Complexity* and *Vaginal Delivery, Intermediate Complexity* accounted for 2.3 per cent and 2.0 per cent of in-patient discharges respectively.

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 2024, the AR-DRG classification was updated from AR-DRG Version 8.0 to AR-DRG Version 10.0. See Appendix VIII for an overview of changes between Version 8.0 and Version 10.0 of the AR-DRG Classification System.

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

Top 20 Principal Diagnoses ^a					In-Patients			Top 20 Principal Procedure Blocks ^b							
		N	%	Mean LOS	Med LOS	700,599					N	%	Mean LOS	Med LOS	
O80	Single spontaneous delivery	21,897	3.1	2.5	2	Discharges	N	%	1916	Generalised allied health interventions	128,778	32.0	11.4	7	
O82	Single delivery by caesarean section	19,578	2.8	4.2	4				1336	Spontaneous vertex delivery ^c	21,545	5.3	2.6	2	
R07	Pain in throat and chest	18,608	2.7	1.4	1				1340	Caesarean section	21,199	5.3	4.6	4	
J22	Unspecified acute lower respiratory infection	16,251	2.3	5.6	3				1893	Administration of blood and blood products	10,026	2.5	10.4	5	
J44	Other chronic obstructive pulmonary disease	15,368	2.2	7.9	5	Total	700,599	100	1920	Administration of pharmacotherapy	9,452	2.3	7.8	3	
N39	Other disorders of urinary system	15,022	2.1	8.9	5				0570	Noninvasive ventilatory support	7,966	2.0	13.6	8	
J18	Pneumonia, organism unspecified	14,357	2.0	9.4	6				0926	Appendicectomy	6,150	1.5	3.1	2	
O99	Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium	13,702	2.0	1.2	1				1008	Panendoscopy with excision	6,083	1.5	11.4	6	
R10	Abdominal and pelvic pain	12,217	1.7	1.8	1	Length of Stay		1489	Arthroplasty of hip	5,924	1.5	10.1	5		
R55	Syncope and collapse	11,311	1.6	4.4	2	Total		1866	Other diagnostic tests, measures or investigations	5,568	1.4	10.9	5		
I50	Heart failure	7,849	1.1	10.5	7	Mean		1338	Vacuum assisted delivery	5,480	1.4	3.4	3		
A09	Other gastroenteritis and colitis of infectious and unspecified origin	7,614	1.1	3.8	2	Median		0668	Coronary angiography	4,977	1.2	5.0	3		
O36	Maternal care for other known or suspected fetal problems	7,207	1.0	1.3	1	Overnight		0030	Lumbar puncture	4,071	1.0	11.2	5		
I48	Atrial fibrillation and flutter	7,085	1.0	3.8	2	Bed Days	N	4,145,643	0569	Ventilatory support	3,629	0.9	22.8	10	
O81	Single delivery by forceps and vacuum extractor	6,883	1.0	3.4	3				0671	Transluminal coronary angioplasty with stenting	3,392	0.8	3.6	2	
R51	Headache	6,766	1.0	1.9	1				1005	Panendoscopy	3,275	0.8	13.2	7	
I21	Acute myocardial infarction	6,628	0.9	6.3	4				0965	Cholecystectomy	3,141	0.8	3.9	2	
L03	Cellulitis	6,614	0.9	6.6	4	Total	4,068,363	1872	Alcohol and drug rehabilitation and detoxification	3,016	0.7	7.1	4		
S72	Fracture of femur	6,560	0.9	18.3	12			0412	Tonsillectomy or adenoidectomy	2,958	0.7	1.1	1		
K80	Cholelithiasis	6,533	0.9	5.3	3			1518	Arthroplasty of knee	2,775	0.7	4.2	3		
HSE Health Region		N	%	Top 10 AR-DRGs											
HSE Dublin and Midlands		150,463	21.5	Sex		N	%								
HSE Dublin and North East		144,617	20.6	Male		300,628	42.9	O66C	Antenatal and Other Obstetric Admissions, Minor Complexity	21,573	3.1	0.9	1		
HSE Dublin and South East		125,530	17.9	Female		399,971	57.1	F74B	Chest Pain, Minor Complexity	15,848	2.3	1.0	1		
HSE Mid West		71,247	10.2	Age Group		N	%	O60B	Vaginal Delivery, Intermediate Complexity	14,117	2.0	3.0	3		
HSE South West		89,769	12.8	< 1 Year		23,726	3.4	Complexity							
HSE West and North West		115,352	16.5	1–14 Years		54,494	7.8	O60C	Vaginal Delivery, Minor Complexity	12,493	1.8	2.2	2		
Non-Acute		3,621	0.5	15–24 Years		44,331	6.3	O66B	Antenatal and Other Obstetric Admissions, Intermediate Complexity	12,363	1.8	1.3	1		
				35–44 Years		86,949	12.4	E62B	Respiratory Infections and Inflammations, Minor Complexity	12,205	1.7	5.6	4		
				45–54 Years		64,852	9.3	O01C	Caesarean Delivery, Minor Complexity	12,068	1.7	3.6	3		
				55–64 Years		78,671	11.2	E65B	Chronic Obstructive Airways Disease, Minor Complexity	10,650	1.5	5.0	4		
				65–74 Years		100,696	14.4	F73B	Syncope and Collapse, Minor Complexity	10,637	1.5	2.9	1		
				75–84 Years		105,420	15.0	L63B	Kidney and Urinary Tract Infections, Minor Complexity	9,922	1.4	4.8	3		
				85 Years and Over		54,577	7.8								

Notes: a Percentage columns are subject to rounding.
b ICD-10-AM diagnosis codes are analysed at three-character level.
c ACHI Procedure codes are analysed at block level. The percentage (%) is based on in-patients with principal procedure reported. See Appendix VII for an overview of changes from 10th Edition to 12th 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 13.3 per cent of in-patients.
- Elective in-patient bed days accounted for 653,981 in-patient bed days, or 15.8 per cent of total in-patient bed days.
- Elective overnight in-patient discharges accounted for 92.9 per cent of total elective in-patient discharges and had a mean length of stay of 7.5 days.

Elective In-Patients – Top 20 Principal Diagnoses

- Elective in-patients with a principal diagnosis of *Coxarthrosis [arthrosis of hip]* accounted for 3.7 per cent of elective in-patient discharges.
- *Gonarthrosis [arthrosis of knee]* accounted for 3.3 per cent of elective in-patient discharges while *Chronic diseases of tonsils and adenoids* accounted for 3.1 per cent of elective in-patient discharges.

Elective In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 89.5 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 4.5 per cent and 4.1 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 9.1 per cent of elective in-patient discharges reported to HIPE when analysed by diagnosis related group.^{23,24}
- *Hip Replacement for Non-Trauma, Minor Complexity*, and *Tonsillectomy and Adenoidectomy* accounted for 3.3 per cent and 3.1 per cent of elective in-patient discharges respectively. *Knee Replacement, Minor Complexity* accounted for 2.6 per cent of elective in-patient discharges.

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

²⁴ In 2024, the AR-DRG classification was updated from AR-DRG Version 8.0 to AR-DRG Version 10.0. See Appendix VIII for an overview of changes between Version 8.0 and Version 10.0 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						Elective In-Patients						Top 20 Principal Procedure Blocks ^b									
		N	%	Mean LOS	Med LOS			N	%			N	%	Mean LOS	Med LOS						
M16	Coxarthrosis [arthrosis of hip]	3,455	3.7	4.7	3	93,099										1916	Generalised allied health interventions	9,946	11.9	22.3	13
M17	Gonarthrosis [arthrosis of knee]	3,079	3.3	5.2	4											1920	Administration of pharmacotherapy	3,771	4.5	6.9	4
J35	Chronic diseases of tonsils and adenoids	2,847	3.1	1.1	1											1489	Arthroplasty of hip	3,401	4.1	4.0	3
C50	Malignant neoplasm of breast	1,986	2.1	2.9	1											0412	Tonsillectomy or adenoidectomy	2,943	3.5	1.1	1
K80	Cholelithiasis	1,947	2.1	2.4	1											1518	Arthroplasty of knee	2,764	3.3	4.1	3
I25	Chronic ischaemic heart disease	1,793	1.9	5.2	1											0965	Cholecystectomy	2,162	2.6	2.2	1
Z48	Other surgical follow-up care	1,529	1.6	16.9	7											1828	Sleep study	1,931	2.3	1.3	1
G47	Sleep disorders	1,430	1.5	1.3	1											1268	Abdominal hysterectomy	1,843	2.2	4.0	3
N81	Female genital prolapse	1,378	1.5	2.5	2											1893	Administration of blood and blood products	1,426	1.7	6.8	3
C18	Malignant neoplasm of colon	1,184	1.3	9.0	7											0913	Colectomy	1,154	1.4	10.3	7
C34	Malignant neoplasm of bronchus and lung	1,155	1.2	8.5	6											0990	Repair of inguinal hernia	1,058	1.3	1.5	1
K40	Inguinal hernia	1,104	1.2	1.5	1											1744	Excision of lesion of breast	993	1.2	1.5	1
C67	Malignant neoplasm of bladder	1,022	1.1	4.3	2											1166	Closed prostatectomy	972	1.2	2.9	2
Z51	Other medical care	845	0.9	28.5	22											0671	Transluminal coronary angioplasty with stenting	896	1.1	2.0	1
N20	Calculus of kidney and ureter	806	0.9	2.4	1											1620	Excision of lesion of skin and subcutaneous tissue	883	1.1	2.6	1
C61	Malignant neoplasm of prostate	802	0.9	3.3	2											1748	Simple mastectomy	881	1.1	3.2	2
J44	Other chronic obstructive pulmonary disease	768	0.8	11.8	7											1100	Endoscopic resection of bladder lesion or tissue	827	1.0	2.8	2
C83	Non-follicular lymphoma	734	0.8	9.7	5											1283	Repair of prolapse of uterus, pelvic floor or enterocele	753	0.9	2.4	2
D25	Leiomyoma of uterus	719	0.8	3.0	3											0668	Coronary angiography	696	0.8	3.4	1
R06	Abnormalities of breathing	701	0.8	1.5	1											0114	Thyroidectomy	692	0.8	2.4	2
HSE Health Region						Top 10 AR-DRGs						Top 10 AR-DRGs									
HSE Dublin and Midlands						I33B						Hip Replacement for Non-Trauma, Minor Complexity									
HSE Dublin and North East						D11Z						Tonsillectomy and Adenoidectomy									
HSE Dublin and South East						I04B						Knee Replacement, Minor Complexity									
HSE Mid West						H08B						Laparoscopic Cholecystectomy, Minor Complexity									
HSE South West						N04B						Hysterectomy for Non-Malignancy, Minor Complexity									
HSE West and North West						G10B						Hernia Procedures, Minor Complexity									
Non-Acute						J06B						Major Interventions for Breast Disorders, Minor Complexity									
						G02C						Major Small and Large Bowel Interventions, Minor Complexity									
						F24B						Interventional Coronary Procs, Not Adm for AMI, Minor Comp									
						Z63B						Other Follow Up After Surgery or Medical Care, Minor Complexity									

Notes:

a

Percentage columns are subject to rounding.
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 25.8 per cent of total discharges and 72.2 per cent of in-patients.
- Emergency in-patient bed days accounted for 3,243,357 in-patient bed days, or 78.2 per cent of total in-patient bed days.
- Almost 65 per cent of emergency in-patient discharges were admitted from an Emergency Department, with 4.9 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 3.6 per cent of emergency in-patients.
- Emergency in-patient discharges with a principal diagnosis of *Unspecified acute lower respiratory infection* accounted for 3.1 per cent of emergency in-patient discharges.

Emergency In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 51.0 per cent of emergency in-patient discharges (see Table 3.4).
- Procedures from the block *Generalised allied health interventions* were reported for 45.1 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 3.1 per cent of emergency in-patient discharges. *Respiratory Infections and Inflammations, Major Complexity*, and *Syncope and Collapse, Minor Complexity* accounted for 2.1 per cent and 2.0 per cent of emergency in-patient discharges respectively.

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 2024, the AR-DRG classification was updated from AR-DRG Version 8.0 to AR-DRG Version 10.0. See Appendix VIII for an overview of changes between Version 8.0 and Version 10.0 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						Emergency In-Patients											
		N	%	Mean LOS	Med LOS	506,068											
R07	Pain in throat and chest	18,358	3.6	1.4	1												
J22	Unspecified acute lower respiratory infection	15,793	3.1	5.5	3												
J44	Other chronic obstructive pulmonary disease	14,600	2.9	7.7	5												
N39	Other disorders of urinary system	14,388	2.8	8.8	5												
J18	Pneumonia, organism unspecified	14,018	2.8	9.3	5												
R10	Abdominal and pelvic pain	11,853	2.3	1.8	1												
R55	Syncope and collapse	11,093	2.2	4.4	2												
I50	Heart failure	7,537	1.5	10.5	7												
A09	Other gastroenteritis and colitis of infectious and unspecified origin	7,441	1.5	3.7	2												
R51	Headache	6,624	1.3	1.9	1												
I48	Atrial fibrillation and flutter	6,425	1.3	3.9	2												
L03	Cellulitis	6,355	1.3	6.5	4												
K35	Acute appendicitis	6,072	1.2	3.3	2												
I21	Acute myocardial infarction	6,053	1.2	6.3	4												
J10	Influenza due to other identified influenza virus	5,884	1.2	5.6	3												
I63	Cerebral infarction	5,876	1.2	14.8	8												
S72	Fracture of femur	5,867	1.2	17.0	11												
R06	Abnormalities of breathing	5,733	1.1	1.7	1												
R42	Dizziness and giddiness	5,435	1.1	2.2	1												
M79	Other soft tissue disorders, not elsewhere classified	5,020	1.0	1.8	1												
HSE Health Region																	
		N	%														
HSE Dublin and Midlands		108,706	21.5														
HSE Dublin and North East		103,882	20.5														
HSE Dublin and South East		91,636	18.1														
HSE Mid West		56,771	11.2														
HSE South West		63,196	12.5														
HSE West and North West		81,809	16.2														
Non-Acute		68	0.0														
Mode of Emergency Admission																	
		N	%														
Emergency Department		326,377	64.5														
Medical assessment unit - admitted as in-patient		24,555	4.9														
Medical assessment unit only		77,522	15.3														
Other ^c		77,608	15.3														
Unknown		6	0.0														

Top 20 Principal Procedure Blocks ^b																	
		N	%	Mean LOS	Med LOS												
1916	Generalised allied health interventions	116,347	45.1	10.7	7												
1893	Administration of blood and blood products	8,467	3.3	11.1	6												
0570	Noninvasive ventilatory support	7,769	3.0	13.5	8												
0926	Appendectomy	5,990	2.3	3.1	2												
1008	Panendoscopy with excision	5,551	2.2	11.8	7												
1920	Administration of pharmacotherapy	5,285	2.0	8.9	4												
1866	Other diagnostic tests, measures or investigations	5,020	1.9	10.8	5												
0668	Coronary angiography	4,280	1.7	5.3	3												
0030	Lumbar puncture	3,881	1.5	11.1	5												
0569	Ventilatory support	3,503	1.4	22.0	10												
1005	Panendoscopy	3,013	1.2	13.6	7												
1872	Alcohol and drug rehabilitation and detoxification	2,925	1.1	6.7	4												
1489	Arthroplasty of hip	2,523	1.0	18.4	12												
0671	Transluminal coronary angioplasty with stenting	2,496	1.0	4.2	3												
1479	Fixation of fracture of pelvis or femur	2,168	0.8	18.8	12												
1539	Open reduction of fracture of ankle or toe	2,003	0.8	4.5	2												
1060	Haemodialysis	1,886	0.7	13.2	7												
0911	Fibreoptic colonoscopy with excision	1,833	0.7	11.2	7												
1429	Open reduction of fracture of radius	1,714	0.7	2.3	1												
0560	Application, insertion or removal procedures on chest wall, mediastinum or diaphragm	1,645	0.6	15.6	11												
Top 10 AR-DRGs																	
		N	%	Mean LOS	Med LOS												
F74B	Chest Pain, Minor Complexity	15,681	3.1	1.0	1												
E62B	Respiratory Infections and Inflammations, Minor Complexity	11,968	2.4	5.5	4												
F73B	Syncope and Collapse, Minor Complexity	10,455	2.1	2.8	1												
E65B	Chronic Obstructive Airways Disease, Minor Complexity	10,125	2.0	4.7	4												
E75B	Other Respiratory System Disorders, Minor Complexity	9,652	1.9	2.2	1												
L63B	Kidney and Urinary Tract Infections, Minor Complexity	9,644	1.9	4.7	3												
G66B	Abdominal Pain and Mesenteric Adenitis, Minor Complexity	9,617	1.9	1.2	1												
B77B	Headaches, Minor Complexity	8,927	1.8	1.5	1												
G70C	Other Digestive System Disorders, Minor Complexity	8,349	1.6	2.2	1												
E62A	Respiratory Infections and Inflammations, Major Complexity	7,966	1.6	15.2	9												

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 5.2 per cent of total discharges and 14.5 per cent of in-patients.
- Of maternity in-patient discharges, 51.4 per cent reported a diagnosis of *Outcome of delivery* i.e. delivery discharges; while 48.6 per cent were non-delivery discharges.
- Single deliveries accounted for 98.3 per cent of delivery discharges.
- 57.5 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 42.0 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 27.6 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 60.8 per cent of maternity in-patient discharges (see Table 3.4).
- For delivery discharges who had a procedure reported, 41.3 per cent reported the principal procedure block *Spontaneous vertex delivery*.³⁰
- For non-delivery discharges who had a procedure reported, 25.9 per cent reported the principal procedure block *Generalised allied health interventions*.

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

- The top three AR-DRGs accounted for 47.5 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 21.3 per cent of maternity in-patient discharges.

²⁸ See Hospital In-Patient Enquiry Scheme (HIPE) Data Dictionary 2024 Version 16.0 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 10th Edition to 12th Edition ICD-10-AM/ACHI/ACS.

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

³² In 2024, the AR-DRG classification was updated from AR-DRG Version 8.0 to AR-DRG Version 10.0. See Appendix VIII for an overview of changes between Version 8.0 and Version 10.0 of the AR-DRG Classification System.

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

Maternity In-Patients						
Top 10 Principal Diagnoses ^a						
	N	%	Mean	Med		
O80	Single spontaneous delivery	21,897	42.0	2.5	2	
O82	Single delivery by caesarean section	19,578	37.6	4.2	4	
O81	Single delivery by forceps and vacuum extractor	6,883	13.2	3.4	3	
O83	Other assisted single delivery	818	1.6	3.2	3	
O84	Multiple delivery	754	1.4	5.9	4	
O42	Premature rupture of membranes	566	1.1	7.8	4	
O36	Maternal care for other known or suspected fetal problems	465	0.9	6.3	5	
O14	Pre-eclampsia	262	0.5	9.5	8	
O13	Gestational [pregnancy-induced] hypertension	122	0.2	7.5	6	
O46	Antepartum haemorrhage, not elsewhere classified	120	0.2	6.9	4	
Delivery						
Top 10 Principal Diagnoses ^a						
	N	%	Mean	Med		
O99	Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium	13,593	27.6	1.1	1	
O36	Maternal care for other known or suspected fetal problems	6,742	13.7	0.9	1	
O47	False labour	3,880	7.9	0.9	1	
O02	Other abnormal products of conception	2,225	4.5	1.1	1	
O46	Antepartum haemorrhage, not elsewhere classified	2,032	4.1	1.2	1	
O03	Spontaneous abortion	1,874	3.8	1.3	1	
O21	Excessive vomiting in pregnancy	1,708	3.5	1.3	1	
O13	Gestational [pregnancy-induced] hypertension	1,655	3.4	1.6	1	
O23	Infections of genitourinary tract in pregnancy	1,320	2.7	1.7	1	
Z36	Antenatal screening	1,207	2.4	0.6	1	
Non-Delivery						
Top 10 AR-DRG's						
	N	%	Mean	Med		
O66C	Antenatal and Other Obstetric Admissions, Minor Complexity	21,563	21.3	1.0	1	
O60B	Vaginal Delivery, Intermediate Complexity	14,117	13.9	3.0	3	
O60C	Vaginal Delivery, Minor Complexity	12,493	12.3	2.2	2	
O66B	Antenatal and Other Obstetric Admissions, MINC	12,360	12.2	1.3	1	
O01C	Caesarean Delivery, Minor Complexity	12,068	11.9	3.6	3	
O01B	Caesarean Delivery, Intermediate Complexity	7,845	7.7	5.3	4	
O61B	Postpartum and Post Abortion W/O OR Procedures, Minor Complexity	3,884	3.8	1.7	1	
O60A	Vaginal Delivery, Major Complexity	3,558	3.5	4.5	4	
O66A	Antenatal and Other Obstetric Admissions, Major Complexity	3,521	3.5	2.4	1	
O05Z	Abortion W OR Procedures ⁱ	2,463	2.4	1.1	1	

Top 10 Principal Procedure Blocks ^e						
	N	%	Mean	Med		
1336	Spontaneous vertex delivery ^f	21,544	41.3	2.6	2	
1340	Caesarean section ^g	21,197	40.7	4.6	4	
1338	Vacuum assisted delivery	5,480	10.5	3.4	3	
1337	Forceps rotation and delivery	1,688	3.2	3.7	3	
1344	Postpartum suture	1,099	2.1	2.9	3	
1339	Breach delivery and extraction	511	1.0	3.4	3	
1343	Other procedures associated with delivery ^h	299	0.6	3.2	3	
1334	Medical or surgical induction of labour	142	0.3	3.7	3	
1345	Postpartum evacuation of uterus	86	0.2	3.6	3	
1335	Medical or surgical augmentation of labour	44	0.1	3.5	3	
Delivery						
1916	Generalised allied health interventions	2,483	25.9	3.2	2	
1265	Curettage and evacuation of uterus	2,478	25.9	1.1	1	
1330	Antepartum application, insertion or removal procedures	906	9.5	1.4	1	
1256	Procedures for management of ectopic pregnancy	651	6.8	1.7	1	
1884	Immunisation	519	5.4	1.3	1	
1920	Administration of pharmacotherapy	393	4.1	0.8	1	
1866	Other diagnostic tests, measures or investigations	363	3.8	2.6	2	
1334	Medical or surgical induction of labour	278	2.9	1.4	1	
1345	Postpartum evacuation of uterus	198	2.1	2.1	2	
1274	Application, insertion or removal procedures on cervix	170	1.8	1.9	1	
Non-Delivery						
Top 10 AR-DRG's						
	N	%	Mean	Med		
O66C	Antenatal and Other Obstetric Admissions, Minor Complexity	21,563	21.3	1.0	1	
O60B	Vaginal Delivery, Intermediate Complexity	14,117	13.9	3.0	3	
O60C	Vaginal Delivery, Minor Complexity	12,493	12.3	2.2	2	
O66B	Antenatal and Other Obstetric Admissions, MINC	12,360	12.2	1.3	1	
O01C	Caesarean Delivery, Minor Complexity	12,068	11.9	3.6	3	
O01B	Caesarean Delivery, Intermediate Complexity	7,845	7.7	5.3	4	
O61B	Postpartum and Post Abortion W/O OR Procedures, Minor Complexity	3,884	3.8	1.7	1	
O60A	Vaginal Delivery, Major Complexity	3,558	3.5	4.5	4	
O66A	Antenatal and Other Obstetric Admissions, Major Complexity	3,521	3.5	2.4	1	
O05Z	Abortion W OR Procedures ⁱ	2,463	2.4	1.1	1	

Notes:

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Percentage columns are subject to rounding.

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Denotes five or fewer discharges reported to HIPE.

a

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

b

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

c

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

d

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

e

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).

f

Multiparous Delivery discharges are deliveries to women who have had at least one previous pregnancy resulting in a live birth or stillbirth (>500g).

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

This includes spontaneous abortions and pregnancies with abortive outcome.

i

Includes episiotomy.

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 9.0 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

³³ See Section Two for details of discharge destination.

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

- 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* (12.9 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 9.3 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 (7.4 days). When this diagnosis is analysed by sex, male discharges reported 9.4 days and females reported 6.2 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* (2.4 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 5.2 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 1,247,673 diagnoses, or 23.9 per cent of all listed diagnoses reported.³⁵
- Neoplasms accounted for 689,983 diagnoses or 13.2 per cent of all listed diagnoses reported for total discharges.

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) (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 oesophagus, stomach and duodenum	K20–K31	360	2,958	5,327	5,388	14,033	250	3,126	5,102	4,843	13,321	610	6,084	10,429	10,231	27,354
Diseases of appendix	K35–K38	1,054	1,879	484	205	3,622	772	1,718	476	189	3,155	1,826	3,597	960	394	6,777
Inguinal hernia	K40	285	550	1,368	1,539	3,742	85	54	82	130	351	370	604	1,450	1,669	4,093
Noninfective enteritis and colitis	K50–K52	1,209	11,654	6,911	2,790	22,564	995	9,678	6,306	2,799	19,778	2,204	21,332	13,217	5,589	42,342
Diverticular Disease of Intestine	K57	~	*	1,390	1,391	3,332	0	363	1,546	2,162	4,071	~	*	2,936	3,553	7,403
Alcoholic liver disease	K70	0	149	562	208	919	0	121	251	94	466	0	270	813	302	1,385
Cholelithiasis	K80	10	480	1,023	1,806	3,319	13	2,161	1,894	1,850	5,918	23	2,641	2,917	3,656	9,237
Diseases of the skin and subcutaneous tissue	L00–L99	1,581	10,817	8,492	7,947	28,837	1,570	11,779	9,678	7,742	30,769	3,151	22,596	18,170	15,689	59,606
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	354	1,307	1,473	1,898	5,032	381	841	968	1,710	3,900	735	2,148	2,441	3,608	8,932
Decubitus ulcer and pressure area	L89	~	*	72	134	230	~	*	26	132	182	7	41	98	266	412
Diseases of the musculoskeletal system and connective tissue	M00–M99	1,572	6,367	14,294	16,041	38,274	1,590	9,065	21,308	25,303	57,266	3,162	15,432	35,602	41,344	95,540
Rheumatoid arthritis	M05–M06	*	*	631	895	1,694	~	*	1,649	1,783	3,976	9	703	2,280	2,678	5,670
Coxarthrosis and Gonarthrosis	M16–M17	~	*	2,492	3,611	6,374	~	*	3,164	5,545	8,956	9	509	5,656	9,156	15,330
Intervertebral disc disorders	M50–M51	~	*	610	371	1,388	~	*	814	572	1,989	7	1,003	1,424	943	3,377
Dorsalgia (back pain)	M54	43	1,181	2,565	2,265	6,054	61	2,013	4,132	4,225	10,431	104	3,194	6,697	6,490	16,485
Diseases of the genitourinary system	N00–N99	3,007	4,734	7,102	13,286	28,129	1,724	16,833	19,223	14,340	52,120	4,731	21,567	26,325	27,626	80,249
Chronic kidney disease	N18	17	187	275	468	947	24	111	199	251	585	41	298	474	719	1,532
Urolithiasis	N20–N23	70	1,174	1,630	863	3,737	34	840	895	508	2,277	104	2,014	2,525	1,371	6,014
Hyperplasia of prostate	N40	0	45	672	1,496	2,213	0	0	0	0	0	0	45	672	1,496	2,213
Disorders of breast	N60–N64	~	52	14	*	84	*	1,326	1,604	*	3,308	22	1,378	1,618	374	3,392
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	27	1,000	333	107	1,467	27	1,000	333	107	1,467
Noninflammatory disorders of female genital tract	N80–N98	0	~	0	0	~	149	*	11,867	3,171	*	149	10,027	11,867	3,171	25,214
Pregnancy, childbirth and the puerperium	O00–O99	0	0	0	0	0	11	108,673	948	0	109,632	11	108,673	948	0	109,632
Pregnancy with abortive outcome	O00–O08	0	0	0	0	0	~	7,770	*	0	7,881	~	7,770	*	0	7,881
Gestational [pregnancy-induced] hypertension	O13	0	0	0	0	0	0	3,423	60	0	3,483	0	3,423	60	0	3,483
Diabetes mellitus in pregnancy	O24	0	0	0	0	0	0	1,376	20	0	1,396	0	1,376	20	0	1,396
Single spontaneous delivery	O80	0	0	0	0	0	~	21,835	*	0	21,897	~	21,835	*	0	21,897
Single delivery by forceps and vacuum extractor	O81	0	0	0	0	0	0	6,868	15	0	6,883	0	6,868	15	0	6,883
Single delivery by caesarean section	O82	0	0	0	0	0	~	19,277	*	0	19,578	~	19,277	*	0	19,578
Other assisted single delivery	O83	0	0	0	0	0	0	*	~	0	818	0	*	~	0	818
Multiple delivery	O84	0	0	0	0	0	0	741	14	0	755	0	741	14	0	755
Certain conditions originating in the perinatal period	P00–P96	5,338	0	0	0	5,338	*	~	0	0	4,218	*	~	0	0	9,556
Congenital malformations, deformations and chromosomal abnormalities	Q00–Q99	4,001	632	247	115	4,995	2,458	746	284	103	3,591	6,459	1,378	531	218	8,586
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00–R99	6,382	17,081	25,549	33,353	82,365	5,289	26,422	28,730	32,581	93,022	11,671	43,503	54,279	65,934	175,387
Pain in throat and chest	R07	88	3,005	4,598	3,250	10,941	47	2,936	3,994	2,982	9,959	135	5,941	8,592	6,232	20,900
Abdominal and pelvic pain	R10	751	3,783	4,120	2,961	11,615	840	8,621	6,618	4,256	20,335	1,591	12,404	10,738	7,217	31,950
Injury, poisoning and certain other consequences of external causes	S00–T98	5,487	12,792	8,331	11,785	38,395	4,160	6,716	6,942	15,276	33,094	9,647	19,508	15,273	27,061	71,489
Intracranial injury	S06	151	505	432	949	2,037	80	149	197	768	1,194	231	654	629	1,717	3,231
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1,178	1,516	587	1,353	4,634	823	428	347	1,391	2,989	2,001	1,944	934	2,744	7,623
Fracture of femur	S72	100	172	301	1,777	2,350	61	70	359	3,726	4,216	161	242	660	5,503	6,566
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	171	887	460	216	1,734	394	1,082	457	255	2,188	565	1,969	917	471	3,922
Factors influencing health status and contact with health services	U00–U49, Z00–Z99	7,025	34,897	98,251	159,576	299,749	5,134	48,713	94,895	103,864	252,606	12,159	83,610	193,146	263,440	552,355
COVID-19*	U07.1–U07.2	275	108	197	884	1,464	232	139	236	810	1,417	507	247	433	1,694	2,881
Care involving dialysis	Z49	186	18,451	43,552	65,627	127,816	164	10,366	21,380	36,520	68,430	350	28,817	64,932	102,147	196,246
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,677	7,120	42,957	75,352	128,106	1,838	16,526	60,235	54,964	133,563	4,515	23,646	103,192	130,316	261,669

Notes: ~ Denotes five or fewer discharges reported to HIPE. * Further suppression required to prevent disclosure of five or fewer discharges. † Denotes that no breakdown is provided.
a In the 12th edition of ICD-10-AM COVID-19 can now be assigned as principal diagnosis in 12th edition coding, and no longer requires assignment of ICD-10-AM diagnosis codes B97.2 and B34.2

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		Male					Female					Total In-Patient Discharges					
		Code		<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	Median	3.3	1	3.8	6.3	9.3	6.7	3.4	2.7	2	5.3	5.3	3.3	2	5.7	9.3	5.9
Certain infectious and parasitic diseases		A00–B99		1.9	4.5	8.5	11.4	6.0	1.9	3.8	7.2	10.5	5.8	1.9	4.1	7.8	10.9	5.9	5.9
Intestinal infectious diseases (including diarrhoea)		A00–A09		1.6	2.9	5.2	8.0	3.9	1.6	2.7	4.5	8.2	4.3	1.6	2.8	4.8	8.2	4.1	4.1
		A15–A19		^	15.2	25.5	34.3	20.7	13.7	11.5	20.7	12.7	14.4	14.9	14.1	24.0	26.0	18.5	18.5
		A40–A41		5.4	11.2	14.1	14.9	14.0	3.9	9.4	13.9	14.8	13.7	4.9	10.1	14.0	14.8	13.8	13.8
Human immunodeficiency virus [HIV] disease		B20–B24		4	7	8	9	9	2	6	7	9	8	3	6	8	9	8	8
Neoplasms		C00–D48		5.6	9.4	9.8	10.9	10.2	5.9	6.2	7.3	10.4	8.4	5.8	7.4	8.5	10.7	9.3	13
Malignant neoplasms		C00–C96		5.7	10.1	10.2	11.3	10.6	5.9	7.7	8.5	10.9	9.5	5.8	8.8	9.4	11.1	10.1	5
Malignant neoplasm of colon, rectum and anus		C18–C21		3	5	5	6	6	3	4	4	6	5	3	4	5	6	5	5
Malignant neoplasm of trachea, bronchus and lung		C33–C34		-	9.0	9.9	12.1	11.2	-	9.4	10.2	12.5	11.5	-	9.2	10.0	12.3	11.3	8
Melanoma and other malignant neoplasms of skin		C43–C44		-	6	7	8	8	-	6	7	9	8	-	6	7	8	7	8
Malignant neoplasms of breast		C50		-	^	2.0	3.5	2.8	-	3.3	3.4	4.9	3.9	-	3.3	3.4	4.8	3.9	1
Malignant neoplasms of female genital organs		C51–C58		-	^	2	2	2	-	2	2	1	2	2	2	2	1	2	2
Malignant neoplasm of prostate		C61		-	^	3.5	7.5	5.7	-	-	-	-	-	-	^	3.5	7.5	5.7	3
Malignant neoplasm of bladder		C67		^	4.7	5.5	6.5	6.3	-	4.2	7.8	7.2	7.2	^	4.5	6.0	6.7	6.5	3
Malignant neoplasms of lymphoid, haematopoietic and related tissue		C81–C96		^	2	2	3	3	-	1	2	3	2	^	2	2	3	3	3
In situ neoplasms		D00–D09		5.4	15.0	14.5	13.8	13.3	5.8	13.3	14.4	12.9	12.6	5.6	14.3	14.5	13.5	13.0	6
Benign neoplasms and neoplasms of uncertain or unknown behaviour		D10–D48		3	5	7	7	6	3	5	7	7	6	3	5	7	7	6	7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism		D50–D89		-	^	3.9	3.3	3.5	-	2.3	2.1	2.6	2.2	-	2.3	2.3	2.9	2.5	1
Endocrine, nutritional and metabolic diseases		E00–E89		-	^	2	2	2	-	2	1	1	1	1	2	1	1	1	1
Diabetes mellitus		E10–E14		4.9	5.9	6.3	7.1	6.5	6.0	4.0	3.8	6.9	4.7	5.5	4.4	4.5	7.0	5.3	4
Disorders of mineral metabolism		E83		2	2	2	2	2	2	2	2	3	2	2	2	2	3	2	2
Cystic fibrosis		E84		3	1	1	3	2	2	2	2	1	3	2	2	1	3	2	4
Mental and behavioural disorders		F00–F99		11	14	16	^	14	13	12	13	^	13	13	13	14	17	13	16.4
Mental and behavioural disorders due to use of alcohol		F10		6.8	4.8	8.0	20.5	11.4	10.8	8.6	11.5	20.8	14.6	9.3	6.4	9.2	20.6	12.9	4
Mental and behavioural disorders due to use of other psychoactive substance		F11–F19		2	2	3	10	4	5	3	4	10	5	3	2	3	10	4	4
				0.9	3.2	5.8	11.3	5.7	1.0	3.7	5.9	11.8	5.9	1.0	3.4	5.8	11.4	5.7	5
				1	2	3	5	3	1	2	3	6	3	1	2	3	5	3	3
				1.1	5.7	7.5	14.9	6.2	^	8.7	10.4	17.1	9.5	1.7	6.5	8.5	15.9	7.2	1
				1	3	3	12	3	^	5	7	7	5	1	3	4	10	3	3

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	4.8	6.0	8.4	11.6	8.5	4.4	4.1	6.5	9.3	6.4	4.6	4.8	7.4	10.4	7.4
Multiple sclerosis	G35	^	8.9	13.9	12.0	11.4	^	6.5	13.2	16.6	10.3	^	7.2	13.5	15.5	10.6
Epilepsy	G40, G41	4.2	4.5	6.9	10.1	5.9	3.9	4.7	6.3	9.2	5.8	4.1	4.6	6.7	9.7	5.9
Transient cerebral ischaemic attacks and related syndromes	G45	^	2.8	2.9	5.2	4.5	-	2.0	3.1	4.9	4.4	^	2.3	3.0	5.0	4.4
Diseases of the eye and adnexa	H00-H59	3.3	2.6	2.3	3.1	2.7	2.4	2.7	2.5	3.1	2.8	2.8	2.6	2.4	3.1	2.8
Cataracts	H25-H26	^	1.7	1.6	2.2	2.0	^	^	1.9	2.1	2.0	1.2	1.5	1.8	2.2	2.0
Other retinal disorders	H35	9.1	1.1	1.6	3.2	3.7	2.0	1.5	1.0	2.0	1.7	7.1	1.3	1.2	2.5	2.5
Diseases of the ear and mastoid process	H60-H95	1.9	1.8	2.0	4.3	2.5	1.9	1.6	2.0	3.5	2.4	1.9	1.7	2.0	3.8	2.4
Diseases of the circulatory system	I00-I99	3.4	6.4	7.3	9.0	8.2	3.4	5.2	7.5	9.0	8.2	3.4	5.9	7.4	9.0	8.2
Hypertensive diseases	I10-I15	2.9	2.4	2.2	3.3	2.6	5.6	1.6	1.6	2.8	2.2	4.7	2.0	1.9	3.0	2.4
Angina pectoris	I20	-	2.5	3.1	3.6	3.3	-	1.5	2.9	3.5	3.2	-	2.2	3.0	3.6	3.3
Acute myocardial infarction	I21-I22	-	-	3.6	5.0	7.2	6.1	-	3.6	6.7	6.8	6.6	-	3.6	5.4	7.0
Other ischaemic heart disease	I23-I25	^	3.8	5.5	6.6	6.1	^	7.8	5.0	4.8	5.1	^	4.8	5.4	6.1	5.8
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	12.4	5.4	6.5	10.0	8.0	15.4	4.7	7.8	9.9	8.4	13.9	5.0	7.1	10.0	8.2
Conduction disorders and cardiac arrhythmias	I44-I49	3.8	3.2	3.8	4.7	4.3	3.5	2.4	3.4	4.7	4.3	3.7	2.9	3.7	4.7	4.3
Heart failure	I50	^	12.7	10.1	10.6	10.6	^	15.2	9.9	10.5	10.5	^	13.5	10.1	10.6	10.5
Cerebrovascular disease	I60-I69	17.2	24.4	18.6	16.1	17.3	18.1	16.3	19.9	17.3	17.8	17.5	20.8	19.1	16.7	17.5
Atherosclerosis (non-coronary)	I70	-	15.5	14.8	16.9	16.4	-	16.8	11.4	15.7	15.0	-	16.1	14.0	16.5	15.9
Diseases of the respiratory system	J00-J99	2.2	3.3	7.1	9.8	6.8	2.4	3.0	5.8	9.4	6.5	2.3	3.1	6.5	9.6	6.7
Acute upper respiratory infections and influenza	J00-J11	1.6	2.0	4.2	7.9	3.3	1.7	1.9	4.7	8.1	3.6	1.6	1.9	4.4	8.0	3.5
Pneumonia	J12-J18	2.9	5.5	8.9	12.3	10.1	3.0	5.1	9.2	11.9	9.7	3.0	5.3	9.0	12.1	9.9
Unspecified lower acute respiratory infection	J22	2.6	2.3	4.7	8.1	6.0	2.6	2.2	3.5	7.7	5.3	2.6	2.2	4.1	7.9	5.6
Chronic diseases of tonsils and adenoids	J35	1.1	1.2	1.7	^	1.1	1.1	1.1	1.8	1.8	1.1	1.1	1.1	1.7	2.3	1.1
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	4.5	4.0	6.7	8.1	7.7	3.0	4.3	5.9	8.6	7.9	3.7	4.2	6.3	8.3	7.8
Asthma	J45-J46	1.7	2.1	3.3	4.0	2.3	2.6	2.6	2.8	5.3	3.2	2.1	2.4	3.0	4.9	2.8
Diseases of the digestive system	K00-K93	3.3	4.1	6.1	8.1	6.1	3.1	3.9	5.7	8.7	6.1	3.2	4.0	5.9	8.4	6.1
Diseases of oesophagus, stomach and duodenum	K20-K31	2.6	2.9	4.3	7.2	5.0	1.9	3.4	4.3	6.8	4.9	2.3	3.2	4.3	7.0	4.9

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	3.1	2.8	4.3	7.5	3.3	3.2	2.7	3.7	5.7	3.2	3.2	2.7	4.0	6.7	3.3
Inguinal hernia	K40	2.0	1.3	1.9	2.9	2.4	1.3	1.1	2.9	3.7	2.9	1.9	1.3	1.9	2.9	2.4
Noninfective enteritis and colitis	K50-K52	5.3	7.2	8.2	9.3	7.8	4.8	6.4	7.2	10.3	7.6	5.0	6.8	7.7	9.9	7.7
Diverticular disease of intestine	K57	4	4.1	6.2	7.8	6.3	-	3.3	4.6	8.2	6.4	4	3.8	5.4	8.1	6.4
Alcoholic liver disease	K70	-	10.1	12.5	15.2	12.6	-	15.8	15.4	17.2	15.8	-	12.7	13.4	15.9	13.8
Cholelithiasis	K80	2.5	3.4	5.1	7.4	6.1	3.6	2.9	4.2	7.5	4.8	3.2	3.0	4.5	7.4	5.3
Diseases of the skin and subcutaneous tissue	L00-L99	2.6	2.7	5.3	8.7	5.4	2.6	2.6	4.8	9.8	5.9	2.6	2.7	5.1	9.2	5.6
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	2.5	3.1	5.1	7.6	5.4	2.8	2.6	5.2	9.3	6.2	2.6	2.9	5.1	8.4	5.7
Decubitus ulcer and pressure area	L89	4	12.0	15.1	24.0	20.0	4	19.2	18.3	23.0	21.7	4	15.8	15.9	23.5	20.8
Diseases of the musculoskeletal system and connective tissue	M00-M99	3.7	3.4	5.3	7.7	6.0	4.8	2.9	4.1	7.5	5.6	4.2	3.1	4.6	7.6	5.8
Rheumatoid arthritis	M05-M06	4	5.9	3.2	5.3	4.6	4	5.6	9.5	9.3	8.7	4	5.7	6.9	7.8	7.2
Coxarthrosis and Gonarthrosis	M16-M17	-	3.1	3.4	5.7	4.8	4	4.1	4.1	6.8	5.9	4	3.5	3.7	6.3	5.4
Intervertebral disc disorders	M50-M51	4	4.1	5.6	11.3	6.5	4	4.6	5.3	11.5	6.5	4	4.4	5.4	11.4	6.5
Dorsalgia (back pain)	M54	1.5	1.8	3.1	6.9	4.2	2.5	2.1	3.4	7.5	4.6	2.1	2.0	3.3	7.2	4.4
Diseases of the genitourinary system	N00-N99	2.4	2.9	4.9	9.6	6.8	2.8	2.7	4.6	9.3	5.8	2.6	2.7	4.7	9.5	6.2
Chronic kidney disease	N18	9.7	7.1	8.9	8.7	8.5	4.8	6.0	12.0	11.7	10.4	7.0	6.7	10.2	9.7	9.2
Urolithiasis	N20-N23	2.7	2.1	2.5	3.9	2.7	3.8	2.4	3.2	4.4	3.1	2.9	2.3	2.7	4.1	2.9
Hyperplasia of prostate	N40	-	4	3.0	3.8	3.6	-	-	-	-	-	-	4	3.0	3.8	3.6
Disorders of breast	N60-N64	4	2.0	4	4	1.9	2.6	1.9	2.6	3.3	2.3	2.8	1.9	2.6	3.2	2.3
Inflammatory diseases of female pelvic organs	N70-N77	-	-	-	-	-	3.0	2.6	3.2	7.7	3.1	3.0	2.6	3.2	7.7	3.1
Noninflammatory disorders of female genital tract	N80-N98	-	-	-	-	-	2.0	1.8	2.5	3.5	2.4	2.0	1.8	2.5	3.5	2.4
Pregnancy, childbirth and the puerperium	O00-O99	-	-	-	-	-	2.6	2.5	3.8	-	2.5	2.6	2.5	3.8	-	2.5
Pregnancy with abortive outcome	O00-O08	-	-	-	-	-	1	2	3	-	2	1	2	3	-	2
Gestational [pregnancy-induced] hypertension	O13	-	-	-	-	-	-	2.0	2.6	-	2.0	-	2.0	2.6	-	2.0
Diabetes mellitus in pregnancy	O24	-	-	-	-	-	-	2.3	1.6	-	2.3	-	2.3	1.6	-	2.3
Single spontaneous delivery	O80	-	-	-	-	-	4	2.5	2.7	-	2.5	4	2.5	2.7	-	2.5
		-	-	-	-	-	-	4	2	-	2	-	4	2	-	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	-	-	-	-	-	-	3.4	3.4	-	3.4	-	3.4	3.4	-	3.4
Single delivery by caesarean section	O82	-	-	-	-	-	-	3	3	-	3	-	3	3	-	3
Other assisted single delivery	O83	-	-	-	-	-	-	4.1	5.3	-	4.2	-	4.1	5.3	-	4.2
Multiple delivery	O84	-	-	-	-	-	-	4	4	-	4	-	4	4	-	4
Certain conditions originating in the perinatal period	P00-P96	7.8	-	-	-	7.8	8.4	-	-	-	8.4	8.0	-	-	-	8.0
	Q00-Q99	3	-	-	-	3	3	-	-	-	3	3	-	-	-	3
Congenital malformations, deformations and chromosomal abnormalities	R00-R99	7.3	4.8	8.2	6.7	7.0	7.9	5.4	9.8	10.4	7.7	7.6	5.1	9.0	8.5	7.3
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R07	2	2	3	4	2	2	3	3	6	2	2	2	3	6	2
Pain in throat and chest	R10	1.8	1.6	2.5	5.0	3.2	1.8	1.6	2.1	4.7	2.8	1.8	1.6	2.3	4.9	3.0
Abdominal and pelvic pain	S00-T98	1	1	1	2	1	1	1	1	1	1	1	1	1	2	1
Injury, poisoning and certain other consequences of external causes	S06	1.1	1.0	1.5	2.1	1.5	1.2	0.9	1.2	2.0	1.3	1.2	0.9	1.4	2.0	1.4
Intracranial injury	S07-S09	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other injuries to the head (including skull fracture)	S72	1.3	1.3	1.9	3.6	2.0	1.4	1.3	1.8	3.2	1.7	1.4	1.3	1.8	3.4	1.8
Fracture of femur	T36-T65	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	U00-U49, Z00-Z99	1.6	4.1	7.5	14.0	7.8	1.6	3.4	5.7	13.6	8.6	1.6	3.9	6.7	13.7	8.2
Factors influencing health status and contact with health services	COVID-19 ^b	1	1	2	7	2	2	1	2	8	3	1	1	2	7	3
Care involving dialysis	Z49	3.9	19.5	20.0	16.3	16.9	2.3	8.5	11.8	13.7	12.0	3.3	16.9	17.4	15.1	15.1
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	1	4	6	7	5	1	3	4	7	5	1	3	5	7	5
		1.2	2.2	4.5	10.7	5.0	1.0	2.5	3.7	10.0	6.0	1.1	2.2	4.2	10.3	5.4
		1	1	2	5	1	1	1	2	5	2	1	1	2	5	2
		3.2	7.2	15.8	21.2	18.8	2.8	8.4	11.6	19.0	18.0	3.0	7.6	13.5	19.7	18.3
		2	5	9	14	12	2	5	7	13	12	2	5	8	13	12
		1.0	3.2	5.8	10.7	4.6	2.0	3.2	4.5	9.9	4.1	1.7	3.2	5.2	10.3	4.3
		1	2	3	4	2	1	1	2	5	2	1	2	2	5	2
		2.4	5.7	8.9	13.0	9.1	2.4	1.5	6.2	15.0	6.4	2.4	2.0	7.4	14.0	7.5
		1	1	3	6	3	2	2	2	7	1	1	1	2	6	2
		1.9	2.9	4.9	8.3	6.2	1.9	1.9	4.8	9.1	6.5	1.9	2.4	4.8	8.7	6.4
		1	1	2	5	3	2	1	3	5	3	2	1	3	5	3
		1	1.8	1.3	1.5	1.6	1	1.4	2.2	1.8	2.1	1	1.6	1.7	1.6	1.8
		1	2	1	1	1	1	1	2	1	1	1	1	1	1	1
		8.0	13.8	16.0	29.4	25.0	8.8	6.8	25.0	32.9	29.6	8.4	9.9	20.1	31.5	27.6
		4	2	7	23	19	6	1	10	25	22	4	2	8	24	21

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.
‡ Denotes that no breakdown is provided.
a Includes length of stay for total in-patients (includes same-day and overnight in-patients). Excludes day patients.
b In the 12th edition of ICD-10-AM COVID-19 can now be assigned as principal diagnosis, and no longer requires assignment of ICD-10-AM diagnosis codes B97.2 and B34.2.

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	–	67,661	157,726	279,894	427,792	933,073	53,199	311,941	291,569	369,384	1,026,093	120,860	469,667	571,463	797,176	1,959,166
All Conditions	–	152,628	351,888	715,855	1,280,823	2,501,094	120,433	823,720	711,314	1,072,039	2,727,506	272,861	1,175,608	1,427,169	2,352,862	5,228,600
Certain infectious and parasitic diseases	A00–B99	13,173	11,932	13,460	23,646	62,211	11,592	14,099	11,994	24,575	62,260	24,765	26,031	25,454	48,221	124,471
Intestinal infectious diseases (including diarrhoea)	A00–A09	3,126	2,943	3,668	5,807	15,544	3,069	5,222	4,607	7,650	20,548	6,195	8,165	8,275	13,457	36,092
Tuberculosis	A15–A19	7	188	95	46	336	29	101	60	29	219	36	289	155	75	555
Septicaemia	A40–A41	224	427	1,379	4,394	6,424	176	565	1,081	3,421	5,243	400	992	2,460	7,815	11,667
Human immunodeficiency virus (HIV) disease	B20–B24	†	†	†	†	†	†	†	†	†	†	†	†	†	†	708
Neoplasms	C00–D48	7,464	20,809	112,037	192,692	333,002	5,612	46,104	155,827	149,438	356,981	13,076	66,913	267,864	342,130	689,983
Malignant neoplasms	C00–C96	6,672	16,055	96,988	166,869	286,584	4,903	34,286	136,891	130,836	306,916	11,575	50,341	233,879	297,705	593,500
Malignant neoplasm of colon, rectum and anus	C18–C21	~	*	10,720	13,992	25,949	0	1,165	7,052	7,148	15,365	~	*	17,772	21,140	41,314
Malignant neoplasm of trachea, bronchus and lung	C33–C34	0	352	5,463	12,102	17,917	0	248	5,329	11,101	16,678	0	600	10,792	23,203	34,595
Melanoma and other malignant neoplasms of skin	C43–C44	43	808	4,747	17,750	23,348	8	855	3,343	8,828	13,034	51	1,663	8,090	26,578	36,382
Malignant neoplasms of breast	C50	0	60	150	302	512	~	*	38,690	20,091	70,102	~	*	38,840	20,393	70,614
Malignant neoplasms of female genital organs	C51–C58	0	0	0	0	0	71	2,426	10,024	8,976	21,497	71	2,426	10,024	8,976	21,497
Malignant neoplasm of prostate	C61	7	22	8,863	26,150	35,042	0	0	0	0	0	7	22	8,863	26,150	35,042
Malignant neoplasm of bladder	C67	9	87	1,347	4,148	5,591	0	60	407	1,199	1,666	9	147	1,754	5,347	7,257
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	3,496	3,644	11,707	22,238	41,085	2,138	2,533	6,931	16,113	27,715	5,634	6,177	18,638	38,351	68,800
In situ neoplasms	D00–D09	~	*	703	2,518	3,283	~	*	3,604	2,734	7,124	~	*	4,307	5,252	10,407
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	791	4,693	14,346	23,305	43,135	708	11,033	15,332	15,868	42,941	1,499	15,726	29,678	39,173	86,076
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50–D89	3,438	5,162	8,908	20,437	37,945	2,226	12,447	9,984	19,485	44,142	5,664	17,609	18,892	39,922	82,087
Endocrine, nutritional and metabolic diseases	E00–E89	3,313	14,514	50,962	107,974	176,763	2,994	18,363	33,951	76,798	132,106	6,307	32,877	84,913	184,772	308,869
Diabetes mellitus	E10–E14	394	6,238	34,909	81,787	123,328	414	8,207	21,014	48,636	78,271	808	14,445	55,923	130,423	201,599
Disorders of mineral metabolism	E83	105	4,390	8,235	6,485	19,215	90	1,570	4,827	5,341	11,828	195	5,960	13,062	11,826	31,043
Cystic fibrosis	E84	102	886	210	6	1,204	129	685	177	17	1,008	231	1,571	387	23	2,212
Mental and behavioural disorders	F00–F99	2,634	8,648	10,598	18,379	40,259	1,782	6,607	5,870	17,932	32,191	4,416	15,255	16,468	36,311	72,450
Mental and behavioural disorders due to use of alcohol	F10	19	3,624	6,342	3,734	13,719	45	1,555	2,512	1,478	5,590	64	5,179	8,854	5,212	19,309
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	19	2,489	1,461	120	4,089	13	1,266	542	115	1,936	32	3,755	2,003	235	6,025
Diseases of nervous system	G00–G99	3,346	6,837	10,145	14,856	35,184	2,428	12,962	11,954	13,994	41,338	5,774	19,799	22,099	28,850	76,522
Multiple sclerosis	G35	*	1,308	1,157	*	2,766	~	4,272	2,690	*	7,512	15	5,580	3,847	836	10,278
Epilepsy	G40, G41	1,203	1,465	1,098	769	4,535	811	1,315	724	758	3,608	2,014	2,780	1,822	1,527	8,143
Transient cerebral ischaemic attacks and related syndromes	G45	~	*	517	1,380	1,981	0	103	428	1,545	2,076	~	*	945	2,925	4,057
Diseases of the eye and adnexa	H00–H59	1,200	3,032	10,042	32,173	46,447	1,137	3,666	8,893	43,330	57,026	2,337	6,698	18,935	75,503	103,473
Cataracts	H25–H26	22	147	1,564	6,663	8,396	17	136	1,651	9,016	10,820	39	283	3,215	15,679	19,216
Other retinal disorders	H35	138	468	2,965	14,108	17,679	101	273	2,162	21,420	23,956	239	741	5,127	35,528	41,635
Diseases of the ear and mastoid process	H60–H95	2,564	1,718	1,761	1,938	7,981	1,906	1,976	1,784	2,061	7,727	4,470	3,694	3,545	3,999	15,708
Diseases of the circulatory system	I00–I99	1,366	7,101	31,168	74,301	113,936	1,481	7,900	16,924	55,668	81,973	2,847	15,001	48,092	129,969	195,909
Hypertensive diseases	I10–I15	80	1,153	2,925	4,823	8,981	139	2,050	2,274	5,300	9,763	219	3,203	5,199	10,123	18,744
Angina pectoris	I20	0	146	1,187	1,696	3,029	0	56	591	916	1,563	0	202	1,778	2,612	4,592
Acute myocardial infarction	I21–I22	~	*	2,525	3,777	6,612	0	93	725	2,124	2,942	~	*	3,250	5,901	9,554
Other ischaemic heart disease	I23–I25	~	*	6,023	8,576	15,080	~	*	1,817	3,681	5,641	10	614	7,840	12,257	20,721
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	48	273	850	1,489	2,660	49	393	712	1,746	2,900	97	666	1,562	3,235	5,560
Conduction disorders and cardiac arrhythmias	I44–I49	212	1,077	5,368	17,896	24,553	153	795	2,126	12,741	15,815	365	1,872	7,494	30,637	40,368

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	23	221	1,768	11,113	13,125	31	132	936	9,199	10,298	54	353	2,704	20,312	23,423
Cerebrovascular disease	I60–I69	95	499	2,398	5,933	8,925	60	449	1,539	4,842	6,890	155	948	3,937	10,775	15,815
Atherosclerosis (non-coronary)	I70	0	44	521	1,758	2,323	~	*	168	912	1,114	~	*	689	2,670	3,437
Diseases of the respiratory system	J00–J99	14,306	10,336	18,882	50,954	94,478	11,684	13,234	17,278	47,748	89,944	25,990	23,570	36,160	98,702	184,422
Acute upper respiratory infections and influenza	J00–J11	4,581	1,382	1,174	2,586	9,723	3,684	2,635	1,201	2,770	10,290	8,265	4,017	2,375	5,356	20,013
Pneumonia	J12–J18	1,154	1,321	2,886	11,073	16,434	1,119	1,413	2,265	9,761	14,558	2,273	2,734	5,151	20,834	30,992
Unspecified lower acute respiratory infection	J22	1,899	1,151	2,366	8,748	14,164	1,791	1,786	2,444	8,292	14,313	3,690	2,937	4,810	17,040	28,477
Chronic diseases of tonsils and adenoids	J35	2,234	414	66	22	2,736	1,954	849	67	26	2,896	4,188	1,263	133	48	5,632
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	63	353	3,159	11,251	14,826	68	436	3,155	12,079	15,738	131	789	6,314	23,330	30,564
Asthma	J45–J46	1,234	1,022	1,651	1,191	5,098	816	1,986	2,230	1,546	6,578	2,050	3,008	3,881	2,737	11,676
Diseases of the digestive system	K00–K93	7,493	50,565	75,143	83,434	216,635	5,672	55,828	72,244	78,897	212,641	13,165	106,393	147,387	162,331	429,276
Diseases of oesophagus, stomach and duodenum	K20–K31	622	11,630	21,343	23,387	56,982	403	12,047	21,293	22,204	55,947	1,025	23,677	42,636	45,591	112,929
Diseases of appendix	K35–K38	1,103	1,933	513	242	3,791	802	1,808	513	219	3,342	1,905	3,741	1,026	461	7,133
Inguinal hernia	K40	383	564	1,423	1,756	4,126	88	56	84	163	391	471	620	1,507	1,919	4,517
Noninfective enteritis and colitis	K50–K52	1,271	12,625	8,010	3,667	25,573	1,034	11,047	7,574	3,850	23,505	2,305	23,672	15,584	7,517	49,078
Diverticular Disease of intestine	K57	~	*	5,768	8,593	15,604	0	986	5,877	9,762	16,625	~	*	11,645	18,355	32,229
Alcoholic liver disease	K70	0	342	1,628	809	2,779	0	287	747	349	1,383	0	629	2,375	1,158	4,162
Cholelithiasis	K80	12	575	1,252	2,424	4,263	17	2,471	2,240	2,495	7,223	29	3,046	3,492	4,919	11,486
Diseases of the skin and subcutaneous tissue	L00–L99	2,436	12,478	12,348	19,150	46,412	2,212	14,695	12,843	17,738	47,488	4,648	27,173	25,191	36,888	93,900
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	496	1,697	2,249	3,787	8,229	496	1,244	1,417	3,406	6,563	992	2,941	3,666	7,193	14,792
Decubitus ulcer and pressure area	L89	31	207	798	4,318	5,354	29	148	545	3,804	4,526	60	355	1,343	8,122	9,880
Diseases of the musculoskeletal system and connective tissue	M00–M99	2,166	8,669	19,601	26,606	57,042	2,146	15,443	27,815	38,641	84,045	4,312	24,112	47,416	65,247	141,087
Rheumatoid arthritis	M05–M06	*	*	723	1,129	2,037	~	*	1,790	2,147	4,542	13	777	2,513	3,276	6,579
Coxarthrosis and Gonarthrosis	M16–M17	~	*	2,620	3,995	6,921	~	*	3,345	6,224	9,835	9	563	5,965	10,219	16,756
Intervertebral disc disorders	M50–M51	~	*	870	693	2,062	*	*	1,128	1,028	2,963	10	1,296	1,998	1,721	5,025
Dorsalgia (back pain)	M54	66	1,503	3,270	3,327	8,166	89	4,252	5,145	5,808	15,294	155	5,755	8,415	9,135	23,460
Diseases of the genitourinary system	N00–N99	4,674	19,134	42,318	91,288	157,414	2,800	37,666	45,899	65,617	151,982	7,474	56,800	88,217	156,905	309,396
Chronic kidney disease	N18	288	11,962	28,062	49,390	89,702	255	6,968	14,291	27,411	48,925	543	18,930	42,353	76,801	138,627
Urolithiasis	N20–N23	80	1,296	1,866	1,274	4,516	47	1,026	1,062	709	2,844	127	2,322	2,928	1,983	7,360
Hyperplasia of prostate	N40	0	114	1,682	4,541	6,337	0	0	0	0	0	0	114	1,682	4,541	6,337
Disorders of breast	N60–N64	~	56	23	*	119	*	1,773	2,162	*	4,653	30	1,829	2,185	728	4,772
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	0	3,108	869	445	4,495	73	3,108	869	445	4,495
Noninflammatory disorders of female genital tract	N80–N98	0	~	0	0	~	261	*	18,400	5,557	*	261	17,925	18,400	5,557	42,143
Pregnancy, childbirth and the puerperium	O00–O99	0	0	0	0	0	25	258,118	2,351	0	260,494	25	258,118	2,351	0	260,494
Pregnancy with abortive outcome	O00–O08	0	0	0	0	0	~	7,939	113	0	8,054	~	7,939	113	0	8,054
Gestational [pregnancy-induced] hypertension	O13	0	0	0	0	0	0	5,612	113	0	5,725	0	5,612	113	0	5,725
Diabetes mellitus in pregnancy	O24	0	0	0	0	0	0	12,710	159	0	12,869	0	12,710	159	0	12,869
Single spontaneous delivery	O80	0	0	0	0	0	~	22,572	*	0	22,638	~	22,572	*	0	22,638
Single delivery by forceps and vacuum extractor	O81	0	0	0	0	0	0	7,132	16	0	7,148	0	7,132	16	0	7,148
Single delivery by caesarean section	O82	0	0	0	0	0	~	20,294	*	0	20,614	~	20,294	*	0	20,614
Other assisted single delivery	O83	0	0	0	0	0	0	*	~	0	865	0	*	~	0	865
Multiple delivery	O84	0	0	0	0	0	0	836	17	0	853	0	836	17	0	853

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
Certain conditions originating in the perinatal period	P00–P96	*	0	~	0	14,605	11,631	~	~	0	11,633	*	~	~	0	26,238
Congenital malformations, deformations and chromosomal abnormalities	Q00–Q99	9,295	1,374	1,170	495	12,334	7,051	1,927	983	416	10,377	16,346	3,301	2,153	911	22,711
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00–R99	12,046	31,750	51,303	91,623	186,722	10,137	66,828	55,689	86,084	218,738	22,183	98,578	106,992	177,707	405,460
Pain in throat and chest	R07	121	3,701	5,662	4,525	14,009	88	4,395	5,101	4,269	13,853	209	8,096	10,763	8,794	27,862
Abdominal and pelvic pain	R10	987	5,251	5,858	4,641	16,737	1,061	17,066	9,455	6,546	34,128	2,048	22,317	15,313	11,187	50,865
Injury, poisoning and certain other consequences of external causes	S00–T98	7,169	23,292	16,801	24,980	72,242	5,348	11,603	12,115	27,235	56,301	12,517	34,895	28,916	52,215	128,543
Intracranial injury	S06	220	994	877	1,621	3,712	115	294	400	1,278	2,087	335	1,288	1,277	2,899	5,799
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1,481	3,200	1,687	3,687	10,055	1,007	894	912	3,523	6,336	2,488	4,094	2,599	7,210	16,391
Fracture of femur	S72	105	230	353	1,990	2,678	65	81	394	4,032	4,572	170	311	747	6,022	7,250
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	215	1,741	1,055	443	3,454	539	2,103	973	584	4,199	754	3,844	2,028	1,027	7,653
External causes of morbidity and mortality	U50–Y98	18,484	44,581	35,492	66,728	165,285	13,858	28,298	29,359	73,128	144,643	32,342	72,879	64,851	139,856	309,928
Transport accidents	V01–V99	381	1,682	886	610	3,559	252	758	473	370	1,853	633	2,440	1,359	980	5,412
Factors influencing health status and contact with health services	U00–U49, Z00–Z99	21,358	69,956	193,714	339,169	624,197	16,711	195,955	177,556	233,254	623,476	38,069	265,911	371,270	572,423	1,247,673
COVID-19*	U07.1–U07.2	680	441	1,146	5,310	7,577	550	916	986	4,581	7,033	1,230	1,357	2,132	9,891	14,610
Care involving dialysis	Z49	186	18,453	43,577	65,666	127,882	164	10,378	21,398	36,532	68,472	350	28,831	64,975	102,198	196,354
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,776	7,668	46,472	85,041	141,957	1,975	17,326	63,909	63,752	146,962	4,751	24,994	110,381	148,793	288,919

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

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

† Denotes that no breakdown is provided.

a COVID-19 discharges are based on any diagnosis of U07.1 *Coronavirus disease 2019 [COVID-19]*, virus identified or U07.2 *Coronavirus disease 2019 [COVID-19]*, virus not identified).

3.4.4 Total Discharges by Principal Procedure, Sex and Age Group

In 2024, 80.1 per cent of total discharges had a principal procedure recorded (see Table 3.4). Discussion of procedures is confined toACHI 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 29.3 per cent of total discharges with a principal procedure reported. 36.7 per cent of discharges aged less than 15 years, 24.7 per cent aged between 15–44 years, 27.1 per cent aged between 45–64 years and 32.4 per cent aged 65 years and over had a procedure from this chapter recorded as a principal procedure.
- 64.6 per cent of total discharges with a principal procedure from the chapter *Procedures on urinary system* were males. Procedures from this chapter accounted for 15.0 per cent of total discharges with a principal procedure reported.
- 25.7 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 13.0 per cent of total discharges with a principal procedure reported, 74.0 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 16.6 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 was reported for *Procedures on cardiovascular system* at 12.8 days. For those aged between 15–44 years and 45–65 years the longest in-patient mean length of stay was reported for the chapter *Procedures on respiratory system* at 15.2 days and 17.5 days respectively. The longest in-patient mean length of stay for those aged 65 years and over was reported for the chapter *Radiation oncology procedures* at 19.5 days.
- The shortest in-patient mean length of stay was reported for the chapter *Procedures on eye and adnexa* 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 2.9 million procedures were reported for total discharges.
 - Procedures within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 1,342,836 of all listed procedures or 45.0 per cent of all procedures reported for total discharges.
- Males accounted for 66.0 per cent of procedures from the chapter *Procedures on cardiovascular system*.
- Total discharges aged less than 15 years accounted for 50.3 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	-	67,661	157,726	279,894	427,792	933,073	53,199	311,941	291,569	369,384	1,026,093	120,860	469,667	571,463	797,176	1,959,166
All Principal Procedures	0001–2016	37,719	124,468	238,520	369,700	770,407	27,915	208,987	247,926	314,315	799,143	65,634	333,455	486,446	684,015	1,569,550
Procedures on nervous system	0001–0086	747	2,704	4,613	4,226	12,297	570	4,335	6,971	6,621	18,497	1,317	7,039	11,584	10,847	30,787
Lumbar puncture	0030	520	620	526	541	2,207	390	1,263	764	539	2,956	910	1,883	1,290	1,080	5,163
Procedures on endocrine system	0110–0129	26	139	257	216	638	28	523	762	441	1,754	54	662	1,019	657	2,392
Procedures on eye and adnexa	0200–0256	540	2,029	8,229	25,330	36,128	482	1,494	6,323	33,742	42,041	1,022	3,523	14,552	59,072	78,169
Extraction of crystalline lens	0200	23	112	1,222	5,307	6,664	22	88	1,321	7,381	8,812	45	200	2,543	12,688	15,476
Application insertion or removal procedures on retina choroid or posterior chamber	0209	8	812	4,940	17,122	22,882	12	555	3,387	23,732	27,686	20	1,367	8,327	40,854	50,568
Procedures on ear and mastoid process	0300–0334	1,383	1,135	1,000	894	4,412	961	1,133	920	800	3,814	2,344	2,268	1,920	1,694	8,226
Myringotomy	0309	69	15	*	~	97	32	12	*	~	55	101	27	16	8	152
Procedures on nose, mouth and pharynx	0370–0422	2,426	3,034	3,111	2,394	10,965	1,989	3,370	2,816	1,901	10,076	4,415	6,404	5,927	4,295	21,041
Tonsillectomy or adenoidectomy	0412	1,698	327	45	12	2,082	1,482	715	38	8	2,243	3,180	1,042	83	20	4,325
Dental services	0450–0490	1,547	1,072	399	215	3,233	1,229	1,323	356	179	3,087	2,776	2,395	755	394	6,320
Procedures on respiratory system	0520–0572	2,893	1,871	4,622	7,460	16,846	2,140	1,634	4,002	4,465	14,241	5,033	3,505	8,624	13,925	31,087
Bronchoscopy with/without biopsy	0543–0544, 90163–0190163-01	110	614	1,554	2,220	4,498	83	564	1,534	2,104	4,285	193	1,178	3,088	4,324	8,783
Procedures on cardiovascular system	0600–0777	762	5,818	16,031	15,688	38,299	669	2,758	8,633	8,409	20,469	1,431	8,576	24,664	24,097	58,768
Coronary angiography	0668	41	484	3,957	4,648	9,130	41	209	1,861	2,887	4,998	82	693	5,818	7,535	14,128
Transluminal coronary angioplasty with/without stenting	0670–0671	~	*	1,541	1,621	3,323	~	*	348	609	983	~	*	1,889	2,230	4,306
CABG	0672–0679	0	12	310	400	722	0	~	59	66	130	0	17	369	466	852
Leg varicose vein ligation	0727–0728	0	306	578	310	1,194	0	703	950	327	1,980	0	1,009	1,528	637	3,174
Procedures on blood and blood-forming	0800–0817	119	460	1,062	1,625	3,266	62	477	978	1,185	2,702	181	937	2,040	2,810	5,968
Procedures on digestive system	0850–1011	2,403	21,761	37,326	40,586	102,076	1,519	27,375	37,096	35,819	101,809	3,922	49,136	74,422	76,405	237,885
Fibreoptic colonoscopy with/without excision	0905, 0911	57	8,420	16,059	16,995	41,531	41	10,339	16,428	14,680	41,488	98	18,759	32,487	31,675	83,019
Appendicectomy	0926	1,017	1,737	408	147	3,309	727	1,614	424	140	2,905	1,744	3,351	832	287	6,214
Procedures for haemorrhoids	0941	0	610	721	268	1,599	0	695	561	300	1,556	0	1,305	1,282	568	3,155
Cholecystectomy	0965	~	320	658	*	1,490	*	1,474	1,302	*	3,360	13	1,794	1,960	1,083	4,850
Division of abdominal adhesions	0986	7	35	58	99	199	7	230	117	137	491	14	265	175	236	690
Repair of inguinal and obstructed hernia	0990, 0997	314	534	1,313	1,395	3,556	77	67	125	190	459	391	601	1,438	1,585	4,015
Panendoscopy with/without excision	1005–1008	382	7,429	12,564	14,223	34,598	274	9,564	14,035	14,452	38,325	656	16,993	26,599	28,675	72,923
Procedures on urinary system	1040–1129	607	21,380	50,539	79,035	151,561	383	13,451	26,785	42,526	83,145	990	34,831	77,324	121,561	234,706
Haemodialysis	1060	188	18,516	43,827	66,350	128,881	171	10,457	21,515	36,958	69,101	359	28,973	65,342	103,308	197,982
Examination procedures on bladder (includes cystoscopy)	1089	49	923	3,044	6,645	10,661	21	1,134	2,128	2,853	6,136	70	2,057	5,172	9,498	16,797
Procedures on male genital organs	1160–1203	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†
Prostatectomy	1166–1167	0	6	498	636	1,140	0	0	0	0	0	0	0	6	498	1,140
Circumcision	30653-00	1,116	384	216	195	1,911	0	0	0	0	0	1,116	384	216	195	1,911
Gynaecological procedures	1240–1299	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	~	338	561	169	1,073	~	338	561	169	1,073
Salpingectomy	1251	0	0	0	0	0	0	359	59	6	424	0	359	59	6	424
Examination procedures on uterus	1259	†	†	†	†	†	†	†	†	*	†	~	2,825	4,885	*	8,565
Curettag and evacuation of uterus	1265	0	0	0	0	0	~	4,652	2,202	*	7,109	~	4,652	2,202	*	7,109
Hysterectomy	1268–1269	0	0	0	0	0	0	475	1,396	582	2,453	0	475	1,396	582	2,453
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	61	350	380	791	0	61	350	380	791
Obstetric procedures	1330–1347	0	0	0	0	0	~	53,647	*	0	54,093	~	53,647	*	0	54,093
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		Male				Female				Total Discharges							
	Procedure Block	<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	0	0	~	0	499	0	~	~	0	499	
	Medical or surgical augmentation of labour	1335	0	0	0	0	0	45	0	0	45	0	45	0	0	45	
	Spontaneous vertex delivery	1336	0	0	0	0	0	~	21,481	~	0	21,545	~	21,481	~	0	21,545
	Forceps rotation and delivery	1337	0	0	0	0	0	0	1,682	6	0	1,688	0	1,682	6	0	1,688
	Vacuum extraction	1338	0	0	0	0	0	0	5,468	12	0	5,480	0	5,468	12	0	5,480
	Breech delivery and extraction	1339	0	0	0	0	0	0	~	~	0	511	0	~	~	0	511
	Caesarean section	1340	0	0	0	0	0	~	20,864	~	0	21,199	~	20,864	~	0	21,199
	Episiotomy associated with delivery	90472-00 [1343]	0	0	0	0	0	0	151	0	0	151	0	151	0	0	151
	Postpartum suture	1344	0	0	0	0	0	~	1,211	~	0	1,215	~	1,211	~	0	1,215
	Procedures on musculoskeletal system	1360–1580	3,271	9,865	11,155	11,441	35,732	2,762	6,282	14,399	18,292	41,735	6,033	16,147	25,554	29,733	77,467
Arthroplasty of hip	1489	~	~	735	1,755	2,602	~	~	759	2,542	3,385	6	190	1,494	4,297	5,987	
	Arthroplasty of knee	1518–1519	0	14	467	796	1,277	0	12	506	1,021	1,539	0	26	973	1,817	2,816
Dermatological and plastic procedures		1600–1718	2,848	13,849	13,774	20,839	51,310	2,545	15,571	15,750	16,252	50,118	5,393	29,740	29,524	37,091	101,428
Excision of lesion of skin and subcutaneous tissue		1620	355	4,022	6,391	10,806	21,574	340	5,769	6,761	7,644	20,514	695	9,791	13,152	18,450	42,088
Other debridement of skin and subcutaneous tissue		1628	65	461	364	273	1,163	39	172	182	169	562	104	633	546	442	1,725
Skin graft		1640–1650	17	66	63	113	259	13	39	26	46	124	30	105	89	159	383
Procedures on breast		1740–1759	~	42	27	~	109	~	3,739	5,769	~	11,874	16	3,781	5,796	2,390	11,983
Breast biopsy		1743–1744	0	22	18	28	68	10	2,712	3,931	1,815	8,468	10	2,734	3,949	1,843	8,536
Mastectomy		1747–1748	~	~	~	6	25	0	253	656	292	1,201	~	~	663	298	1,226
Radiation oncology procedures		1786–1800	254	3,034	21,146	39,969	64,403	240	6,688	27,161	22,677	56,766	494	9,722	48,307	62,646	121,169
Non-invasive, cognitive and other interventions, not elsewhere classified		1820–1923	13,360	33,723	59,675	112,318	219,076	10,725	48,730	71,949	109,608	241,012	24,085	82,453	131,624	221,926	460,088
Administration of blood and blood products		1893	1,640	2,349	4,024	9,589	17,602	1,037	2,916	3,806	7,937	15,696	2,677	5,265	7,830	17,526	33,298
Conduction anaesthesia		1909	0	~	~	~	16	0	~	~	~	8	0	7	6	11	24
Cerebral anaesthesia		1910	38	25	18	45	126	20	25	26	25	96	58	50	44	70	222
Imaging services ^a		1940–2016	1,832	1,302	3,106	4,640	10,880	1,506	1,289	2,498	3,496	8,789	3,338	2,591	5,604	8,136	19,669
Computerised tomography scan		1952–1966	204	287	816	1,639	2,946	158	277	728	1,205	2,368	362	564	1,544	2,844	5,314
Magnetic resonance imaging		2015	1,313	131	87	92	1,623	1,015	120	79	94	1,308	2,328	251	166	186	2,931

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

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

† 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 12th 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	3.3	3.8	6.3	9.3	6.7	3.4	2.7	5.1	9.2	5.3	3.3	3.0	5.7	9.3	5.9
	Median	1	1	2	5	3	1	2	2	5	2	1	2	2	5	2
All Principal Procedures	0001–2016	5.4	6.0	9.2	12.4	9.9	5.9	4.0	7.9	12.3	8.0	5.6	4.5	8.6	12.4	8.8
		2	2	4	7	5	2	3	4	7	4	2	3	4	7	4
Procedures on nervous system		6.4	8.8	13.4	15.8	11.8	7.6	6.6	12.1	15.8	10.6	6.9	7.5	12.8	15.8	11.2
Lumbar puncture	0030	4	4	6	8	5	4	4	6	8	5	4	4	6	8	5
		4.9	7.0	16.2	22.9	12.2	5.0	6.3	13.1	20.5	10.4	4.9	6.6	14.4	21.7	11.2
Procedures on endocrine system	0110–0129	4	4	7	14	5	3	4	6	12	5	3	4	6	13	5
		2.9	5.0	5.4	7.4	5.8	3.2	3.5	3.0	5.4	3.7	3.0	3.9	3.7	6.2	4.3
Procedures on eye and adnexa	0160–0256	2	3	3	3	3	2	2	1	2	2	2	2	2	3	2
		4.4	2.1	2.1	3.0	2.6	3.1	2.4	1.7	2.7	2.4	3.8	2.2	2.0	2.9	2.5
Extraction of crystalline lens	0200	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		6.5	1.7	1.9	2.6	2.6	1.1	1.8	1.3	3.6	2.7	3.7	1.7	1.6	3.1	2.7
Application insertion or removal procedures on retina choroid or posterior chamber	0209	-	^	^	1.5	1.4	-	^	1.2	0.8	1.1	-	2.3	1.1	1.2	1.2
		-	^	^	1	1	-	^	1	1	1	-	1	1	1	1
Procedures on ear and mastoid process	0300–0334	1.3	1.7	1.9	9.0	2.6	1.5	1.6	2.7	3.9	2.3	1.4	1.7	2.2	6.3	2.5
		1	1	1	2	1	1	1	1	1	1	1	1	1	2	1
Myringotomy	0309	^	^	^	-	2.5	^	^	^	-	5.0	2.9	5.1	^	^	3.8
		^	^	^	-	1	^	^	^	-	1	^	1	^	^	1
Procedures on nose, mouth and pharynx	0370–0422	1.2	1.8	4.6	8.7	3.1	1.3	1.6	3.6	6.0	2.3	1.3	1.7	4.2	7.7	2.7
		1	1	1	3	1	1	1	1	2	1	1	1	1	2	1
Tonsillectomy or adenoidectomy	0412	1.1	1.1	1.4	3.9	1.2	1.1	1.1	1.9	2.0	1.1	1.1	1.1	1.6	3.0	1.1
		1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Dental services	0450–0490	2.2	3.0	4.6	14.2	4.0	1.7	5.0	2.6	5.5	3.4	2.0	4.1	3.7	10.4	3.7
		1	1	2	7	1	1	1	2	2	1	1	1	2	3	1
Procedures on respiratory system	0520–0572	12.4	15.4	18.3	17.7	16.1	13.1	15.0	16.4	17.4	15.9	12.7	15.2	17.5	17.6	16.0
		5	8	9	11	8	5	8	8	10	8	5	8	9	10	8
Bronchoscopy with/without biopsy	0543–0544, 90163-01 [0545]	13.4	12.9	12.7	16.2	14.5	16.3	14.2	14.2	22.9	18.8	14.6	13.4	13.3	19.1	16.3
		5	10	9	10	10	2	10	9	11	10	5	10	9	10	10
Procedures on cardiovascular system	0600–0777	12.1	7.2	6.9	8.6	8.0	13.8	8.3	7.3	8.3	8.3	12.8	7.6	7.0	8.5	8.1
		6	3	3	4	4	6	3	3	4	3	6	3	3	4	4
Coronary angiography	0668	2.6	5.1	4.5	5.5	5.1	9.6	4.3	4.6	5.1	5.0	6.0	4.9	4.5	5.4	5.0
		2	2	2	3	3	2	2	2	3	3	2	2	2	3	3
Transluminal coronary angioplasty with/without stenting CABG	0670–0671	^	3.0	3.1	4.0	3.6	^	4.0	4.9	4.2	4.5	^	3.2	3.5	4.1	3.8
		^	2	2	2	2	^	2	2	2	2	^	2	2	2	2
0672–0679		-	12.1	14.6	18.6	16.8	-	^	18.3	18.5	18.8	-	17.4	15.2	18.6	17.1
		-	11	11	13	12	-	^	13	15	14	-	11	11	13	12
Leg varicose vein ligation	0727–0728	-	^	1.3	3.1	1.9	-	2.2	0.9	2.1	1.6	-	1.9	1.1	2.8	1.8
		-	^	1	1	1	-	1	1	1	1	-	1	1	1	1
Procedures on blood and blood-forming organs	0800–0817	7.0	11.5	13.8	14.9	13.7	5.9	9.2	9.5	13.0	10.8	6.5	10.5	11.7	14.2	12.4
		5	7	7	9	8	4	5	4	8	6	5	6	5	8	7
Procedures on digestive system	0850–1011	6.2	5.7	9.3	12.9	9.9	6.7	5.3	9.0	13.5	9.7	6.4	5.5	9.2	13.2	9.8
		2	2	5	7	5	2	2	5	8	5	2	2	5	7	5
Fibreoptic colonoscopy with/without excision	0905, 0911	5.5	7.0	8.8	11.8	10.1	5.3	7.9	9.7	12.4	10.7	5.4	7.5	9.3	12.1	10.4
		6	5	6	6	6	3	5	5	7	6	5	5	6	7	6
Appendicectomy	0926	3.1	2.7	4.2	6.7	3.2	3.2	2.7	4.1	5.2	3.1	3.1	2.7	4.1	6.0	3.1
		2	2	3	5	2	2	2	2	4	2	2	2	3	5	2
Procedures for haemorrhoids	0941	-	2.6	2.5	3.9	2.9	-	1.3	1.6	5.2	2.8	-	2.0	2.1	4.7	2.8
		-	1	1	1	1	-	1	1	3	1	-	1	1	2	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	^	4.1	4.4	6.2	5.0	2.7	2.7	3.4	4.6	3.3	2.4	2.4	3.7	5.4	3.9
Division of abdominal adhesions	0986	^	2	2	3	2	3	3	1	1	1	3	1	1	2	2
Repair of inguinal and obstructed hernia	0990, 0997	8	11.4	8.4	14.7	12.2	20.7	6.2	8.8	15.1	10.7	15.1	7.4	8.7	14.9	11.2
Panendoscopy with/without excision	1005–1008	3.8	1.6	2.4	3.5	3.0	14	12	3	5	12	6	10	4	6	11
		2	1	1	1	1	1	2	2	5	3	2	1	1	1	1
		4.5	6.8	10.8	14.1	12.0	6.3	7.3	10.7	13.6	11.7	5.4	7.0	10.7	13.9	11.9
		2	3	5	8	6	3	4	6	8	7	2	4	6	8	6
Procedures on urinary system	1040–1129	5.4	5.0	6.6	10.4	8.2	5.3	5.2	7.8	10.2	8.2	5.3	5.1	7.1	10.3	8.2
		3	2	3	5	4	3	3	3	5	4	3	3	3	5	4
Haemodialysis	1060	^	9.0	11.3	14.2	12.7	2.8	9.1	13.5	14.2	13.2	3.8	9.0	12.0	14.2	12.9
		^	6	6	8	7	2	5	6	8	8	3	5	6	8	7
Examination procedures on bladder (includes cystoscopy)	1089	4.5	4.8	10.8	15.4	13.6	^	6.6	8.4	12.7	10.4	3.8	5.6	9.8	14.8	12.6
Procedures on male genital organs	1160–1203	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^
		^	^	^	^	^	^	^	^	^	^	^	^	^	^	^
Prostatectomy	1166–1167	-	2.9	2.7	4.1	3.5	-	-	-	-	-	-	-	2.9	2.7	4.1
		-	3	2	3	3	-	-	-	-	-	-	-	3	2	3
Circumcision	30653-00 [1196]	1.6	1.5	1.8	3.1	2.0	-	-	-	-	-	1.6	1.5	1.8	3.1	2.0
Gynaecological procedures	1240–1299	1	1	1	1	1	-	2.5	1.8	3.2	4.4	2.6	2.5	1.8	3.2	4.4
		-	-	-	-	-	2	1	2	3	2	2	2	1	2	3
Oophorectomy and salpingo-oophorectomy	1243, 1252	-	-	-	-	-	^	2.6	2.2	3.7	2.6	^	2.6	2.2	3.7	2.6
		-	-	-	-	-	^	2	1	2	2	^	2	1	2	2
Salpingectomy	1251	-	-	-	-	-	-	2.0	2.1	3.2	2.1	-	2.0	2.1	3.2	2.1
		-	-	-	-	-	-	2	1	1	1	-	2	1	1	1
Examination procedures on uterus	1259	-	-	-	-	-	^	1.6	3.7	7.9	4.0	^	1.6	3.7	7.9	4.0
Curettage and evacuation of uterus	1265	-	-	-	-	-	-	1.1	1.7	6.5	1.2	-	1.1	1.7	6.5	1.2
		-	-	-	-	-	-	1	1	1	1	-	1	1	1	1
Hysterectomy	1268–1269	-	-	-	-	-	-	3.7	3.9	4.5	4.0	-	3.7	3.9	4.5	4.0
		-	-	-	-	-	-	3	3	3	3	-	3	3	3	3
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	-	-	-	-	-	2.1	2.3	2.5	2.4	-	2.1	2.3	2.5	2.4
Obstetric procedures	1330–1347	-	-	-	-	-	^	3.5	5.5	-	3.5	^	3.5	5.5	-	3.5
		-	-	-	-	-	^	3	4	-	3	^	3	4	-	3
Analgesia and anaesthesia during labour and delivery procedure	1333	-	-	-	-	-	-	^	^	-	^	-	^	-	-	^
Medical or surgical induction of labour	1334	-	-	-	-	-	-	2.2	^	-	2.2	-	2.2	^	-	2.2
		-	-	-	-	-	-	2	^	-	2	-	2	^	-	2
Medical or surgical augmentation of labour	1335	-	-	-	-	-	-	3.5	-	-	3.5	-	3.5	-	-	3.5
		-	-	-	-	-	-	3	-	-	3	-	3	-	-	3
Spontaneous vertex delivery	1336	-	-	-	-	-	^	2.6	3.0	-	2.6	2.5	2.6	3.0	-	2.6
		-	-	-	-	-	^	2	3	-	2	3	2	3	-	2
Forceps rotation and delivery	1337	-	-	-	-	-	-	3.7	5.0	-	3.7	-	3.7	5.0	-	3.7
		-	-	-	-	-	-	3	6	-	3	-	3	6	-	3
Vacuum extraction	1338	-	-	-	-	-	-	3.4	3.0	-	3.4	-	3.4	3.0	-	3.4
		-	-	-	-	-	-	3	3	-	3	-	3	3	-	3
Breech delivery and extraction	1339	-	-	-	-	-	-	3.4	^	-	3.4	-	3.4	^	-	3.4
		-	-	-	-	-	-	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	-	-	-	-	-	-	^	6.2	-	4.6	^	4.5	6.2	-	4.6
Episiotomy associated with delivery [1343]	90472-00	-	-	-	-	-	-	3.3	-	-	3.3	-	3.3	-	-	3.3
Postpartum suture	1344	-	-	-	-	-	-	3	-	-	3	-	3	-	-	3
		-	-	-	-	-	-	2.8	^	-	2.8	^	2.8	^	-	2.8
		-	-	-	-	-	-	3	^	-	3	^	3	^	-	3
Procedures on musculoskeletal system	1360-1580	2.0	3.4	7.6	13.5	7.8	2.4	3.7	5.5	11.8	8.2	2.1	3.5	6.6	12.5	8.0
Arthroplasty of hip	1489	^	3.4	4.4	12.3	9.8	^	5.3	5.9	11.9	10.4	^	4.2	5.2	12.1	10.1
Arthroplasty of knee	1518-1519	-	4.4	3.5	4.3	4.0	-	4.2	3.8	4.5	4.3	-	4.3	3.6	4.4	4.2
Dermatological and plastic procedures	1600-1718	2.4	2.6	6.1	9.9	5.0	2.6	3.8	6.6	10.2	5.4	2.4	3.1	6.3	10.0	5.2
Excision of lesion of skin and subcutaneous tissue	1620	1.2	2.4	3.4	5.7	4.8	4.2	2.9	6.9	5.1	5.2	2.5	2.6	4.9	5.5	5.0
Other debridement of skin and subcutaneous tissue	1628	1.2	2.8	9.0	17.4	8.3	1.0	6.3	6.7	14.2	8.5	1.1	3.7	8.3	16.2	8.4
Skin graft	1640-1650	3.3	10.3	14.9	12.7	11.7	1.1	6.0	12.7	8.4	7.3	2.6	8.8	14.5	11.4	10.4
Procedures on breast	1740-1759	^	2.9	3.5	4.1	3.6	^	2.7	2.4	3.3	2.7	2.1	2.7	2.4	3.3	2.7
Breast biopsy	1743-	-	-	^	^	3.8	^	1.8	1.6	3.0	2.1	^	1.8	1.6	3.0	2.1
Mastectomy	1744-	^	2.2	2.2	4.3	3.0	-	3.5	3.1	3.6	3.3	^	3.5	3.1	3.7	3.3
Radiation oncology procedures	1786-1800	-	14.5	14.5	22.0	19.0	-	5.2	14.9	16.7	14.3	-	8.2	14.7	19.5	16.6
Non-invasive, cognitive and other interventions, not elsewhere classified	1820-1923	4.9	7.8	10.0	12.6	11.0	5.3	5.7	9.3	12.7	10.7	5.1	6.5	9.7	12.6	10.8
Administration of blood and blood products	1893	4.1	7.8	10.3	12.2	10.9	3.7	5.3	9.1	12.1	9.9	3.9	6.0	9.6	12.1	10.4
Conduction anaesthesia	1909	-	^	^	^	10.9	-	^	^	^	6.3	-	^	^	15.1	8.9
Cerebral anaesthesia	1910	^	7.4	8.7	9.3	8.0	^	6.2	^	36.0	17.3	2.7	7.0	8.2	18.8	11.4
Imaging services ^b	1940-2016	6.1	9.5	11.0	14.1	11.4	7.1	4.5	8.7	14.1	9.9	6.6	6.7	10.2	14.1	10.7
Computerised tomography scan	1952-1966	2.9	7.8	11.0	11.3	9.3	5.0	2.8	6.3	9.1	6.9	3.8	5.0	8.4	10.2	8.1
Magnetic resonance imaging	2015	7.8	5.9	12.4	8.2	8.0	8.4	4.7	5.7	16.2	8.8	8.0	5.3	9.0	12.8	8.4

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

† 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 same-day 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 12th 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		-	67,661	157,726	279,894	427,792	933,073	53,199	311,941	291,569	369,384	1,026,093	120,860	469,667	571,463	797,176	1,959,166
All Procedures		0001–2016	87,352	211,997	420,127	690,370	1,409,846	64,230	462,688	447,435	601,011	1,575,364	151,582	674,685	867,562	1,291,381	2,985,210
Procedures on nervous system		0001–0086	1,796	4,504	7,930	7,397	21,627	1,256	6,552	12,265	11,989	32,062	3,052	11,056	20,195	19,386	53,689
Lumbar puncture		0030	1,330	837	740	813	3,720	887	1,442	965	770	4,064	2,217	2,279	1,705	1,583	7,784
Procedures on endocrine system		0110–0129	32	152	279	249	712	32	32	808	476	1,853	64	689	1,087	753	2,565
Procedures on eye and adnexa		0160–0256	742	2,768	11,565	34,684	49,759	649	2,074	9,165	46,255	58,143	1,391	4,842	20,730	80,939	107,902
Extraction of crystalline lens		200	26	122	1,292	5,544	6,984	24	99	1,394	7,587	9,104	50	221	2,686	13,131	16,088
Application insertion or removal procedures on retina choroid or posterior chamber		0209	18	985	5,827	19,303	26,133	20	670	3,938	27,278	31,906	38	1,655	9,765	46,581	58,039
Procedures on ear and mastoid process		0300–0334	1,940	1,332	1,158	1,096	5,526	1,384	1,366	1,065	935	4,750	3,324	2,698	2,223	2,031	10,276
Myringotomy		0309	129	22	14	8	173	71	19	11	8	109	200	41	25	16	282
Procedures on nose, mouth and pharynx		0370–0422	2,845	3,874	4,073	3,202	13,994	2,289	4,132	3,589	2,466	12,476	5,134	8,006	7,662	5,668	26,470
Tonsillectomy or adenoidectomy		0412	1,825	347	51	20	2,243	1,577	734	42	9	2,362	3,402	1,081	93	29	4,605
Dental services		0450–0490	4,479	3,003	754	331	8,567	2,913	2,446	533	248	6,140	7,392	5,449	1,287	579	14,707
Procedures on respiratory system		0520–0572	4,370	3,244	7,738	11,900	27,252	3,114	2,661	6,154	9,327	21,256	7,484	5,905	13,892	21,227	48,508
Bronchoscopy with/without biopsy		0543–0544, 90163–01[0545]	263	870	2,088	2,936	6,157	172	669	1,920	2,570	5,331	435	1,539	4,008	5,506	11,488
Procedures on cardiovascular system		0600–0777	2,354	6,700	20,917	22,633	52,604	1,920	3,508	10,483	11,231	27,142	4,274	10,208	31,400	33,864	79,746
Coronary angiography		0668	187	686	5,792	6,740	13,405	168	271	2,344	3,670	6,453	355	957	8,136	10,410	19,858
Transluminal coronary angioplasty with/without stenting		0670–0671	~	*	1,894	2,006	4,103	~	*	444	763	1,241	~	*	2,338	2,769	5,344
CABG		0672–0679	0	28	743	935	1,706	~	*	119	146	280	~	*	862	1,081	1,986
Leg varicose vein ligation		0727–0728	0	416	797	418	1,631	0	964	1,285	459	2,708	0	1,380	2,082	877	4,339
Procedures on blood and blood-forming organs		0800–0817	340	700	1,749	2,735	5,524	192	1,199	3,455	3,000	7,846	532	1,899	5,204	5,735	13,370
Procedures on digestive system		0850–1011	2,968	27,116	48,547	54,302	132,933	1,862	35,793	48,371	47,567	133,593	4,830	62,909	96,918	101,869	266,526
Fibreoptic colonoscopy with/without excision		0905, 0911	209	10,601	20,817	22,378	54,005	134	13,356	21,293	19,494	54,277	343	23,957	42,110	41,872	108,282
Appendectomy		0926	1,031	1,755	438	181	3,405	735	1,679	558	224	3,196	1,766	3,434	996	405	6,601
Procedures for haemorrhoids		0941	~	1,292	1,610	*	3,540	~	1,436	1,326	*	3,493	~	2,728	2,936	*	7,033
Cholecystectomy		0965	~	335	723	*	1,643	*	1,495	1,342	*	3,461	16	1,830	2,065	1,193	5,104
Division of abdominal adhesions		0986	57	269	500	562	1,388	43	1,678	953	690	3,364	100	1,947	1,453	1,252	4,752
Repair of inguinal and obstructed hernia		0990, 0997	345	554	1,336	1,432	3,667	79	70	131	204	484	424	624	1,467	1,636	4,151
Panendoscopy with/without excision		1005–1008	417	8,329	14,646	17,436	40,828	290	10,800	16,049	17,200	44,339	707	19,129	30,695	34,636	85,167
Procedures on urinary system		1040–1129	774	22,529	52,880	82,697	158,880	450	14,638	28,869	44,605	88,562	1,224	37,167	81,749	127,302	247,442
Haemodialysis		1060	198	18,722	44,324	67,263	130,507	174	10,588	21,851	37,392	70,005	372	29,310	66,175	104,655	200,512
Examination procedures on bladder (includes cystoscopy)		1089	84	976	3,174	7,010	11,244	26	1,237	2,416	3,172	6,851	110	2,213	5,590	10,182	18,095
Procedures on male genital organs		1160–1203	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	3,154	1,438	2,611	3,054
Prostatectomy		1166–1167	0	6	530	703	1,239	0	0	0	0	0	0	0	530	703	1,239
Circumcision		30653–00[1196]	1,193	389	226	209	2,017	0	0	0	0	0	1,193	389	226	209	2,017
Gynaecological procedures		1240–1299	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	110	26,833	26,884	5,659	59,486
Oophorectomy and salpingo-oophorectomy		1243, 1252	0	0	0	0	0	~	573	1,574	525	2,677	~	573	1,574	525	2,677
Salpingectomy		1251	0	0	0	0	0	0	1,462	335	37	1,834	0	1,462	335	37	1,834
Examination procedures on uterus		1259	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	7	4,974	7,473	13,593
Curettag and evacuation of uterus		1265	0	0	0	0	0	~	6,726	5,000	*	12,435	~	6,726	5,000	*	12,435
Hysterectomy		1268–1269	0	0	0	0	0	0	516	1,469	633	2,618	0	516	1,469	633	2,618
Repair of prolapse of uterus, pelvic floor or enterocele		1283	0	0	0	0	0	0	93	574	674	1,341	0	93	574	674	1,341

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	10	133,678	722	~	134,411	10	133,678	722	~	134,411
Analgesia and anaesthesia during labour and delivery procedure		0	0	0	0	0	0	0	~	22,251	*	0	22,338	~	22,251	*	0	22,338
Medical or surgical induction of labour		0	0	0	0	0	0	0	~	21,027	*	0	21,110	~	21,027	*	0	21,110
Medical or surgical augmentation of labour		0	0	0	0	0	0	0	0	5,894	10	0	5,904	0	5,894	10	0	5,904
Spontaneous vertex delivery		0	0	0	0	0	0	0	~	22,969	*	0	23,037	~	22,969	*	0	23,037
Forceps rotation and delivery		0	0	0	0	0	0	0	0	1,860	8	0	1,868	0	1,860	8	0	1,868
Vacuum extraction		0	0	0	0	0	0	0	0	6,322	18	0	6,340	0	6,322	18	0	6,340
Breech delivery and extraction		0	0	0	0	0	0	0	0	*	~	0	570	0	*	~	0	570
Caesarean section		0	0	0	0	0	0	0	~	20,900	*	0	21,235	~	20,900	*	0	21,235
Episiotomy associated with delivery [1343]		0	0	0	0	0	0	0	0	8,751	21	0	8,772	0	8,751	21	0	8,772
Postpartum suture		0	0	0	0	0	0	0	~	15,638	50	~	15,690	~	15,638	50	~	15,690
Procedures on musculoskeletal system		4,252	13,684	15,914	15,670	49,520	3,995	10,773	23,135	25,492	63,395	8,247	24,457	39,049	41,162	39,049	41,162	112,915
Arthroplasty of hip		~	*	739	1,783	2,635	~	*	766	2,578	3,429	6	192	1,505	4,361	1,505	4,361	6,064
Arthroplasty of knee		0	14	468	797	1,279	0	12	507	1,023	1,542	0	26	975	1,820	975	1,820	2,821
Dermatological and plastic procedures		4,181	17,034	18,617	30,879	70,711	3,536	21,125	20,344	22,450	67,455	7,717	38,159	38,961	53,329	38,961	53,329	138,166
Excision of lesion of skin and subcutaneous tissue		390	4,975	8,217	14,679	28,261	368	7,184	8,547	9,625	25,724	758	12,159	16,764	24,304	16,764	24,304	53,985
Other debridement of skin and subcutaneous tissue		125	886	691	503	2,205	70	311	328	315	1,024	195	1,197	1,019	818	1,019	818	3,229
Skin graft		47	219	356	1,073	1,695	21	93	209	571	894	68	312	565	1,644	565	1,644	2,589
Procedures on breast		~	47	27	*	121	*	4,287	7,181	*	14,171	18	4,334	7,208	2,732	7,208	2,732	14,292
Breast biopsy		0	24	18	32	74	10	2,854	4,321	1,974	9,159	10	2,878	4,339	2,006	4,339	2,006	9,233
Mastectomy		~	*	7	6	25	0	261	661	294	1,216	~	*	668	300	668	300	1,241
Radiation oncology procedures		554	6,897	49,402	90,663	147,516	540	14,170	57,129	48,156	119,995	1,094	21,067	106,531	138,819	106,531	138,819	267,511
Non-invasive, cognitive and other interventions, not elsewhere classified		50,166	94,885	170,206	319,886	635,143	37,932	174,956	183,130	311,675	707,693	88,098	269,841	353,336	631,561	353,336	631,561	1,342,836
Administration of blood and blood products		2,764	3,535	7,652	16,656	30,607	1,873	6,202	6,547	13,442	28,064	4,637	9,737	14,199	30,098	14,199	30,098	58,671
Conduction anaesthesia		438	2,475	4,754	9,116	16,783	291	18,564	5,394	11,856	36,105	729	21,039	10,148	20,972	10,148	20,972	52,888
Cerebral anaesthesia		19,627	37,642	56,953	64,943	179,165	13,152	52,303	66,068	61,108	192,631	32,779	89,945	123,021	126,051	89,945	123,021	371,796
Imaging services*		2,381	2,051	5,669	8,896	18,997	2,022	1,940	4,103	6,766	14,831	4,403	3,991	9,772	15,662	3,991	9,772	33,828
Computerised tomography scan		226	385	1,021	2,067	3,699	181	347	945	1,645	3,118	407	732	1,966	3,712	1,966	3,712	6,817
Magnetic resonance imaging		1,682	169	112	116	2,079	1,320	145	105	124	1,694	3,002	314	217	240	314	217	3,773

Notes:

~ Denotes five or fewer discharges reported to HIPE.

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

† 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 12th edition.

Case Mix Analysis SECTION
2024

Four

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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 2024.¹ 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 8.0 to Version 10.0 for 2024 onwards. The update included changes to the partitioning of the AR-DRG classification which resulted in a single 'intervention' partition by combining the former 'other' and 'surgical' partitions (the medical partition has been retained). There was also a change to the MDCs, with MDC 21 being split into 21A *Injuries, poisonings and toxic effects of drugs; Multiple trauma* and 21B *Injuries, poisonings and toxic effects of drugs*. The update also included 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 2024.³
- 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.⁴ One of the key features of this methodology is the classification of cases into

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 See Appendix VIII for an overview of changes between AR-DRG Version 8.0 and Version 10.0.

⁴ 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.

different levels of complexity within AR-DRGs. ICD-10-AM/ACHI/ACS 12th Edition is the coding system used for AR-DRG grouping since 2024.⁵ As all of the data required for AR-DRG classification are available on the HIPE system, and since diagnoses and procedures are coded with ICD-10-AM/ACHI/ACS, discharges are assigned to the AR-DRG system from this database. AR-DRG Version 8.0 was used in Ireland from 2015-2023.⁶ In 2024, the classification used was updated to AR-DRG Version 10.0.⁷

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. An example of discharges affected include discharges with Ventilation $\geq$ 336 hours.⁸
- After assignment to the appropriate MDCs, discharges are assigned to an AR-DRG. In total, there are 795 AR-DRGs in Version 10.0 of the AR-DRG classification.

FIGURE 4.1 Steps in AR-DRG Assignment



In AR-DRG Version 10.0 an AR-DRG consists of four alphanumeric characters in the form of 'MAAD':

⁵ See Section Three for further details on ICD-10-AM/ACHI/ACS.

⁶ 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.

⁷ See Appendix VIII for an overview of changes between AR-DRG Version 8.0 and Version 10.0.

⁸ 'Pre MDC assignment identifies very high cost episodes (e.g. A13 Ventilation $\geq$ 336 hours) and is driven by a specific intervention code that overrides the outcome of the principal diagnosis based MDC assignment.' Independent Hospital Pricing Authority (IHPA) 2019, *Australian Refined Diagnosis Related Groups, Version 10.0, Definitions Manual, Volume 1*. IHPA, Darlinghurst, NSW. p. xiii.

- '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).⁹
- 'AA' identifies the partition to which the adjacent DRG belongs.¹⁰ Both characters are numbers whose values indicate whether the code is medical or intervention.¹¹
- '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.¹² 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.¹³

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, 21.2 per cent were assigned to complexity group A '*Highest consumption of resources*', and 59.4 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	32,382	2.6	10,457	6.8	138,065	25.3	148,522	21.2	180,904	9.2
B Second highest consumption of resources	500,025	39.7	113,067	73.2	302,973	55.5	416,040	59.4	916,065	46.8
C Third highest consumption of resources	230,566	18.3	25,186	16.3	84,100	15.4	109,286	15.6	339,852	17.3
D Fourth highest consumption of resources	262	0.0	851	0.6	5,066	0.9	5,917	0.8	6,179	0.3
Z No complexity split	495,332	39.4	4,999	3.2	15,835	2.9	20,834	3.0	516,166	26.3
Total Discharges	1,258,567	100	154,560	100	546,039	100	700,599	100	1,959,166	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 4.28.

⁹ '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.

¹⁰ '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.' Independent Hospital Pricing Authority (IHPA) 2019, *Australian Refined Diagnosis Related Groups, Version 10.0, Definitions Manual, Volume 1*. IHPA, Darlinghurst, NSW. p. xi.

¹¹ The separate ranges - 01 to 59, and 60 to 99 - are used to indicate the intervention and medical partitions respectively. Independent Hospital Pricing Authority (IHPA) 2019, *Australian Refined Diagnosis Related Groups, Version 10.0, Definitions Manual, Volume 1*. IHPA, Darlinghurst, NSW. p. 7.
For a more detailed description of how AR-DRGs are derived see Independent Hospital Pricing Authority (IHPA) 2019, *Australian Refined Diagnosis Related Groups Version 10.0, Definitions Manual, Volume 1*. IHPA, Darlinghurst, NSW. p. 5–10.

¹³ 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 ANALYSIS OF HIPE DATA BY CASE MIX

The analysis presented in this section includes all discharges reported to HIPE. Analysis of 2024 HIPE data by MDC is presented in Table 4.2 and Figures 4.2 and 4.3. Tables 4.3 to 4.28 represent each MDC (including unassignable to MDC and pre-MDC) and their associated AR-DRGs.^{14,15,16}

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 298,339 discharges or 23.7 per cent of day patients (see Tables 4.2 and 4.19 and Figure 4.3).
 - * *Chemotherapy* (AR-DRG R63Z) accounted for 49.6 per cent of day patients within this MDC, and 11.8 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 8.4 per cent of total day patients.¹⁷
- *Diseases and disorders of the kidney and urinary tract* (MDC 11), with 226,572 discharges, accounted for 18.0 per cent of day patients (see Tables 4.2 and 4.13 and Figure 4.3).
 - * *Haemodialysis* (AR-DRG L61Z) accounted for 86.3 per cent of day patients within this MDC and 15.5 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 99,984 discharges, which accounted for 14.3 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 30.2 per cent of in-patients within this MDC and 4.3 per cent of total in-patient discharges.

¹⁴ See Glossary & Abbreviations for details of the abbreviations used in this section.

¹⁵ The official classification for AR-DRG's (Version 10.0) 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*).

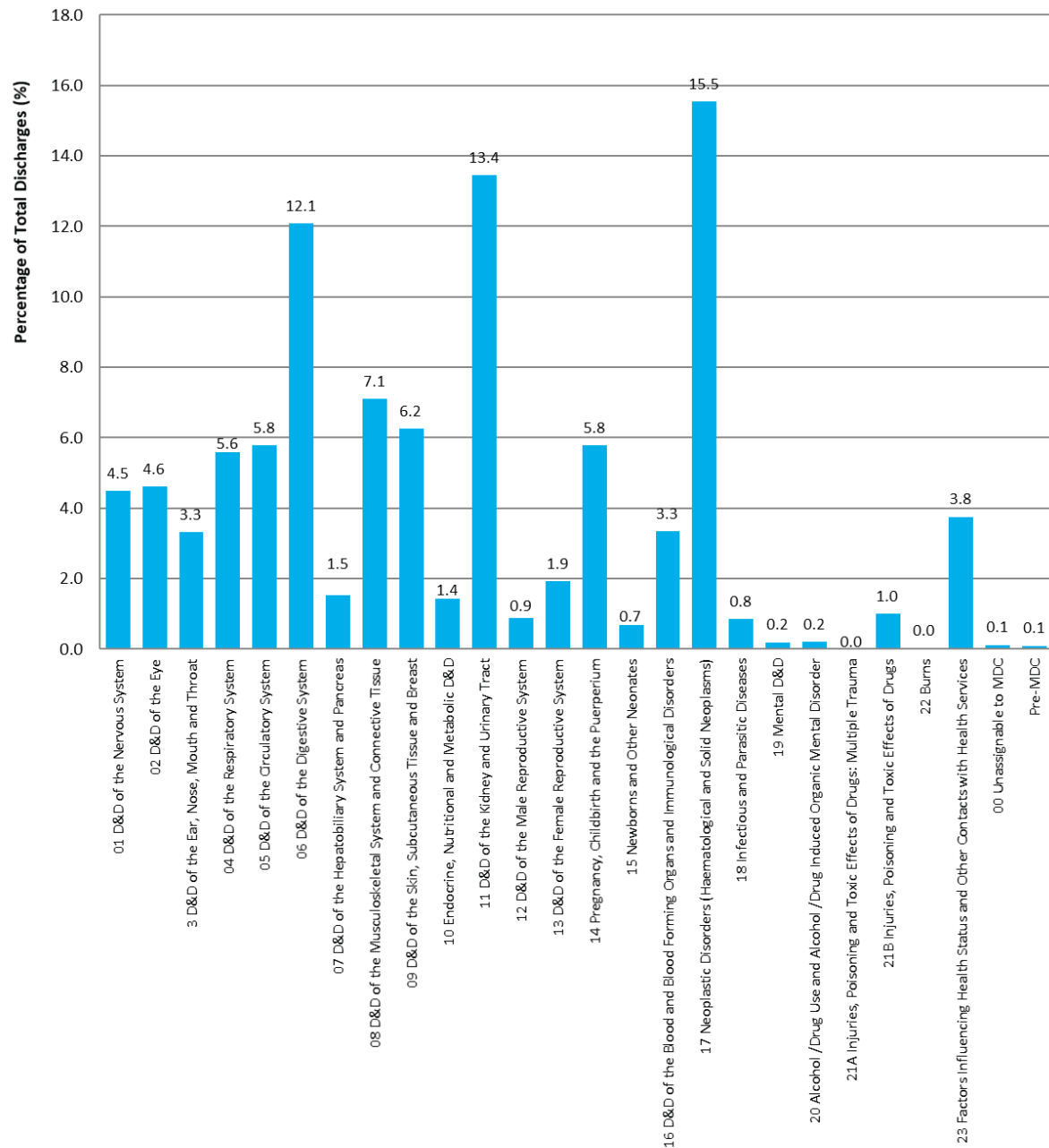
¹⁶ The calculation of total in-patient length of stay differs in this report compared to reports prior to 2018. Since 2018, the length of stay assigned for sameday in-patients has changed from one bed day to 0.5 bed days. This will impact on the total in-patient length of stay resulting in a lower average length of stay compared to years prior to 2018 (see Section 1.8).

- * *Antenatal and Other Obstetric Admission* (AR-DRGs O66A, O66B and O66C) accounted for 37.5 per cent of in-patients within this MDC and 5.3 per cent of total in-patient discharges.
 - * *Caesarean Delivery* (AR-DRGs O01A, O01B and O01C) accounted for 21.2 per cent of in-patients within this MDC, with *Caesarean Delivery, Minor Complexity* (AR-DRG O01C) accounting for the majority of these cases (56.9 per cent).
 - * For *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C), the in-patient mean length of stay ranged from 2.2 days for *Vaginal Delivery, Minor Complexity* (AR-DRG O60C) to 4.5 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 3.6 days for *Caesarean Delivery, Minor Complexity* (AR-DRG O01C) to 9.1 days for *Caesarean Delivery, Major Complexity* (AR-DRG O01A).
- *Diseases and Disorders of the Circulatory System* (MDC 5), with 86,773 in-patient discharges, accounted for 12.4 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 85,269 discharges, accounted for 12.2 per cent of total in-patients (see Tables 4.2 and 4.6 and Figure 4.3).

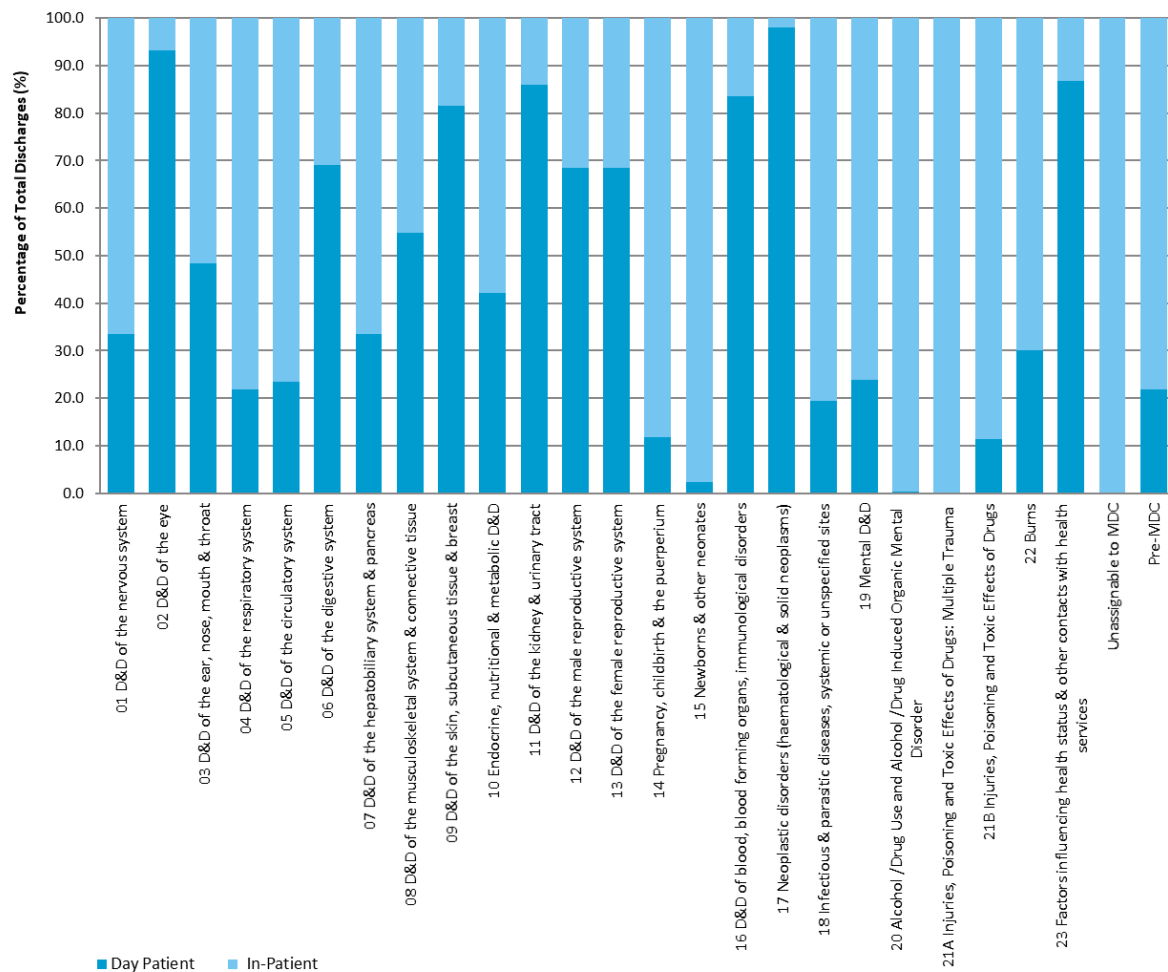
TABLE 4.2 Total Discharges: MDC by Patient Type (N, %)

Major Diagnostic Category	Day Patients		In-Patients		Total Discharges	
	N	%	N	%	N	%
01 Diseases and disorders of the nervous system	29,465	2.3	58,394	8.3	87,859	4.5
02 Diseases and disorders of the eye	84,149	6.7	6,109	0.9	90,258	4.6
03 Diseases and disorders of the ear, nose, mouth and throat	31,486	2.5	33,512	4.8	64,998	3.3
04 Diseases and disorders of the respiratory system	23,931	1.9	85,269	12.2	109,200	5.6
05 Diseases and disorders of the circulatory system	26,638	2.1	86,773	12.4	113,411	5.8
06 Diseases and disorders of the digestive system	163,582	13.0	73,003	10.4	236,585	12.1
07 Diseases and disorders of the hepatobiliary system and pancreas	9,954	0.8	19,850	2.8	29,804	1.5
08 Diseases and disorders of the musculoskeletal system and connective tissue	76,232	6.1	62,780	9.0	139,012	7.1
09 Diseases and disorders of the skin, subcutaneous tissue and breast	99,685	7.9	22,688	3.2	122,373	6.2
10 Endocrine, nutritional and metabolic diseases and disorders	11,728	0.9	16,062	2.3	27,790	1.4
11 Diseases and disorders of the kidney and urinary tract	226,572	18.0	36,903	5.3	263,475	13.4
12 Diseases and disorders of the male reproductive system	11,793	0.9	5,458	0.8	17,251	0.9
13 Diseases and disorders of the female reproductive system	25,691	2.0	11,808	1.7	37,499	1.9
14 Pregnancy, childbirth and the puerperium	13,464	1.1	99,984	14.3	113,448	5.8
15 Newborns and other neonates	318	0.0	12,830	1.8	13,148	0.7
16 Diseases and disorders of blood, blood forming organs, immunological disorders	54,845	4.4	10,740	1.5	65,585	3.3
17 Neoplastic disorders (haematological and solid neoplasms)	298,339	23.7	5,968	0.9	304,307	15.5
18 Infectious and parasitic diseases	3,205	0.3	13,382	1.9	16,587	0.8
19 Mental diseases and disorders	903	0.1	2,875	0.4	3,778	0.2
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	9	0.0	4,069	0.6	4,078	0.2
21A Injuries, poisonings and toxic effects of drugs; Multiple trauma	0	0.0	775	0.1	775	0.0
21B Injuries, poisonings and toxic effects of drugs	2,216	0.2	17,324	2.5	19,540	1.0
22 Burns	222	0.0	516	0.1	738	0.0
23 Factors influencing health status and other contacts with health services	63,752	5.1	9,807	1.4	73,559	3.8
Unassignable to MDC	0	0.0	2,328	0.3	2,328	0.1
Pre-MDC	388	0.0	1,392	0.2	1,780	0.1
Total Discharges	1,258,567	100	700,599	100	1,959,166	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 10.0 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
B01Z Ventricular Shunt Revision	0	108	4.1	3
B02A Cranial Interventions, Major Complexity	0	214	36.1	21
B02B Cranial Interventions, Intermediate Complexity	~	611	14.9	10
B02C Cranial Interventions, Minor Complexity	19	1,613	6.6	5
B03A Spinal Interventions, Major Complexity	0	*	^	^
B03B Spinal Interventions, Intermediate Complexity	~	135	11.3	7
B03C Spinal Interventions, Minor Complexity	16	157	5.7	3
B04A Extracranial Vascular Interventions, Major Complexity	0	31	26.5	21
B04B Extracranial Vascular Interventions, Intermediate Complexity	0	72	12.0	11
B04C Extracranial Vascular Interventions, Minor Complexity	~	252	6.3	5
B05Z Carpal Tunnel Release	1,870	28	1.3	1
B06A Interventions for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Major Comp	~	38	52.8	30
B06B Interventions for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Interm Comp	6	48	10.2	2
B06C Interventions for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Minor Comp	215	92	3.9	1
B07A Cranial or Peripheral Nerve and Other Nervous System Interventions, Major Comp	6	68	36.9	10
B07B Cranial or Peripheral Nerve and Other Nervous System Interventions, Minor Comp	213	278	2.0	1
B41A Telemetric EEG Monitoring, Major Complexity	0	30	8.9	7
B41B Telemetric EEG Monitoring, Minor Complexity	~	161	6.5	6
B42A Nervous System Disorders W Ventilator Support, Major Complexity	0	42	36.8	20
B42B Nervous System Disorders W Ventilator Support, Intermediate Complexity	0	82	15.2	9
B42C Nervous System Disorders W Ventilator Support, Minor Complexity	0	101	5.8	3
B62Z Apheresis	0	~	^	^
B63A Dementia and Other Chronic Disturbances of Cerebral Function, Major Complexity	14	757	47.0	27
B63B Dementia and Other Chronic Disturbances of Cerebral Function, Minor Complexity	219	1,192	19.8	11
B64A Delirium, Major Complexity	29	779	20.3	12
B64B Delirium, Minor Complexity	28	1,809	7.0	4
B65Z Cerebral Palsy	210	35	13.9	2
B66A Nervous System Neoplasms, Major Complexity	33	362	26.4	16
B66B Nervous System Neoplasms, Minor Complexity	1,888	1,145	9.1	6
B67A Degenerative Nervous System Disorders, Major Complexity	14	438	35.7	22
B67B Degenerative Nervous System Disorders, Intermediate Complexity	486	1,011	11.6	6
B67C Degenerative Nervous System Disorders, Minor Complexity	1,720	403	5.9	3
B68A Multiple Sclerosis and Cerebellar Ataxia, Major Complexity	372	311	18.2	9
B68B Multiple Sclerosis and Cerebellar Ataxia, Minor Complexity	8,540	322	4.9	3
B69A TIA and Precerebral Occlusion, Major Complexity	0	380	12.8	7
B69B TIA and Precerebral Occlusion, Minor Complexity	54	2,999	3.6	2
B70A Stroke and Other Cerebrovascular Disorders, Major Complexity	~	945	53.8	37
B70B Stroke and Other Cerebrovascular Disorders, Intermediate Complexity	9	1,890	22.0	13
B70C Stroke and Other Cerebrovascular Disorders, Minor Complexity	58	4,620	10.1	6
B70D Stroke and Other Cerebrovascular Disorders, Transferred <5 Days	~	352	1.6	1
B71A Cranial and Peripheral Nerve Disorders, Major Complexity	1,365	941	10.8	4
B71B Cranial and Peripheral Nerve Disorders, Minor Complexity	4,594	1,068	3.2	1
B72A Nervous System Infection Except Viral Meningitis, Major Complexity	40	347	20.9	12
B72B Nervous System Infection Except Viral Meningitis, Minor Complexity	288	274	10.1	6
B73A Viral Meningitis, Major Complexity	0	42	13.0	8
B73B Viral Meningitis, Minor Complexity	8	192	4.6	3
B74A Nontraumatic Stupor and Coma, Major Complexity	~	79	8.3	6
B74B Nontraumatic Stupor and Coma, Minor Complexity	~	209	3.0	1
B75Z Febrile Convulsions	12	448	1.7	1
B76A Seizures, Major Complexity	131	2,289	9.8	5
B76B Seizures, Minor Complexity	965	6,157	2.9	2
B77A Headaches, Major Complexity	73	1,498	3.9	2
B77B Headaches, Minor Complexity	2,258	9,069	1.5	1
B78A Intracranial Injuries, Major Complexity	0	425	38.5	18
B78B Intracranial Injuries, Minor Complexity	28	1,464	8.8	5
B78C Intracranial Injuries, Transferred <5 Days	0	84	1.6	1
B79A Skull Fractures, Major Complexity	~	104	17.0	8

TABLE 4.3 Total Discharges: MDC 1 Diseases and Disorders of the Nervous System: AR-DRG Version 10.0 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	~	336	3.3	2
B80A Other Head Injuries, Major Complexity	0	406	11.7	7
B80B Other Head Injuries, Minor Complexity	12	1,438	1.8	1
B81A Other Disorders of the Nervous System, Major Complexity	448	1,332	18.9	9
B81B Other Disorders of the Nervous System, Minor Complexity	3,091	5,653	5.4	2
B82A Chronic & Unspec Para/Quadriplegia, Major Complexity	0	127	50.8	20
B82B Chronic & Unspec Para/Quadriplegia, Intermediate Complexity	~	133	27.0	9
B82C Chronic & Unspec Para/Quadriplegia, Minor Complexity	52	69	20.9	5
B83A Acute Paraplegia and Quadriplegia and Spinal Cord Conditions, Major Complexity	~	89	62.4	39
B83B Acute Paraplegia and Quadriplegia and Spinal Cord Conditions, Interm Complexity	7	89	36.6	16
B83C Acute Paraplegia and Quadriplegia and Spinal Cord Conditions, Minor Complexity	34	94	13.7	6
Total	29,465	58,394	9.4	3

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

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

^a 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 4.4 Total Discharges: MDC 2 Diseases and Disorders of the Eye: AR-DRG Version 10.0 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
C01Z Interventions for Penetrating Eye Injury	*	62	3.2	2
C02A Enucleations and Orbital Interventions, Major Complexity	0	35	8.3	4
C02B Enucleations and Orbital Interventions, Minor Complexity	30	86	2.0	1
C03A Retinal Interventions, Major Complexity	837	968	1.8	1
C03B Retinal Interventions, Minor Complexity	52,978	360	1.3	1
C04A Major Corneal, Scleral and Conjunctival Interventions, Major Complexity	~	49	4.6	2
C04B Major Corneal, Scleral and Conjunctival Interventions, Minor Complexity	30	183	1.7	1
C05Z Dacryocystorhinostomy	64	82	1.1	1
C10Z Strabismus Interventions	690	40	1.7	1
C11Z Eyelid Interventions	1,155	84	1.1	1
C12A Other Corneal, Scleral and Conjunctival Interventions, Major Complexity	33	56	5.2	4
C12B Other Corneal, Scleral and Conjunctival Interventions, Minor Complexity	427	22	1.5	1
C13Z Lacrimal Interventions	306	8	2.3	2
C14A Other Eye Interventions, Major Complexity	55	68	5.4	4
C14B Other Eye Interventions, Minor Complexity	1,472	89	1.1	1
C15A Glaucoma and Complex Cataract Interventions, Major Complexity	37	53	5.8	2
C15B Glaucoma and Complex Cataract Interventions, Minor Complexity	1,386	306	1.5	1
C16Z Lens Interventions	15,957	138	2.1	1
C60A Acute and Major Eye Infections, Major Complexity	16	94	10.3	7
C60B Acute and Major Eye Infections, Minor Complexity	41	202	5.3	4
C61A Neurological and Vascular Disorders of the Eye, Major Complexity	275	463	5.6	4
C61B Neurological and Vascular Disorders of the Eye, Minor Complexity	791	718	2.7	1
C62A Hyphaema and Medically Managed Trauma to the Eye, Major Complexity	29	166	11.7	5
C62B Hyphaema and Medically Managed Trauma to the Eye, Minor Complexity	88	303	3.3	1
C63A Other Disorders of the Eye, Major Complexity	655	211	6.7	4
C63B Other Disorders of the Eye, Minor Complexity	6,788	1,263	2.0	1
Total	84,149	6,109	3.1	1

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 4.5 Total Discharges: MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat: AR-DRG Version 10.0 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	~	99	1.7	2
D02A Head and Neck Interventions, Major Complexity	0	51	19.8	13
D02B Head and Neck Interventions, Intermediate Complexity	9	99	10.9	7
D02C Head and Neck Interventions, Minor Complexity	41	168	4.1	3
D03A Surgical Repair for Cleft Lip and Palate Disorders, Major Complexity	~	55	2.3	2
D03B Surgical Repair for Cleft Lip and Palate Disorders, Minor Complexity	21	61	2.4	2
D04A Maxillo Surgery, Major Complexity	0	44	10.5	5
D04B Maxillo Surgery, Minor Complexity	73	572	2.6	2
D05Z Parotid Gland Interventions	14	177	1.7	1
D06Z Sinus and Complex Middle Ear Interventions	712	777	1.4	1
D10Z Nasal Interventions	720	411	1.2	1
D11Z Tonsillectomy and Adenoidectomy	1,546	3,414	1.2	1
D12A Other Ear, Nose, Mouth and Throat Interventions, Major Complexity	49	164	9.0	4
D12B Other Ear, Nose, Mouth and Throat Interventions, Minor Complexity	1,294	433	2.2	1
D13Z Myringotomy W Tube Insertion	1,526	54	2.7	1
D14A Mouth and Salivary Gland Interventions, Major Complexity	135	173	5.6	3
D14B Mouth and Salivary Gland Interventions, Minor Complexity	977	176	2.0	1
D15Z Mastoid Interventions	20	236	1.9	1
D40Z Dental Extractions and Restorations	5,440	302	2.1	1
D60A Ear, Nose, Mouth and Throat Malignancy, Major Complexity	12	253	28.5	24
D60B Ear, Nose, Mouth and Throat Malignancy, Minor Complexity	1,269	345	7.5	4
D61A Dysequilibrium, Major Complexity	44	959	5.0	3
D61B Dysequilibrium, Minor Complexity	697	6,116	1.8	1
D62A Epistaxis, Major Complexity	~	91	10.5	5
D62B Epistaxis, Minor Complexity	591	802	2.3	2
D63A Otitis Media and Upper Respiratory Infections, Major Complexity	122	5,811	4.3	2
D63B Otitis Media and Upper Respiratory Infections, Minor Complexity	2,635	7,154	1.5	1
D64A Laryngotracheitis and Epiglottitis, Major Complexity	~	151	2.3	1
D64B Laryngotracheitis and Epiglottitis, Minor Complexity	22	798	1.0	1
D65A Nasal Trauma and Deformity, Major Complexity	10	133	12.2	6
D65B Nasal Trauma and Deformity, Minor Complexity	914	265	1.7	1
D66A Other Ear, Nose, Mouth and Throat Disorders, Major Complexity	676	489	6.1	2
D66B Other Ear, Nose, Mouth and Throat Disorders, Minor Complexity	10,063	1,368	1.5	1
D67A Oral and Dental Disorders, Major Complexity	62	338	7.2	4
D67B Oral and Dental Disorders, Minor Complexity	1,784	973	2.0	1
Total	31,486	33,512	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 10.0 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 Interventions, Major Complexity	0	60	36.9	28
E01B Major Chest Interventions Intermediate Complexity	0	167	18.3	16
E01C Major Chest Interventions, Minor Complexity	25	791	8.3	7
E02A Other Respiratory System GIs, Major Complexity	~	195	27.5	17
E02B Other Respiratory System GIs, Intermediate Complexity	244	330	8.2	5
E02C Other Respiratory System GIs, Minor Complexity	149	118	2.4	1
E03Z Lung or Heart-Lung Transplant	0	14	75.6	51
E40A Respiratory System Disorders W Ventilator Support, Major Complexity	0	98	26.4	17
E40B Respiratory System Disorders W Ventilator Support, Minor Complexity	0	183	13.3	9
E41A Respiratory System Disorders W Non-Invasive Ventilation, Major Complexity	0	810	24.2	16
E41B Respiratory System Disorders W Non-Invasive Ventilation, Minor Complexity	0	2,309	11.9	8
E42A Bronchoscopy, Major Complexity	32	397	27.9	17
E42B Bronchoscopy, Intermediate Complexity	1,307	572	10.1	8
E42C Bronchoscopy, Minor Complexity	6,637	450	5.7	4
E60A Cystic Fibrosis, Major Complexity	~	117	22.7	14
E60B Cystic Fibrosis, Minor Complexity	1,457	297	10.6	10
E61A Pulmonary Embolism, Major Complexity	~	556	12.8	8
E61B Pulmonary Embolism, Minor Complexity	28	1,215	4.7	4
E62A Respiratory Infections and Inflammations, Major Complexity	33	8,190	15.3	10
E62B Respiratory Infections and Inflammations, Minor Complexity	93	12,205	5.6	4
E63A Sleep Apnoea, Major Complexity	10	195	4.0	2
E63B Sleep Apnoea, Minor Complexity	109	980	1.1	1
E64A Pulmonary Oedema and Respiratory Failure, Major Complexity	~	131	13.8	10
E64B Pulmonary Oedema and Respiratory Failure, Minor Complexity	14	297	7.5	5
E65A Chronic Obstructive Airways Disease, Major Complexity	45	3,574	13.1	9
E65B Chronic Obstructive Airways Disease, Minor Complexity	564	10,650	5.0	4
E66A Major Chest Trauma, Major Complexity	0	319	16.1	10
E66B Major Chest Trauma, Minor Complexity	0	673	5.0	3
E67A Respiratory Signs and Symptoms, Major Complexity	379	1,377	4.2	2
E67B Respiratory Signs and Symptoms, Minor Complexity	1,500	7,675	1.2	1
E68A Pneumothorax, Major Complexity	0	258	12.0	8
E68B Pneumothorax, Minor Complexity	~	589	4.0	3
E69A Bronchitis and Asthma, Major Complexity	240	953	4.9	3
E69B Bronchitis and Asthma, Minor Complexity	4,765	3,464	1.8	1
E70A Whooping Cough and Acute Bronchiolitis, Major Complexity	8	298	5.1	3
E70B Whooping Cough and Acute Bronchiolitis, Minor Complexity	46	2,340	2.1	2
E71A Respiratory Neoplasms, Major Complexity	38	657	16.3	12
E71B Respiratory Neoplasms, Minor Complexity	2,904	1,324	6.5	4
E72Z Respiratory Problems Arising from Neonatal Period	11	50	7.2	3
E73A Pleural Effusion, Major Complexity	~	176	18.0	13
E73B Pleural Effusion, Intermediate Complexity	15	401	8.7	7
E73C Pleural Effusion, Minor Complexity	128	444	4.3	3
E74A Interstitial Lung Disease, Major Complexity	94	386	14.2	9
E74B Interstitial Lung Disease, Minor Complexity	1,591	659	6.3	4
E75A Other Respiratory System Disorders, Major Complexity	170	7,844	8.9	6
E75B Other Respiratory System Disorders, Minor Complexity	802	9,872	2.3	1
E76A Respiratory Tuberculosis, Major Complexity	~	32	22.0	19
E76B Respiratory Tuberculosis, Minor Complexity	157	69	9.1	7
E77A Bronchiectasis, Major Complexity	29	113	15.0	10
E77B Bronchiectasis, Minor Complexity	287	395	6.5	4
Total	23,931	85,269	7.0	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 10.0 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	~	88	19.9	15
F01B Implantation and Replacement of AICD, Total System, Minor Complexity	347	245	4.0	1
F02Z Other AICD Interventions	14	39	7.6	2
F03A Cardiac Valve Int W CPB Pump W Invasive Cardiac Investigation, Major Complexity	0	28	41.2	30
F03B Cardiac Valve Int W CPB Pump W Invasive Cardiac Investigation, Minor Complexity	0	75	19.5	18
F04A Cardiac Valve Interventions W CPB Pump W/O Invasive Cardiac Invest, Major Comp	0	62	27.6	20
F04B Cardiac Valve Interventions W CPB Pump W/O Invasive Cardiac Invest, Interm Comp	~	201	12.8	11
F04C Cardiac Valve Interventions W CPB Pump W/O Invasive Cardiac Invest, Minor Comp	11	544	7.5	7
F05A Coronary Bypass W Invasive Cardiac Investigation, Major Complexity	0	39	37.4	36
F05B Coronary Bypass W Invasive Cardiac Investigation, Minor Complexity	0	163	20.0	18
F06A Coronary Bypass W/O Invasive Cardiac Investigation, Major Complexity	0	49	25.8	19
F06B Coronary Bypass W/O Invasive Cardiac Investigation, Intermediate Complexity	0	161	13.5	11
F06C Coronary Bypass W/O Invasive Cardiac Investigation, Minor Complexity	0	375	10.1	9
F07A Other Cardiothoracic/Vascular Interventions W CPB Pump, Major Complexity	0	27	25.3	19
F07B Other Cardiothoracic/Vascular Interventions W CPB Pump, Intermediate Complexity	~	45	13.9	10
F07C Other Cardiothoracic/Vascular Interventions W CPB Pump, Minor Complexity	~	84	8.8	8
F08A Major Reconstructive Vascular Interventions W/O CPB Pump, Major Complexity	0	59	39.7	31
F08B Major Reconstructive Vascular Interventions W/O CPB Pump, Interm Complexity	~	224	16.2	14
F08C Major Reconstructive Vascular Interventions W/O CPB Pump, Minor Complexity	6	415	10.0	7
F09A Other Cardiothoracic Interventions W/O CPB Pump, Major Complexity	~	51	17.8	13
F09B Other Cardiothoracic Interventions W/O CPB Pump, Minor Complexity	31	79	6.6	4
F10A Interventional Coronary Procedures, Admitted for AMI, Major Complexity	0	272	12.4	9
F10B Interventional Coronary Procedures, Admitted for AMI, Minor Complexity	60	2,177	3.1	2
F11A Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Major Comp	0	71	88.3	69
F11B Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Minor Comp	0	134	25.6	21
F12A Implantation and Replacement of Pacemaker, Total System, Major Complexity	11	314	14.4	10
F12B Implantation and Replacement of Pacemaker, Total System, Minor Complexity	535	698	3.5	2
F13A Amputation, Upper Limb and Toe, for Circulatory Disorders, Major Complexity	0	37	38.3	26
F13B Amputation, Upper Limb and Toe, for Circulatory Disorders, Minor Complexity	7	79	13.6	11
F14A Vascular Interventions, Except Major Reconstruction, W/O CPB Pump, Major Comp	~	161	22.0	17
F14B Vascular Interventions, Except Major Reconstruction, W/O CPB Pump, Interm Comp	21	365	8.8	6
F14C Vascular Interventions, Except Major Reconstruction, W/O CPB Pump, Minor Comp	181	450	5.4	3
F17A Insertion and Replacement of Pacemaker Generator, Major Complexity	20	26	10.9	7
F17B Insertion and Replacement of Pacemaker Generator, Minor Complexity	384	33	1.8	1
F18Z Other Pacemaker Interventions	36	106	10.5	5
F19A Trans-Vascular Percutaneous Cardiac Intervention, Major Complexity	~	44	6.4	2
F19B Trans-Vascular Percutaneous Cardiac Intervention, Minor Complexity	91	101	1.5	1
F20Z Vein Ligation and Stripping	3,449	95	2.7	1
F21A Other Circulatory System GIs, Major Complexity	~	26	50.1	22
F21B Other Circulatory System GIs, Intermediate Complexity	10	39	17.6	14
F21C Other Circulatory System GIs, Minor Complexity	48	77	6.3	3
F22Z Insertion of Artificial Heart Device	~	11	80.1	69
F23Z Heart Transplant	0	6	67.5	55
F24A Interventional Coronary Procs, Not Adm for AMI, Major Comp	12	173	10.5	7
F24B Interventional Coronary Procs, Not Adm for AMI, Minor Comp	698	1,960	2.1	1
F40A Circulatory Disorders W Ventilator Support, Major Complexity	0	59	20.7	19
F40B Circulatory Disorders W Ventilator Support, Minor Complexity	0	86	6.0	3
F41A Circulatory Disorders, Adm for AMI W Invasive Cardiac Inves Int, Major Comp	~	104	10.8	9

TABLE 4.7 Total Discharges: MDC 5 Diseases and Disorders of the Circulatory System: AR-DRG Version 10.0 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
F41B Circulatory Disorders, Adm for AMI W Invasive Cardiac Inves Int, Minor Comp	222	753	3.6	2
F42A Circulatory Dsrds, Not Adm for AMI W Invasive Cardiac Inves Int, Major Comp	237	750	11.1	7
F42B Circulatory Dsrds, Not Adm for AMI W Invasive Cardiac Inves Int, Minor Comp	8,093	2,656	3.1	2
F43A Circulatory Disorders W Non-Invasive Ventilation, Major Complexity	0	117	38.6	23
F43B Circulatory Disorders W Non-Invasive Ventilation, Minor Complexity	0	209	15.9	12
F60A Circulatory Dsrds, Adm for AMI W/O Invas Card Inves Intervention	6	2,579	7.8	5
F60B Circulatory Dsrds, Adm for AMI W/O Invas Card Inves Intervention, Transf <5 Days	9	478	1.7	1
F61A Infective Endocarditis, Major Complexity	0	82	38.0	30
F61B Infective Endocarditis, Minor Complexity	15	81	17.7	15
F62A Heart Failure and Shock, Major Complexity	~	1,963	18.1	12
F62B Heart Failure and Shock, Minor Complexity	359	5,183	6.9	5
F62C Heart Failure and Shock, Transferred <5 Days	~	125	1.8	1
F63A Venous Thrombosis, Major Complexity	40	752	7.1	4
F63B Venous Thrombosis, Minor Complexity	64	1,724	1.4	1
F64A Skin Ulcers in Circulatory Disorders, Major Complexity	0	135	26.3	15
F64B Skin Ulcers in Circulatory Disorders, Intermediate Complexity	25	197	9.2	7
F64C Skin Ulcers in Circulatory Disorders, Minor Complexity	123	173	5.3	3
F65A Peripheral Vascular Disorders, Major Complexity	315	482	17.0	9
F65B Peripheral Vascular Disorders, Minor Complexity	1,458	1,218	5.3	2
F66A Coronary Atherosclerosis, Major Complexity	39	337	9.7	6
F66B Coronary Atherosclerosis, Minor Complexity	386	2,152	2.8	1
F67A Hypertension, Major Complexity	26	530	6.2	3
F67B Hypertension, Minor Complexity	130	3,479	1.4	1
F68Z Congenital Heart Disease	562	168	2.7	1
F69A Valvular Disorders, Major Complexity	611	759	7.8	4
F69B Valvular Disorders, Minor Complexity	485	4,033	1.0	1
F72A Unstable Angina, Major Complexity	~	141	9.7	5
F72B Unstable Angina, Minor Complexity	10	828	4.3	3
F73A Syncope and Collapse, Major Complexity	221	2,811	10.9	6
F73B Syncope and Collapse, Minor Complexity	2,397	10,637	2.9	1
F74A Chest Pain, Major Complexity	142	1,946	3.8	2
F74B Chest Pain, Minor Complexity	740	15,848	1.0	1
F75A Other Circulatory Disorders, Major Complexity	242	901	13.1	8
F75B Other Circulatory Disorders, Minor Complexity	928	2,146	3.3	2
F76A Arrhythmia, Cardiac Arrest and Conduction Disorders, Major Complexity	179	3,114	6.8	4
F76B Arrhythmia, Cardiac Arrest and Conduction Disorders, Minor Complexity	2,567	6,529	2.2	1
Total	26,638	86,773	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 10.0 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	127	34.5	28
G01B Rectal Resection, Intermediate Complexity	0	154	20.2	17
G01C Rectal Resection, Minor Complexity	~	949	9.6	8
G02A Major Small and Large Bowel Interventions, Major Complexity	0	226	53.2	38
G02B Major Small and Large Bowel Interventions, Intermediate Complexity	~	679	21.0	17
G02C Major Small and Large Bowel Interventions, Minor Complexity	90	2,141	9.8	8
G03A Stomach, Oesophageal and Duodenal Interventions, Major Complexity	0	170	29.1	19
G03B Stomach, Oesophageal and Duodenal Interventions, Intermediate Complexity	12	272	12.7	9
G03C Stomach, Oesophageal and Duodenal Interventions, Minor Complexity	49	307	5.9	4
G04A Peritoneal Adhesiolysis, Major Complexity	0	97	24.1	19
G04B Peritoneal Adhesiolysis, Intermediate Complexity	~	349	11.0	9
G04C Peritoneal Adhesiolysis, Minor Complexity	93	612	4.3	3
G05A Minor Small and Large Bowel Interventions, Major Complexity	0	68	19.2	13
G05B Minor Small and Large Bowel Interventions, Minor Complexity	22	275	6.9	6
G06Z Pyloromyotomy	0	33	5.8	3
G07A Appendectomy, Major Complexity	~	395	7.7	6
G07B Appendectomy, Minor Complexity	48	5,363	2.7	2
G10A Hernia Interventions, Major Complexity	39	340	8.3	5
G10B Hernia Interventions, Minor Complexity	3,357	2,191	2.0	1
G11A Anal and Stomal Interventions, Major Complexity	55	257	8.6	5
G11B Anal and Stomal Interventions, Minor Complexity	1,691	1,308	2.3	2
G12A Other Digestive System GIs, Major Complexity	0	78	40.2	28
G12B Other Digestive System GIs, Intermediate Complexity	42	296	12.5	10
G12C Other Digestive System GIs, Minor Complexity	266	431	5.6	4
G46A Complex Endoscopy, Major Complexity	500	1,082	12.9	8
G46B Complex Endoscopy, Minor Complexity	14,040	662	5.5	4
G47A Gastroscopy, Major Complexity	126	1,596	13.1	8
G47B Gastroscopy, Intermediate Complexity	2,077	1,736	5.2	3
G47C Gastroscopy, Minor Complexity	37,900	1,809	3.7	3
G48A Colonoscopy, Major Complexity	5,602	1,567	10.3	7
G48B Colonoscopy, Minor Complexity	54,266	1,128	4.0	3
G60A Digestive Malignancy, Major Complexity	220	657	14.7	10
G60B Digestive Malignancy, Minor Complexity	3,166	991	5.6	3
G61A Gastrointestinal Haemorrhage, Major Complexity	19	694	8.7	4
G61B Gastrointestinal Haemorrhage, Minor Complexity	999	1,600	2.9	2
G64Z Inflammatory Bowel Disease	30,929	1,098	5.1	3
G65A Gastrointestinal Obstruction, Major Complexity	~	432	12.9	7
G65B Gastrointestinal Obstruction, Minor Complexity	16	1,298	4.5	3
G66A Abdominal Pain and Mesenteric Adenitis, Major Complexity	297	2,507	2.8	1
G66B Abdominal Pain and Mesenteric Adenitis, Minor Complexity	954	9,744	1.2	1
G67A Oesophagitis and Gastroenteritis, Major Complexity	100	4,446	6.4	3
G67B Oesophagitis and Gastroenteritis, Minor Complexity	888	7,800	1.9	1
G70A Other Digestive System Disorders, Major Complexity	81	1,609	11.3	7
G70B Other Digestive System Disorders, Intermediate Complexity	1,088	4,672	4.5	3
G70C Other Digestive System Disorders, Minor Complexity	4,539	8,757	2.2	1
Total	163,582	73,003	5.0	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 10.0 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 Interventions, Major Complexity	0	16	25.5	22
H01B Pancreas, Liver and Shunt Interventions, Intermediate Complexity	~	158	16.1	11
H01C Pancreas, Liver and Shunt Interventions, Minor Complexity	41	314	6.0	4
H02A Major Biliary Tract Interventions, Major Complexity	0	36	50.2	36
H02B Major Biliary Tract Interventions, Intermediate Complexity	0	93	21.5	15
H02C Major Biliary Tract Interventions, Minor Complexity	76	238	12.0	9
H05A Hepatobiliary Diagnostic Interventions, Major Complexity	~	30	22.1	13
H05B Hepatobiliary Diagnostic Interventions, Intermediate Complexity	28	67	5.7	2
H05C Hepatobiliary Diagnostic Interventions, Minor Complexity	48	14	4.3	3
H06A Other Hepatobiliary and Pancreas GIs, Major Complexity	0	57	39.9	33
H06B Other Hepatobiliary and Pancreas GIs, Intermediate Complexity	8	112	15.1	12
H06C Other Hepatobiliary and Pancreas GIs, Minor Complexity	14	179	3.3	1
H07A Open Cholecystectomy, Major Complexity	0	21	17.6	13
H07B Open Cholecystectomy, Intermediate Complexity	0	19	11.6	9
H07C Open Cholecystectomy, Minor Complexity	33	100	5.8	5
H08A Laparoscopic Cholecystectomy, Major Complexity	12	229	11.6	8
H08B Laparoscopic Cholecystectomy, Minor Complexity	1,659	2,697	2.6	1
H09Z Liver Transplant	0	42	29.6	22
H60A Cirrhosis and Alcoholic Hepatitis, Major Complexity	0	98	35.6	27
H60B Cirrhosis and Alcoholic Hepatitis, Intermediate Complexity	~	440	15.6	12
H60C Cirrhosis and Alcoholic Hepatitis, Minor Complexity	625	599	6.4	5
H61A Malignancy of Hepatobiliary System and Pancreas, Major Complexity	52	532	17.6	14
H61B Malignancy of Hepatobiliary System and Pancreas, Minor Complexity	1,291	1,202	7.8	5
H62A Disorders of Pancreas, Except Malignancy, Major Complexity	~	443	14.9	11
H62B Disorders of Pancreas, Except Malignancy, Minor Complexity	794	2,309	5.4	4
H63A Other Disorders of Liver, Major Complexity	63	500	12.3	8
H63B Other Disorders of Liver, Intermediate Complexity	600	831	5.0	3
H63C Other Disorders of Liver, Minor Complexity	2,367	988	2.2	1
H64A Disorders of the Biliary Tract, Major Complexity	195	1,534	11.9	9
H64B Disorders of the Biliary Tract, Minor Complexity	2,010	5,796	4.6	4
H65A Bleeding Oesophageal Varices, Major Complexity	0	37	17.9	16
H65B Bleeding Oesophageal Varices, Intermediate Complexity	~	52	10.9	7
H65C Bleeding Oesophageal Varices, Minor Complexity	31	67	6.4	5
Total	9,954	19,850	7.1	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 10.0 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 Interventions of Lower Limb, Major Complexity	0	52	67.8	59
I01B Bilateral and Multiple Major Joint Interventions of Lower Limb, Minor Complexity	0	74	8.2	5
I02A Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Major Complexity	0	12	88.8	75
I02B Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Intermediate Comp	0	44	33.8	22
I02C Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Minor Complexity	18	104	12.5	9
I03A Hip Replacement for Trauma, Major Complexity	0	293	32.0	22
I03B Hip Replacement for Trauma, Minor Complexity	0	2,078	14.7	11
I04A Knee Replacement, Major Complexity	0	322	7.6	5
I04B Knee Replacement, Minor Complexity	19	2,462	3.7	3
I05A Other Joint Replacement, Major Complexity	0	51	12.2	6
I05B Other Joint Replacement, Minor Complexity	10	402	3.0	2
I06Z Spinal Fusion for Deformity	68	256	9.2	5
I07Z Amputation	0	90	33.6	17
I08A Other Hip and Femur Interventions, Major Complexity	0	292	34.9	23
I08B Other Hip and Femur Interventions, Intermediate Complexity	8	713	20.7	15
I08C Other Hip and Femur Interventions, Minor Complexity	60	2,070	11.0	8
I09A Spinal Fusion, Major Complexity	0	71	25.0	15
I09B Spinal Fusion, Intermediate Complexity	~	167	11.9	7
I09C Spinal Fusion, Minor Complexity	10	436	5.5	4
I10A Other Back and Neck Interventions, Major Complexity	8	94	19.7	9
I10B Other Back and Neck Interventions, Minor Complexity	958	987	3.5	2
I11Z Limb Lengthening Interventions	~	46	3.5	3
I12A Misc Musculoskeletal Interventions for Infect/Inflam of Bone/Joint, Major Comp	0	98	48.6	36
I12B Misc Musculoskeletal Interventions for Infect/Inflam of Bone/Joint, Interm Comp	~	157	19.1	15
I12C Misc Musculoskeletal Interventions for Infect/Inflam of Bone/Joint, Minor Comp	165	584	10.1	7
I13A Humerus, Tibia, Fibula and Ankle Interventions, Major Complexity	0	230	20.7	12
I13B Humerus, Tibia, Fibula and Ankle Interventions, Intermediate Complexity	14	835	6.6	4
I13C Humerus, Tibia, Fibula and Ankle Interventions, Minor Complexity	410	4,039	2.7	2
I15Z Cranio-Facial Surgery	0	72	7.2	5
I16Z Other Shoulder Interventions	353	643	1.5	1
I17A Maxillo-Facial Surgery, Major Complexity	~	28	9.1	4
I17B Maxillo-Facial Surgery, Minor Complexity	~	33	3.0	3
I18A Other Knee Interventions, Major Complexity	35	325	5.1	3
I18B Other Knee Interventions, Minor Complexity	1,184	218	1.7	1
I19A Other Elbow and Forearm Interventions, Major Complexity	22	297	6.2	3
I19B Other Elbow and Forearm Interventions, Minor Complexity	1,144	2,912	1.5	1
I20A Other Foot Interventions, Major Complexity	15	159	6.3	2
I20B Other Foot Interventions, Minor Complexity	425	726	1.6	1
I21A Local Excision and Removal of Internal Fixation Devices of Hip & Femur, Maj Comp	23	36	4.6	2
I21B Local Excision and Removal of Internal Fixation Devices of Hip & Femur, Min Comp	60	29	3.1	1
I23A Local Excision & Removal of Internal Fixation Device, Except Hip & Fmr, Maj Comp	204	184	3.8	2
I23B Local Excision & Removal of Internal Fixation Device, Except Hip & Fmr, Min Comp	1,763	283	1.2	1
I24A Arthroscopy, Major Complexity	39	63	6.4	5
I24B Arthroscopy, Minor Complexity	201	53	2.0	1
I25A Bone and Joint Diagnostic Interventions Including Biopsy, Major Complexity	18	55	21.0	13
I25B Bone and Joint Diagnostic Interventions Including Biopsy, Minor Complexity	154	91	6.4	2
I27A Soft Tissue Interventions, Major Complexity	26	161	21.8	11
I27B Soft Tissue Interventions, Minor Complexity	766	807	3.0	1
I28A Other Musculoskeletal Interventions, Major Complexity	~	92	25.8	18
I28B Other Musculoskeletal Interventions, Intermediate Complexity	11	176	6.6	3
I28C Other Musculoskeletal Interventions, Minor Complexity	446	520	2.3	1
I29Z Knee Reconstructions, and Revisions of Reconstructions	97	298	1.5	1
I30Z Hand Interventions	3,072	1,844	1.2	1
I31A Revision of Hip Replacement, Major Complexity	0	78	39.9	27
I31B Revision of Hip Replacement, Intermediate Complexity	0	123	17.3	14
I31C Revision of Hip Replacement, Minor Complexity	~	351	10.3	7
I32A Revision of Knee Replacement, Major Complexity	0	54	29.2	23
I32B Revision of Knee Replacement, Minor Complexity	~	161	9.6	6
I33A Hip Replacement for Non-Trauma, Major Complexity	0	299	9.7	6

TABLE 4.10 Total Discharges: MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue: AR-DRG Version 10.0 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
I33B Hip Replacement for Non-Trauma, Minor Complexity	62	3,093	3.7	3
I60Z Femoral Shaft Fractures	~	94	12.0	3
I61Z Distal Femoral Fractures	0	138	18.3	9
I63A Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Major Complexity	0	51	17.2	13
I63B Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Minor Complexity	~	169	5.8	2
I64A Osteomyelitis, Major Complexity	12	330	25.4	18
I64B Osteomyelitis, Minor Complexity	260	460	11.0	8
I65A Musculoskeletal Malignant Neoplasms, Major Complexity	62	181	25.1	19
I65B Musculoskeletal Malignant Neoplasms, Minor Complexity	1,396	946	6.3	4
I66A Inflammatory Musculoskeletal Disorders, Major Complexity	92	297	15.9	10
I66B Inflammatory Musculoskeletal Disorders, Minor Complexity	9,479	937	5.2	3
I67A Septic Arthritis, Major Complexity	~	96	23.2	13
I67B Septic Arthritis, Minor Complexity	25	152	8.4	6
I68A Non-surgical Spinal Disorders, Major Complexity	693	2,325	15.4	9
I68B Non-surgical Spinal Disorders, Minor Complexity	17,615	4,308	4.2	1
I69A Bone Diseases and Arthropathies, Major Complexity	304	682	15.1	8
I69B Bone Diseases and Arthropathies, Minor Complexity	13,598	1,380	7.3	3
I71A Other Musculotendinous Disorders, Major Complexity	301	730	14.3	7
I71B Other Musculotendinous Disorders, Minor Complexity	10,800	6,310	1.8	1
I72A Specific Musculotendinous Disorders, Major Complexity	266	459	14.4	7
I72B Specific Musculotendinous Disorders, Minor Complexity	4,686	1,039	3.3	1
I73A Aftercare of Musculoskeletal Implants or Prostheses, Major Complexity	29	270	18.3	13
I73B Aftercare of Musculoskeletal Implants or Prostheses, Minor Complexity	2,136	365	7.5	4
I74A Injuries to Forearm, Wrist, Hand and Foot, Major Complexity	21	489	12.9	7
I74B Injuries to Forearm, Wrist, Hand and Foot, Minor Complexity	593	1,663	1.6	1
I75A Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Major Complexity	~	646	23.4	14
I75B Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Intermediate Complexity	75	1,472	5.3	2
I75C Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Minor Complexity	293	894	3.1	1
I76A Other Musculoskeletal Disorders, Major Complexity	473	522	18.8	9
I76B Other Musculoskeletal Disorders, Minor Complexity	978	994	3.2	1
I77A Fractures of Pelvis, Major Complexity	0	494	23.3	17
I77B Fractures of Pelvis, Minor Complexity	0	788	11.0	7
I78A Fractures of Neck of Femur, Major Complexity	0	362	35.9	28
I78B Fractures of Neck of Femur, Minor Complexity	0	863	17.1	12
I79A Pathological Fractures, Major Complexity	0	147	22.9	16
I79B Pathological Fractures, Minor Complexity	150	374	10.5	7
I80Z Femoral Fractures, Transferred to Acute Facility <2 Days	0	30	0.9	1
Total	76,232	62,780	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 10.0 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	~	120	7.1	6
J06A Major Interventions for Breast Disorders, Major Complexity	48	134	5.5	4
J06B Major Interventions for Breast Disorders, Minor Complexity	376	1,462	2.1	1
J07Z Minor Interventions for Breast Disorders	2,728	895	1.1	1
J08A Other Skin Grafts and Debridement Interventions, Major Complexity	18	97	25.5	16
J08B Other Skin Grafts and Debridement Interventions, Intermediate Complexity	196	141	5.0	3
J08C Other Skin Grafts and Debridement Interventions, Minor Complexity	1,784	383	2.5	1
J09Z Perianal and Pilonidal Interventions	583	135	2.8	1
J10A Plastic GIs for Skin, Subcutaneous Tissue and Breast Disorders, Major Comp	113	47	5.7	3
J10B Plastic GIs for Skin, Subcutaneous Tissue and Breast Disorders, Minor Comp	1,335	121	1.9	1
J11A Other Skin, Subcutaneous Tissue and Breast Interventions, Major Complexity	2,822	514	6.8	2
J11B Other Skin, Subcutaneous Tissue and Breast Interventions, Minor Complexity	39,119	532	1.6	1
J12A Lower Limb Interventions W Ulcer or Cellulitis, Major Complexity	0	57	31.1	22
J12B Lower Limb Interventions W Ulcer or Cellulitis, Minor Complexity	18	106	11.4	9
J13A Lower Limb Interventions W/O Ulcer or Cellulitis, Major Complexity	25	*	^	^
J13B Lower Limb Interventions W/O Ulcer or Cellulitis, Minor Complexity	214	97	3.5	2
J14Z Major Breast Reconstructions	102	299	3.7	4
J60A Skin Ulcers, Major Complexity	24	270	26.4	14
J60B Skin Ulcers, Intermediate Complexity	35	298	9.2	5
J60C Skin Ulcers, Minor Complexity	373	399	3.0	1
J62A Malignant Breast Disorders, Major Complexity	143	176	15.8	11
J62B Malignant Breast Disorders, Minor Complexity	5,571	356	5.2	2
J63Z Non-Malignant Breast Disorders	3,874	396	2.9	2
J64A Cellulitis, Major Complexity	36	1,922	12.4	8
J64B Cellulitis, Minor Complexity	713	7,281	3.1	2
J65A Trauma to Skin, Subcutaneous Tissue and Breast, Major Complexity	~	573	17.1	10
J65B Trauma to Skin, Subcutaneous Tissue and Breast, Minor Complexity	85	1,398	3.8	1
J67A Minor Skin Disorders, Major Complexity	696	384	8.6	4
J67B Minor Skin Disorders, Minor Complexity	16,759	2,454	1.5	1
J68A Major Skin Disorders, Major Complexity	632	564	7.2	3
J68B Major Skin Disorders, Minor Complexity	1,801	840	3.0	2
J69A Skin Malignancy, Major Complexity	77	99	18.8	14
J69B Skin Malignancy, Minor Complexity	4,488	101	7.6	3
J98Z UV Therapy ^b	14,893	0	-	-
Total	99,685	22,688	5.0	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 10.0) 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 10.0 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 GlIs for Diabetic Complications, Major Complexity	0	97	58.6	38
K01B GlIs for Diabetic Complications, Intermediate Complexity	0	145	22.4	19
K01C GlIs for Diabetic Complications, Minor Complexity	13	258	13.8	11
K02Z Pituitary Interventions	~	82	12.0	10
K03Z Adrenal Interventions	~	67	6.5	5
K05A Parathyroid Interventions, Major Complexity	~	33	4.0	2
K05B Parathyroid Interventions, Minor Complexity	34	179	2.2	1
K06A Thyroid Interventions, Major Complexity	0	64	7.8	5
K06B Thyroid Interventions, Minor Complexity	30	675	2.3	2
K08Z Thyroglossal Interventions	7	49	2.1	2
K09A Other Endocrine, Nutritional and Metabolic GlIs, Major Complexity	10	48	30.9	25
K09B Other Endocrine, Nutritional and Metabolic GlIs, Minor Complexity	28	88	13.2	10
K10Z Revisional and Open Bariatric Interventions	0	24	2.9	2
K11A Major Laparoscopic Bariatric Interventions, Major Complexity	0	23	3.7	2
K11B Major Laparoscopic Bariatric Interventions, Minor Complexity	0	90	2.3	2
K12Z Other Bariatric Interventions	0	6	2.0	2
K13Z Plastic GlIs for Endocrine, Nutritional and Metabolic Disorders	~	34	2.4	1
K40A Endoscopic and Investigative Interventions for Metabolic Disorders, Major Comp	47	292	22.3	13
K40B Endoscopic and Investigative Interventions for Metabolic Disorders, Minor Comp	3,081	215	8.8	7
K60A Diabetes, Major Complexity	50	998	14.0	7
K60B Diabetes, Minor Complexity	384	3,563	4.1	2
K61A Severe Nutritional Disturbance, Major Complexity	0	17	36.7	26
K61B Severe Nutritional Disturbance, Minor Complexity	~	58	21.8	12
K62A Miscellaneous Metabolic Disorders, Major Complexity	51	987	14.6	8
K62B Miscellaneous Metabolic Disorders, Intermediate Complexity	288	1,716	6.0	4
K62C Miscellaneous Metabolic Disorders, Minor Complexity	3,390	4,196	2.8	1
K63A Inborn Errors of Metabolism, Major Complexity	129	140	9.8	3
K63B Inborn Errors of Metabolism, Minor Complexity	304	114	3.2	1
K64A Endocrine Disorders, Major Complexity	360	586	10.1	5
K64B Endocrine Disorders, Minor Complexity	3,510	1,218	2.8	1
Total	11,728	16,062	6.6	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 4.13 Total Discharges: MDC 11 Diseases and Disorders of the Kidney and Urinary Tract: AR-DRG Version 10.0 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	0	33	22.6	17
L02B Operative Insertion of Peritoneal Catheter for Dialysis, Minor Complexity	88	56	3.0	3
L03A Kidney, Ureter and Major Bladder Interventions for Neoplasm, Major Complexity	0	74	25.5	18
L03B Kidney, Ureter and Major Bladder Interventions for Neoplasm, Intermediate Comp	0	201	10.0	8
L03C Kidney, Ureter and Major Bladder Interventions for Neoplasm, Minor Complexity	13	532	5.3	4
L04A Kidney, Ureter and Major Bladder Interventions for Non-Neoplasm, Major Comp	~	324	27.4	19
L04B Kidney, Ureter and Major Bladder Interventions for Non-Neoplasm, Interm Comp	67	823	7.9	5
L04C Kidney, Ureter and Major Bladder Interventions for Non-Neoplasm, Minor Comp	1,236	2,015	2.7	2
L05A Transurethral Prostatectomy for Urinary Disorder, Major Complexity	0	15	16.5	13
L05B Transurethral Prostatectomy for Urinary Disorder, Minor Complexity	~	110	4.9	3
L06A Minor Bladder Interventions, Major Complexity	~	35	23.1	16
L06B Minor Bladder Interventions, Intermediate Complexity	12	105	10.8	8
L06C Minor Bladder Interventions, Minor Complexity	108	232	4.3	3
L07A Other Transurethral Interventions, Major Complexity	12	189	14.8	9
L07B Other Transurethral Interventions, Minor Complexity	511	1,318	2.9	2
L08Z Urethral Interventions	47	132	3.0	2
L09A Other Interventions for Kidney and Urinary Tract Disorders, Major Complexity	~	44	35.6	23
L09B Other Interventions for Kidney and Urinary Tract Disorders, Interm Complexity	20	88	12.9	8
L09C Other Interventions for Kidney and Urinary Tract Disorders, Minor Complexity	296	116	1.9	1
L10A Kidney Transplant, Age <=16 Years or Major Complexity	0	41	13.6	11
L10B Kidney Transplant, Age >=17 Years and Minor Complexity	0	132	9.6	8
L43A Nephrolithiasis Interventions, Major Complexity	19	219	7.5	5
L43B Nephrolithiasis Interventions, Minor Complexity	1,372	904	2.7	2
L44A Cystourethroscopy for Urinary Disorder, Major Complexity	628	180	8.4	5
L44B Cystourethroscopy for Urinary Disorder, Minor Complexity	9,707	294	3.2	1
L60A Kidney Failure, Major Complexity	~	326	30.5	22
L60B Kidney Failure, Intermediate Complexity	6	1,161	12.6	9
L60C Kidney Failure, Minor Complexity	613	2,114	5.4	4
L61Z Haemodialysis	195,612	17	0.8	1
L62A Kidney and Urinary Tract Neoplasms, Major Complexity	214	228	15.1	11
L62B Kidney and Urinary Tract Neoplasms, Intermediate Complexity	835	372	4.9	2
L62C Kidney and Urinary Tract Neoplasms, Minor Complexity	820	92	3.4	1
L63A Kidney and Urinary Tract Infections, Major Complexity	74	7,212	13.1	8
L63B Kidney and Urinary Tract Infections, Minor Complexity	2,738	9,922	4.8	3
L64A Urinary Stones and Obstruction, Major Complexity	96	599	4.5	2
L64B Urinary Stones and Obstruction, Minor Complexity	226	1,421	1.8	1
L65A Kidney and Urinary Tract Signs and Symptoms, Major Complexity	269	547	11.0	7
L65B Kidney and Urinary Tract Signs and Symptoms, Minor Complexity	3,068	2,139	3.5	2
L66Z Urethral Stricture	168	11	3.4	1
L67A Other Kidney and Urinary Tract Disorders, Major Complexity	71	574	15.0	9
L67B Other Kidney and Urinary Tract Disorders, Intermediate Complexity	2,340	1,318	5.1	3
L67C Other Kidney and Urinary Tract Disorders, Minor Complexity	5,208	638	2.5	1
L68Z Peritoneal Dialysis	68	0	-	-
Total	226,572	36,903	7.3	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 10.0 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 Interventions, Major Complexity	0	26	10.9	7
M01B Major Male Pelvic Interventions, Minor Complexity	~	642	2.4	2
M02A Transurethral Prostatectomy for Reproductive System Disorder, Major Complexity	0	22	11.4	9
M02B Transurethral Prostatectomy for Reproductive System Disorder, Minor Complexity	7	350	3.4	3
M03A Penis Interventions, Major Complexity	30	28	22.5	3
M03B Penis Interventions, Minor Complexity	444	142	2.5	1
M04Z Testes Interventions	1,212	843	2.2	1
M05Z Circumcision	1,523	182	1.4	1
M06A Other Male Reproductive System GIs, Major Complexity	*	44	14.7	11
M06B Other Male Reproductive System GIs, Minor Complexity	151	89	2.6	2
M40Z Cystourethroscopy for Male Reproductive System Disorder, Sameday	941	~	^	^
M60A Male Reproductive System Malignancy, Major Complexity	452	374	10.2	6
M60B Male Reproductive System Malignancy, Minor Complexity	4,548	160	5.1	3
M61A Benign Prostatic Hypertrophy, Major Complexity	19	*	^	^
M61B Benign Prostatic Hypertrophy, Minor Complexity	1,103	45	2.0	1
M62A Male Reproductive System Inflammation, Major Complexity	9	119	11.0	7
M62B Male Reproductive System Inflammation, Minor Complexity	265	1,313	2.8	2
M63Z Male Sterilisation Interventions	47	0	-	-
M64A Other Male Reproductive System Disorders, Major Complexity	263	87	4.9	3
M64B Other Male Reproductive System Disorders, Minor Complexity	772	970	1.2	1
Total	11,793	5,458	3.4	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.

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 10.0 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
N01Z Pelvic Evisceration and Radical Vulvectomy	~	111	9.6	8
N04A Hysterectomy for Non-Malignancy, Major Complexity	0	135	6.8	5
N04B Hysterectomy for Non-Malignancy, Minor Complexity	11	1,743	3.1	3
N05A Oophorectomy and Complex Fallopian Tube Int for Non-Malignancy, Maj Comp	~	35	7.0	5
N05B Oophorectomy and Complex Fallopian Tube Int for Non-Malignancy, Min Comp	262	681	2.0	1
N06A Female Reproductive System Reconstructive Interventions, Major Complexity	0	51	3.6	3
N06B Female Reproductive System Reconstructive Interventions, Minor Complexity	356	903	2.3	2
N07A Other Uterus and Adnexa Interventions for Non-Malignancy, Major Complexity	989	953	2.3	1
N07B Other Uterus and Adnexa Interventions for Non-Malignancy, Minor Complexity	3,954	538	1.7	1
N08Z Endoscopic and Laparoscopic Interventions, Female Reproductive System	651	282	2.1	1
N09A Other Vagina, Cervix and Vulva Interventions, Major Complexity	134	208	8.2	3
N09B Other Vagina, Cervix and Vulva Interventions, Minor Complexity	1,757	505	1.6	1
N10Z Diagnostic Curettage and Diagnostic Hysteroscopy	11,035	580	2.4	1
N11A Other Female Reproductive System GIs, Major Complexity	29	66	11.3	8
N11B Other Female Reproductive System GIs, Minor Complexity	~	~	^	^
N12A Uterus and Adnexa Interventions for Malignancy, Major Complexity	0	*	^	^
N12B Uterus and Adnexa Interventions for Malignancy, Intermediate Complexity	~	165	6.7	6
N12C Uterus and Adnexa Interventions for Malignancy, Minor Complexity	51	481	3.7	3
N60A Female Reproductive System Malignancy, Major Complexity	10	189	17.4	12
N60B Female Reproductive System Malignancy, Minor Complexity	1,115	487	6.4	3
N61A Female Reproductive System Infections, Major Complexity	~	91	7.2	6
N61B Female Reproductive System Infections, Minor Complexity	83	424	2.7	2
N62A Menstrual and Other Female Reproductive System Disorders, Major Complexity	336	431	4.5	2
N62B Menstrual and Other Female Reproductive System Disorders, Minor Complexity	4,903	2,720	1.5	1
Total	25,691	11,808	3.2	2

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

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

^ Denotes that length of stay 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 4.16 Total Discharges: MDC 14 Pregnancy, Childbirth and the Puerperium: AR-DRG Version 10.0 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	1,307	9.1	6
O01B Caesarean Delivery, Intermediate Complexity	0	7,846	5.3	4
O01C Caesarean Delivery, Minor Complexity	0	12,068	3.6	3
O02A Vaginal Delivery W GIs, Major Complexity	0	149	4.9	4
O02B Vaginal Delivery W GIs, Minor Complexity	0	566	3.5	3
O03Z Ectopic Pregnancy	32	652	1.7	1
O04A Postpartum and Post Abortion W GIs, Major Complexity ^b	6	108	5.8	4
O04B Postpartum and Post Abortion W GIs, Minor Complexity ^b	31	191	2.3	2
O05Z Abortion W GIs ^b	946	2,463	1.1	1
O60A Vaginal Delivery, Major Complexity	0	3,558	4.5	4
O60B Vaginal Delivery, Intermediate Complexity	0	14,117	3.0	3
O60C Vaginal Delivery, Minor Complexity	0	12,493	2.2	2
O61A Postpartum and Post Abortion W/O GIs, Major Complexity ^b	212	498	3.4	3
O61B Postpartum and Post Abortion W/O GIs, Minor Complexity ^b	2,563	3,893	1.7	1
O63A Abortion W/O GIs, Major Complexity ^b	20	254	2.1	1
O63B Abortion W/O GIs, Minor Complexity ^b	428	2,360	1.1	1
O66A Antenatal and Other Obstetric Admissions, Major Complexity	257	3,525	2.4	1
O66B Antenatal and Other Obstetric Admissions, Intermediate Complexity	2,755	12,363	1.3	1
O66C Antenatal and Other Obstetric Admissions, Minor Complexity	6,214	21,573	0.9	1
Total	13,464	99,984	2.5	2

Notes: 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 10.0 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 GI/Vent>=96hrs, Died or Transfer to Acute Facility <5Days	0	36	2.1	2
P02Z Cardiothoracic and Vascular Interventions for Neonates	0	39	38.7	17
P03A Neonate, AdmWt 1000-1499g W Significant GI/Vent>=96hrs, Major Complexity	0	34	54.2	58
P03B Neonate, AdmWt 1000-1499g W Significant GI/Vent>=96hrs, Minor Complexity	0	165	41.5	41
P04A Neonate, AdmWt 1500-1999g W Significant GI/Vent>=96hrs, Major Complexity	0	20	64.5	46
P04B Neonate, AdmWt 1500-1999g W Significant GI/Vent>=96hrs, Minor Complexity	0	145	30.1	30
P05A Neonate, AdmWt 2000-2499g W Significant GI/Vent>=96hrs, Major Complexity	0	13	82.2	32
P05B Neonate, AdmWt 2000-2499g W Significant GI/Vent>=96hrs, Minor Complexity	0	112	23.0	20
P06A Neonate, AdmWt >=2500g W Significant GI/Vent>=96hrs, Major Complexity	0	94	66.9	37
P06B Neonate, AdmWt >=2500g W Significant GI/Vent>=96hrs, Minor Complexity	0	300	12.1	10
P07Z Neonate, AdmWt <750g W Significant GIs	0	*	^	^
P08Z Neonate, AdmWt 750-999g W Significant GIs	0	~	^	^
P60A Neonate W/O Sig GI/Vent>=96hrs, Died/Transfer Acute Facility <5 Days, Maj Comp	~	80	1.9	2
P60B Neonate W/O Sig GI/Vent>=96hrs, Died/Transfer Acute Facility <5 Days, Min Comp	8	519	1.2	1
P61Z Neonate, AdmWt <750g W/O Significant GI procedure	0	73	58.4	51
P62A Neonate, AdmWt 750-999g W/O Significant GIs, Major Complexity	0	24	77.1	79
P62B Neonate, AdmWt 750-999g W/O Significant GIs, Minor Complexity	0	61	53.4	58
P63A Neonate, AdmWt 1000-1249g W/O Significant GI/Vent>=96hrs, Major Complexity	0	13	41.2	40
P63B Neonate, AdmWt 1000-1249g W/O Significant GI/Vent>=96hrs, Minor Complexity	0	24	23.6	25
P64A Neonate, AdmWt 1250-1499g W/O Significant GI/Vent>=96hrs, Major Complexity	0	18	30.1	30
P64B Neonate, AdmWt 1250-1499g W/O Significant GI/Vent>=96hrs, Minor Complexity	0	59	22.9	23
P65A Neonate, AdmWt 1500-1999g W/O Significant GI/Vent>=96hrs, Extreme Comp	0	20	30.0	26
P65B Neonate, AdmWt 1500-1999g W/O Significant GI/Vent>=96hrs, Major Complexity	0	36	22.9	21
P65C Neonate, AdmWt 1500-1999g W/O Significant GI/Vent>=96hrs, Intermediate Comp	~	181	20.2	19
P65D Neonate, AdmWt 1500-1999g W/O Significant GI/Vent>=96hrs, Minor Complexity	~	289	13.6	13
P66A Neonate, AdmWt 2000-2499g W/O Significant GI/Vent>=96hrs, Extreme Comp	0	111	18.3	16
P66B Neonate, AdmWt 2000-2499g W/O Significant GI/Vent>=96hrs, Major Complexity	~	573	10.1	9
P66C Neonate, AdmWt 2000-2499g W/O Significant GI/Vent>=96hrs, Intermediate Comp	~	277	6.5	4
P66D Neonate, AdmWt 2000-2499g W/O Significant GI/Vent>=96hrs, Minor Complexity	8	486	3.1	2
P67A Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, <37 Comp Wks Gest, Extr Comp	~	71	15.0	13
P67B Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, <37 Comp Wks Gest, Maj Comp	0	87	9.3	8
P67C Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, <37 Comp Wks Gest, Int Comp	0	198	7.9	7
P67D Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, <37 Comp Wks Gest, Min Comp	17	456	4.1	2
P68A Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, >=37 Comp Wks Gest, Ext Comp	~	526	9.2	6
P68B Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, >=37 Comp Wks Gest, Maj Comp	16	1,209	4.4	3
P68C Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, >=37 Comp Wks Gest, Int Comp	25	2,132	2.8	2
P68D Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, >=37 Comp Wks Gest, Min Comp	233	4,334	2.0	1
Total	318	12,830	7.4	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.

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 10.0 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
Q01Z Splenectomy	0	43	7.5	6
Q02A Blood and Immune System Disorders W Other GIs, Major Complexity	~	84	18.5	10
Q02B Blood and Immune System Disorders W Other GIs, Minor Complexity	639	190	5.2	3
Q60A Reticuloendothelial and Immunity Disorders, Major Complexity	248	1,085	6.6	4
Q60B Reticuloendothelial and Immunity Disorders, Minor Complexity	4,392	701	2.4	1
Q61A Red Blood Cell Disorders, Major Complexity	1,244	1,616	10.0	7
Q61B Red Blood Cell Disorders, Intermediate Complexity	11,274	2,731	3.4	2
Q61C Red Blood Cell Disorders, Minor Complexity	33,946	3,265	1.6	1
Q62A Coagulation Disorders, Major Complexity	*	220	8.9	4
Q62B Coagulation Disorders, Minor Complexity	3,037	805	2.6	1
Total	54,845	10,740	4.3	2

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 4.19 Total Discharges: MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms): AR-DRG Version 10.0 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 GIs, Major Complexity	0	40	54.3	36
R01B Lymphoma and Leukaemia W Major GIs, Minor Complexity	17	83	9.3	6
R02A Other Neoplastic Disorders W Major GIs, Major Complexity	0	16	19.6	16
R02B Other Neoplastic Disorders W Major GIs, Intermediate Complexity	~	53	11.5	9
R02C Other Neoplastic Disorders W Major GIs, Minor Complexity	36	157	3.7	2
R03A Lymphoma and Leukaemia W Other GIs, Major Complexity	0	57	53.1	43
R03B Lymphoma and Leukaemia W Other GIs, Intermediate Complexity	7	66	18.8	14
R03C Lymphoma and Leukaemia W Other GIs, Minor Complexity	282	276	8.8	6
R04A Other Neoplastic Disorders W Other GIs, Major Complexity	27	51	17.8	9
R04B Other Neoplastic Disorders W Other GIs, Minor Complexity	1,112	209	5.1	3
R05A Allogeneic Bone Marrow Transplant, Age <=16 Years or Major Complexity	0	50	44.3	40
R05B Allogeneic Bone Marrow Transplant, Age >=17 Years and Minor Complexity	~	55	37.5	36
R06A Autologous Bone Marrow Transplant, Major Complexity	0	31	32.7	27
R06B Autologous Bone Marrow Transplant, Intermediate Complexity	0	54	21.7	21
R06C Autologous Bone Marrow Transplant, Minor Complexity	0	66	16.7	18
R60A Acute Leukaemia, Major Complexity	73	291	28.8	24
R60B Acute Leukaemia, Intermediate Complexity	1,275	572	9.6	4
R60C Acute Leukaemia, Minor Complexity	1,767	210	6.3	3
R61A Lymphoma and Non-Acute Leukaemia, Major Complexity	85	873	20.9	16
R61B Lymphoma and Non-Acute Leukaemia, Intermediate Complexity	3,662	1,670	6.7	5
R61C Lymphoma and Non-Acute Leukaemia, Minor Complexity	8,555	755	3.8	2
R62A Other Neoplastic Disorders, Major Complexity	25	77	17.3	12
R62B Other Neoplastic Disorders, Intermediate Complexity	6,171	137	7.9	4
R62C Other Neoplastic Disorders, Minor Complexity	105,787	119	4.1	2
R63Z Chemotherapy	147,943	0	-	-
R99Z Oncology Repeat Attendance ^b	21,512	0	-	-
Total	298,339	5,968	11.9	6

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 (V10.0) 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 10.0 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
T01A Infectious and Parasitic Diseases W GIs, Major Complexity	0	56	61.2	41
T01B Infectious and Parasitic Diseases W GIs, Intermediate Complexity	~	103	23.1	16
T01C Infectious and Parasitic Diseases W GIs, Minor Complexity	46	445	13.7	9
T40Z Infectious and Parasitic Diseases W Ventilator Support	0	41	13.7	8
T60A Septicaemia, Major Complexity	0	319	27.5	19
T60B Septicaemia, Intermediate Complexity	12	994	13.8	10
T60C Septicaemia, Minor Complexity	21	1,472	7.7	6
T61A Postoperative Infections, Major Complexity	8	257	11.8	8
T61B Postoperative Infections, Minor Complexity	69	868	4.3	3
T62A Fever of Unknown Origin, Major Complexity	~	237	5.2	3
T62B Fever of Unknown Origin, Minor Complexity	24	1,364	3.1	2
T63A Viral Illnesses, Major Complexity	23	1,224	9.7	5
T63B Viral Illnesses, Minor Complexity	770	5,105	2.6	1
T64A Other Infectious and Parasitic Diseases, Major Complexity	0	78	24.2	19
T64B Other Infectious and Parasitic Diseases, Intermediate Complexity	27	296	11.7	8
T64C Other Infectious and Parasitic Diseases, Minor Complexity	2,197	523	6.4	4
Total	3,205	13,382	6.9	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 10.0 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	10	0	-	-
U60Z Mental Health Treatment W/O ECT, Sameday	893	770	0.5	1
U61A Schizophrenia Disorders, Major Complexity	0	46	83.0	38
U61B Schizophrenia Disorders, Minor Complexity	0	111	26.4	15
U62A Paranoia and Acute Psychotic Disorders, Major Complexity	0	22	35.0	19
U62B Paranoia and Acute Psychotic Disorders, Minor Complexity	0	165	13.5	7
U63A Major Affective Disorders, Major Complexity	0	54	40.4	24
U63B Major Affective Disorders, Minor Complexity	0	116	14.2	7
U64A Other Affective and Somatoform Disorders, Major Complexity	0	46	15.7	9
U64B Other Affective and Somatoform Disorders, Minor Complexity	0	101	9.5	5
U65A Anxiety Disorders, Major Complexity	0	187	17.7	8
U65B Anxiety Disorders, Minor Complexity	0	475	5.8	4
U66A Eating and Obsessive-Compulsive Disorders, Major Complexity	0	84	41.4	28
U66B Eating and Obsessive-Compulsive Disorders, Minor Complexity	0	367	17.6	10
U67A Personality Disorders and Acute Reactions, Major Complexity	0	47	27.6	10
U67B Personality Disorders and Acute Reactions, Minor Complexity	0	201	7.2	3
U68A Childhood Mental Disorders, Major Complexity	0	24	6.8	4
U68B Childhood Mental Disorders, Minor Complexity	0	59	10.5	4
Total	903	2,875	12.2	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 10.0 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	888	8.2	5
V60B Alcohol Intoxication and Withdrawal, Minor Complexity	0	1,946	3.0	2
V61A Drug Intoxication and Withdrawal, Major Complexity	~	56	8.9	5
V61B Drug Intoxication and Withdrawal, Minor Complexity	~	294	4.9	2
V62A Alcohol Use and Dependence, Major Complexity	0	75	16.5	11
V62B Alcohol Use and Dependence, Minor Complexity	7	649	4.2	2
V63Z Opioid Use and Dependence	0	44	13.7	19
V64A Other Drug Use and Dependence, Major Complexity	0	6	10.0	9
V64B Other Drug Use and Dependence, Minor Complexity	0	111	9.2	4
Total	9	4,069	5.1	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 4.23 Total Discharges: MDC 21A Injuries, Poisonings and Toxic Effects of Drugs; Multiple Trauma: AR-DRG Version 10.0 by Patient Type (N, In-Patient Length of Stay)

MDC 21a Injuries, Poisonings and Toxic Effects of Drugs; Multiple Trauma	Day Patients	In-Patients ^a	In-Patient Length of Stay ^a	
	N	N	Mean	Median
W01A Vent, Trac & Cran Interventions for Mult Sig Trauma, Major Complexity	0	20	97.8	76
W01B Vent, Trac & Cran Interventions for Mult Sig Trauma, Intermediate Complexity	0	41	51.8	38
W01C Vent, Trac & Cran Interventions for Mult Sig Trauma, Minor Complexity	0	71	27.4	16
W02A Hip, Femur and Lower Limb Interventions for Multiple Sig Trauma, Major Comp	0	33	37.2	21
W02B Hip, Femur and Lower Limb Interventions for Multiple Sig Trauma, Minor Comp	0	93	22.7	15
W03Z Abdominal Interventions for Multiple Significant Trauma	0	27	13.9	10
W04A Multiple Significant Trauma W Other GIs, Major Complexity	0	27	45.7	20
W04B Multiple Significant Trauma W Other GIs, Minor Complexity	0	56	14.4	11
W60Z Multiple Sig Trauma, Transferred to Acute Facility <5 Days	0	68	1.8	2
W61A Multiple Significant Trauma W/O GIs, Major Complexity	0	155	32.4	18
W61B Multiple Significant Trauma W/O GIs, Minor Complexity	0	184	13.3	8
Total	0	775	25.0	13

Notes:

- a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
As part of the AR-DRG classification update the previous MDC 21 has been split into MDC 21A and MDC 21B.

TABLE 4.24 Total Discharges: MDC 21B Injuries, Poisonings and Toxic Effects of Drugs: AR-DRG Version 10.0 by Patient Type (N, In-Patient Length of Stay)

MDC 21b Injuries, Poisonings and Toxic Effects of Drugs	Day Patients	In-Patients ^a	In-Patient Length of Stay ^a	
	N	N	Mean	Median
X02A Microvascular Tissue Transfer and Skin Grafts for Injuries to Hand, Major Comp	~	*	^	^
X02B Microvascular Tissue Transfer and Skin Grafts for Injuries to Hand, Minor Comp	23	62	1.7	1
X04A Other Interventions for Injuries to Lower Limb, Major Complexity	0	46	30.0	25
X04B Other Interventions for Injuries to Lower Limb, Minor Complexity	16	218	3.0	2
X05A Other Interventions for Injuries to Hand, Major Complexity	18	123	4.0	2
X05B Other Interventions for Injuries to Hand, Minor Complexity	595	979	0.8	1
X06A Other Interventions for Other Injuries, Major Complexity	~	155	22.3	12
X06B Other Interventions for Other Injuries, Intermediate Complexity	76	310	6.1	4
X06C Other Interventions for Other Injuries, Minor Complexity	359	1,094	2.2	1
X07A Skin Grafts for Injuries Excluding Hand, Major Complexity	~	~	^	^
X07B Skin Grafts for Injuries Excluding Hand, Intermediate Complexity	~	26	12.4	10
X07C Skin Grafts for Injuries Excluding Hand, Minor Complexity	17	55	3.8	1
X40A Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Major Comp	0	55	13.8	9
X40B Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Minor Comp	0	81	6.7	5
X60A Injuries, Major Complexity	93	1,358	13.2	7
X60B Injuries, Minor Complexity	640	3,465	2.5	1
X61A Allergic Reactions, Major Complexity	0	90	5.1	2
X61B Allergic Reactions, Minor Complexity	17	430	1.2	1
X62A Poisoning/Toxic Effects of Drugs and Other Substances, Major Complexity	~	1,274	6.9	3
X62B Poisoning/Toxic Effects of Drugs and Other Substances, Minor Complexity	29	2,627	2.1	1
X63A Sequelae of Treatment, Major Complexity	46	506	8.7	5
X63B Sequelae of Treatment, Minor Complexity	267	2,087	2.6	1
X64A Other Injuries, Poisonings and Toxic Effects, Major Complexity	~	624	22.3	14
X64B Other Injuries, Poisonings and Toxic Effects, Intermediate Complexity	~	795	8.8	5
X64C Other Injuries, Poisonings and Toxic Effects, Minor Complexity	~	842	2.8	1
Total	2,216	17,324	5.1	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.

As part of the AR-DRG classification update the previous MDC 21 has been split into MDC 21A and MDC 21B

TABLE 4.25 Total Discharges: MDC 22 Burns: AR-DRG Version 10.0 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 GIs for Severe Full Thickness Burns	0	20	58.9	47
Y02A Skin Grafts for Other Burns, Major Complexity	0	14	26.5	21
Y02B Skin Grafts for Other Burns, Intermediate Complexity	~	46	10.1	9
Y02C Skin Grafts for Other Burns, Minor Complexity	11	55	6.2	4
Y03A Other GIs for Other Burns, Major Complexity	38	27	18.6	8
Y03B Other GIs for Other Burns, Minor Complexity	16	47	5.0	4
Y60Z Burns, Transferred to Acute Facility <5 Days	0	41	1.0	1
Y61Z Severe Burns	24	65	13.5	4
Y62A Other Burns, Major Complexity	~	62	12.0	5
Y62B Other Burns, Minor Complexity	123	139	2.8	1
Total	222	516	10.0	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 4.26 Total Discharges: MDC 23 Factors Influencing Health Status and Other Contacts with Health Services: AR-DRG Version 10.0 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 GIs, Major Complexity	42	100	26.3	7
Z01B Other Contacts W Health Services W GIs, Minor Complexity	869	271	2.3	1
Z40Z Other Contacts W Health Services W Endoscopy	21,507	210	14.2	2
Z61A Signs and Symptoms, Major Complexity	99	928	9.5	4
Z61B Signs and Symptoms, Minor Complexity	992	2,768	2.4	1
Z63A Other Follow Up After Surgery or Medical Care, Major Complexity	27	1,160	28.3	18
Z63B Other Follow Up After Surgery or Medical Care, Minor Complexity	857	1,228	13.9	5
Z64A Other Factors Influencing Health Status, Major Complexity	1,903	593	15.3	4
Z64B Other Factors Influencing Health Status, Minor Complexity	37,341	2,168	2.0	1
Z65Z Congenital Anomalies and Problems Arising from Neonatal Period	92	67	7.2	2
Z66Z Sleep Disorders	23	314	1.4	1
Total	63,752	9,807	8.8	1

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

TABLE 4.27 Total Discharges: Unassignable to MDC: AR-DRG Version 10.0 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 GIs Unrelated to Principal Diagnosis, Major Complexity	~	351	56.8	38
801B GIs Unrelated to Principal Diagnosis, Intermediate Complexity	*	561	21.8	15
801C GIs Unrelated to Principal Diagnosis, Minor Complexity	338	480	10.8	5
Total	2,216	1,392	26.8	14

Notes: 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.

TABLE 4.28 Total Discharges: Pre-MDC: AR-DRG Version 10.0 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
A13A Ventilation >=336hours, Major Complexity	0	132	122.5	77
A13B Ventilation >=336hours, Minor Complexity	0	408	58.6	44
A14A Ventilation >=96hours & <336hours, Major Complexity	0	207	65.2	39
A14B Ventilation >=96hours & <336hours, Intermediate Complexity	0	608	39.3	25
A14C Ventilation >=96hours & <336hours, Minor Complexity	0	726	23.2	16
A15A Tracheostomy, Major Complexity	0	31	89.1	57
A15B Tracheostomy, Intermediate Complexity	0	100	42.4	33
A15C Tracheostomy, Minor Complexity	0	95	29.6	25
A40Z ECMO	0	21	42.0	33
Total	0	2,328	45.1	27

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

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,2022).
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 <i>Outcome of delivery</i>).
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 <i>Outcome of delivery</i>).
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 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)
HSE Health Regions	The organisational structure of public hospitals was revised in 2024 with the establishment of six new health regions replacing the previous hospital groups.
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 2024 (V1.2) was used in the collection of HIPE data in 2024.
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 10.0, 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, 2022).
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, 2022).
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) 2022. 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 (12th Ed)- Adelaide: Independent Health and Aged Care Pricing Authority (IHACPA), Lane Publishing.
 Further information on AR-DRG Version 10.0 can be found on the IHACPA website <https://www.ihacpa.gov.au/resources/ar-drg-version-100> [Accessed 29th September 2025].

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
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
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 Region

Hospital Name	County	Hospital Model ^a	Hospital Type
HSE Dublin and North East			
Mater Misericordiae University Hospital	Dublin	Model 4	Voluntary
National Orthopaedic Hospital Cappagh	Dublin	Specialist	Voluntary
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
Our Lady's Hospital, Navan	Meath	Model 3	Non-Voluntary
HSE Dublin and South East			
St. Vincent's University Hospital	Dublin	Model 4	Voluntary
St. Columcille's Hospital	Dublin	Model 2	Non-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
National Rehabilitation Hospital (NRH), Dun Laoghaire	Dublin	Specialist	Voluntary
University Hospital Waterford	Waterford	Model 4	Non-Voluntary
Kilcreene Orthopaedic Hospital	Kilkenny	Specialist	Non-Voluntary
Tipperary University Hospital	Tipperary	Model 3	Non-Voluntary
HSE Dublin and Midlands			
Naas General Hospital	Kildare	Model 3	Non-Voluntary
St. Luke's Hospital, Rathgar ^b	Dublin	Specialist	Non-Voluntary
St. James's Hospital, Dublin	Dublin	Model 4	Voluntary
Coombe Women & Infants University Hospital	Dublin	Maternity	Voluntary
Tallaght University Hospital ^c	Dublin	Model 4	Voluntary
Midland Regional Hospital, Tullamore	Offaly	Model 3	Non-Voluntary
Midland Regional Hospital, Portlaoise	Laois	Model 3	Non-Voluntary
Midland Regional Hospital, Mullingar	Westmeath	Model 3	Non-Voluntary
CHI Crumlin	Dublin	Paediatric	Voluntary
CHI Temple Street	Dublin	Paediatric	Voluntary
CHI Tallaght ^c	Dublin	Paediatric	Voluntary
HSE South West			
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 Region (contd.)

Hospital Name	County	Hospital Model ^a	Hospital Type
HSE Mid West			
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
HSE West and North West			
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
Non-Acute			
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 2024: 53

- a Please be advised that information on hospital model may be subject to change.
- b 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. They are collected under separate hospital numbers.
- c For reporting purposes, discharges from Tallaght University Hospital are presented separately. Discharges aged 17 years and older are included in Tallaght University Hospital, while discharges aged less than 17 years are included in CHI Tallaght.

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), 12th Edition, July 2022.
	Twenty-nine additional diagnoses	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 12th Edition, July 2022.
	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), 12th Edition, July 2022.
	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), 12th Edition, July 2022.
	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 <i>any</i> 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 <i>any acute</i> hospital not specified in hospital code listing, non-emergency transfer to hospital in hospital code listing, or COVID-19 facility, or transfer to <i>any acute</i> 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 Mandatory for all cases with admission type maternity. Parity: Still births
	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 2024 V16.0.
Source: HIPE Data Dictionary 2024 Version 16.0, available at www.hpo.ie

APPENDIX III: HIPE DATA ENTRY FORM

FIGURE III.1 HIPE Data Entry Form, 01.01.2024

Hospital In-Patient Enquiry (HIPE) Summary Sheet 2024 V1.

For use with HIPE on ALL DISCHARGES FROM 01.01.2024

Patient's Hospital of Discharge [][][]		Type (priority) of Admission []		FOR LOCAL COLLECTION ONLY		Affix Label	
MRN [][][][][][]		Type of Elective Adm If Adm Type=1-2	W/List "Type" If Adm Type=1-2	Mode If Adm Type=4,5,7			* Name: []
Sex []	Date of Birth []/[]/[]	NTPF: Y/N		Access to Care: Y/N			* Address: []
Admission Date []/[]/[]		IF TRANSFER IN: Tick if this a transfer of a non-admitted patient []					
Admission Time []:[]		Admission Source []		Duration of continuous ventilatory support (hours) Cumulative [][]			
Discharge Date []/[]/[]		Discharge Code []		Lab-Confirmed COVID-19 Past or Present []			
Discharge Time []:[]		Area of Residence [][][]		Admitting Ward [][][][]		Day Case [] Day Ward [] Day Ward ID [][][][]	
*Eircode [][][][][]		Discharge Ward [][][][]		Ukraine Temporary Protection Directive Y/N []			
Marital /Civil Status []		Transfer from [][][]		Days in ITU/ICU [] ICU Flag [] HDU Flag []			
Medical Card []		Transfer to [][][]		Where status on discharge is "private" also enter:			
Health Insurer []		Temp Leave Days []		Days in Single Occupancy ITU/ICU []			
Parity [] + []		Date of Transfer to rehab/PDU []/[]/[]		Days in multiple occupancy ITU/ICU []			
Infant Admit Weight (grams) [][][]		Days in a Critical Care Bed []		Number of Days by Bed Type:			
Specialist Palliative Care Involvement []		Discharge Status []		Private Bed [] Semi Private Bed [] Public Bed []			
Discharge Mode []		Number of Days by Room Type:		Single Room Bed [] Multiple Room Bed []			
Admitting Consultant [][][]		Intensive Care Consultant [][][]		Discharge Consultant [][][]		Medical Discharge Date []/[]/[]	
Primary Consultant [][][]		Up to 10 Intensive Care consultants may be recorded		Specialty of Discharge Consultant [][][]			

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.	[]	[][][]	

Procedure/Intervention Codes	Block No.	Principal Procedure	Consultant #	Consultant Anaesthetist #	Date of Procedure
(1) [][][][][]	[]		[][][]	[][][]	[]/[]/[]
(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

For use on all discharges from
01.01.2024

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 <i>any</i> 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 <i>any</i> <u>acute</u> 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 <i>any</i> <u>acute</u> 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 2024 Version 16.0 available at www.hpo.ie

APPENDIX V: AUSTRALIAN CODING STANDARD 0042

Australian Coding Standard 0042 Procedures normally not coded¹

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

¹ Australian Consortium for Classification Development (ACCD) 2022. 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 (12th Ed)- Adelaide: Independent Health and Aged Care Pricing Authority (IHACPA), Lane Publishing.

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 (block [1093])
6. Doppler recordings
7. Dressings (e.g. autologous platelet-rich plasma (PRP) dressing), except vacuum (VAC) dressings (90686-02 [1600], 90686-03 [1601])
8. Drug treatment/pharmacotherapy/prescription of drugs (e.g. parental nutrition (TPN))
Exception(s) code:
 - thrombolytic therapy (35317-01 [741], 96196-01, 96199-01 [1920])
 - following the guidelines in:
 - ACS 0206 Pharmacotherapy for neoplasms
 - ACS 0534 Specific interventions related to mental health care services
 - ACS 1500 Diagnosis sequencing in obstetric episodes of care
 - ACS 1511 Termination of pregnancy (abortion)
 - 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])
 - intravascular ultrasound (IVUS) (96272-00 [1949])
 - optical coherence tomography (OCT) (11219-00 [2016])
 - transoesophageal echocardiogram (TOE) (55118-00 [1942])
12. Monitoring: cardiac, electroencephalography (EEG), vascular pressure except radiographic/video EEG monitoring ≥ 24 hours (92011-00 [1825]) and stereo electroencephalography [SEEG] (92011-01 [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, except traumatic wounds which are not associated with an underlying injury (block [1635])
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. 2024 relates to discharges reported for 2024). 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 10TH EDITION TO 12TH EDITION ICD-10-AM/ACHI/ACS

VII.1 Introduction

Ireland updated to the 12th edition of ICD-10-AM/ACHI/ACS for all discharges from 1st January 2024. 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 11th and the 12th Edition of ICD-10-AM/ACHI/ACS. Extensive training on the update to 12th edition ICD-10-AM/ACHI/ACS was held for all HIPE staff throughout the country in a series of regional training workshops in 2023. Additional training on the update was also held in 2024.

A summary of the changes from the 10th edition to the 12th edition are outlined below.

- Number of codes in 12th Edition

Number of valid disease codes: 17,268

Number of ACHI Codes: 6,505

- Number of codes added and removed

Code Set	Added	Removed
Diagnoses from 10th to 12th	560	90
Procedures from 10th to 12th	142	183

- Number of Australian Coding Standards added and deleted

3 New ACS

41 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 12th edition there was a major revision of ACS 0002 *Additional Diagnoses* and ACS 0010 *Clinical Documentation and General Abstraction Guidelines*, providing clarification in the application of the guidelines. A new glossary of terms was added to the Australian Coding Standards to assist with the application of guidelines in the General Standards for Diseases. 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 12th edition

ICD-10-AM Diagnoses

- COVID-19
 - U07.1 *Coronavirus disease 2019 [COVID-19], virus identified* has been expanded
 - U07.11 *Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic*. U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic*
 - U07.7 *Coronavirus disease 2019 [COVID-19] vaccines causing adverse effects in therapeutic use*. The fifth character codes distinguish the type of COVID-19 vaccine causing adverse effect
 - New code Z03.81 *Observation for suspected coronavirus disease 2019 [COVID-19], ruled out* was created to replace U06.0 *Emergency use of U06.0 (COVID-19, ruled out)*
 - B codes no longer required for coding COVID-19 as concept is now in code title from U07 range
 - Symptom codes no longer coded for COVID-19 cases
 - Manifestations continue coded with Symptomatic COVID-19
- Antimicrobial Resistance
 - Category **Z06** *Resistance to antimicrobial drugs* has been inactivated
 - A new code block was added; *Resistance to antimicrobial drugs* (Z14-Z16)
- Sepsis
 - A number of codes have been created in ICD-10-AM Twelfth Edition Chapter 1 *Certain infectious and parasitic diseases* to classify sepsis due to specific organisms and infectious diseases
 - The title of P36 *Sepsis of newborn* has been amended to expand the concept beyond 'bacterial' sepsis
 - The concept of sepsis has been added to other abortion codes
- ESBL producing organisms
 - a new category and codes were created
- Mental & behavioural disorders
- Nervous system conditions
- Circulatory system
- Allergens & anaphylaxis
 - Improved indexing
 - Code title change for T codes
 - Y37 – new external cause code
- Syndromes
 - New code created for syndromes NEC

- Respiratory System
 - Respiratory distress
 - New codes
 - J98.7 *Respiratory infection NEC*
 - J16.1 *Fungal pneumonia*
 - Amendments have been made to J18.0 *Bronchopneumonia, unspecified* and J18.1 *Lobar pneumonia, unspecified* allowing the retirement of ACS 1004 *Pneumonia*.
 - The Excludes note has been amended to clarify that lower, middle or upper lobe pneumonia NOS is classified to J18.9 *Pneumonia, unspecified*.
 - A Note and Excludes note have been added to clarify that lower lobe pneumonia NOS is classified to J18.9 *Pneumonia, unspecified*.
- Digestive System
 - At category K58 *Irritable bowel syndrome* codes have been created for irritable bowel syndrome with predominant diarrhoea, predominant constipation, and mixed (alternating) bowel habits, to maintain alignment with the parent classification (ICD-10).
 - At category K58 *Irritable bowel syndrome* codes for irritable bowel syndrome with and without diarrhoea have been inactivated
 - Amendments have been made to category K65 *Peritonitis*, to add specificity
- Obstetrics
 - Unbundling of codes for mental disorders and diseases of the nervous system in obstetrics
- Neonates
 - New codes:
 - P07.4 *Extreme prematurity*
 - P07.5 *Other and unspecified preterm infants, with fifth character codes to reflect gestational age by specified weeks*
 - Inactivation of P07.2 *Extreme immaturity* and P07.3 *Other and unspecified preterm infants*
- New personal history codes

ACHI Procedures

- New codes Block [1866] *Other diagnostic tests, measures or investigations* has been created and includes a specific code for SARS-CoV-2 testing
- Ear, Nose, Mouth & Throat Interventions
 - Revision of ACHI for insertion and removal of grommets
 - 4 new codes in block [308] *Application, insertion or removal procedures on eardrum or middle ear*
 - FESS – single ACHI code to classify FESS (Functional Endoscopic Sinus Surgery)
 - Codes for destruction procedures on nose retired from block [374]
 - *Other destruction procedures on nose*
 - New code created in block [374] *Other destruction procedures on nose*
 - Procedure codes revised in block [331] *Excision procedures in inner ear*
 - Codes have been created in ACHI for certain interventions of the hypopharynx and larynx
 - New codes and code also note added to [376] *Excision procedures on nasal turbinates*
 - Retired blocks for implanted hearing devices – [321] & [329] and creation of new block [334] *implanted hearing prosthesis - BAHA*
- Ophthalmology Interventions
 - Glaucoma interventions
 - 42504-01 [191] *Adjustment of trans-trabecular drainage device* has been created.
 - 42652-00 [174] *Corneal collagen cross linking [CXL]* has been created.
 - A code has been created in block [238] *Procedures for correction of trichiasis* that classifies destruction procedures on the eyelash follicle.
 - A code has been created in block [239] *Procedures for ectropion or entropion* for correction of ectropion or entropion, not elsewhere classified.
 - MIGs can be assigned as a stand-alone code – Microinvasive Glaucoma Surgery see block [191] *Procedures for glaucoma*
- Lymph node interventions – complete review of lymph node interventions including:
 - Changes at block [805] *biopsy of lymphatic structure* and block [806] *excision procedures on lymphatic structure*
- Wound management
 - Addition of new codes for vacuum dressings, and wound management, not elsewhere classified
 - The terminology of excisional and non-excisional has been removed from debridement code titles and the ACS

- Revision of all codes in blocks [1627] *Debridement of burn* and [1628] *Other debridement of skin and subcutaneous tissue*
- Review of all codes in, and removal of diagnostic details (BSA) from the burns management blocks [1600] *Dressing of burn* and [1627] *Debridement of burn*
- Digestive System Interventions
 - New codes and/or amendments at the following blocks:
 - Block [870] *Application, insertion or removal procedures on stomach*
 - Block [881] *Gastrostomy, gastro-enterostomy or gastro-gastrostomy*
 - Block [887] *Other repair procedures on stomach*
 - Block [896] *Other excision procedures on small intestine*
 - Block [901] *Other repair procedures on small intestine*
 - Block [914] *Other excision procedures on large intestine*
 - Block [917] *Other repair of large intestine*
 - Block [962] *Destruction procedures on biliary tract and gallbladder*
 - Block [972] *Procedures for portal hypertension*
 - Block [1000] *Other repair procedures on abdomen, peritoneum or omentum.*
- Genitourinary Interventions
 - Hysterectomy – removal of adnexa no longer included in the hysterectomy code
 - *Code also note added for removal of adnexa at hysterectomy codes in blocks [1268] & block [1269]*
 - New code at block [1294] *Repair procedures on vulva and perineal*
 - New codes at block [1299] *Other procedures on female genital organs*
 - e.g. Brachytherapy & control of post abortion haemorrhage
- Obstetrics
 - New code added 90461-01[1330] *Fetotoxic injection*
 - Code 90461-00 [1330] *intra-amniotic injection* inactivated
 - New ACHI code for assisted vertex delivery
 - New allied health code for lactation consultant in block [1916] *Generalised allied health interventions*
- Respiratory interventions
 - New codes: 41898-05 [544] *Broncho-alveolar lavage [BAL]* & 41898-06 [544] *Whole lung lavage*
- Musculoskeletal
 - New codes for joint interventions that were previously not classifiable - Techniques include open/arthroscopic debridement, osteoplasty, chondroplasty, stabilisation, notchplasty and

reconstruction of the relevant joints, on sites such as the elbow, wrist, knee and ankle joints

- Spinal interventions – including reclassification of spinal fusion
- Circulatory Interventions
 - Leadless pacemakers
- Robotics – new codes added for robotic procedures

Australian Coding Standards (ACS)

- 3 new ACS
 - ACS 0113 *Coronavirus disease 2019 (COVID-19)* provides guidance on the use of COVID-19 related concepts, new COVID-19 related codes in Twelfth Edition
 - ACS 0206 *Pharmacotherapy for neoplasms*
 - ACS 2119 *Socioeconomic and psychosocial circumstances*
- 62 retired ACS
- 103 modified ACS
 - ACS 0002 *Additional Diagnoses*
 - The intent of revisions to ACS 0002 *Additional diagnoses* was to provide clarification in the application of the guidelines in ACS 0002 on:
 - Commencement, alteration or adjustment of therapeutic treatment
 - Diagnostic interventions
 - Increased clinical care
 - Examples illustrating additional diagnosis criteria
 - Other guidelines related to additional diagnosis criteria
 - Conditions and related health problems that do not need to meet the additional diagnosis criteria
- ACS 0010 *Clinical Documentation and General Abstraction Guidelines*.
 - The standard was revised and title changed to reflect the content in relation to clinical documentation
 - New content & headings
 - Clinical Documentation
 - Abstraction in the current episode of care
 - Abstraction from other sources of information
 - Test results and medication charts
 - Short hand in relation to a condition or finding

Irish Coding Standards (ICS 2024)

- Glossary for ICS created to provide further context on how the Glossary in the ACS applies to the Irish health system
- Two Irish Coding Standards have been created:
 - ICS 0113 *CORONAVIRUS DISEASE 2019 (COVID-19)*: This new standard replaced ICS 22X2 *Novel coronavirus/ COVID-19 emergency use of U07.11*
 - ICS 0206 *PHARMACOTHERAPY FOR NEOPLASMS*: This ICS advises that Ireland is maintaining 10th edition guidelines on the administration of pharmacotherapy for neoplasms.
- 16 modified ICS (11 were updated in Version 1.0, 2 were updated in Version 1.1 and 3 were updated in Version 1.2)
- 5 retired ICS

APPENDIX VIII: OVERVIEW OF CHANGES BETWEEN VERSION 8.0 AND VERSION 10.0 OF THE AR-DRG CLASSIFICATION SYSTEM

VIII.1 Introduction

Ireland updated from Version 8.0 to Version 10.0 of the Australian Refined Diagnosis Related Group (AR-DRG) classification system in 2024. This update therefore encompasses changes that occurred in Version 9.0 also. A number of changes took place during this update; the changes between Version 8.0 and Version 10.0 are primarily at the ADRG level, with some ADRGs being revised or removed, and several new ADRGs being created. There has also been a reduction from three to two in the number of partitions that subdivide the Major Diagnostic Categories (MDCs), with the creation of an 'Intervention' partition to replace the 'Surgical' and 'Other' partitions (the 'medical' partition has been retained). Minor terminology changes have been made in order to better describe the grouping logic applied for the Intervention partition.

This appendix gives a brief outline of the major changes between AR-DRG Version 8.0 and Version 10.0.

VIII.2 Summary

VIII.2.1 Revision of ADRG Splitting

The number of Diagnosis Related Groups (DRGs) has decreased from 807 in AR-DRG Version 8.0 to 795 in AR-DRG Version 10.0, while the number of Adjacent Diagnosis Related Groups (ADRGs) has decreased from 406 in AR-DRG Version 8.0 to 397 in AR-DRG Version 10.0.

Across both Version 9.0 and Version 10.0, 10 ADRGs were added and 19 ADRGs were removed, while there were also changes in the number of complexity splits within ADRGs. Table VIII.1 outlines the changes in complexity splits between AR-DRG Version 8.0 and AR-DRG Version 10.0. There is a notable increase in the number of ADRGs with three complexity levels (A, B and C), from 70 in AR-DRG Version 8.0 to 78 in AR-DRG Version 10.0, while the number with four complexity levels (A, B, C and D) remains constant at 5 ADRGs.

TABLE VIII.1 Changes in ADRG splits between Version 8.0 and Version 10.0

ADRG Splitting	Number of ADRGs	
	Version 8.0	Version 10.0
No Split (Z)	85	87
Two Levels (A,B)	246	227
Three Levels (A,B,C)	70	78
Four Levels (A,B,C,D)	5	5
Total ADRGs	406	397

VIII.2.2 Changes in Complexity Split

AR-DRG splits may have been further revised using the Episode Clinical Complexity (ECC) Model.² As a result, an ADRG may have the same description in both versions but may have different DRG splits. For example, B41 *Telemetric EEG Monitoring* is present in both Version 8.0 and Version 10.0, with a different number of splits in each. AR-DRG Version 8.0 has no split (B41Z *Telemetric EEG Monitoring*) whereas AR-DRG Version 10.0 has two end classes:

- B41A *Telemetric EEG Monitoring, Major Complexity*
- B41B *Telemetric EEG Monitoring, Minor Complexity*

VIII.2.3 ADRGs Added and Removed between Version 8.0 and Version 10.0 of the AR-DRG Classification System

Across both Version 9.0 and Version 10.0 of the AR-DRG Classification, there were 10 ADRGs added (see Table VIII.2). These include three new ventilation and tracheostomy ADRGs, A13 *Ventilation >=336 hours*, A14 *Ventilation >=96 hours & <336 hours* and A15 *Tracheostomy*, which replace A06 *Tracheostomy and/or Ventilation >=96 hours*. B83 *Acute Paraplegia and Quadriplegia and Spinal Cord Conditions* arises from combining of B60 *Acute Paraplegia and Quadriplegia W or W/O OR Procedures*, and B61 *Spinal Cord Conditions W or W/O OR Procedures*. There are also new ADRGs to replace retired ADRGs related to coronary interventions, bleeding oesophageal varices, and kidney and the urinary tract conditions, while new ADRGs have been created to separate out hip replacement for non-trauma (from I03), and bronchiectasis (from E65).

TABLE VIII.2 ADRGs Added between Version 8.0 and Version 10.0 of the AR-DRG Classification System

ADRG	ADRG Description
A13	Ventilation >=336 hours
A14	Ventilation >=96 hours & <336 hours
A15	Tracheostomy
B83	Acute Paraplegia and Quadriplegia and Spinal Cord Conditions
E77	Bronchiectasis
F24	Interventional Coronary Procs, Not Adm for AMI
H65	Bleeding Oesophageal Varices
I33	Hip Replacement for Non-Trauma
L43	Nephrolithiasis Interventions
L44	Cystourethroscopy for Urinary Disorder

² Further information on the ECC Model in AR-DRG Version 10.0 can be found at https://www.ihaipa.gov.au/sites/default/files/2022-08/AR-DRG%20Version%2010.0%20Technical%20Specifications_0.pdf [Accessed 09th Sept 2025]

There were 19 ADRGs removed between AR-DRG Version 8.0 and AR-DRG Version 10.0 (see Table VIII.3). These include ADRGs related to ventilation and tracheostomy, spinal conditions, coronary interventions, bleeding oesophageal varices, and kidney and the urinary tract conditions. Some of the cases previously grouped to these DRGs have grouped to pre-existing DRGs, while some have grouped to new DRGs (see Table VIII.2).

TABLE VIII.3 ADRGs Removed between Version 8.0 and Version 10.0 of the AR-DRG Classification System

ADRG	ADRG Description
A06	Tracheostomy and/or Ventilation >=96 hours
A11	Insertion of Implantable Spinal Infusion Device
A12	Insertion of Neurostimulator Device
B60	Acute Paraplegia and Quadriplegia W or W/O OR Procedures
B61	Spinal Cord Conditions W or W/O OR Procedures
F15	Interventional Coronary Procs, Not Adm for AMI, W Stent Implant
F16	Interventional Coronary Procs, Not Adm for AMI, W/O Stent Implant
H40	Endoscopic Procedures for Bleeding Oesophageal Varices
H43	ERCP Procedures
I40	Infusions for Musculoskeletal Disorders
I81	Musculoskeletal Injuries
I82	Other Sameday Treatment for Musculoskeletal Disorders
S65	Human Immunodeficiency Virus
V65	Treatment for Alcohol Disorders, Sameday
V66	Treatment for Drug Disorders, Sameday
L40	Ureteroscopy
L41	Cystourethroscopy for Urinary Disorder, Sameday
L42	ESW Lithotripsy
Z60	Rehabilitation

VIII.2.3 Naming terminology of AR-DRGs

It should be noted that in AR-DRG Version 10.0 the term “intervention(s)” has generally replaced the term “procedure(s)” in ADRG descriptors where the previously used terminology included “operating room procedure(s)” (see section VIII.1 Introduction). All other instances where the term “procedure(s)” still appears in ADRG descriptors has been highlighted as an editorial task to be undertaken in a future version of the AR-DRG classification.

TABLE VIII.4 Example of change in terminology between AR-DRG Version 8.0 and AR-DRG Version 10.0

Version 8.0	Version 10.0
B02A Cranial Procedures, Major Complexity	B02A Cranial Interventions, Major Complexity
B02B Cranial Procedures, Intermediate Complexity	B02B Cranial Interventions, Intermediate Complexity
B02C Cranial Procedures, Minor Complexity	B02C Cranial Interventions, Minor Complexity

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