

Activity in Acute Public Hospitals in Ireland

2025
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 2025. 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, 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 their hard work on the report. Their commitment, enthusiasm, and professionalism are gratefully acknowledged and sincerely appreciated.

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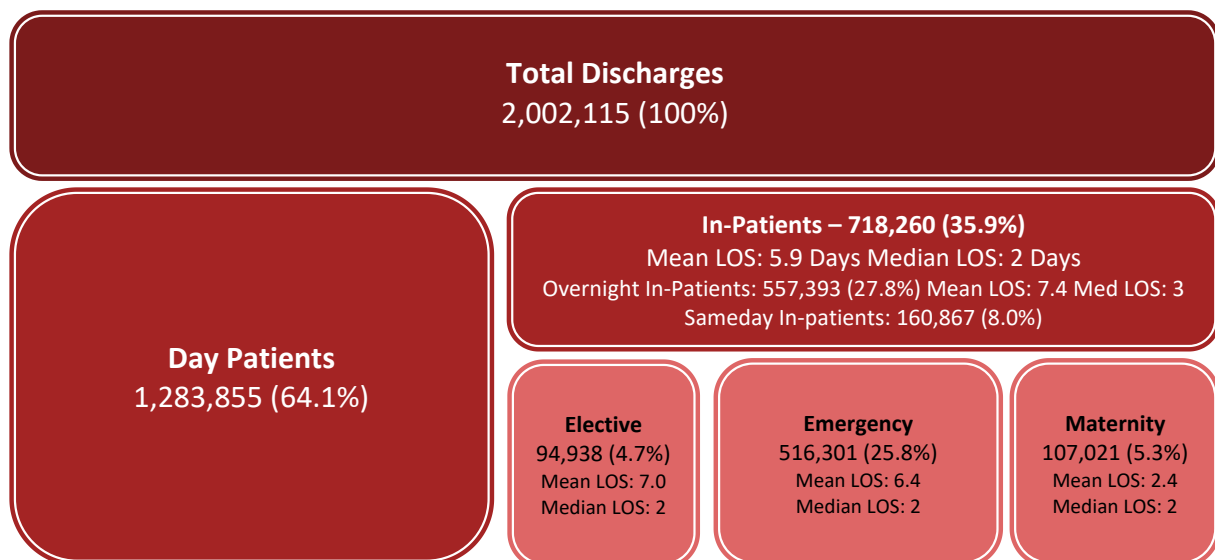
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EXECUTIVE SUMMARY

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 2025. 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, 2025



Discharge Overview

- 2,002,115 discharges were reported by participating hospitals in 2025, an increase of 2.2 per cent over the period 2024–2025.
- Day patients accounted for 64.1 per cent of total discharges, an increase of 2.0 per cent since 2024.
- In-patients accounted for 35.9 per cent of total discharges, an increase of 2.5 per cent since 2024, and of 19.6 per cent from 2021–2025.

- Over the period 2021–2025, the number of elective in-patient discharges increased by 27.5 per cent, emergency in-patients increased by 22.3 per cent, while maternity in-patients increased by 3.1 per cent.

Length of Stay

- In-patient average length of stay was 5.9 days in 2025, unchanged from 2024. This represents an increase of 3.5 percent since 2021, when the average length of stay was 5.7 days.
- Over the period 2021–2025, 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 7.1 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 2025, 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 41.3 per cent of total discharges, representing an increase of 3.7 per cent since 2024 and an increase of 30.1 per cent since 2021.
- Discharges aged 65 years and over accounted for 58.6 per cent of total in-patient bed days, an increase of 2.1 per cent since 2024, and an increase of 29.2 per cent since 2021.

Public/Private Status

- Discharges treated on a public basis accounted for 91.0 per cent of total discharges in 2025. Private patients accounted for 9.0 per cent of total discharges in 2025.
- The 1–14 years and 15–24 years age groups had the largest proportion of total discharges treated publicly in 2025 (93.2 per cent), with only 6.8 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 21.2 per cent of discharges were hospitalised, and this health region also accounted for the highest proportion of day patients (23.2 per cent).

Admission Source

- The majority of total discharges were admitted from home (95.7 per cent).

Discharge Destination

- The majority of total discharges were discharged home (93.9 per cent).
- Of total emergency in-patients, 6.6 per cent were transferred to long stay accommodation, and 6.4 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 6.4 per cent admitted at the weekend.

Day of Discharge

- The proportion of elective in-patients discharged increased throughout the week, from 10.8 per cent on Monday to 22.2 per cent on Friday, falling to 10.1 per cent on Saturday and 4.7 per cent on Sunday.

Month of Discharge

- Emergency in-patient hospital discharges peaked in December (45,891 discharges), while the smallest number of emergency in-patients were discharged in February with 39,585 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 20.5 and 15.4 per cent of day patient discharges respectively.
- At least one procedure was recorded for 92.6 per cent of day patient discharges.
- The highest principal procedure block reported was *Administration of pharmacotherapy*, accounting for 20.3 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 3.0 per cent of in-patients.
- At least one procedure was recorded for 57.7 per cent of in-patient discharges.
- The highest principal procedure block reported was *Generalised allied health interventions* which accounted for 33.0 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 3.9 per cent of elective in-patient discharges.
- At least one procedure was recorded for 88.9 per cent of elective in-patient discharges.
- The highest principal procedure block reported for elective in-patients was *Generalised allied health interventions*, accounting for 12.9 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 51.8 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 46.1 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 40.4 per cent of delivery in-patient discharges.
- For delivery discharges who had a procedure reported, 42.4 per cent reported the principal procedure block *Caesarean section*.³
- Non-delivery discharges with a principal diagnosis of *Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium* accounted for 26.6 per cent of non-delivery in-patient discharges.
- For non-delivery discharges who had a procedure reported, 26.7 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 303,720 discharges, or 23.7 per cent of day patients.
 - * *Chemotherapy* (AR-DRG R63Z) accounted for 49.9 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 34.5 per cent of day patients within this MDC and 8.2 per cent of total day patients.
- The MDC with the largest proportion of in-patient discharges was *Pregnancy, Childbirth and the Puerperium* (MDC 14), with 103,821 discharges, which accounted for 14.5 per cent of in-patients.
 - * *Antenatal and Other Obstetric Admission* (AR-DRGs O66A, O66B and O66C) accounted for 38.0 per cent of in-patients within this MDC and 5.5 per cent of total in-patient discharges.
 - * *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C) accounted for 28.6 per cent of in-patients within this MDC and 4.1 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 2025 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 2025 report. It outlines briefly the background of the HIPE scheme and highlights other data sources used throughout the report. An analysis of the trends in the main HIPE variables is undertaken using data from the period 2021–2025.²

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 2025.

² The effect of COVID-19 on hospitals ability to perform their usual levels of activity must be considered 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 2025 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 2025

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 2025, 55 public hospitals in Ireland participated in HIPE (see Appendix I).¹⁵

Population Estimates: Population figures for 2025 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 2025 Version 17.0 available at www.hpo.ie

¹⁴ A copy of the HIPE data entry form for 2025 is contained in Appendix III.

¹⁵ For historical reasons, a small number of non-acute hospitals also reported to HIPE in 2025. Discharges from these hospitals have been included in this report.

1.4 STRUCTURE OF ANNUAL REPORT 2025

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 2025. 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.

Glossary and Abbreviations

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

1.5 SCOPE OF HIPE DATA

- *Each HIPE discharge record represents one episode of care.* Patients may be admitted to hospital more than once in any given time period with the same or different diagnoses. In the absence of a unique health identifier, therefore, the data reported to HIPE facilitate analysis of hospital discharge activity but do not permit analysis of certain parameters, such as the number of hospital encounters per patient; or estimate the incidence or prevalence of a particular disease.
- *Emergency In-Patient Admissions:* HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.
- *Coverage of data:* Coverage of the HIPE system is calculated using the discharges returned as 'coded' as a proportion of total discharges reported within each hospital. The data available from participating hospitals for 2025 indicate that for day patient and in-patient discharges appropriate for inclusion in the HIPE data set, 99.4 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)¹⁶ 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 national and 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 for 2025 has been published by the HPO 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

¹⁶ Available at: www.hiqa.ie/reports-and-publications/health-information/review-information-management-practices-hospital

statement will vary depending on the data and information being published. The HIPE Data Quality Statement is published annually and is available at www.hpo.ie. In line with HIQA recommendations (2018) hospitals are requested to submit an annual HIPE Data Quality Statement to the HPO.

1.7 UPDATES IN ACTIVITY REPORTED, 2025

Surgical Hubs

The South Dublin Surgical Hub opened in February 2025, under the governance of St James's Hospital, and its activity is reported in HIPE for the period it was operational. The HSE plans to open more surgical hubs across all HSE Regions in Ireland to increase the capacity for day case surgery and minor procedures. By moving day case procedures to the surgical hubs, hospitals around the country will have greater capacity for patients who require emergency and more complex care.¹⁷

Virtual Wards

A virtual ward is a service that allows patients to receive the care they need at home instead of in a hospital. The hospital team uses technology to monitor and treat the patient. Virtual wards are currently offered at University Hospital Limerick, St. Vincent's University Hospital Dublin and Midland Regional Hospital Tullamore. In this report, for patients who had a portion of their stay in hospital and a portion of their stay in a virtual ward, only the acute hospital length of stay is reported.¹⁸

1.8 METHODS AND DEFINITIONS

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

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

- A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and is discharged alive, as scheduled, on the same day.¹⁹ 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-

¹⁷ <https://www.rcsi.com/dublin/-/media/feature/media/download-document/dublin/news/surgical-hubs-clinical-guidance.pdf>

¹⁸ <https://www2.hse.ie/services/telehealth/virtual-wards/>

¹⁹ Definition is based on: Quality and Fairness A Health System for You: Health Strategy, Department of Health and Children, 2001.

patients and discharged on the same day, while overnight in-patients stay at least one night in hospital.

Length of Stay: Length of stay refers to time, expressed in days, between admission 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.

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.
- *J98Z (UV Therapy):* In general, UV therapy is not administered in the acute hospital setting in Australia whereas it is administered in several Irish hospitals. 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: During 2025, the HPO conducted a review of its small number suppression policy in conjunction with the HSE Data Protection Officer (DPO) and senior colleagues in the HSE. While there is no internationally agreed standard for the reporting of small numbers, the review identified that national level data similar to the type of activity collected in HIPE are published in other countries without suppressing all low cell counts.

The objective of the review was to maximise the usefulness of published data while continuing to protect confidentiality and minimise the risk of identifying

individuals from reported statistics. As a result, revised guidance was developed and implemented from January 2026. Under this guidance, the HPO no longer suppresses national-level counts between 1 and 4 where the data are not sensitive in nature.

For data that is disaggregated by HSE region, hospital, or area of residence, counts between 1 and 4 will continue to be suppressed. Additional complementary suppression measures will also be applied where necessary to prevent small numbers from being derived from the published data.

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 for reasons of sensitivity.

1.9 DISCHARGES REPORTED TO HIPE, 2021-2025

In 2025, 2,002,115 discharges were reported to HIPE by participating acute public hospitals, representing an increase of 23.0 per cent over the period 2021–2025 and an increase of 2.2 per cent over the period 2024–2025. Coronavirus disease (COVID-19) has affected the ability of hospitals to perform their usual levels of activity, particularly in the years 2021 and 2022. Therefore, any comparison with these 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 2021–2025 by selected variables. The following points provide a summary of changes over the period 2021–2025:

- The male-female split in 2025 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 2025 (41.3 per cent), representing an increase of 3.7 per cent for this age group from 2024–2025.
- From 2021–2025 there was an increase in the rate of public discharges from 87.3 per cent to 91.0 per cent, while there was a decrease in the rate of private discharges from 12.7 per cent to 9.0 per cent.²⁰
- The number of day patient discharges increased from 1,027,431 in 2021 to 1,283,855 in 2025, an increase of 25.0 per cent.
- The number of in-patient discharges increased from 600,483 in 2021 to 718,260 in 2025, an increase of 19.6 per cent.

²⁰ 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.

- Elective in-patient discharges increased by 27.5 per cent over the period 2021–2025 from 74,451 to 94,938 discharges.
- Emergency in-patient discharges comprised 70.3 per cent of total in-patient discharges in 2021, increasing to 71.9 per cent of discharges in 2025.
- Maternity in-patient discharges increased by 3.1 per cent over the period 2021–2025 from 103,755 to 107,021 discharges.
- The rate of sameday in-patient discharges increased over the period 2021–2025 from 20.8 per cent to 22.4 per cent.
- Over the period 2021–2025, 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 7.1 days to 7.0 days and remained unchanged for maternity in-patients at 2.4 days over the same period.
- Overnight in-patient discharges stayed on average 7.1 days in 2021 which has increased to 7.4 days in 2024, an increase of 4.2 per cent. The median has remained constant at 3 days over the period.

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2021-2025

	2021	2022	2023	2024	2025	% Change	% Change
	N (%)	N (%)	N (%)	N (%)	N (%)	2021–2025	2024–2025
Total Discharges	1,627,914	1,739,724	1,862,125	1,959,166	2,002,115	23.0	2.2
	100	100	100	100	100		
Discharge Rate^a	324.8	337.9	352.6	364.1	366.8		
Sex							
Males	767,016	826,142	878,938	933,073	952,210	24.1	2.1
	47.1	47.5	47.2	47.6	47.6		
Females	860,898	913,582	983,187	1,026,093	1,049,905	22.0	2.3
	52.9	52.5	52.8	52.4	52.4		
Age Group							
Under 15 Years	100,912	114,737	115,277	120,860	115,350	14.3	-4.6
	6.2	6.6	6.2	6.2	5.8		
15–44 Years	425,956	428,798	456,018	469,667	478,018	12.2	1.8
	26.2	24.6	24.5	24.0	23.9		
45–64 Years	465,499	499,795	546,394	571,463	581,805	25.0	1.8
	28.6	28.7	29.3	29.2	29.1		
65 Years and Over	635,547	696,394	744,436	797,176	826,942	30.1	3.7
	39.0	40.0	40.0	40.7	41.3		
Public/Private Status^b							
Public Discharges	1,421,450	1,519,892	1,638,743	1,753,094	1,821,619	28.2	3.9
	87.3	87.4	88.0	89.5	91.0		
Private Discharges	206,464	219,832	223,382	206,072	180,496	-12.6	-12.4
	12.7	12.6	12.0	10.5	9.0		
GMS Status							
GMS	815,687	874,067	917,811	920,976	898,268	10.1	-2.5
	50.1	50.2	49.3	47.0	44.9		
Non-GMS	750,073	799,918	904,449	1,010,305	1,078,529	43.8	6.8
	46.1	46.0	48.6	51.6	53.9		
Unknown	62,154	65,739	39,865	27,885	25,318	-59.3	-9.2
	3.8	3.8	2.1	1.4	1.3		
Health Region							
HSE Dublin & Midlands	368,736	400,217	413,021	440,380	451,101	22.3	2.4
	22.7	23.0	22.2	22.5	22.5		
HSE Dublin & North East	372,253	385,326	418,690	433,579	446,050	19.8	2.9
	22.9	22.1	22.5	22.1	22.3		
HSE Dublin & South East	272,954	282,243	302,830	322,702	330,623	21.1	2.5
	16.8	16.2	16.3	16.5	16.5		
HSE Mid West	109,437	126,841	140,735	141,700	143,471	31.1	1.2
	6.7	7.3	7.6	7.2	7.2		
HSE South West	221,163	237,884	257,463	273,468	281,792	27.4	3.0
	13.6	13.7	13.8	14.0	14.1		
HSE West & North West	280,697	304,519	326,198	343,425	345,079	22.9	0.5
	17.2	17.5	17.5	17.5	17.2		
Non-Acute	2,674	2,694	3,188	3,912	3,999	49.6	2.2
	0.2	0.2	0.2	0.2	0.2		
Day Patients	1,027,431	1,124,574	1,206,454	1,258,567	1,283,855	25.0	2.0
	100	100	100	100	100		
Dialysis/Radiotherapy/ Chemotherapy ^d	396,966	424,892	433,635	455,409	460,071	15.9	1.0
	38.6	37.8	35.9	36.2	35.8		
Maternity	24,334	22,668	23,798	22,553	20,370	-16.3	-9.7
	2.4	2.0	2.0	1.8	1.6		
Other	606,131	677,014	749,021	780,605	803,414	32.5	2.9
	59.0	60.2	62.1	62.0	62.6		
In-Patients	600,483	615,150	655,671	700,599	718,260	19.6	2.5
	100	100	100	100	100.0		
Elective	74,451	79,164	89,178	93,099	94,938	27.5	2.0
	12.4	12.9	13.6	13.3	13.2		
Emergency ^e	422,277	437,392	467,469	506,068	516,301	22.3	2.0
	70.3	71.1	71.3	72.2	71.9		
Maternity	103,755	98,594	99,024	101,432	107,021	3.1	5.5
	17.3	16.0	15.1	14.5	14.9		

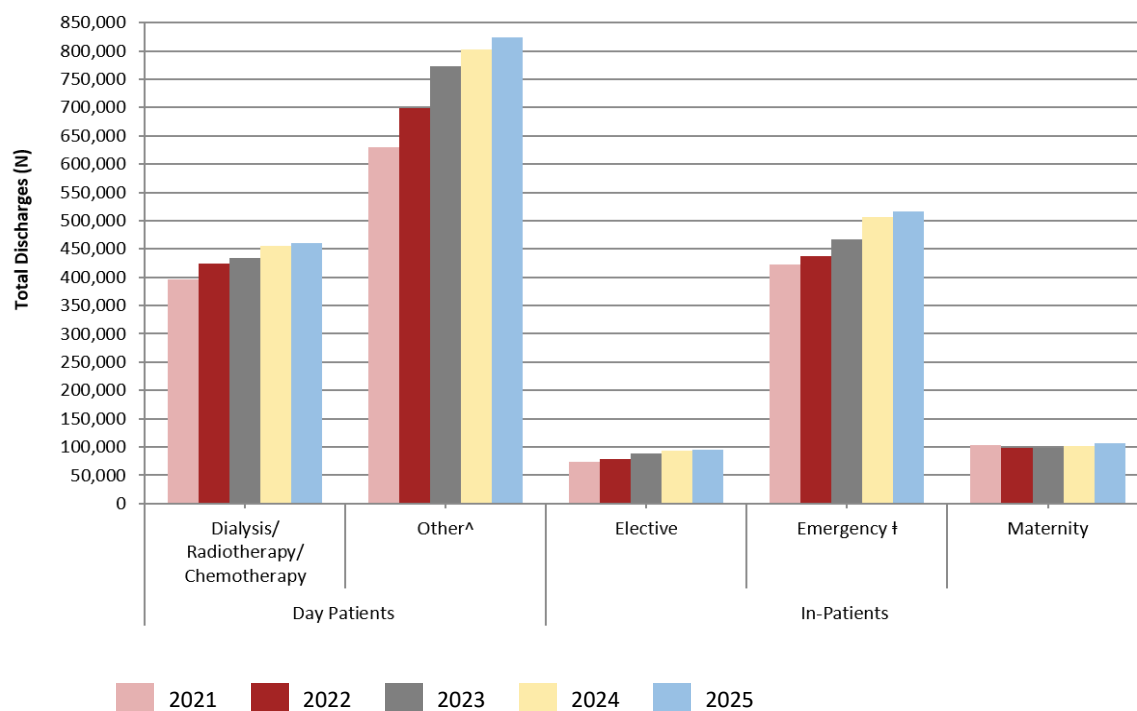
TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2021–2025 (contd.)

		2021	2022	2023	2024	2025	% Change	% Change
		N (%)	N (%)	N (%)	N (%)	N (%)	2021–2025	2024–2025
Overnight In-Patients		475,296 79.2	482,008 78.4	511,267 78.0	546,039 77.9	557,393 77.6	17.3	2.1
Sameday In-Patients		125,187 20.8	133,142 21.6	144,404 22.0	154,560 22.1	160,867 22.4	28.5	4.1
In-Patient Length of Stay								
In-Patients	Mean	5.7	6.1	6.1	5.9	5.9	3.5	0.0
	Median	2	2	2	2	2		
Elective	Mean	7.1	7.2	7.2	7.0	7.0	-1.4	0.0
	Median	2	2	2	2	2		
Emergency ^e	Mean	6.3	6.7	6.6	6.4	6.4	1.6	0.0
	Median	3	3	3	2	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	7.6	7.7	7.5	7.4	4.2	-1.3
	Median	3	3	3	3	3		
In-Patient Bed Days^f								
Total In-Patients		3,439,323	3,747,471	3,987,740	4,145,643	4,207,790	22.3	1.5
		100	100	100	100	100		
Under 15 Years		229,478 6.7	245,806 6.6	250,970 6.3	260,066 6.3	247,395 5.9	7.8	-4.9
15 to 44 Years		603,768 17.6	597,121 15.9	637,581 16.0	654,446 15.8	672,979 16.0	11.5	2.8
45 to 64 Years		699,064 20.3	728,369 19.4	774,044 19.4	818,781 19.8	823,489 19.6	17.8	0.6
65 Years and Over		1,907,014 55.4	2,176,176 58.1	2,325,146 58.3	2,412,352 58.2	2,463,927 58.6	29.2	2.1
Overnight In-Patients		3,376,729	3,680,900	3,915,538	4,068,363	4,127,356	22.2	1.5
		98.2	98.2	98.2	98.1	98.1		

Notes: Percentage columns are subject to rounding.

- a These rates are based on population estimates for 2021, 2023, 2024 and 2025, and are based on the 'usual residence' concept. For 2022 the 2022 census population summary statistics published by the CSO are used.
- 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 2025, the data is reported by health region for each of the years 2021–2025.
- 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 2021–2025 were obtained from HIPE.
Population estimates for 2021, 2023, 2024 and 2025 were obtained from the Central Statistics Office. <https://data.cso.ie/> (Table PEA01) [2025 data accessed on 08th June 2026].
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), 2021–2025

Notes:

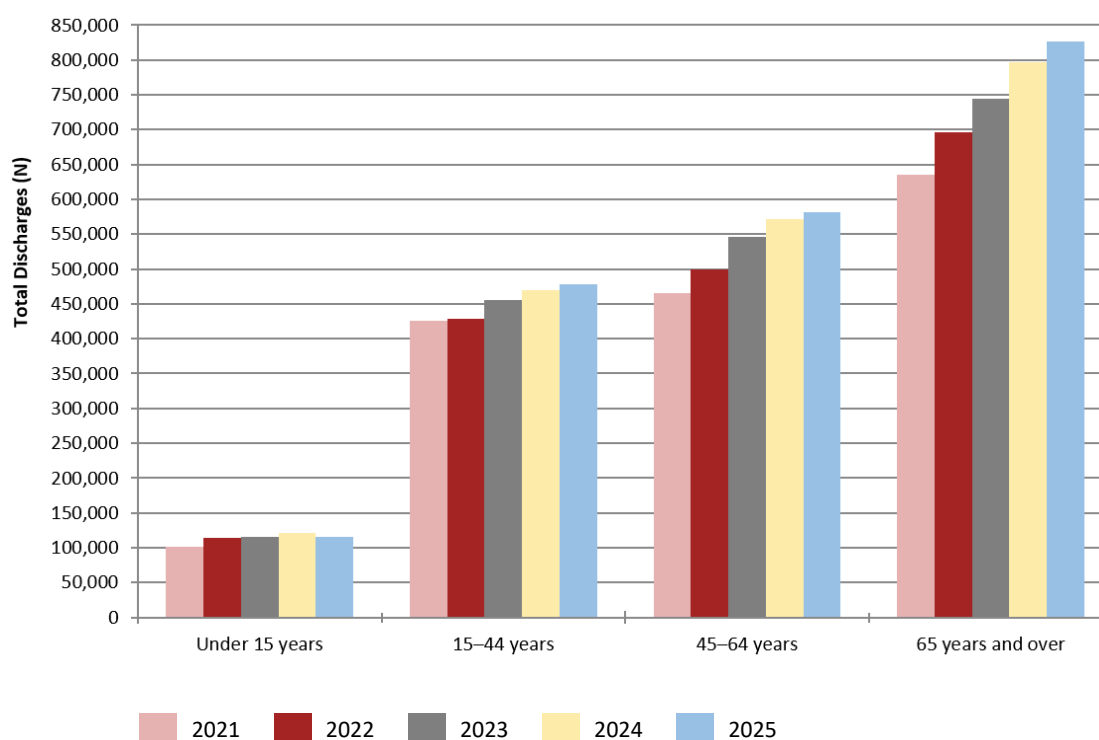
See Appendix I for a list of hospitals that participated in HIPE in 2025.

^ 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 2021–2025 were obtained from HIPE.

FIGURE 1.2 Total Discharges by Age Group (N), 2021–2025

Source:

Data for 2021–2025 were obtained from HIPE.

Discharge Overview SECTION
2025

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. 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).

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 2025, day patient discharges accounted for 64.1 per cent of total discharges. In-patient discharges accounted for the remaining 35.9 per cent of total discharges with 71.9 per cent of in-patients admitted on an emergency basis, 13.2 per cent admitted on an elective basis and 14.9 per cent admitted as maternity in-patients.

2.2.1 Age

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

Discharges

- The largest proportion of total discharges were in the 65–74 years age group (19.1 per cent). This age group also accounted for the largest proportion of day patient discharges (21.8 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 37.9 per cent of in-patient discharges and 58.6 per cent of in-patient bed days.

Length of Stay

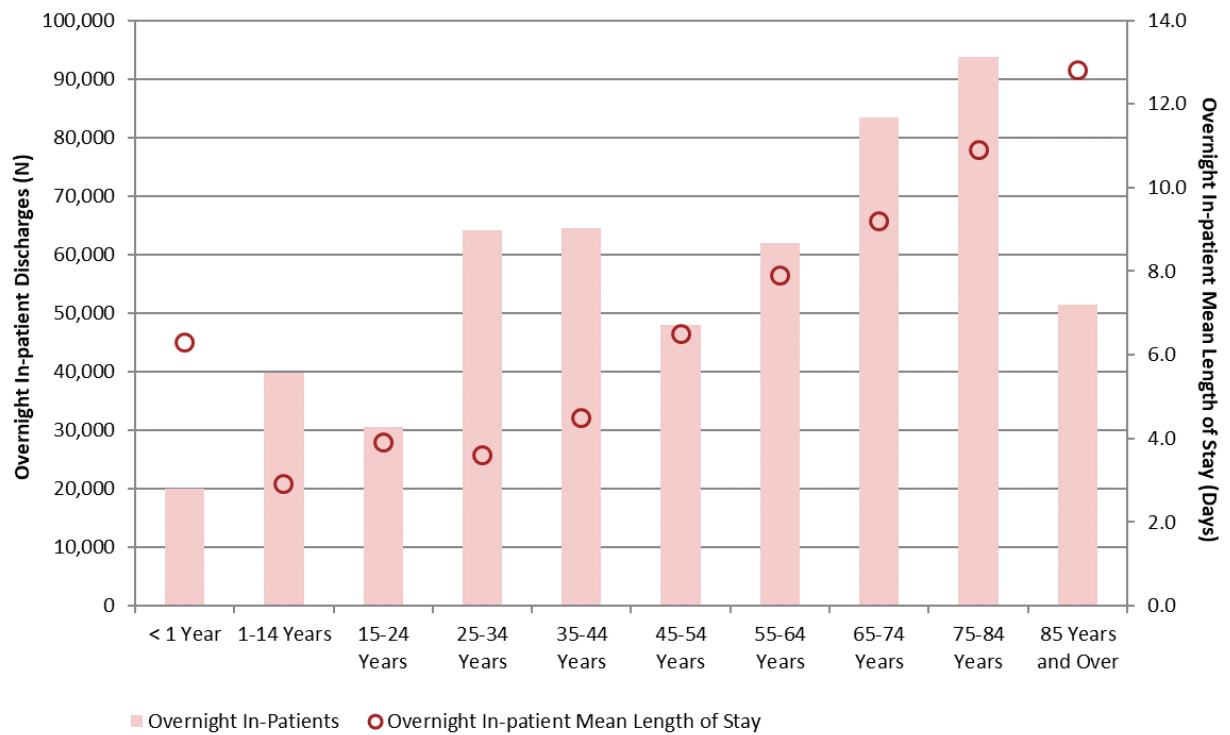
- Discharges aged 25–34 years accounted for 16.7 per cent of total sameday in-patients, the largest amongst all age groups.
- Apart from those aged less than one year, mean length of stay generally increased with age for overnight in-patient discharges rising from 2.9 days for discharges aged 1–14 years to 12.8 days for discharges aged 85 years and over. Median length of stay ranged between 2 to 7 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	2,788	0.2	22,796	3.2	127,558	3.0	25,584	1.3
1–14 Years	39,308	3.1	50,458	7.0	119,837	2.8	89,766	4.5
15–24 Years	46,839	3.6	44,554	6.2	126,863	3.0	91,393	4.6
25–34 Years	73,895	5.8	91,001	12.7	244,683	5.8	164,896	8.2
35–44 Years	131,754	10.3	89,975	12.5	301,434	7.2	221,729	11.1
45–54 Years	189,893	14.8	66,351	9.2	322,516	7.7	256,244	12.8
55–64 Years	244,699	19.1	80,862	11.3	500,974	11.9	325,561	16.3
65–74 Years	279,965	21.8	103,302	14.4	775,189	18.4	383,267	19.1
75–84 Years	220,404	17.2	111,053	15.5	1,029,023	24.5	331,457	16.6
85 Years and Over	54,310	4.2	57,908	8.1	659,715	15.7	112,218	5.6
Total Discharges	1,283,855	100	718,260	100	4,207,790	100	2,002,115	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	2,836	19,960	6.3	2	22,796	5.6	2
1–14 Years	10,708	39,750	2.9	2	50,458	2.4	1
15–24 Years	13,990	30,564	3.9	2	44,554	2.8	1
25–34 Years	26,921	64,080	3.6	2	91,001	2.7	1
35–44 Years	25,555	64,420	4.5	3	89,975	3.4	2
45–54 Years	18,421	47,930	6.5	3	66,351	4.9	2
55–64 Years	18,841	62,021	7.9	4	80,862	6.2	2
65–74 Years	19,866	83,436	9.2	5	103,302	7.5	3
75–84 Years	17,239	93,814	10.9	6	111,053	9.3	5
85 Years and Over	6,490	51,418	12.8	7	57,908	11.4	6
Total Discharges	160,867	557,393	7.4	3	718,260	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 2025, there were 1,049,905 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, 22.0 per cent and 18.8 per cent respectively.
- Discharges aged 65 years and over accounted for 44.7 per cent of male in-patient discharges and 61.0 per cent of male in-patient bed days, while for females (excl. maternity) this group accounted for 44.4 per cent of female in-patient discharges and 63.8 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 (26.2 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 (52.6 per cent), while those aged 35–44 years accounted for 37.0 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 the same across all age groups, ranging between 2 to 7 days for both sexes.
- 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 4.4 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	1,609	0.2	12,884	4.2	73,654	3.6	14,493	1.5
1–14 Years	23,704	3.7	27,443	8.9	61,861	3.0	51,147	5.4
15–24 Years	23,045	3.6	15,766	5.1	50,735	2.5	38,811	4.1
25–34 Years	29,782	4.6	15,617	5.1	55,045	2.7	45,399	4.8
35–44 Years	52,058	8.1	23,204	7.6	104,408	5.1	75,262	7.9
45–54 Years	81,035	12.6	32,074	10.4	171,433	8.3	113,109	11.9
55–64 Years	127,065	19.7	42,863	14.0	283,628	13.8	169,928	17.8
65–74 Years	154,976	24.0	54,867	17.9	427,038	20.8	209,843	22.0
75–84 Years	123,536	19.1	57,008	18.6	538,619	26.2	180,544	19.0
85 Years and Over	28,446	4.4	25,228	8.2	288,180	14.0	53,674	5.6
Total Discharges	645,256	100	306,954	100	2,054,600	100	952,210	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	1,613	11,271	6.5	2	12,884	5.7	2
1–14 Years	6,062	21,381	2.8	2	27,443	2.3	1
15–24 Years	4,782	10,984	4.4	2	15,766	3.2	1
25–34 Years	4,929	10,688	4.9	2	15,617	3.5	1
35–44 Years	6,972	16,232	6.2	3	23,204	4.5	1
45–54 Years	8,336	23,738	7.0	3	32,074	5.3	2
55–64 Years	9,286	33,577	8.3	4	42,863	6.6	3
65–74 Years	9,890	44,977	9.4	5	54,867	7.8	3
75–84 Years	8,159	48,849	10.9	6	57,008	9.4	5
85 Years and Over	2,658	22,570	12.7	7	25,228	11.4	6
Total Discharges	62,687	244,267	8.3	4	306,954	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	1,179	0.2	9,912	3.3	53,905	2.8	11,091	1.2
1–14 Years	15,603	2.5	23,001	7.6	57,945	3.1	38,604	4.2
15–24 Years	22,127	3.6	18,165	6.0	53,592	2.8	40,292	4.4
25–34 Years	33,682	5.4	18,801	6.2	57,065	3.0	52,483	5.7
35–44 Years	71,668	11.6	27,722	9.1	99,219	5.2	99,390	10.8
45–54 Years	108,626	17.6	33,533	11.0	148,320	7.8	142,159	15.4
55–64 Years	117,623	19.0	37,991	12.5	217,336	11.5	155,614	16.9
65–74 Years	124,989	20.2	48,435	15.9	348,151	18.3	173,424	18.8
75–84 Years	96,868	15.7	54,045	17.8	490,404	25.8	150,913	16.4
85 Years and Over	25,864	4.2	32,680	10.7	371,535	19.6	58,544	6.3
Total Discharges	618,229	100	304,285	100	1,897,470	100	922,514	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	1,223	8,689	6.1	2	9,912	5.4	2
1–14 Years	4,644	18,357	3.0	2	23,001	2.5	1
15–24 Years	5,932	12,233	4.1	2	18,165	3.0	1
25–34 Years	6,813	11,988	4.5	2	18,801	3.0	1
35–44 Years	9,353	18,369	5.1	3	27,722	3.6	1
45–54 Years	9,946	23,587	6.1	3	33,533	4.4	2
55–64 Years	9,551	28,440	7.5	4	37,991	5.7	2
65–74 Years	9,976	38,459	8.9	5	48,435	7.2	3
75–84 Years	9,080	44,965	10.8	6	54,045	9.1	5
85 Years and Over	3,832	28,848	12.8	7	32,680	11.4	6
Total Discharges	70,350	233,935	8.0	4	304,285	6.2	2

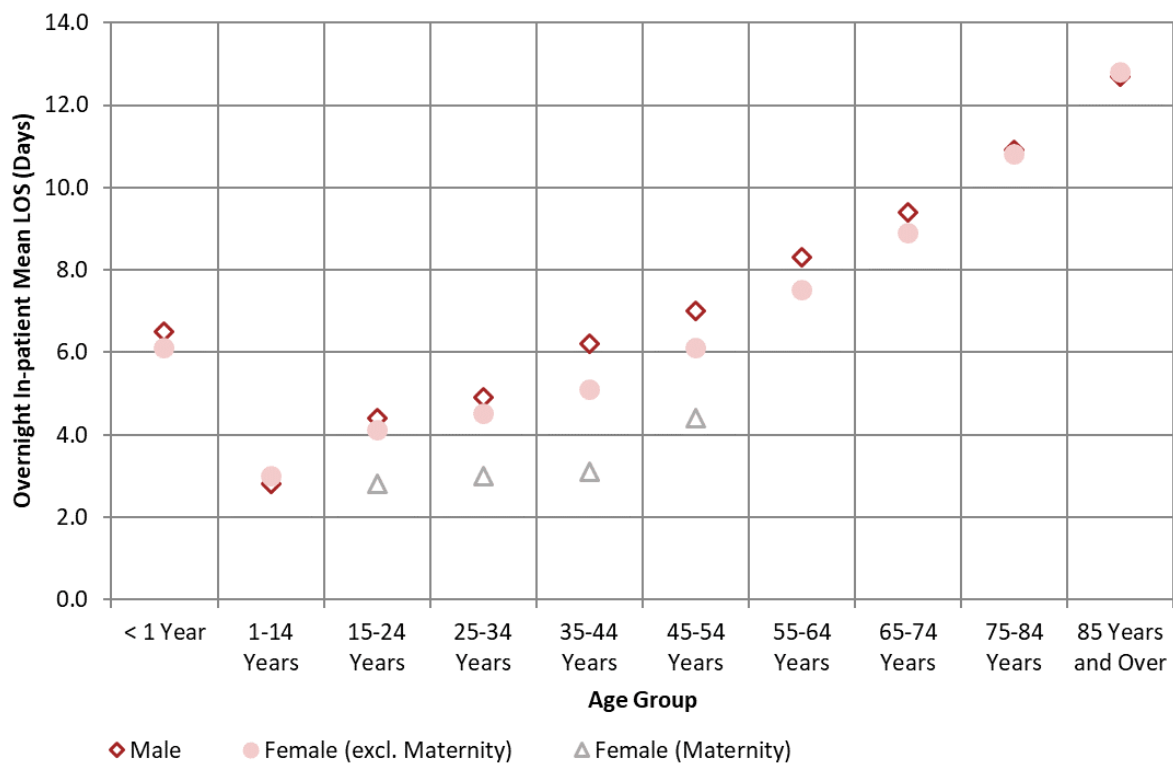
Note: Percentage and bed day columns are subject to rounding.

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	1,668	8.2	10,637	9.9	22,567	8.8	12,305	9.7
25–34 Years	10,431	51.2	56,583	52.9	132,574	51.8	67,014	52.6
35–44 Years	8,028	39.4	39,049	36.5	97,807	38.2	47,077	37.0
45 Years and Over	243	1.2	752	0.7	2,773	1.1	995	0.8
Total Discharges	20,370	100	107,021	100	255,720	100	127,391	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
<25 Years	3,278	7,359	2.8	2	10,637	2.1	1
25–34 Years	15,179	41,404	3.0	3	56,583	2.3	2
35–44 Years	9,230	29,819	3.1	3	39,049	2.5	2
45 Years and Over	143	609	4.4	3	752	3.7	3
Total Discharges	27,830	79,191	3.1	3	107,021	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)

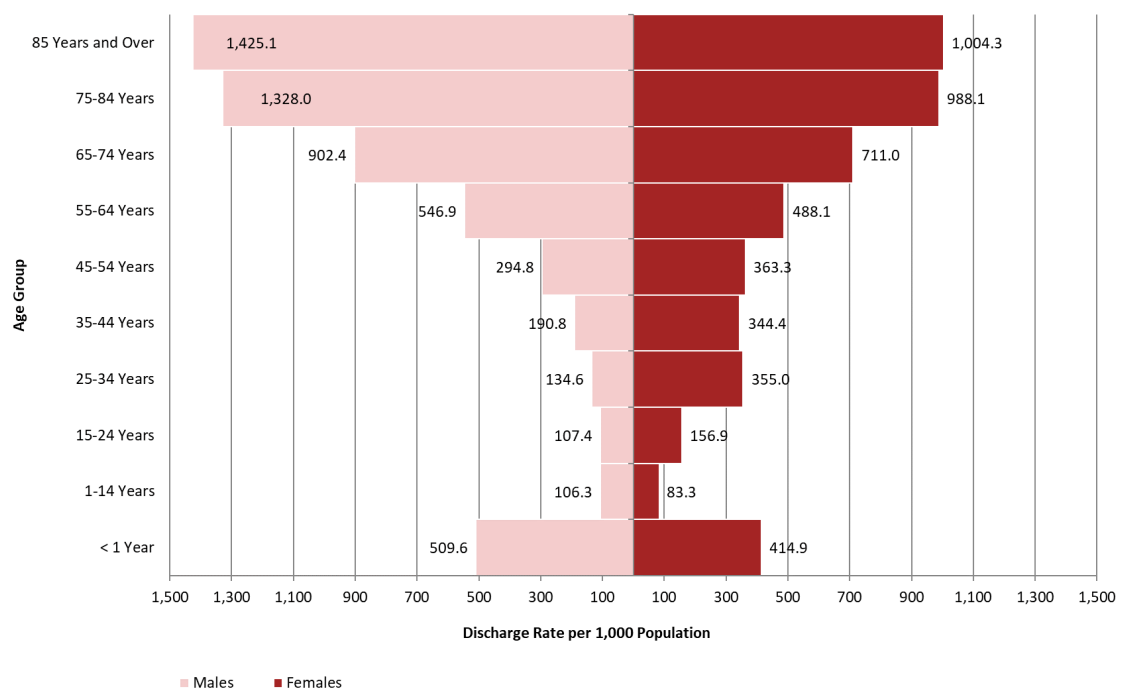
Note: Mean length of stay is not presented for female maternity discharges where there were a small number of discharges reported within a particular age group.

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 (1,425.1 per 1,000 population of males), and the highest discharge rate for females was also those aged 85 years and over (1,004.3 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 2025 by sex and age group were obtained from the CSO.
<https://data.cso.ie/> (Table PEA11) [accessed 3rd June 2026]

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 13.7 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 11.4 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	408,339	31.8	291,580	40.6	1,377,223	32.7	699,919	35.0
Married	646,407	50.3	305,189	42.5	1,787,153	42.5	951,596	47.5
Widowed	86,901	6.8	58,656	8.2	576,414	13.7	145,557	7.3
Other*	53,049	4.1	24,365	3.4	182,975	4.3	77,414	3.9
Unknown	59,921	4.7	25,586	3.6	193,570	4.6	85,507	4.3
Divorced	29,238	2.3	12,884	1.8	90,457	2.1	42,122	2.1
Total Discharges	1,283,855	100	718,260	100	4,207,790	100	2,002,115	100

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
Single	69,129	222,451	6.0	3	291,580	4.7	2
Married	69,724	235,465	7.4	4	305,189	5.9	2
Widowed	8,339	50,317	11.4	6	58,656	9.8	5
Other*	4,779	19,586	9.2	5	24,365	7.5	3
Unknown	6,175	19,411	9.8	4	25,586	7.6	2
Divorced	2,721	10,163	8.8	4	12,884	7.0	3
Total Discharges	160,867	557,393	7.4	3	718,260	5.9	2

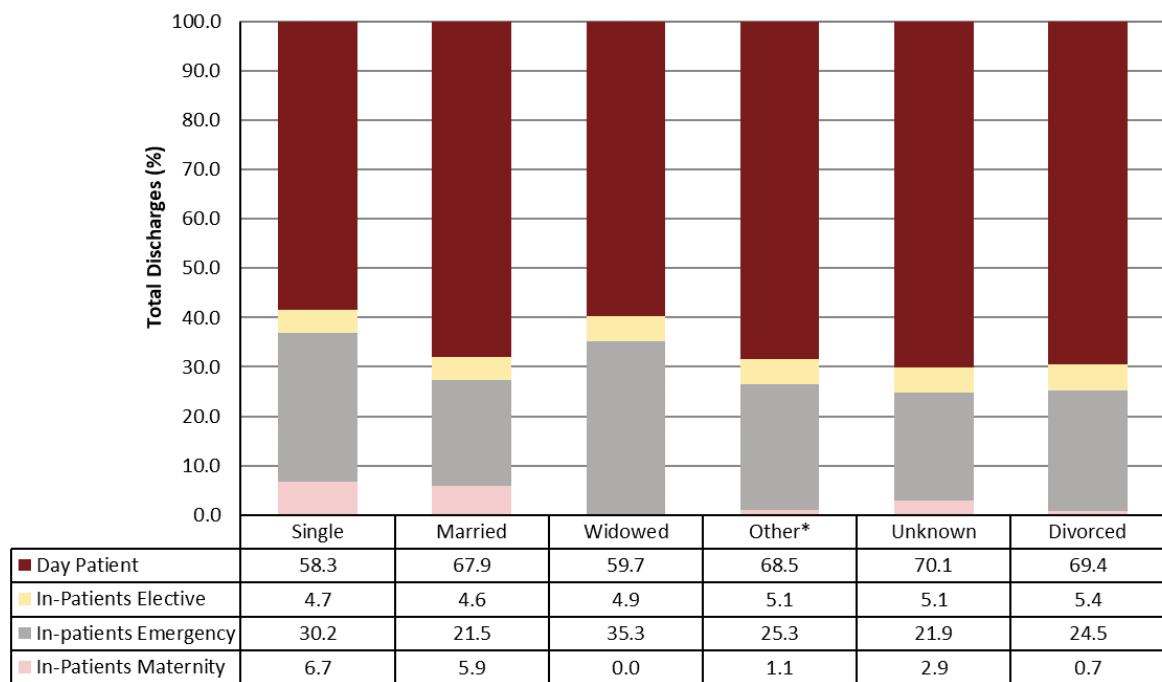
Notes: Percentage and bed day columns are subject to rounding.

* 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 (35.3 per cent and 30.2 per cent respectively).
- 6.7 per cent of total discharges with a marital/civil status of single and 5.9 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.

- 91.0 per cent of total discharges were treated on a public basis. Private patients in public hospitals accounted for 9.0 per cent of total discharges.
- The age groups 1-14 years and 15–24 years had the largest proportion of total discharges treated publicly (93.2 per cent).
- The 35–44 years age group had the largest proportion of total discharges that were treated on a private basis, accounting for 10.7 per cent of all discharges in this age group.

Length of Stay

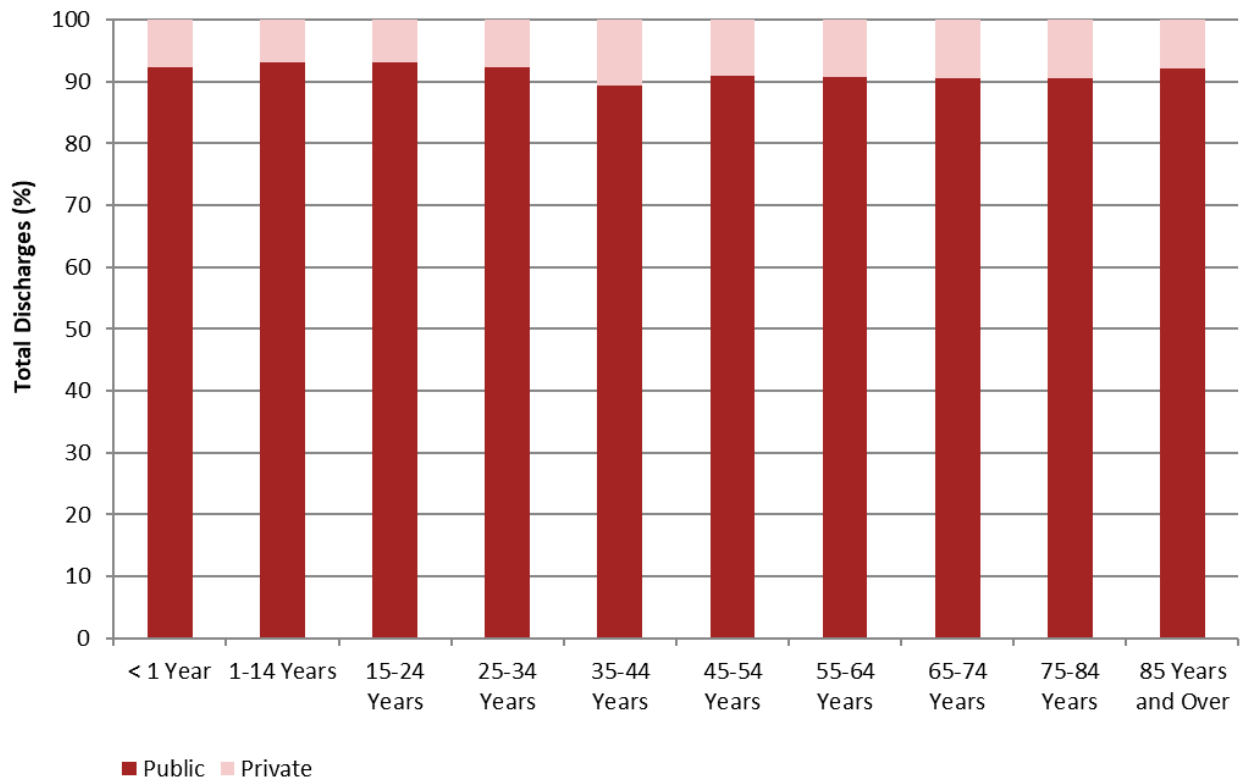
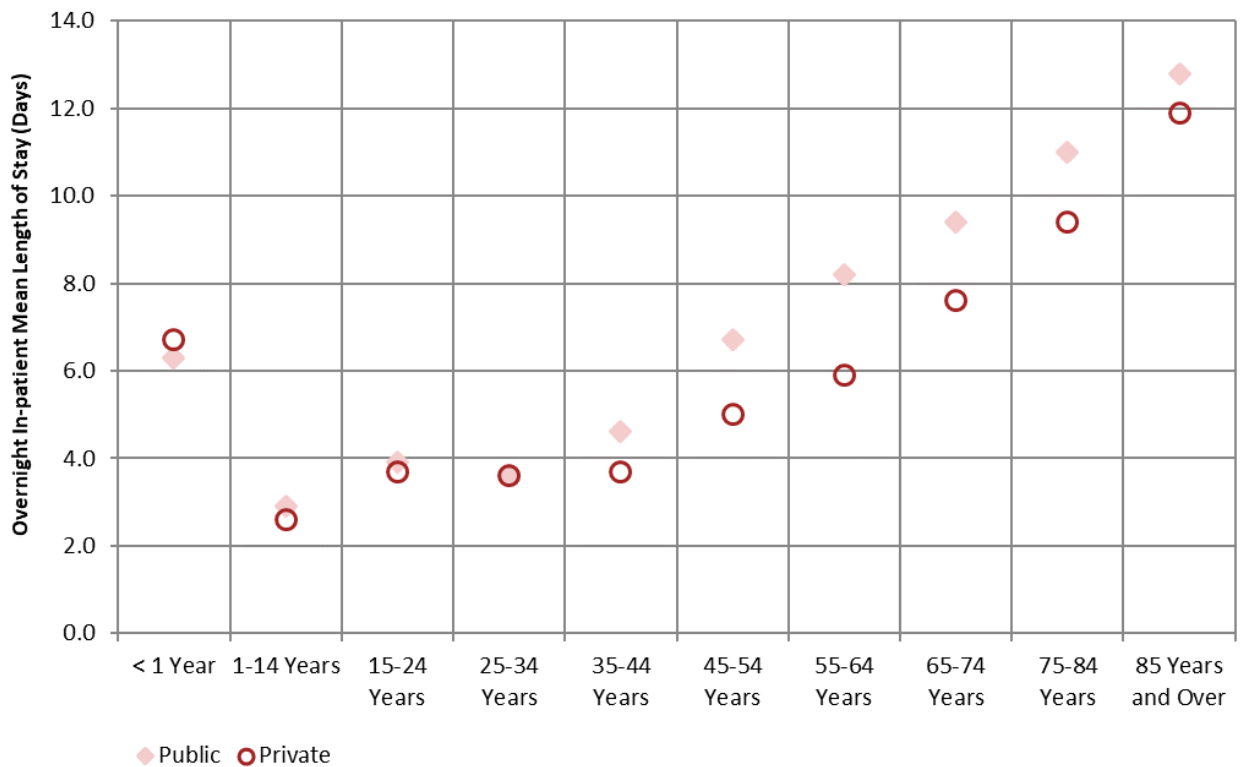
- For the majority of age groups, the public overnight in-patient mean length of stay exceeded the private overnight in-patient mean length of stay. The difference is largest for the age group 55–64 years, where public discharges stayed on average 2.3 days longer than their private counterparts (see 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	2,700	96.8	88	3.2	20,935	91.8	1,861	8.2	23,635	92.4	1,949	7.6
1–14 Years	36,445	92.7	2,863	7.3	47,224	93.6	3,234	6.4	83,669	93.2	6,097	6.8
15–24 Years	43,037	91.9	3,802	8.1	42,097	94.5	2,457	5.5	85,134	93.2	6,259	6.8
25–34 Years	68,571	92.8	5,324	7.2	83,664	91.9	7,337	8.1	152,235	92.3	12,661	7.7
35–44 Years	119,966	91.1	11,788	8.9	78,056	86.8	11,919	13.2	198,022	89.3	23,707	10.7
45–54 Years	172,298	90.7	17,595	9.3	60,569	91.3	5,782	8.7	232,867	90.9	23,377	9.1
55–64 Years	222,042	90.7	22,657	9.3	73,575	91.0	7,287	9.0	295,617	90.8	29,944	9.2
65–74 Years	253,284	90.5	26,681	9.5	93,571	90.6	9,731	9.4	346,855	90.5	36,412	9.5
75–84 Years	198,759	90.2	21,645	9.8	101,307	91.2	9,746	8.8	300,066	90.5	31,391	9.5
85 Years and Over	49,526	91.2	4,784	8.8	53,993	93.2	3,915	6.8	103,519	92.2	8,699	7.8
Total Discharges	1,166,628	90.9	117,227	9.1	654,991	91.2	63,269	8.8	1,821,619	91.0	180,496	9.0

In-Patient Length of Stay													
Sameday In-Patients				Overnight In-Patients						Total In-Patients			
Public		Private		Public			Private			Public		Private	
N		N		N	Mean	Median	N	Mean	Median	Mean	Median	Mean	Median
< 1 Year	2,706	130	18,229	6.3	2	1,731	6.7	2	1,731	3	5.5	2	6.3
1–14 Years	10,249	459	36,975	2.9	2	2,775	2.6	1	2,775	1	2.4	1	2.3
15–24 Years	13,573	417	28,524	3.9	2	2,040	3.7	2	2,040	2	2.8	1	3.2
25–34 Years	25,694	1,227	57,970	3.6	2	6,110	3.6	3	6,110	3	2.7	1	3.0
35–44 Years	23,769	1,786	54,287	4.6	3	10,133	3.7	3	10,133	3	3.4	2	3.3
45–54 Years	17,640	781	42,929	6.7	3	5,001	5.0	3	5,001	3	4.9	2	4.4
55–64 Years	18,041	800	55,534	8.2	4	6,487	5.9	3	6,487	3	6.3	2	5.3
65–74 Years	19,042	824	74,529	9.4	5	8,907	7.6	4	8,907	4	7.6	3	7.0
75–84 Years	16,619	620	84,688	11.0	6	9,126	9.4	5	9,126	5	9.3	5	8.8
85 Years and Over	6,281	209	47,712	12.8	7	3,706	11.9	7	3,706	7	11.4	6	11.3
Total Discharges	153,614	7,253	501,377	7.5	3	56,016	6.2	3	56,016	3	5.9	2	5.6

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.¹

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 75–84 years accounted for the largest proportion of GMS discharges (23.1 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 74.5 per cent (excludes unknown GMS status) – see Figure 2.7.

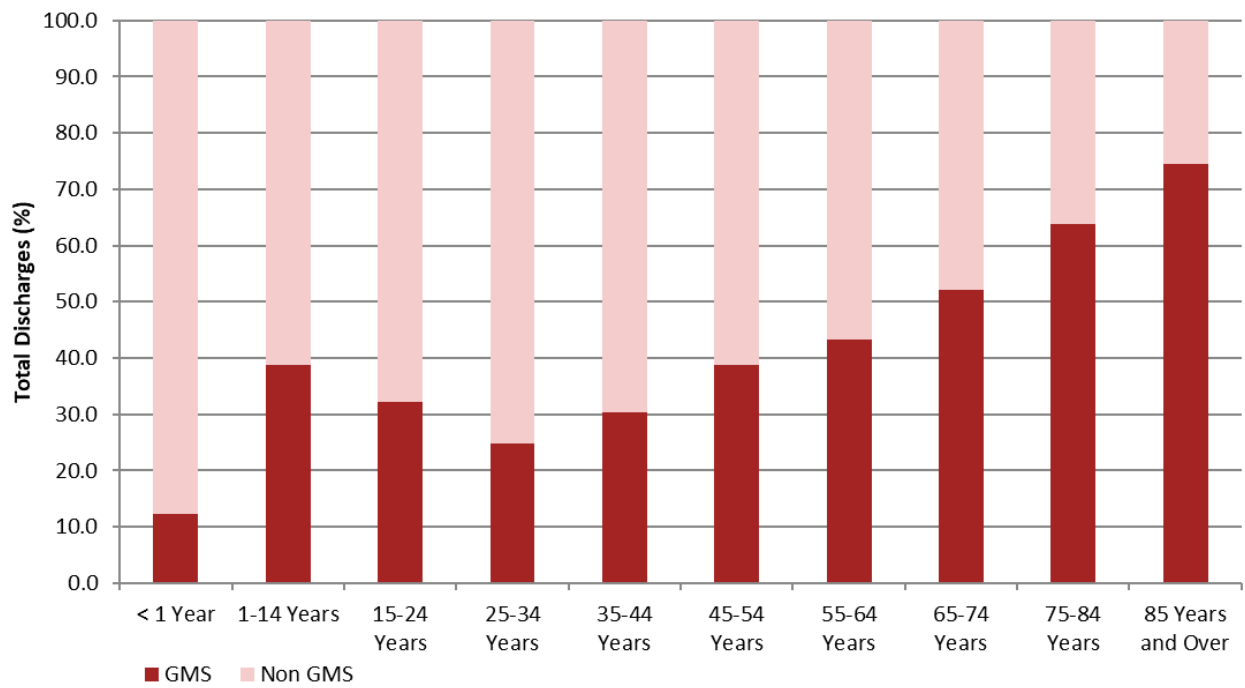
TABLE 2.4 Total Discharges: GMS Status by Age Group (N, %)

	GMS		Non-GMS		Unknown ^a		Total Discharges	
	N	%	N	%	N	%	N	%
< 1 Year	3,111	0.3	22,423	2.1	50	0.2	25,584	1.3
1–14 Years	34,781	3.9	54,763	5.1	222	0.9	89,766	4.5
15–24 Years	29,092	3.2	61,677	5.7	624	2.5	91,393	4.6
25–34 Years	40,544	4.5	123,579	11.5	773	3.1	164,896	8.2
35–44 Years	66,854	7.4	153,038	14.2	1,837	7.3	221,729	11.1
45–54 Years	97,886	10.9	154,179	14.3	4,179	16.5	256,244	12.8
55–64 Years	138,701	15.4	182,330	16.9	4,530	17.9	325,561	16.3
65–74 Years	196,946	21.9	180,018	16.7	6,303	24.9	383,267	19.1
75–84 Years	207,824	23.1	118,339	11.0	5,294	20.9	331,457	16.6
85 Years and Over	82,529	9.2	28,183	2.6	1,506	5.9	112,218	5.6
Total Discharges	898,268	100	1,078,529	100	25,318	100	2,002,115	100

Notes: Percentage columns are subject to rounding.

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

¹The 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).
- HSE Dublin & Midlands also accounted for the highest proportion of in-patient discharges where 21.2 per cent of discharges were hospitalised, and accounted for the highest proportion of day patients (23.2 per cent).

Length of Stay

The highest overnight in-patient mean length of stay was 7.8 days for HSE Dublin & North East – see Figure 2.8.

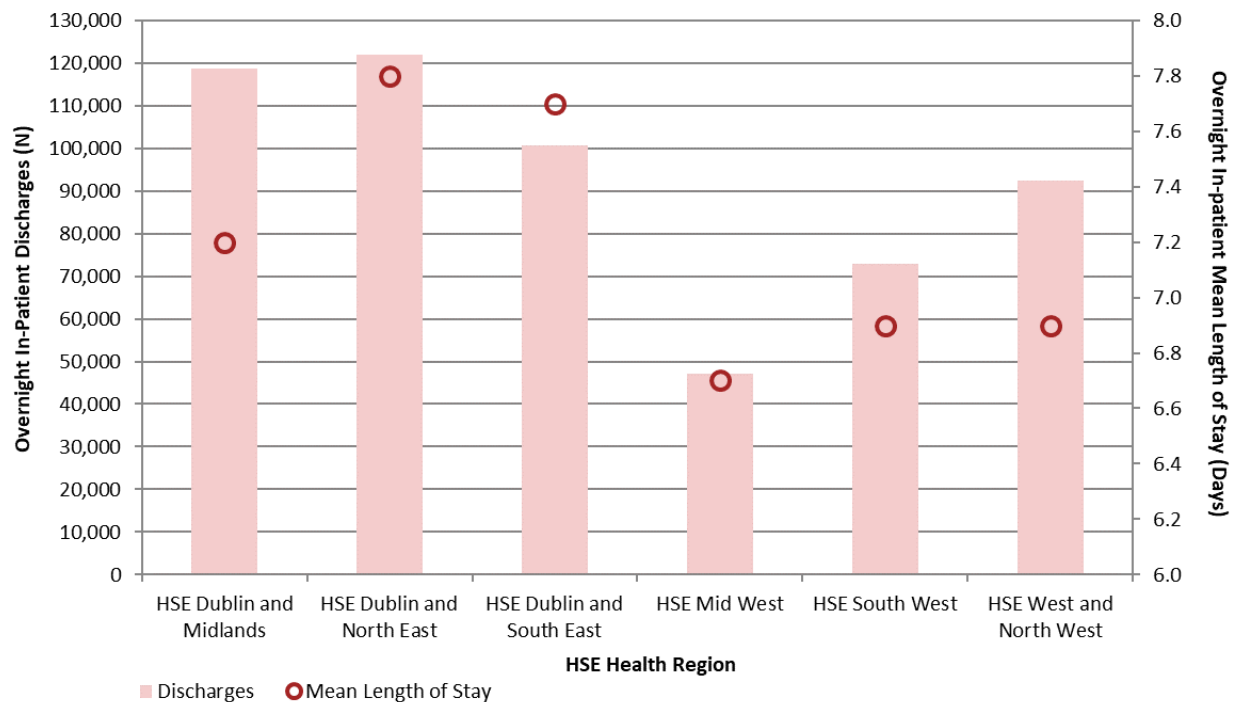
TABLE 2.5 Total Discharges: HSE Health Region by Patient Type (N, %, Bed Days, %, and In-Patient Length of Stay)

	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
HSE Dublin & Midlands	298,477	23.2	152,624	21.2	870,587	20.7	451,101	22.5
HSE Dublin & North East	295,963	23.1	150,087	20.9	958,131	22.8	446,050	22.3
HSE Dublin & South East	199,746	15.6	130,877	18.2	786,037	18.7	330,623	16.5
HSE Mid West	73,392	5.7	70,079	9.8	327,258	7.8	143,471	7.2
HSE South West	187,596	14.6	94,196	13.1	514,350	12.2	281,792	14.1
HSE West & North West	228,396	17.8	116,683	16.2	649,813	15.4	345,079	17.2
Non-Acute ^A	285	0.0	3,714	0.5	101,615	2.4	3,999	0.2
Total Discharges	1,283,855	100	718,260	100	4,207,790	100	2,002,115	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	34,053	118,571	7.2	3	152,624	5.7	2
HSE Dublin & North East	28,290	121,797	7.8	4	150,087	6.4	3
HSE Dublin & South East	30,110	100,767	7.7	3	130,877	6.0	2
HSE Mid West	22,840	47,239	6.7	3	70,079	4.7	2
HSE South West	21,207	72,989	6.9	3	94,196	5.5	2
HSE West & North West	24,361	92,322	6.9	3	116,683	5.6	2
Non-Acute ^A	6	3,708	27.4	20	3,714	27.4	20
Total Discharges	160,867	557,393	7.4	3	718,260	5.9	2

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

^A 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 2025.

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 (22.3 per cent), accounting for 18.0 per cent of total elective in-patient bed days.
- The health regions HSE Dublin & North East and HSE Dublin & Midlands treated the largest proportion of emergency in-patients (20.9 per cent) compared to other regions, while HSE Dublin & Midlands treated the largest proportion of maternity in-patients (24.1 per cent).

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	298,477	23.2	18,857	19.9	111,691	16.9	107,939	20.9	709,663	21.6	25,828	24.1	49,234	19.3	451,101	22.5		
HSE Dublin & North East	295,963	23.1	21,193	22.3	119,225	18.0	107,960	20.9	785,203	23.9	20,934	19.6	53,704	21.0	446,050	22.3		
HSE Dublin & South East	199,746	15.6	14,181	14.9	125,785	19.0	95,542	18.5	607,817	18.5	21,154	19.8	52,435	20.5	330,623	16.5		
HSE Mid West	73,392	5.7	9,101	9.6	41,718	6.3	54,720	10.6	264,041	8.0	6,258	5.8	21,500	8.4	143,471	7.2		
HSE South West	187,596	14.6	14,476	15.2	84,090	12.7	66,925	13.0	393,916	12.0	12,795	12.0	36,344	14.2	281,792	14.1		
HSE West & North West	228,396	17.8	13,775	14.5	87,394	13.2	82,856	16.0	519,915	15.8	20,052	18.7	42,505	16.6	345,079	17.2		
Non-Acute [^]	285	0.0	3,355	3.5	91,749	13.9	359	0.1	9,867	0.3	0	0.0	0	0.0	3,999	0.2		
Total Discharges	1,283,855	100	94,938	100	661,649	100	516,301	100	3,290,421	100	107,021	100	255,720	100	2,002,115	100		

Notes: Percentage and bed day columns are subject to rounding

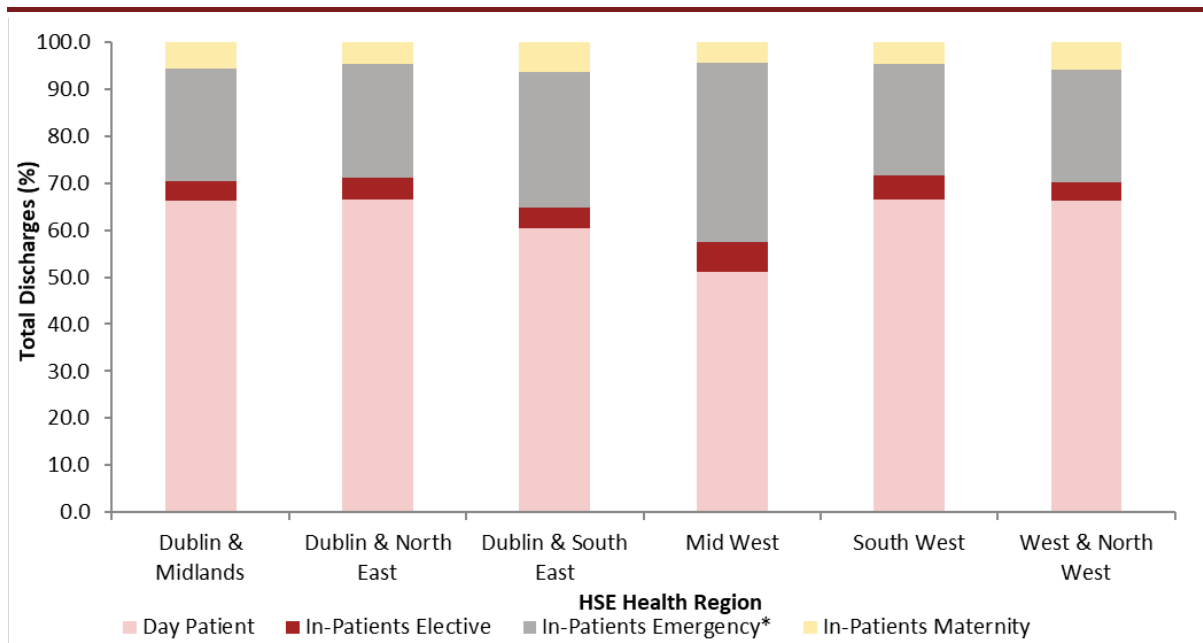
^a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about 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 2025.

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 51.2 per cent in HSE Mid West to 66.6 per cent in HSE South West.
- HSE Dublin & South East treated 6.4 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 (38.1 per cent), followed by HSE Dublin & South East (28.9 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 (95.0 per cent), while HSE South West treated the smallest proportion of total discharges on a public basis (83.8 per cent).
- Over 90 per cent of total day patients were treated as public day patients in HSE Dublin & Midlands, HSE Dublin & North East, HSE Dublin & South East and HSE West & North West. The smallest proportion was in HSE Mid West where 79.1 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 (94.5 per cent) and was lowest in HSE South West (86.3 per cent).

Length of Stay

- Overnight in-patient mean length of stay was 7.5 days for public discharges compared to 6.2 days for private discharges.
- HSE Dublin & North East and HSE Dublin & South East recorded the longest overnight in-patient mean length of stay for public discharges (both 7.9 days), and HSE Dublin & Midlands recorded the longest for private discharges (7.4 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)

	Day Patients						Discharges					
	Public			Private			In-Patients			Total Discharges		
	N	%		N	%		N	%		N	%	
HSE Dublin & Midlands	271,863	91.1		26,614	8.9		140,845	92.3	11,779	412,708	91.5	38,393
HSE Dublin & North East	284,586	96.2		11,377	3.8		139,375	92.9	10,712	423,961	95.0	22,089
HSE Dublin & South East	186,155	93.2		13,591	6.8		116,146	88.7	14,731	302,301	91.4	28,322
HSE Mid West	58,019	79.1		15,373	20.9		63,625	90.8	6,454	121,644	84.8	21,827
HSE South West	154,742	82.5		32,854	17.5		81,330	86.3	12,866	236,072	83.8	45,720
HSE West & North West	211,057	92.4		17,339	7.6		110,316	94.5	6,367	321,373	93.1	23,706
Non-Acute^	206	72.3		79	27.7		3,354	90.3	360	3,560	89.0	439
Total Discharges	1,166,628	90.9		117,227	9.1		654,991	91.2	63,269	1,821,619	91.0	180,496

In-Patient Length of Stay											
Sameday In-Patients						Overnight In-Patients					
Public			Private			Public			Private		
N			N			N	Mean	Median	N	Mean	Median
HSE Dublin & Midlands	32,869	1,184	107,976	7.2	3	10,595	7.4	4	5.6	2	6.7
HSE Dublin & North East	26,968	1,322	112,407	7.9	4	9,390	6.4	4	6.4	3	5.7
HSE Dublin & South East	28,193	1,917	87,953	7.9	3	12,814	5.6	3	6.1	2	5.0
HSE Mid West	22,482	358	41,143	6.8	3	6,096	5.8	3	4.6	1	5.5
HSE South West	19,643	1,564	61,687	7.1	3	11,302	5.7	3	5.5	2	5.1
HSE West & North West	23,453	908	86,863	7.0	3	5,459	5.8	3	5.6	2	5.0
Non-Acute^	6	0	3,348	28.6	21	360	16.4	7	28.5	21	16.4
Total Discharges	153,614	7,253	501,377	7.5	3	56,016	6.2	3	5.9	2	5.6

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 2025.

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 (95.7 per cent).
- Of total emergency in-patients, 4.7 per cent were transferred in from another hospital.
- 12.8 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	1,263,074	98.4	82,201	86.6	466,108	90.3	105,474	98.6	1,916,857	95.7
Long stay accommodation	1,810	0.1	402	0.4	15,687	3.0	0	0.0	17,899	0.9
Transfer from other hospital	7,476	0.6	12,161	12.8	24,170	4.7	818	0.8	44,625	2.2
Other	11,495	0.9	174	0.2	10,336	2.0	729	0.7	22,734	1.1
Total	1,283,855	100	94,938	100	516,301	100	107,021	100	2,002,115	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 (93.9 per cent).
- Of total emergency in-patients, 6.6 per cent were transferred to long stay accommodation, and 6.4 per cent were transferred to another hospital.

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

	Day Patients		In-Patients						Total Discharges	
	N	%	Elective		Emergency ^a		Maternity		N	%
			N	%	N	%	N	%		
Home	1,262,218	98.3	85,958	90.5	427,806	82.9	104,420	97.6	1,880,402	93.9
Long stay accommodation	2,206	0.2	3,270	3.4	33,846	6.6	0	0.0	39,322	2.0
Transfer to other hospital	8,006	0.6	4,110	4.3	33,195	6.4	635	0.6	45,946	2.3
Died	0	0.0	731	0.8	12,334	2.4	2	0.0	13,067	0.7
Other	11,425	0.9	869	0.9	9,120	1.8	1,964	1.8	23,378	1.2
Total	1,283,855	100	94,938	100	516,301	100	107,021	100	2,002,115	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.

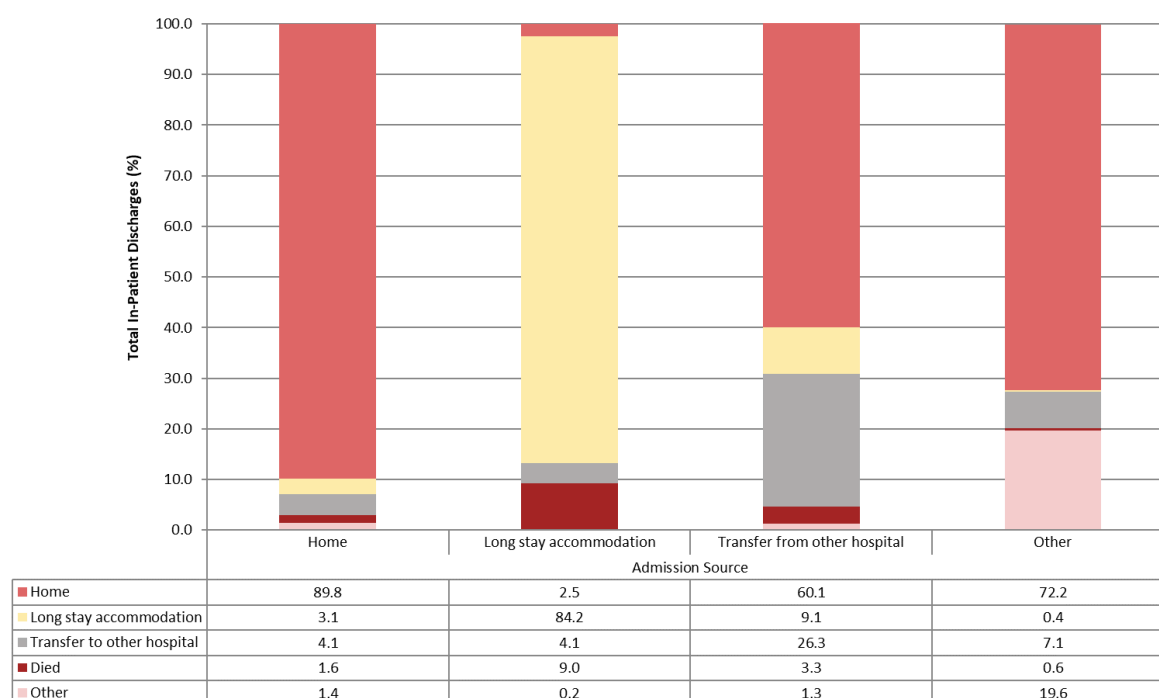
- a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions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

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 (84.2 per cent).
- Over a quarter of in-patients (26.3 per cent) who were admitted from another hospital were transferred to another hospital, while 60.1 per cent were discharged home.

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



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 6.4 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 16.6 per cent, but fell at weekends when around 10 per cent were admitted per day.
- The majority of day patients were admitted mid-week, ranging from 20.3 per cent on Wednesday to 3.3 per cent on Saturday and 1.5 per cent on Sunday.

Length of Stay²

- Mean length of stay for elective in-patients ranged from 6.4 days for those admitted on a Wednesday to 11.7 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 7.0 days for those admitted on a Saturday.

² Where length of stay is analysed by admission type, a breakdown of same-day and overnight in-patient length of stay is not provided.

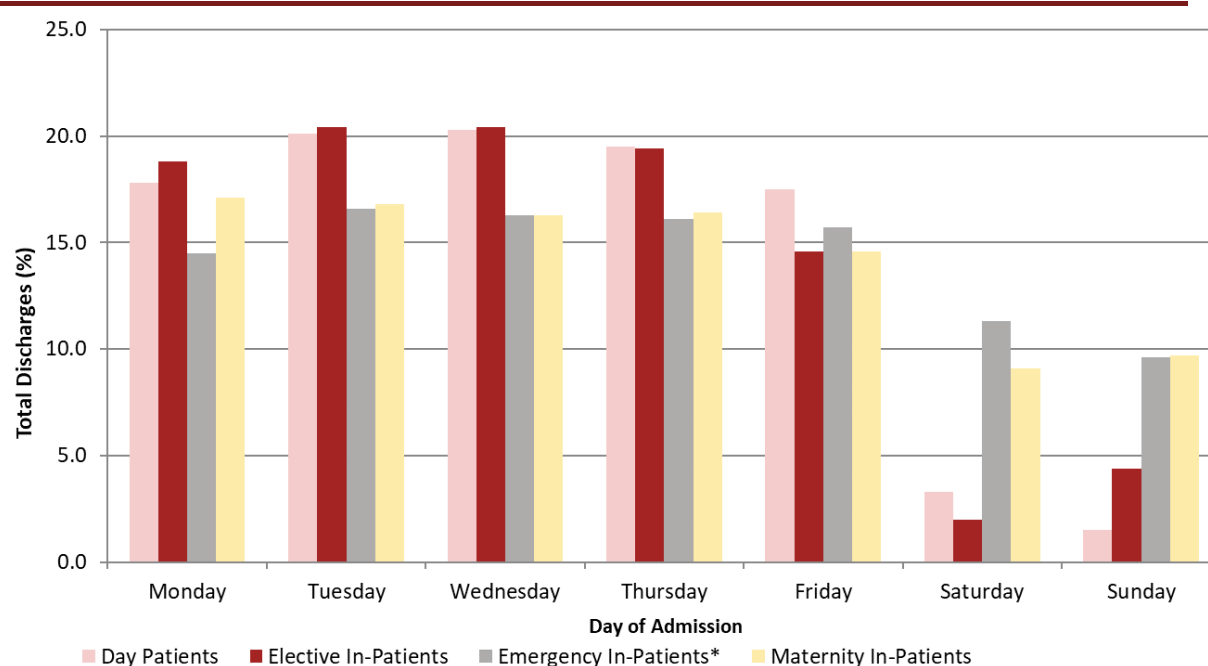
TABLE 2.10 Total Discharges: Patient Type and Admission Type by Day of Admission (N, % and In-Patient Length of Stay)

	Discharges									
	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency ^a		Maternity			
	N	%	N	%	N	%	N	%	N	%
Monday	228,131	17.8	17,843	18.8	74,686	14.5	18,280	17.1	338,940	16.9
Tuesday	258,054	20.1	19,389	20.4	85,661	16.6	17,958	16.8	381,062	19.0
Wednesday	261,191	20.3	19,346	20.4	84,178	16.3	17,494	16.3	382,209	19.1
Thursday	250,587	19.5	18,395	19.4	82,977	16.1	17,513	16.4	369,472	18.5
Friday	224,878	17.5	13,885	14.6	80,912	15.7	15,652	14.6	335,327	16.7
Saturday	42,051	3.3	1,924	2.0	58,281	11.3	9,783	9.1	112,039	5.6
Sunday	18,963	1.5	4,156	4.4	49,606	9.6	10,341	9.7	83,066	4.1
Total	1,283,855	100	94,938	100	516,301	100	107,021	100	2,002,115	100

	In-Patient Length of Stay								
	Elective		Emergency ^a		Maternity		Total In-Patients		
	Mean	Median	Mean	Median	Mean	Median	N	Mean	Median
Monday	6.6	2	5.9	2	2.4	2	110,809	5.4	2
Tuesday	6.5	2	6.1	2	2.4	2	123,008	5.6	2
Wednesday	6.4	2	6.2	2	2.4	2	121,018	5.7	2
Thursday	6.8	2	6.4	2	2.5	2	118,885	5.9	2
Friday	8.2	3	6.7	3	2.4	2	110,449	6.3	3
Saturday	11.7	5	7.0	3	2.2	2	69,988	6.5	3
Sunday	8.2	4	6.6	3	2.3	2	64,103	6.0	3
In-Patient Discharges	7.0	2	6.4	2	2.4	2	718,260	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 10.8 per cent on Monday to 22.2 per cent on Friday, falling to 10.1 per cent on Saturday and 4.7 per cent on Sunday.
- The largest proportion of emergency in-patients were discharged on Friday (19.9 per cent), with the smallest proportion discharged on Sunday (5.6 per cent).

Length of Stay³

- Elective in-patients discharged on a Monday had the longest in-patient mean length of stay (10.2 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)

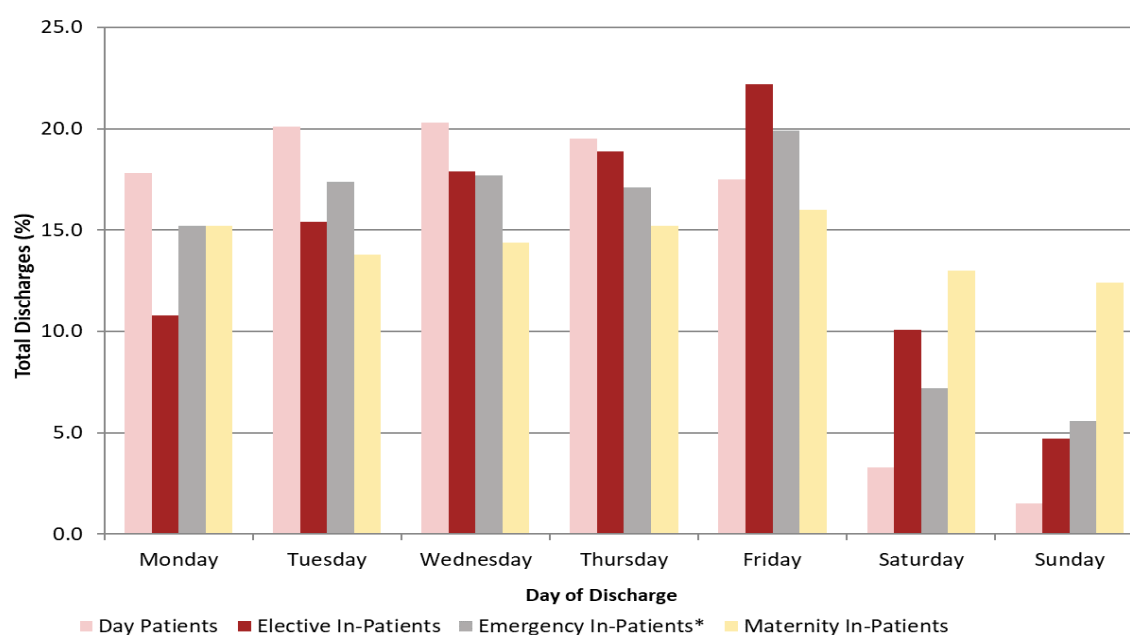
	Discharges									
	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency ^a		Maternity			
	N	%	N	%	N	%	N	%	N	%
Monday	228,131	17.8	10,233	10.8	78,726	15.2	16,231	15.2	333,321	16.6
Tuesday	258,054	20.1	14,655	15.4	89,955	17.4	14,808	13.8	377,472	18.9
Wednesday	261,191	20.3	16,971	17.9	91,235	17.7	15,401	14.4	384,798	19.2
Thursday	250,587	19.5	17,972	18.9	88,082	17.1	16,312	15.2	372,953	18.6
Friday	224,878	17.5	21,071	22.2	102,520	19.9	17,080	16.0	365,549	18.3
Saturday	42,051	3.3	9,578	10.1	37,090	7.2	13,881	13.0	102,600	5.1
Sunday	18,963	1.5	4,458	4.7	28,693	5.6	13,308	12.4	65,422	3.3
Total	1,283,855	100	94,938	100	516,301	100	107,021	100	2,002,115	100

	In-Patient Length of Stay								
	Elective		Emergency ^a		Maternity		Total In-Patients		
	Mean	Median	Mean	Median	Mean	Median	N	Mean	Median
Monday	10.2	5	6.7	3	2.6	2	105,190	6.4	3
Tuesday	7.7	2	6.8	3	2.3	1	119,418	6.4	3
Wednesday	6.9	2	6.7	3	2.2	1	123,607	6.2	2
Thursday	6.9	2	6.6	2	2.2	2	122,366	6.1	2
Friday	6.6	2	6.4	3	2.3	2	140,671	6.0	2
Saturday	4.2	2	4.7	2	2.5	2	60,549	4.1	2
Sunday	5.7	3	4.1	2	2.6	2	46,459	3.8	2
In-Patient Discharges	7.0	2	6.4	2	2.4	2	718,260	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.

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.

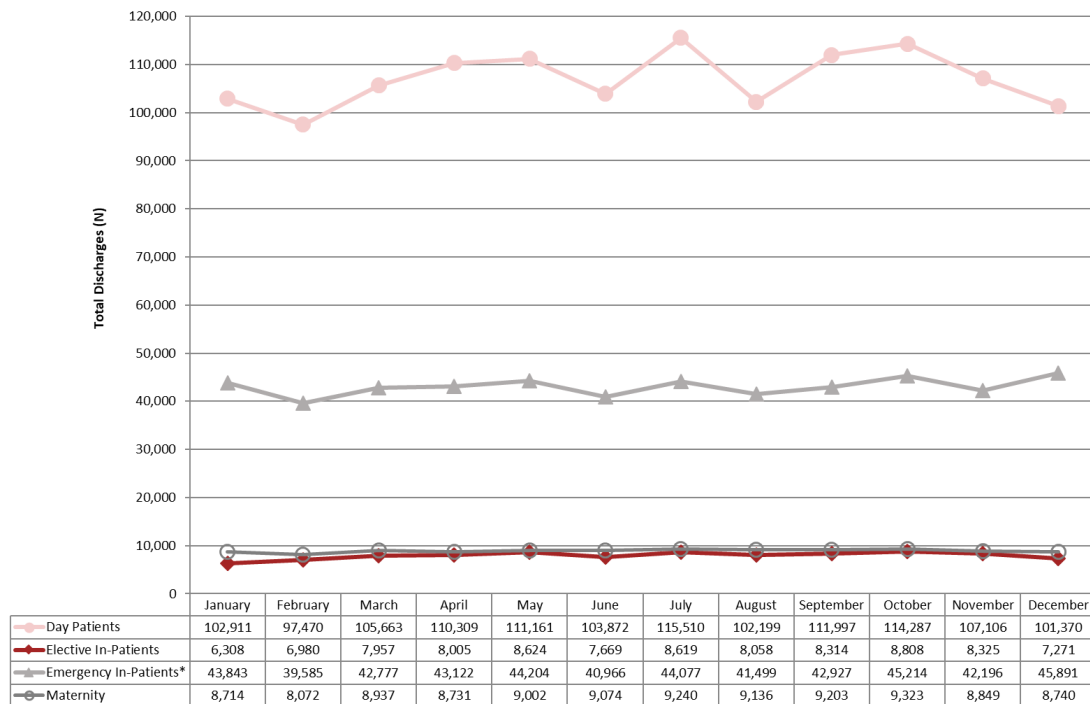
FIGURE 2.12 Total Discharges: Patient Type and Admission Type by Day of Discharge (%)

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 October for elective in-patients (8,808 discharges), while January recorded the smallest number of elective in-patients with only 6,308 elective in-patients discharged in this month.
- Emergency in-patient hospital discharges peaked in December (45,891 discharges), while the smallest number of emergency in-patients were discharged in February with 39,585 discharges.
- Maternity in-patient discharges were highest in October (9,323 discharges) and lowest in February (8,072 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
2025

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 (formally Dublin Institute of Technology). To date, over 190 clinical coders have achieved this certification.

The source document for coding for the HIPE system is the medical record or chart which can be in paper 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 2025, 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 (NCH) (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 2025, 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 (4.0) compared with females (3.6).
- The mean number of diagnoses recorded for in-patient discharges increased with age ranging from 2.7 in the less than 15 years age group to 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	4.0	2.7
Female	2.0	3.6	2.7
Maternity	1.8	3.8	3.5
Non-Maternity	2.0	3.6	2.5
Age Group			
< 15 Years	1.7	2.7	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 2025, 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 2,002,115 total discharges, principal procedures were recorded for 1,603,755 discharges (80.1 per cent).
- 92.6 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 88.9 per cent of elective in-patients, 51.8 per cent of emergency in-patients, and 59.0 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	2,002,115	1,603,755	80.1
Day Patients	1,283,855	1,188,972	92.6
In-Patients	718,260	414,783	57.7
Elective In-Patients	94,938	84,366	88.9
Emergency In-Patients	516,301	267,309	51.8
Maternity In-Patients	107,021	63,108	59.0

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 2.0 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	1.6	3.0	2.0
Maternity	1.5	3.3	3.2
Non-Maternity	1.6	2.9	1.9
Age Group			
< 15 Years	2.0	2.8	2.4
15–44 Years	1.5	3.0	2.0
45–64 Years	1.6	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 64.1 per cent of total discharges.
- Day patients aged 65 years or over accounted for 43.2 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 20.5 and 15.4 per cent of day patient discharges respectively.

Day Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 92.6 per cent of day patient discharges (see Table 3.4).
- Procedures from the block *Administration of pharmacotherapy* were reported as a principal procedure for 20.3 per cent of day patients with at least one procedure recorded.

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

- The top three AR-DRGs accounted for 35.4 per cent of day patient discharges reported to HIPE when analysed by diagnosis related group.¹⁹
- *Haemodialysis* accounted for 15.4 per cent, while *Chemotherapy* and *Other Neoplastic Disorders, Minor Complexity* accounted for 11.8 per cent and 8.2 per cent of day patient discharges respectively.

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

TABLE 3.6 Day Patient Activity (N, %)

Top 20 Principal Diagnoses ^a		N	%
Z51	Other medical care	263,307	20.5
Z49	Care involving dialysis	197,732	15.4
H35	Other retinal disorders	38,440	3.0
E83	Disorders of mineral metabolism	21,374	1.7
K50	Crohn's disease [regional enteritis]	20,851	1.6
R10	Abdominal and pelvic pain	19,809	1.5
K51	Ulcerative colitis	18,009	1.4
C44	Other malignant neoplasms of skin	17,480	1.4
K92	Other diseases of digestive system	16,026	1.2
M54	Dorsalgia	14,366	1.1
Z13	Special screening examination for other diseases and disorders	12,073	0.9
D64	Other anaemias	10,510	0.8
C50	Malignant neoplasm of breast	10,346	0.8
H34	Retinal vascular occlusions	10,214	0.8
D50	Iron deficiency anaemia	9,990	0.8
K21	Gastro-oesophageal reflux disease	9,887	0.8
Z08	Follow-up examination after treatment for malignant neoplasms	9,870	0.8
L40	Psoriasis	9,791	0.8
Z48	Other surgical follow-up care	9,637	0.8
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	9,469	0.7

Day Patients		
1,283,855		
Sex	N	%
Male	645,256	50.3
Female	638,599	49.7
Age Group	N	%
< 1 Year	2,788	0.2
1–14 Years	39,308	3.1
15–24 Years	46,839	3.6
25–34 Years	73,895	5.8
35–44 Years	131,754	10.3
45–54 Years	189,893	14.8
55–64 Years	244,699	19.1
65–74 Years	279,965	21.8
75–84 Years	220,404	17.2
85 Years and Over	54,310	4.2

Top 20 Principal Procedure Blocks ^b		N	%
1920	Administration of pharmacotherapy	240,827	20.3
1060	Haemodialysis	197,416	16.6
1788	Megavoltage radiation treatment	105,402	8.9
1008	Panendoscopy with excision	54,575	4.6
0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	52,525	4.4
0911	Fibreoptic colonoscopy with excision	50,125	4.2
1620	Excision of lesion of skin and subcutaneous tissue	40,607	3.4
1552	Administration of agent into other musculoskeletal sites	30,405	2.6
0905	Fibreoptic colonoscopy	29,735	2.5
1893	Administration of blood and blood products	24,006	2.0
0725	Other incision procedures on veins	20,167	1.7
1089	Examination procedures on bladder	16,961	1.4
1610	Ultraviolet B [UVB] light therapy of skin	14,955	1.3
0200	Extraction of crystalline lens	14,686	1.2
1005	Panendoscopy	10,960	0.9
1618	Biopsy of skin and subcutaneous tissue	10,440	0.9
0668	Coronary angiography	9,471	0.8
1259	Examination procedures on uterus	8,723	0.7
1798	Radiation field setting	7,935	0.7
1601	Dressing of other wound	7,340	0.6

HSE Health Region		N	%
HSE Dublin and Midlands		298,477	23.2
HSE Dublin and North East		295,963	23.1
HSE Dublin and South East		199,746	15.6
HSE Mid West		73,392	5.7
HSE South West		187,596	14.6
HSE West and North West		228,396	17.8
Non-Acute		285	0.0

Top 10 AR-DRGs		N	%
L61Z	Haemodialysis	197,373	15.4
R63Z	Chemotherapy	151,701	11.8
R62C	Other Neoplastic Disorders, Minor Complexity	104,873	8.2
C03B	Retinal Interventions, Minor Complexity	54,400	4.2
G48B	Colonoscopy, Minor Complexity	54,123	4.2
G47C	Gastroscopy, Minor Complexity	38,679	3.0
J11B	Other Skin, Subcutaneous Tissue and Breast Interventions, Minor Complexity	38,654	3.0
Z64B	Other Factors Influencing Health Status, Minor Complexity	37,177	2.9
G64Z	Inflammatory Bowel Disease	33,655	2.6
Q61C	Red Blood Cell Disorders, Minor Complexity	32,538	2.6

Notes: Percentage columns are subject to rounding.

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

b ACHI Procedure codes are analysed at block level. The percentage (%) is based on 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 35.9 per cent of total discharges.
- Overnight in-patient discharges accounted for 77.6 per cent of in-patient discharges and had a mean length of stay of 7.4 days.

In-Patients – Top 20 Principal Diagnoses

- In-patient discharges with a principal diagnosis of *Single spontaneous delivery* accounted for 3.0 per cent of in-patient discharges.
- In-patient discharges with a principal diagnosis of *Single delivery by caesarean section* accounted for 2.9 per cent of in-patient discharges while those with a principal diagnosis of *Pain in throat and chest* accounted for 2.7 per cent of in-patient discharges.

In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 57.7 per cent of total in-patient discharges (see Table 3.4).
- Procedures from the block *Generalised allied health interventions* were reported for 33.0 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		N	%	Mean LOS	Med LOS
O80	Single spontaneous delivery	21,371	3.0	2.6	2
O82	Single delivery by caesarean section	20,530	2.9	4.1	4
R07	Pain in throat and chest	19,111	2.7	1.4	1
N39	Other disorders of urinary system	16,031	2.2	8.8	5
J44	Other chronic obstructive pulmonary disease	15,650	2.2	7.6	5
O99	Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium	14,517	2.0	1.1	1
J22	Unspecified acute lower respiratory infection	13,636	1.9	6.2	3
J18	Pneumonia, organism unspecified	13,029	1.8	9.9	6
R10	Abdominal and pelvic pain	11,999	1.7	1.8	1
R55	Syncope and collapse	11,382	1.6	4.3	2
J10	Influenza due to other identified influenza virus	9,606	1.3	5.7	3
O36	Maternal care for other known or suspected fetal problems	8,097	1.1	1.3	1
I50	Heart failure	7,976	1.1	10.0	6
A09	Other gastroenteritis and colitis of infectious and unspecified origin	7,528	1.0	3.9	2
I48	Atrial fibrillation and flutter	7,272	1.0	3.6	2
I21	Acute myocardial infarction	7,122	1.0	6.1	3
K80	Cholelithiasis	7,065	1.0	5.4	3
L03	Cellulitis	6,879	1.0	6.2	4
S72	Fracture of femur	6,814	0.9	18.3	12
O81	Single delivery by forceps and vacuum extractor	6,734	0.9	3.3	3

In-Patients				
718,260				
Discharges		N	%	
Total		718,260	100.0	
Sameday		160,867	22.4	
Overnight		557,393	77.6	
Length of Stay		Mean	Median	
Total		5.9	2	
Overnight		7.4	3	
Bed Days		N		
Total		4,207,790		
Overnight		4,127,356		

HSE Health Region		N	%	
HSE Dublin and Midlands		152,624	21.2	
HSE Dublin and North East		150,087	20.9	
HSE Dublin and South East		130,877	18.2	
HSE Mid West		70,079	9.8	
HSE South West		94,196	13.1	
HSE West and North West		116,683	16.2	
Non-Acute		3,714	0.5	

Sex		N	%	
Male		306,954	42.7	
Female		411,306	57.3	
Age Group		N	%	
< 1 Year		22,796	3.2	
1–14 Years		50,458	7.0	
15–24 Years		44,554	6.2	
25–34 Years		91,001	12.7	
35–44 Years		89,975	12.5	
45–54 Years		66,351	9.2	
55–64 Years		80,862	11.3	
65–74 Years		103,302	14.4	
75–84 Years		111,053	15.5	
85 Years and Over		57,908	8.1	

Top 20 Principal Procedure Blocks ^b		N	%	Mean LOS	Med LOS
1916	Generalised allied health interventions	136,959	33.0	11.2	7
1340	Caesarean section	22,411	5.4	4.5	4
1336	Spontaneous vertex delivery ^c	22,086	5.3	2.7	2
1893	Administration of blood and blood products	10,460	2.5	9.8	5
1920	Administration of pharmacotherapy	9,252	2.2	8.2	3
0570	Noninvasive ventilatory support	7,880	1.9	14.2	8
0926	Appendicectomy	6,510	1.6	3.0	2
1008	Panendoscopy with excision	6,400	1.5	10.8	6
1489	Arthroplasty of hip	6,062	1.5	9.6	5
1338	Vacuum assisted delivery	5,446	1.3	3.3	3
0668	Coronary angiography	4,735	1.1	5.0	3
0030	Lumbar puncture	4,233	1.0	11.3	5
1866	Other diagnostic tests, measures or investigations	4,174	1.0	9.7	4
0671	Transluminal coronary angioplasty with stenting	3,713	0.9	3.3	2
0569	Ventilatory support	3,649	0.9	24.0	10
1005	Panendoscopy	3,445	0.8	12.3	7
0965	Cholecystectomy	3,187	0.8	3.9	2
1872	Alcohol and drug rehabilitation and detoxification	2,877	0.7	7.1	4
1518	Arthroplasty of knee	2,872	0.7	3.8	3
1265	Curettage and evacuation of uterus	2,853	0.7	1.1	1

Top 10 AR-DRGs		N	%	Mean LOS	Med LOS
O66C	Antenatal and Other Obstetric Admissions, Minor Complexity	22,513	3.1	0.9	1
F74B	Chest Pain, Minor Complexity	16,237	2.3	1.0	1
O60B	Vaginal Delivery, Intermediate Complexity	14,233	2.0	3.0	3
O66B	Antenatal and Other Obstetric Admissions, Intermediate Complexity	13,134	1.8	1.3	1
O01C	Caesarean Delivery, Minor Complexity	12,829	1.8	3.6	3
O60C	Vaginal Delivery, Minor Complexity	11,899	1.7	2.2	2
F73B	Syncope and Collapse, Minor Complexity	10,988	1.5	2.8	1
E65B	Chronic Obstructive Airways Disease, Minor Complexity	10,880	1.5	4.9	3
E62B	Respiratory Infections and Inflammations, Minor Complexity	10,655	1.5	6.1	4
L63B	Kidney and Urinary Tract Infections, Minor Complexity	10,501	1.5	4.7	3

Notes:

Percentage columns are subject to rounding.

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

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

c 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 4.7 per cent of total discharges and 13.2 per cent of in-patients.
- Elective in-patient bed days accounted for 661,649 in-patient bed days, or 15.7 per cent of total in-patient bed days.
- Elective overnight in-patient discharges accounted for 92.7 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 3.9 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 2.6 per cent of elective in-patient discharges.

Elective In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 88.9 per cent of elective in-patient discharges (see Table 3.4).
- The procedure block *Generalised allied health interventions* was reported for 12.9 per cent of elective in-patients who had a principal procedure reported.
- The procedure blocks *Administration of pharmacotherapy* and *Arthroplasty of hip* were both reported for 4.2 per cent of elective in-patient discharges with a principal procedure reported respectively.

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

- The top three AR-DRGs accounted for 8.9 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* accounted for 3.4 per cent of elective in-patient discharges. *Knee Replacement, Minor Complexity*, and *Tonsillectomy and Adenoidectomy* accounted for 2.8 per cent and 2.7 per cent of elective in-patient discharges respectively.

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		N	%	Mean LOS	Med LOS
M16	Coxarthrosis [arthrosis of hip]	3,676	3.9	4.5	3
M17	Gonarthrosis [arthrosis of knee]	3,149	3.3	4.9	3
J35	Chronic diseases of tonsils and adenoids	2,486	2.6	1.1	1
C50	Malignant neoplasm of breast	2,089	2.2	2.9	2
K80	Cholelithiasis	2,024	2.1	2.4	1
I25	Chronic ischaemic heart disease	1,718	1.8	4.9	1
G47	Sleep disorders	1,445	1.5	1.3	1
N81	Female genital prolapse	1,382	1.5	2.4	2
Z48	Other surgical follow-up care	1,378	1.5	14.1	5
C34	Malignant neoplasm of bronchus and lung	1,155	1.2	9.2	6
C18	Malignant neoplasm of colon	1,149	1.2	9.4	7
K40	Inguinal hernia	1,013	1.1	1.5	1
C67	Malignant neoplasm of bladder	959	1.0	5.7	2
S72	Fracture of femur	844	0.9	28.2	21
N20	Calculus of kidney and ureter	828	0.9	2.6	1
R06	Abnormalities of breathing	808	0.9	1.4	1
Z51	Other medical care	787	0.8	31.9	26
N39	Other disorders of urinary system	764	0.8	12.2	6
I48	Atrial fibrillation and flutter	750	0.8	2.3	1
D25	Leiomyoma of uterus	745	0.8	2.8	3

Elective In-Patients		
94,938		

Notes: Percentage columns are subject to rounding.
a ICD-10-AM diagnosis codes are analysed at three-character level.

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

3.3.2.2 Emergency In-Patient Activity

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

Emergency In-Patients – Profile

- Emergency in-patient discharges accounted for 25.8 per cent of total discharges and 71.9 per cent of in-patients.
- Emergency in-patient bed days accounted for 3,290,421 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 4.4 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 *Other disorders of urinary system* accounted for 3.0 per cent of emergency in-patient discharges.

Emergency In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 51.8 per cent of emergency in-patient discharges (see Table 3.4).
- Procedures from the block *Generalised allied health interventions* were reported for 46.1 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 7.2 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. *Syncope and Collapse, Minor Complexity*, and *Chronic Obstructive Airways Disease, 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		N	%	Mean LOS	Med LOS
R07	Pain in throat and chest	18,821	3.6	1.4	1
N39	Other disorders of urinary system	15,259	3.0	8.7	5
J44	Other chronic obstructive pulmonary disease	14,912	2.9	7.5	5
J22	Unspecified acute lower respiratory infection	13,109	2.5	6.0	3
J18	Pneumonia, organism unspecified	12,643	2.4	9.7	6
R10	Abdominal and pelvic pain	11,593	2.2	1.7	1
R55	Syncope and collapse	11,122	2.2	4.2	2
J10	Influenza due to other identified influenza virus	9,436	1.8	5.6	3
I50	Heart failure	7,604	1.5	9.9	6
A09	Other gastroenteritis and colitis of infectious and unspecified origin	7,327	1.4	3.8	2
L03	Cellulitis	6,635	1.3	6.1	3
I48	Atrial fibrillation and flutter	6,522	1.3	3.8	2
K35	Acute appendicitis	6,511	1.3	3.2	2
I21	Acute myocardial infarction	6,475	1.3	6.1	3
R51	Headache	6,130	1.2	1.9	1
I63	Cerebral infarction	6,117	1.2	14.7	8
S72	Fracture of femur	5,970	1.2	16.9	11
R06	Abnormalities of breathing	5,669	1.1	1.7	1
R42	Dizziness and giddiness	5,495	1.1	2.0	1
K80	Cholelithiasis	5,038	1.0	6.6	5

HSE Health Region		N	%
HSE Dublin and Midlands		107,939	20.9
HSE Dublin and North East		107,960	20.9
HSE Dublin and South East		95,542	18.5
HSE Mid West		54,720	10.6
HSE South West		66,925	13.0
HSE West and North West		82,856	16.0
Non-Acute		359	0.1

Mode of Emergency Admission		N	%
Emergency Department		333,518	64.6
Medical assessment unit - admitted as in-patient		22,580	4.4
Medical assessment unit only		80,693	15.6
Other ^c		79,507	15.4
Unknown		3	0.0

Emergency In-Patients

516,301

Discharges	N	%
Total	516,301	100
Sameday	126,097	24.4
Overnight	390,204	75.6

Length of Stay	Mean	Median
Total	6.4	2
Overnight	8.3	4

Bed Days	N
Total	3,290,421
Overnight	3,227,372

Sex	N	%
Male	260,665	50.5
Female	255,636	49.5

Age Group	N	%
< 1 Year	21,608	4.2
1–14 Years	43,098	8.3
15–24 Years	29,738	5.8
25–34 Years	30,186	5.8
35–44 Years	42,952	8.3
45–54 Years	53,179	10.3
55–64 Years	63,819	12.4
65–74 Years	83,484	16.2
75–84 Years	95,301	18.5
85 Years and Over	52,936	10.3

Notes: Percentage columns are subject to rounding.
a ICD-10-AM diagnosis codes are analysed at three-character level.

b ACHI Procedure codes are analysed at block level. The percentage (%) is based on emergency in-patients with principal procedure reported.
c 'Other' category includes all other locations emergency in-patients were treated in, for example, in an ASAU, prior to admission to hospital.

3.3.2.3 Maternity In-Patient Activity

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

Maternity In-Patients – Profile

- Maternity in-patient discharges accounted for 5.3 per cent of total discharges and 14.9 per cent of in-patients.
- Of maternity in-patient discharges, 49.4 per cent reported a diagnosis of *Outcome of delivery* i.e. delivery discharges; while 50.6 per cent were non-delivery discharges.
- Single deliveries accounted for 98.3 per cent of delivery discharges.
- 57.4 per cent of delivery discharges were multiparous deliveries.²⁹
- Of delivery discharges, 35.6 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 40.4 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 26.6 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 59.0 per cent of maternity in-patient discharges (see Table 3.4).
- For delivery discharges who had a procedure reported, 42.4 per cent reported the principal procedure block *Caesarean section*.³⁰
- For non-delivery discharges who had a procedure reported, 26.7 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 46.6 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 21.0 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)

Top 10 Principal Diagnoses ^a					
		N	%	Mean	Med
Delivery	O80 Single spontaneous delivery	21,371	40.4	2.6	2
	O82 Single delivery by caesarean section	20,529	38.9	4.1	4
	O81 Single delivery by forceps and vacuum extractor	6,734	12.7	3.3	3
	O83 Other assisted single delivery	868	1.6	3.2	3
	O42 Premature rupture of membranes	844	1.6	6.7	4
	O84 Multiple delivery	783	1.5	6.0	4
	O36 Maternal care for other known or suspected fetal problems	555	1.1	6.5	5
	O14 Pre-eclampsia	299	0.6	9.9	8
	O46 Antepartum haemorrhage, not elsewhere classified	146	0.3	4.8	4
	O13 Gestational [pregnancy-induced] hypertension	113	0.2	7.0	6
Top 10 Principal Diagnoses ^a					
		N	%	Mean	Med
Non-Delivery	O99 Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium	14,411	26.6	1.1	1
	O36 Maternal care for other known or suspected fetal problems	7,542	13.9	0.9	1
	O47 False labour	3,812	7.0	1.0	1
	O02 Other abnormal products of conception	2,392	4.4	1.0	1
	O46 Antepartum haemorrhage, not elsewhere classified	2,176	4.0	1.2	1
	O03 Spontaneous abortion	1,873	3.5	1.2	1
	O13 Gestational [pregnancy-induced] hypertension	1,819	3.4	1.4	1
	O21 Excessive vomiting in pregnancy	1,685	3.1	1.5	1
	Z13 Special screening examination for other diseases and disorders	1,498	2.8	0.5	1
	O00 Ectopic pregnancy	1,294	2.4	1.6	1

Maternity In-Patients
107,021

Delivery Status				
Delivery Status	N	%	Mean	Med
Total	107,021	100	2.4	2
Delivery ^b	52,834	49.4	3.6	3
Non-Delivery ^c	54,187	50.6	1.2	1

Delivery Discharges				
Delivery Outcome	N	%	Mean	Med
Single	51,951	98.3	3.5	3
Multiple	880	1.7	7.2	5
Unspecified	3	0.0	3.3	3

Parity ^d				
	N	%	Mean	Med
Primiparous	22,486	42.6	4.1	4
Multiparous	30,346	57.4	3.2	3
Unknown	2	0.0	21.5	22

Age Group				
	N	%	Mean	Med
< 20 Years	551	1.0	3.7	3
20-24 Years	3,549	6.7	3.6	3
25-29 Years	8,867	16.8	3.5	3
30-34 Years	18,824	35.6	3.5	3
35-39 Years	16,464	31.2	3.5	3
40-44 Years	4,189	7.9	3.9	3
45 Years and Over	390	0.7	5.8	4

Discharge Status				
	N	%	Mean	Med
Public	43,256	81.9	3.6	3
Private	9,578	18.1	3.7	3

Notes:

~ Percentage columns are subject to rounding.

- Denotes five or fewer discharges reported to HIPE.

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

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

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

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

d Maternal parity is the number of previous live births and number of previous stillbirths (>500g). Primiparous Delivery discharges are deliveries to women who have had no previous pregnancy resulting in a live birth or stillbirth (>500g). Multiparous Delivery discharges are deliveries to women who have had at least one previous pregnancy resulting in a live birth or stillbirth (>500g).

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

f See Appendix VII for an overview of changes from 10th Edition to 12th Edition ICD-10-AM/ACHI/ACS.

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

h Includes episiotomy.

i This includes spontaneous abortions and pregnancies with abortive outcome.

3.4 MORBIDITY ANALYSIS: TOTAL DISCHARGE ACTIVITY

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

3.4.1 Total Discharges by Principal Diagnosis, Sex and Age Group

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

- Over 27 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 9.2 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. *Diseases of the respiratory system* were the most common principal diagnosis chapters for discharges aged less than 15 years while diagnoses relating to *Pregnancy, childbirth and the puerperium* were most common for those aged 15-44 years.

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* (13.1 days).³⁴
- For discharges aged less than 15 years, those with a principal diagnosis from the chapter *Congenital malformations, deformations and chromosomal abnormalities* 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 as 7.4 days for those with a principal diagnosis from the *Neoplasms* chapter and the *Mental and behavioural disorders* chapter. When the *Neoplasms* chapter is analysed by sex, male discharges reported 9.7 days and females reported 6.0 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 5.3 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 1,256,606 diagnoses, or 23.5 per cent of all listed diagnoses reported.³⁵
- Neoplasms accounted for 704,779 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)

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges	–	65,640	159,472	283,037	444,061	952,210	49,710	318,546	298,768	382,881	1,049,905	115,350	478,018	581,805	826,942	2,002,115
Certain infectious and parasitic diseases	A00–B99	4,036	4,321	3,018	4,217	15,592	3,624	3,643	3,259	4,984	15,510	7,660	7,964	6,277	9,201	31,102
Intestinal infectious diseases (including diarrhoea)	A00–A09	2,221	1,709	1,705	2,244	7,879	2,029	2,193	2,331	3,286	9,839	4,250	3,902	4,036	5,530	17,718
Tuberculosis	A15–A19	3	182	102	37	324	4	79	22	14	119	7	261	124	51	443
Septicaemia	A40–A41	56	74	282	1,013	1,425	61	117	253	822	1,253	117	191	535	1,835	2,678
Human immunodeficiency virus [HIV] disease	B20–B24	0	33	26	8	67	22	20	20	1	63	22	53	46	9	130
Neoplasms	C00–D48	3,329	6,928	24,621	49,168	84,046	2,132	13,518	29,170	34,741	79,561	5,461	20,446	53,791	83,909	163,607
Malignant neoplasms	C00–C96	2,776	4,025	18,005	38,484	63,290	1,672	5,753	19,956	25,980	53,361	4,448	9,778	37,961	64,464	116,651
Malignant neoplasms of colon, rectum and anus	C18–C21	5	248	1,860	2,952	5,065	4	345	1,310	1,728	3,387	9	593	3,170	4,680	8,452
Malignant neoplasms of trachea, bronchus and lung	C33–C34	1	142	1,143	2,591	3,877	0	82	1,200	2,432	3,714	1	224	2,343	5,023	7,591
Melanoma and other malignant neoplasms of skin	C43–C44	12	425	2,614	9,793	12,844	3	635	2,309	5,478	8,425	15	1,060	4,923	15,271	21,269
Malignant neoplasms of breast	C50	0	9	39	61	109	0	1,773	6,974	4,126	12,873	0	1,782	7,013	4,187	12,982
Malignant neoplasms of female genital organs	C51–C58	0	0	0	0	0	21	419	1,630	1,499	3,569	21	419	1,630	1,499	3,569
Malignant neoplasm of prostate	C61	4	30	2,320	5,969	8,323	0	0	0	0	0	4	30	2,320	5,969	8,323
Malignant neoplasm of bladder	C67	3	27	411	1,402	1,843	0	12	120	409	541	3	39	531	1,811	2,384
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	1,646	1,498	4,078	7,442	14,664	864	1,245	2,522	5,051	9,682	2,510	2,743	6,600	12,493	24,346
In situ neoplasms	D00–D09	1	83	511	1,501	2,096	0	307	1,299	1,628	3,234	1	390	1,810	3,129	5,330
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	552	2,820	6,105	9,183	18,660	460	7,458	7,915	7,133	22,966	1,012	10,278	14,020	16,316	41,626
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50–D89	2,267	3,706	4,917	10,786	21,676	1,437	5,833	6,088	10,349	23,707	3,704	9,539	11,005	21,135	45,383
Endocrine, nutritional and metabolic diseases	E00–E89	1,123	6,387	11,283	10,259	29,052	1,125	4,545	7,790	8,191	21,651	2,248	10,932	19,073	18,450	50,703
Diabetes mellitus	E10–E14	267	1,263	2,825	3,645	8,000	263	901	1,305	1,730	4,199	530	2,164	4,130	5,375	12,199
Disorders of mineral metabolism	E83	32	3,665	6,902	3,892	14,491	34	1,148	3,928	2,823	7,933	66	4,813	10,830	6,715	22,424
Cystic fibrosis	E84	43	721	209	12	985	63	552	153	14	782	106	1,273	362	26	1,767
Mental and behavioural disorders	F00–F99	531	1,808	1,716	2,172	6,227	598	1,498	1,013	2,277	5,386	1,129	3,306	2,729	4,449	11,613
Mental and behavioural disorders due to use of alcohol	F10	11	1,053	1,268	450	2,782	24	434	477	197	1,132	35	1,487	1,745	647	3,914
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	4	264	74	10	352	2	121	30	20	173	6	385	104	30	525
Diseases of nervous system	G00–G99	1,631	4,649	6,348	6,460	19,088	1,259	10,478	9,008	6,640	27,385	2,890	15,127	15,356	13,100	46,473
Multiple sclerosis	G35	10	1,200	1,015	152	2,377	12	4,211	2,291	269	6,783	22	5,411	3,306	421	9,160
Epilepsy	G40, G41	772	1,132	680	487	3,071	592	918	557	436	2,503	1,364	2,050	1,237	923	5,574
Transient cerebral ischaemic attacks and related syndromes	G45	0	95	504	1,265	1,864	3	85	450	1,378	1,916	3	180	954	2,643	3,780
Diseases of the eye and adnexa	H00–H59	692	2,066	7,954	27,105	37,817	564	2,249	6,886	37,276	46,975	1,256	4,315	14,840	64,381	84,792
Cataracts	H25–H26	18	133	1,482	6,296	7,929	12	123	1,482	8,344	9,961	30	256	2,964	14,640	17,890
Other retinal disorders	H35	68	335	2,308	13,259	15,970	34	289	1,807	20,686	22,816	102	624	4,115	33,945	38,786
Diseases of the ear and mastoid process	H60–H95	1,488	1,279	1,246	1,295	5,308	987	1,442	1,549	1,466	5,444	2,475	2,721	2,795	2,761	10,752
Diseases of the circulatory system	I00–I99	785	4,127	16,566	29,315	50,793	693	3,386	8,820	21,607	34,506	1,478	7,513	25,386	50,922	85,299
Hypertensive diseases	I10–I15	16	548	963	601	2,128	21	441	851	1,169	2,482	37	989	1,814	1,770	4,610
Angina pectoris	I20	0	116	1,122	1,517	2,755	0	42	519	798	1,359	0	158	1,641	2,315	4,114
Acute myocardial infarction	I21–I22	0	276	2,223	2,866	5,365	0	75	578	1,410	2,063	0	351	2,801	4,276	7,428
Other ischaemic heart disease	I23–I25	5	176	2,925	3,713	6,819	8	51	862	1,589	2,510	13	227	3,787	5,302	9,329
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	3	173	423	537	1,136	8	226	321	638	1,193	11	399	744	1,175	2,329
Conduction disorders and cardiac arrhythmias	I44–I49	130	674	2,920	5,406	9,130	98	425	1,192	4,001	5,716	228	1,099	4,112	9,407	14,846
Heart failure	I50	5	90	647	4,174	4,916	3	45	343	3,247	3,638	8	135	990	7,421	8,554
Cerebrovascular disease	I60–I69	36	377	1,579	3,688	5,680	54	245	1,045	3,184	4,528	90	622	2,624	6,872	10,208
Atherosclerosis (non-coronary)	I70	0	9	297	876	1,182	2	24	86	418	530	2	33	383	1,294	1,712
Diseases of the respiratory system	J00–J99	9,461	6,401	10,200	25,089	51,151	7,597	7,992	10,498	25,056	51,143	17,058	14,393	20,698	50,145	102,294
Acute upper respiratory infections and influenza	J00–J11	3,787	1,173	843	2,436	8,239	3,087	1,641	1,039	2,632	8,399	6,874	2,814	1,882	5,068	16,638
Pneumonia	J12–J18	412	617	1,472	5,600	8,101	378	620	1,204	5,258	7,460	790	1,237	2,676	10,858	15,561
Unspecified lower acute respiratory infection	J22	928	558	1,218	4,332	7,036	785	796	1,232	4,255	7,068	1,713	1,354	2,450	8,587	14,104
Chronic diseases of tonsils and adenoids	J35	1,491	376	46	18	1,931	1,412	730	62	26	2,230	2,903	1,106	108	44	4,161
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	31	191	1,739	6,527	8,488	15	256	2,030	7,730	10,031	46	447	3,769	14,257	18,519
Asthma	J45–J46	869	815	1,768	990	4,442	618	1,519	2,068	1,278	5,483	1,487	2,334	3,836	2,268	9,925

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Diseases of the digestive system	K00–K93	6,169	29,267	30,859	27,536	93,831	4,502	30,864	29,182	24,930	89,478	10,671	60,131	60,041	52,466	183,309
Diseases of oesophagus, stomach and duodenum	K20–K31	378	3,136	5,462	5,552	14,528	285	3,436	5,396	5,049	14,166	663	6,572	10,858	10,601	28,694
Diseases of appendix	K35–K38	1,137	1,973	535	235	3,880	750	1,799	578	195	3,322	1,887	3,772	1,113	430	7,202
Inguinal hernia	K40	290	552	1,354	1,479	3,675	87	55	113	128	383	377	607	1,467	1,607	4,058
Noninfective enteritis and colitis	K50–K52	1,250	12,419	7,352	3,346	24,367	954	10,460	6,698	3,030	21,142	2,204	22,879	14,050	6,376	45,509
Diverticular Disease of Intestine	K57	1	544	1,499	1,448	3,492	0	381	1,544	2,282	4,207	1	925	3,043	3,730	7,699
Alcoholic liver disease	K70	0	138	500	212	850	0	111	250	92	453	0	249	750	304	1,303
Cholelithiasis	K80	7	514	1,118	1,905	3,544	31	2,479	2,081	1,916	6,507	38	2,993	3,199	3,821	10,051
Diseases of the skin and subcutaneous tissue	L00–L99	1,768	11,260	9,431	8,347	30,806	1,358	11,510	9,849	8,349	31,066	3,126	22,770	19,280	16,696	61,872
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	397	1,300	1,646	2,035	5,378	320	810	958	1,700	3,788	717	2,110	2,604	3,735	9,166
Decubitus ulcer and pressure area	L89	8	22	111	117	258	4	12	25	103	144	12	34	136	220	402
Diseases of the musculoskeletal system and connective tissue	M00–M99	1,572	6,347	14,765	17,164	39,848	1,714	9,489	22,482	27,214	60,899	3,286	15,836	37,247	44,378	100,747
Rheumatoid arthritis	M05–M06	16	141	641	905	1,703	1	595	1,780	1,947	4,323	17	736	2,421	2,852	6,026
Coxarthrosis and Gonarthrosis	M16–M17	7	262	2,605	3,959	6,833	2	326	3,547	6,042	9,917	9	588	6,152	10,001	16,750
Intervertebral disc disorders	M50–M51	1	397	661	447	1,506	7	593	806	599	2,005	8	990	1,467	1,046	3,511
Dorsalgia (back pain)	M54	25	1,150	2,686	2,437	6,298	53	2,071	4,483	4,540	11,147	78	3,221	7,169	6,977	17,445
Diseases of the genitourinary system	N00–N99	2,871	4,732	7,149	13,912	28,664	1,742	17,303	20,100	14,828	53,973	4,613	22,035	27,249	28,740	82,637
Chronic kidney disease	N18	22	156	267	355	800	18	95	141	238	492	40	251	408	593	1,292
Urolithiasis	N20–N23	75	1,142	1,547	890	3,654	43	794	898	504	2,239	118	1,936	2,445	1,394	5,893
Hyperplasia of prostate	N40	0	46	680	1,563	2,289	0	0	0	0	0	0	46	680	1,563	2,289
Disorders of breast	N60–N64	5	51	23	18	97	13	1,465	1,635	324	3,437	18	1,516	1,658	342	3,534
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	18	917	292	74	1,301	18	917	292	74	1,301
Noninflammatory disorders of female genital tract	N80–N98	†	†	†	†	†	†	†	†	†	†	195	10,263	12,357	3,135	25,950
Pregnancy, childbirth and the puerperium	O00–O99	0	0	0	0	0	14	112,069	876	0	112,959	14	112,069	876	0	112,959
Pregnancy with abortive outcome	O00–O08	0	0	0	0	0	†	†	†	†	8,241	†	†	†	†	8,241
Gestational [pregnancy-induced] hypertension	O13	0	0	0	0	0	0	3,699	77	0	3,776	0	3,699	77	0	3,776
Diabetes mellitus in pregnancy	O24	0	0	0	0	0	0	1,294	12	0	1,306	0	1,294	12	0	1,306
Single spontaneous delivery	O80	0	0	0	0	0	4	21,311	56	0	21,371	4	21,311	56	0	21,371
Single delivery by forceps and vacuum extractor	O81	0	0	0	0	0	0	6,717	17	0	6,734	0	6,717	17	0	6,734
Single delivery by caesarean section	O82	0	0	0	0	0	1	20,269	260	0	20,530	1	20,269	260	0	20,530
Other assisted single delivery	O83	0	0	0	0	0	0	864	4	0	868	0	864	4	0	868
Multiple delivery	O84	0	0	0	0	0	0	768	15	0	783	0	768	15	0	783
Certain conditions originating in the perinatal period	P00–P96	5,265	0	0	0	5,265	4,060	3	0	0	4,063	9,325	3	0	0	9,328
Congenital malformations, deformations and chromosomal abnormalities	Q00–Q99	3,857	685	339	149	5,030	2,223	865	345	140	3,573	6,080	1,550	684	289	8,603
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00–R99	6,193	17,148	26,482	34,799	84,622	5,263	26,463	29,306	33,530	94,562	11,456	43,611	55,788	68,329	179,184
Pain in throat and chest	R07	71	3,092	4,927	3,409	11,499	69	3,029	4,040	3,164	10,302	140	6,121	8,967	6,573	21,801
Abdominal and pelvic pain	R10	702	3,671	4,131	2,948	11,452	833	8,525	6,763	4,235	20,356	1,535	12,196	10,894	7,183	31,808
Injury, poisoning and certain other consequences of external causes	S00–T98	5,736	13,134	8,564	12,586	40,020	4,070	6,652	7,271	15,997	33,990	9,806	19,786	15,835	28,583	74,010
Intracranial injury	S06	188	521	465	969	2,143	98	151	207	803	1,259	286	672	672	1,772	3,402
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1,214	1,518	620	1,406	4,758	778	441	338	1,473	3,030	1,992	1,959	958	2,879	7,788
Fracture of femur	S72	112	174	316	1,965	2,567	67	48	388	3,760	4,263	179	222	704	5,725	6,830
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	180	846	409	190	1,625	345	1,037	479	267	2,128	525	1,883	888	457	3,753
Factors influencing health status and contact with health services	U00–U49, Z00–Z99	6,866	35,227	97,579	163,702	303,374	4,748	48,744	95,276	105,306	254,074	11,614	83,971	192,855	269,008	557,448
COVID-19 ^a	U07.1–U07.2	257	63	130	560	1,010	210	102	124	538	974	467	165	254	1,098	1,984
Care involving dialysis	Z49	419	18,550	43,833	65,859	128,661	381	10,700	21,342	36,760	69,183	800	29,250	65,175	102,619	197,844
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,355	7,196	41,917	78,602	130,070	1,432	16,033	60,727	55,887	134,079	3,787	23,229	102,644	134,489	264,149

Notes: † Denotes that no breakdown is provided for reasons of sensitivity.

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 Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total In-Patient Discharges	Mean	3.4	3.9	6.1	9.1	6.7	3.4	2.7	5.1	9.0	5.2	3.4	3.0	5.6	9.0	5.9
	Median	1	1	2	4	3	1	2	2	4	2	1	1	2	4	2
Certain infectious and parasitic diseases	A00–B99	1.9	4.3	7.8	11.3	6.1	1.9	4.0	7.7	9.7	5.8	1.9	4.1	7.7	10.5	5.9
		1	2	4	6	2	1	2	3	6	2	1	2	3	6	2
Intestinal infectious diseases (including diarrhoea)	A00–A09	1.7	2.8	4.4	7.6	3.9	1.6	2.9	4.8	7.3	4.3	1.6	2.8	4.6	7.4	4.1
		1	2	3	4	2	1	2	3	4	2	1	2	3	4	2
Tuberculosis	A15–A19	4.5	17.6	20.8	17.6	18.5	4.7	15.4	29.1	41.6	19.6	4.6	16.9	22.4	23.0	18.8
		5	12	16	12	13	5	9	9	30	9	5	12	15	17	12
Septicaemia	A40–A41	7.5	6.8	14.0	15.3	14.3	4.5	12.1	14.0	13.8	13.3	6.0	10.0	14.0	14.7	13.8
		3	6	8	9	8	3	6	8	9	8	3	6	8	9	8
Human immunodeficiency virus [HIV] disease	B20–B24	-	27.3	18.2	24.6	22.4	0.5	10.7	22.9	10.0	15.1	0.5	21.3	19.4	22.2	20.1
		-	17	12	28	14	1	4	5	10	4	1	11	10	21	11
Neoplasms	C00–D48	5.2	9.7	10.5	11.3	10.7	5.6	6.0	7.4	10.5	8.5	5.4	7.4	8.8	10.9	9.6
		3	5	5	6	5	3	3	3	6	4	3	3	4	6	5
Malignant neoplasms	C00–C96	5.1	10.1	10.9	11.7	11.1	6.2	7.8	8.6	11.2	9.7	5.6	8.8	9.7	11.5	10.4
		3	5	6	7	6	4	4	4	6	5	3	4	5	7	5
Malignant neoplasm of colon, rectum and anus	C18–C21	9.5	10.3	12.5	12.4	12.3	6.0	9.4	10.5	13.1	11.9	8.3	9.8	11.7	12.7	12.1
		6	8	7	8	8	6	7	7	8	8	6	7	7	8	8
Malignant neoplasm of trachea, bronchus and lung	C33–C34	-	10.5	12.1	11.9	11.9	-	9.4	10.2	11.6	11.1	-	10.0	11.1	11.7	11.5
		-	10	7	8	7	-	4	7	8	7	-	7	7	8	7
Melanoma and other malignant neoplasms of skin	C43–C44	1.0	4.0	5.7	5.3	5.3	-	1.6	4.2	5.9	5.2	1.0	2.8	4.9	5.5	5.3
		1	2	2	1	1	-	1	1	2	1	1	1	1	2	1
Malignant neoplasms of breast	C50	-	2.5	1.4	5.9	4.4	-	3.3	3.8	4.6	4.0	-	3.3	3.8	4.7	4.0
		-	3	1	4	3	-	2	1	2	2	-	2	1	2	2
Malignant neoplasms of female genital organs	C51–C58	-	-	-	-	-	4.4	7.2	6.9	8.9	7.8	4.4	7.2	6.9	8.9	7.8
		-	-	-	-	-	5	3	4	5	4	5	3	4	5	4
Malignant neoplasm of prostate	C61	-	3.0	3.7	8.4	6.4	-	-	-	-	-	-	3.0	3.7	8.4	6.4
		-	3	2	3	3	-	-	-	-	-	-	3	2	3	3
Malignant neoplasm of bladder	C67	29.0	6.2	5.5	8.4	7.8	-	11.5	7.5	8.9	8.6	29.0	7.5	6.0	8.5	8.0
		29	5	2	3	3	-	12	2	3	3	29	7	2	3	3
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	5.1	13.8	13.7	14.1	13.1	6.5	13.2	15.2	14.1	13.8	5.5	13.5	14.3	14.1	13.3
		3	6	6	7	6	3	5	7	7	6	3	5	7	7	6
In situ neoplasms	D00–D09	-	4.9	3.0	4.0	3.8	-	2.6	1.8	2.0	2.0	-	2.8	1.9	2.7	2.3
		-	6	2	2	2	-	1	1	1	1	-	2	1	1	1
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	5.9	7.9	7.0	7.5	7.3	3.8	3.5	4.2	6.0	4.4	4.7	4.4	5.0	6.8	5.4
		2	3	3	3	3	2	2	2	3	2	2	2	2	3	2
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50–D89	3.1	4.9	5.5	5.6	5.2	3.8	2.5	3.6	4.7	3.9	3.4	3.2	4.3	5.1	4.4
		2	2	3	2	2	2	1	1	2	1	2	1	1	2	2
Endocrine, nutritional and metabolic diseases	E00–E89	4.3	5.2	8.2	10.5	8.5	4.3	4.8	6.4	8.5	6.9	4.3	5.0	7.3	9.5	7.7
		3	2	3	5	4	3	2	2	4	3	3	2	3	4	3
Diabetes mellitus	E10–E14	4.4	4.1	9.5	14.1	10.2	3.9	3.8	8.6	13.0	8.5	4.1	4.0	9.2	13.8	9.6
		3	2	4	7	4	4	2	4	6	4	4	2	4	7	4
Disorders of mineral metabolism	E83	5.5	2.3	3.9	5.5	4.6	5.5	4.1	4.9	7.3	6.3	5.5	3.3	4.5	6.7	5.6
		3	1	2	3	2	3	1	1	2	2	3	1	1	3	2
Cystic fibrosis	E84	8.0	13.6	17.9	0.5	13.9	8.7	16.7	20.6	18.3	15.9	8.5	15.0	18.9	11.2	14.8
		9	14	15	1	14	10	13	16	14	13	10	14	15	14	13
Mental and behavioural disorders	F00–F99	4.5	6.1	7.5	19.7	11.4	10.7	8.9	10.9	21.7	15.0	8.8	7.4	8.7	20.7	13.1
		2	2	3	9	4	5	3	4	9	5	3	2	3	9	4
Mental and behavioural disorders due to use of alcohol	F10	1.2	3.2	5.9	11.8	5.8	0.8	3.3	6.3	11.0	5.8	1.0	3.2	6.0	11.6	5.8
		1	2	3	5	3	1	2	4	5	3	1	2	3	5	3
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	4.4	6.1	9.0	15.8	7.0	6.0	8.2	12.5	11.6	9.3	4.9	6.8	10.0	12.9	7.8
		2	3	5	7	3	6	4	5	8	5	3	3	5	7	4

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Diseases of nervous system	G00–G99	4.8	5.6	7.2	11.9	8.2	4.4	4.4	6.4	9.5	6.5	4.6	4.8	6.8	10.7	7.3
		2	1	2	4	2	2	1	2	4	2	2	1	2	4	2
Multiple sclerosis	G35	7.5	10.4	10.7	12.4	10.9	3.7	5.6	10.6	19.1	9.6	5.2	6.7	10.6	16.7	10.0
		8	5	4	10	5	3	4	4	7	4	5	4	4	8	5
Epilepsy	G40, G41	4.5	4.0	6.4	11.5	6.0	3.5	5.8	6.1	9.2	6.0	4.1	4.8	6.3	10.4	6.0
		2	2	3	5	2	2	2	3	5	3	2	2	3	5	2
Transient cerebral ischaemic attacks and related syndromes	G45	-	2.8	3.3	4.6	4.2	4.0	2.1	3.0	4.3	3.9	4.0	2.5	3.1	4.5	4.0
		-	2	2	3	3	4	1	2	3	2	4	2	2	3	2
Diseases of the eye and adnexa	H00–H59	3.0	3.0	2.2	3.1	2.8	2.6	2.7	2.2	3.2	2.8	2.8	2.8	2.2	3.2	2.8
		2	1	1	1	1	2	1	1	1	1	2	1	1	1	1
Cataracts	H25–H26	2.3	1.2	1.6	2.9	2.5	1.0	1.6	1.9	3.3	2.9	2.1	1.5	1.7	3.1	2.7
		2	1	1	1	1	1	2	1	1	1	1	1	1	1	1
Other retinal disorders	H35	3.9	1.7	1.5	1.6	1.8	4.3	1.4	1.8	2.7	2.5	4.1	1.5	1.6	2.2	2.2
		1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Diseases of the ear and mastoid process	H60–H95	1.9	1.5	2.1	4.0	2.5	1.7	1.3	2.2	3.4	2.3	1.8	1.4	2.2	3.7	2.4
		1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Diseases of the circulatory system	I00–I99	3.6	6.3	7.2	8.7	8.0	2.6	5.4	6.7	8.7	7.8	3.2	6.0	7.0	8.7	7.9
		1	2	3	4	3	1	1	2	4	3	1	2	3	4	3
Hypertensive diseases	I10–I15	2.5	1.9	2.2	4.1	2.7	3.3	1.4	2.0	2.8	2.3	2.9	1.7	2.1	3.2	2.5
		2	1	1	1	1	3	1	1	1	1	2	1	1	1	1
Angina pectoris	I20	-	2.9	3.2	3.8	3.5	-	2.5	2.7	3.5	3.1	-	2.8	3.0	3.7	3.4
		-	1	1	2	2	-	1	1	2	1	-	1	1	2	2
Acute myocardial infarction	I21–I22	-	4.9	4.9	6.9	6.0	-	5.0	4.3	7.5	6.5	-	4.9	4.8	7.1	6.1
		-	3	3	4	3	-	3	3	4	4	-	3	3	4	3
Other ischaemic heart disease	I23–I25	1.0	3.5	5.4	6.3	5.8	-	8.8	5.6	5.1	5.4	1.0	4.5	5.4	6.0	5.7
		1	2	2	3	2	-	3	3	2	2	1	2	2	2	2
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	4.0	6.2	7.0	8.4	7.5	18.7	6.5	6.3	9.8	8.3	12.8	6.4	6.7	9.2	7.9
		4	4	4	6	5	13	4	4	7	5	6	4	4	6	5
Conduction disorders and cardiac arrhythmias	I44–I49	4.6	2.9	3.5	4.7	4.2	3.5	2.6	3.8	4.6	4.3	4.1	2.8	3.6	4.7	4.2
		2	1	1	2	2	1	1	1	2	2	2	1	1	2	2
Heart failure	I50	7.0	7.0	9.2	9.8	9.7	15.3	10.7	11.6	10.3	10.4	10.6	8.3	10.0	10.0	10.0
		2	4	6	6	6	11	5	6	6	6	2	4	6	6	6
Cerebrovascular disease	I60–I69	22.9	24.2	19.9	15.9	17.6	9.9	18.0	16.9	16.7	16.8	17.0	21.8	18.7	16.3	17.2
		4	8	8	8	8	4	8	7	8	8	4	8	7	8	8
Atherosclerosis (non-coronary)	I70	-	6.9	15.6	15.4	15.4	17.0	10.4	15.2	12.8	13.1	17.0	9.5	15.5	14.6	14.7
		-	5	7	8	8	17	8	11	8	8	17	6	7	8	8
Diseases of the respiratory system	J00–J99	2.2	3.5	6.9	9.5	6.9	2.1	2.9	5.9	9.2	6.7	2.2	3.1	6.4	9.3	6.8
		1	1	4	6	3	1	1	3	6	3	1	1	3	6	3
Acute upper respiratory infections and influenza	J00–J11	1.7	2.2	5.9	8.0	4.1	1.7	2.1	4.1	8.2	4.1	1.7	2.1	4.9	8.1	4.1
		1	1	3	5	2	1	1	2	5	2	1	1	2	5	2
Pneumonia	J12–J18	3.4	5.7	9.5	12.0	10.7	3.6	5.2	8.4	11.5	10.1	3.5	5.5	9.0	11.8	10.4
		2	4	5	7	6	2	4	5	7	6	2	4	5	7	6
Unspecified lower acute respiratory infection	J22	3.3	2.5	4.5	8.2	6.5	2.9	2.5	3.6	7.9	6.0	3.1	2.5	4.0	8.1	6.2
		2	1	2	5	3	2	1	1	5	3	2	1	2	5	3
Chronic diseases of tonsils and adenoids	J35	1.1	1.1	1.4	2.8	1.1	1.1	1.1	1.1	1.0	1.1	1.1	1.1	1.2	2.1	1.1
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	5.7	3.9	6.2	7.6	7.3	3.4	4.0	6.2	8.3	7.8	4.9	4.0	6.2	8.0	7.6
		2	2	4	5	5	2	2	4	5	5	2	2	4	5	5
Asthma	J45–J46	1.6	2.2	2.5	5.3	2.4	1.7	2.5	3.3	5.0	3.0	1.7	2.4	3.0	5.1	2.8
		1	1	1	2	1	1	1	2	3	1	1	1	1	3	1
Diseases of the digestive system	K00–K93	3.1	4.0	6.1	8.2	6.1	3.2	3.8	5.8	8.4	6.0	3.2	3.9	6.0	8.3	6.1
		2	2	3	4	3	2	2	3	5	3	2	2	3	5	3
Diseases of oesophagus, stomach and duodenum	K20–K31	2.5	2.9	4.4	7.8	5.2	2.0	3.6	4.7	7.4	5.1	2.2	3.3	4.5	7.6	5.2
		1	1	2	3	2	1	1	1	3	2	1	1	2	3	2

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Diseases of appendix	K35–K38	2.8 2	2.8 2	4.0 3	7.8 6	3.2 2	3.1 2	2.6 2	3.8 3	6.5 5	3.1 2	3.0 2	2.7 2	3.9 3	7.2 5	3.2 2
Inguinal hernia	K40	1.9 1	1.4 1	1.7 1	3.2 1	2.4 1	1.4 1	1.3 1	2.6 1	4.0 1	3.0 1	1.8 1	1.4 1	1.7 1	3.3 1	2.5 1
Noninfective enteritis and colitis	K50–K52	5.1 3	6.8 5	8.6 6	8.6 5	7.5 5	5.8 4	6.4 4	6.8 4	9.2 6	7.3 5	5.4 4	6.6 5	7.6 5	8.9 6	7.4 5
Diverticular disease of intestine	K57	9.0 9	4.4 3	5.0 3	7.2 4	5.7 3	- -	3.7 2	5.0 3	7.4 4	6.1 3	9.0 9	4.1 3	5.0 3	7.3 4	6.0 3
Alcoholic liver disease	K70	- -	11.3 7	13.6 7	13.6 7	13.2 7	- -	12.6 8	16.7 11	14.6 9	15.2 9	- -	11.9 7	14.7 8	13.9 8	13.9 8
Cholelithiasis	K80	4.1 5	4.1 2	5.1 3	8.0 6	6.5 4	3.0 2	3.1 2	4.1 2	7.4 5	4.7 3	3.2 2	3.3 2	4.5 2	7.7 5	5.4 3
Diseases of the skin and subcutaneous tissue	L00–L99	2.6 2	2.6 1	5.8 3	8.5 4	5.5 2	2.6 2	2.5 1	4.3 2	8.7 5	5.4 2	2.6 2	2.6 1	5.2 3	8.6 5	5.4 2
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	2.7 2	2.9 2	4.7 3	7.8 5	5.3 3	2.6 2	2.9 2	4.5 3	8.0 5	5.6 3	2.7 2	2.9 2	4.6 3	7.9 5	5.5 3
Decubitus ulcer and pressure area	L89	11.0 4	20.0 11	35.8 15	27.3 14	29.2 13	7.8 7	16.1 7	13.9 7	21.6 12	19.4 10	9.6 4	18.6 9	30.5 12	24.6 13	25.4 12
Diseases of the musculoskeletal system and connective tissue	M00–M99	3.4 2	3.3 1	4.8 2	7.8 3	5.9 2	4.4 2	3.0 1	4.0 2	7.2 3	5.5 2	3.9 2	3.1 1	4.4 2	7.4 3	5.7 2
Rheumatoid arthritis	M05–M06	- -	5.5 2	4.9 2	8.6 4	6.7 3	- -	6.2 2	6.0 4	7.9 5	7.1 4	- -	6.0 2	5.5 3	8.2 4	7.0 4
Coxarthrosis and Gonarthrosis	M16–M17	2.0 2	2.9 2	3.0 2	5.3 3	4.4 3	- -	4.7 2	3.4 3	6.2 4	5.3 3	2.0 2	3.7 2	3.2 2	5.8 3	4.9 3
Intervertebral disc disorders	M50–M51	2.0 2	4.0 2	6.1 3	10.5 5	6.6 3	17.0 17	4.1 2	6.3 2	10.2 6	6.4 3	9.5 10	4.1 2	6.2 2	10.3 6	6.5 3
Dorsalgia (back pain)	M54	1.3 1	1.9 1	3.7 1	7.2 3	4.6 1	2.8 2	2.5 1	3.1 1	7.3 3	4.7 1	2.3 1	2.3 1	3.4 1	7.2 3	4.6 1
Diseases of the genitourinary system	N00–N99	2.6 2	2.8 1	5.1 3	9.5 5	6.8 3	3.0 2	2.7 2	4.3 2	9.1 5	5.8 3	2.8 2	2.7 2	4.6 2	9.3 5	6.2 3
Chronic kidney disease	N18	5.6 3	5.9 5	8.4 5	9.1 5	8.1 5	6.3 5	8.4 6	7.8 5	8.6 5	8.2 5	5.9 3	6.6 5	8.2 5	8.9 5	8.2 5
Urolithiasis	N20–N23	3.4 3	2.1 1	2.3 2	3.5 2	2.5 2	2.8 2	2.5 2	3.2 2	4.9 3	3.3 2	3.1 2	2.2 1	2.6 2	4.0 2	2.8 2
Hyperplasia of prostate	N40	- -	- -	2.8 2	3.4 3	3.3 3	- -	- -	- -	- -	- -	- -	- -	2.8 2	3.4 3	3.3 3
Disorders of breast	N60–N64	2.0 2	1.3 1	1.9 2	1.4 1	1.6 1	1.4 1	1.7 1	1.7 1	3.6 1	1.8 1	1.5 2	1.7 1	1.7 1	3.4 1	1.8 1
Inflammatory diseases of female pelvic organs	N70–N77	- -	- -	- -	- -	- -	1.5 1	2.8 2	4.4 2	6.8 3	3.3 2	1.5 1	2.8 2	4.4 2	6.8 3	3.3 2
Noninflammatory disorders of female genital tract	N80–N98	† †	† †	† †	† †	† †	† †	† †	† †	† †	† †	2.2 1	1.9 1	2.4 2	3.3 2	2.3 1
Pregnancy, childbirth and the puerperium	O00–O99	- -	- -	- -	- -	- -	2.3 2	2.5 2	3.8 3	- -	2.5 2	2.3 2	2.5 2	3.8 3	- -	2.5 2
Pregnancy with abortive outcome	O00–O08	- -	- -	- -	- -	- -	† †	† †	† †	- -	1.3 1	† †	† †	† †	- -	1.3 1
Gestational [pregnancy-induced] hypertension	O13	- -	- -	- -	- -	- -	- -	1.8 1	1.7 1	- -	1.8 1	- -	1.8 1	1.7 1	- -	1.8 1
Diabetes mellitus in pregnancy	O24	- -	- -	- -	- -	- -	- -	2.0 1	8.4 1	- -	2.1 1	- -	2.0 1	8.4 1	- -	2.1 1
Single spontaneous delivery	O80	- -	- -	- -	- -	- -	3.5 4	2.6 2	3.0 3	- -	2.6 2	3.5 4	2.6 2	3.0 3	- -	2.6 2

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Single delivery by forceps and vacuum extractor	O81	-	-	-	-	-	-	3.3	3.1	-	3.3	-	3.3	3.1	-	3.3
		-	-	-	-	-	-	3	3	-	3	-	3	3	-	3
Single delivery by caesarean section	O82	-	-	-	-	-	2.0	4.1	4.7	-	4.1	2.0	4.1	4.7	-	4.1
		-	-	-	-	-	2	4	4	-	4	2	4	4	-	4
Other assisted single delivery	O83	-	-	-	-	-	-	3.2	3.8	-	3.2	-	3.2	3.8	-	3.2
		-	-	-	-	-	-	3	3	-	3	-	3	3	-	3
Multiple delivery	O84	-	-	-	-	-	-	5.9	9.3	-	6.0	-	5.9	9.3	-	6.0
		-	-	-	-	-	-	4	9	-	4	-	4	9	-	4
Certain conditions originating in the perinatal period	P00–P96	7.8	-	-	-	7.8	8.1	-	-	-	8.1	7.9	-	-	-	7.9
		3	-	-	-	3	3	-	-	-	3	3	-	-	-	3
Congenital malformations, deformations and chromosomal abnormalities	Q00–Q99	9.7	4.3	6.3	7.3	8.7	8.7	5.0	6.7	7.8	7.8	9.3	4.7	6.5	7.5	8.3
		2	2	2	2	2	3	2	3	4	3	2	2	2	3	2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00–R99	1.7	1.7	2.3	4.8	3.1	1.8	1.6	2.1	4.4	2.7	1.8	1.6	2.2	4.6	2.9
		1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Pain in throat and chest	R07	1.0	0.9	1.3	1.9	1.4	1.2	0.9	1.2	2.3	1.4	1.1	0.9	1.3	2.1	1.4
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Abdominal and pelvic pain	R10	1.2	1.3	1.7	3.0	1.7	1.3	1.4	1.9	3.5	1.8	1.3	1.4	1.8	3.3	1.8
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Injury, poisoning and certain other consequences of external causes	S00–T98	1.8	4.0	6.8	13.5	7.6	1.9	3.4	5.8	13.6	8.8	1.8	3.8	6.4	13.6	8.2
		1	1	2	7	2	1	1	2	8	3	1	1	2	7	3
Intracranial injury	S06	3.0	16.6	18.2	15.6	15.3	4.2	9.4	13.3	12.5	11.6	3.4	15.0	16.7	14.2	14.0
		1	4	5	7	5	1	2	4	6	5	1	3	5	6	5
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1.1	2.4	4.7	9.9	4.8	1.1	1.9	4.8	10.6	6.6	1.1	2.3	4.7	10.2	5.5
		1	1	2	5	1	1	1	1	5	2	1	1	2	5	2
Fracture of femur	S72	2.3	9.2	11.2	21.4	18.5	3.7	9.6	12.2	19.1	18.1	2.8	9.3	11.7	19.9	18.3
		2	5	7	13	11	2	5	7	13	12	2	5	7	13	12
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	1.2	3.8	5.9	10.8	4.9	2.7	2.9	4.4	8.2	3.9	2.2	3.3	5.1	9.3	4.3
		1	2	2	4	2	1	1	2	4	2	1	2	2	4	2
Factors influencing health status and contact with health services	U00–U49, Z00–Z99	2.6	5.6	9.4	12.1	8.7	2.3	1.2	5.7	14.3	5.2	2.5	1.6	7.5	13.2	6.5
		1	1	2	5	3	1	1	2	6	1	1	1	2	6	1
COVID-19 ^b	U07.1,U07.2	1.9	3.1	5.0	7.3	5.4	1.6	2.3	4.0	8.2	5.6	1.8	2.6	4.5	7.8	5.5
		1	2	3	5	3	1	1	2	5	3	1	1	3	5	3
Care involving dialysis	Z49	-	1.9	1.5	1.9	1.7	5.0	2.5	2.3	1.9	2.3	5.0	2.1	1.7	1.9	1.9
		-	1	1	1	1	5	2	2	1	1	5	2	1	1	1
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	5.3	21.0	33.4	30.9	29.5	9.5	9.6	17.0	33.8	30.9	7.1	16.1	27.4	32.5	30.2
		1	6	21	25	23	2	1	6	27	25	2	5	17	26	24

Notes: - 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 sameday 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	–	65,640	159,472	283,037	444,061	952,210	49,710	318,546	298,768	382,881	1,049,905	115,350	478,018	581,805	826,942	2,002,115
All Conditions	–	151,519	356,105	722,199	1,329,971	2,559,794	113,683	834,129	724,961	1,121,358	2,794,131	265,202	1,190,234	1,447,160	2,451,329	5,353,925
Certain infectious and parasitic diseases	A00–B99	12,263	12,061	13,591	25,180	63,095	9,725	14,001	12,582	26,347	62,655	21,988	26,062	26,173	51,527	125,750
Intestinal infectious diseases (including diarrhoea)	A00–A09	2,767	3,049	3,776	6,212	15,804	2,440	5,481	5,079	8,418	21,418	5,207	8,530	8,855	14,630	37,222
Tuberculosis	A15–A19	3	219	131	65	418	6	105	38	24	173	9	324	169	89	591
Septicaemia	A40–A41	172	372	1,275	4,330	6,149	179	559	1,078	3,365	5,181	351	931	2,353	7,695	11,330
Human immunodeficiency virus [HIV] disease	B20–B24	0	138	216	112	466	27	97	131	6	261	27	235	347	118	727
Neoplasms	C00–D48	6,961	20,671	111,421	202,666	341,719	4,559	46,662	157,292	154,547	363,060	11,520	67,333	268,713	357,213	704,779
Malignant neoplasms	C00–C96	6,213	16,163	96,360	175,885	294,621	3,946	35,352	138,436	135,165	312,899	10,159	51,515	234,796	311,050	607,520
Malignant neoplasm of colon, rectum and anus	C18–C21	10	1,096	10,102	13,798	25,006	5	1,398	6,780	7,750	15,933	15	2,494	16,882	21,548	40,939
Malignant neoplasm of trachea, bronchus and lung	C33–C34	1	371	5,263	12,496	18,131	0	332	5,438	11,431	17,201	1	703	10,701	23,927	35,332
Melanoma and other malignant neoplasms of skin	C43–C44	39	899	5,164	17,954	24,056	3	963	3,679	8,625	13,270	42	1,862	8,843	26,579	37,326
Malignant neoplasms of breast	C50	0	55	168	377	600	0	11,747	41,470	21,061	74,278	0	11,802	41,638	21,438	74,878
Malignant neoplasms of female genital organs	C51–C58	0	0	0	0	0	43	2,368	9,216	8,301	19,928	43	2,368	9,216	8,301	19,928
Malignant neoplasm of prostate	C61	7	93	8,113	27,851	36,064	0	0	0	0	0	7	93	8,113	27,851	36,064
Malignant neoplasm of bladder	C67	3	128	1,339	4,345	5,815	0	79	392	1,261	1,732	3	207	1,731	5,606	7,547
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	3,449	3,840	11,717	24,590	43,596	1,746	2,967	7,270	16,807	28,790	5,195	6,807	18,987	41,397	72,386
In situ neoplasms	D00–D09	1	90	847	2,394	3,332	0	579	3,383	2,633	6,595	1	669	4,230	5,027	9,927
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	747	4,418	14,214	24,387	43,766	613	10,731	15,473	16,749	43,566	1,360	15,149	29,687	41,136	87,332
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50–D89	3,108	5,410	8,913	21,354	38,785	2,072	12,260	10,244	20,405	44,981	5,180	17,670	19,157	41,759	83,766
Endocrine, nutritional and metabolic diseases	E00–E89	3,300	15,015	51,342	110,153	179,810	3,151	17,980	34,785	81,513	137,429	6,451	32,995	86,127	191,666	317,239
Diabetes mellitus	E10–E14	428	7,110	35,359	83,071	125,968	424	7,674	21,208	50,599	79,905	852	14,784	56,567	133,670	205,873
Disorders of mineral metabolism	E83	116	4,024	7,833	6,282	18,255	142	1,617	4,913	5,994	12,666	258	5,641	12,746	12,276	30,921
Cystic fibrosis	E84	79	805	242	12	1,138	99	626	211	15	951	178	1,431	453	27	2,089
Mental and behavioural disorders	F00–F99	2,715	8,896	10,735	19,755	42,101	2,036	6,998	6,103	19,068	34,205	4,751	15,894	16,838	38,823	76,306
Mental and behavioural disorders due to use of alcohol	F10	17	3,784	6,389	3,920	14,110	29	1,552	2,482	1,488	5,551	46	5,336	8,871	5,408	19,661
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	14	2,595	1,494	146	4,249	15	1,301	549	121	1,986	29	3,896	2,043	267	6,235
Diseases of nervous system	G00–G99	3,105	6,732	10,445	15,498	35,780	2,512	13,457	12,700	14,507	43,176	5,617	20,189	23,145	30,005	78,956
Multiple sclerosis	G35	11	1,241	1,216	341	2,809	13	4,394	2,682	536	7,625	24	5,635	3,898	877	10,434
Epilepsy	G40, G41	1,114	1,486	1,033	819	4,452	880	1,395	844	725	3,844	1,994	2,881	1,877	1,544	8,296
Transient cerebral ischaemic attacks and related syndromes	G45	0	104	545	1,404	2,053	5	99	500	1,536	2,140	5	203	1,045	2,940	4,193
Diseases of the eye and adnexa	H00–H59	1,251	3,052	10,293	34,120	48,716	1,002	4,045	8,914	45,828	59,789	2,253	7,097	19,207	79,948	108,505
Cataracts	H25–H26	20	152	1,574	6,662	8,408	12	136	1,558	8,693	10,399	32	288	3,132	15,355	18,807
Other retinal disorders	H35	159	404	2,858	14,696	18,117	109	361	2,102	22,309	24,881	268	765	4,960	37,005	42,998
Diseases of the ear and mastoid process	H60–H95	2,292	1,720	1,776	2,024	7,812	1,616	1,984	2,073	2,150	7,823	3,908	3,704	3,849	4,174	15,635
Diseases of the circulatory system	I00–I99	1,426	7,475	32,872	76,774	118,547	1,417	8,133	17,301	58,200	85,051	2,843	15,608	50,173	134,974	203,598
Hypertensive diseases	I10–I15	63	1,068	3,271	4,846	9,248	241	2,192	2,231	5,506	10,170	304	3,260	5,502	10,352	19,418
Angina pectoris	I20	0	143	1,404	2,007	3,554	0	59	630	1,007	1,696	0	202	2,034	3,014	5,250
Acute myocardial infarction	I21–I22	0	337	2,720	4,165	7,222	2	93	753	2,200	3,048	2	430	3,473	6,365	10,270
Other ischaemic heart disease	I23–I25	7	489	6,315	9,061	15,872	14	136	1,769	3,749	5,668	21	625	8,084	12,810	21,540
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	32	329	860	1,617	2,838	37	387	710	1,850	2,984	69	716	1,570	3,467	5,822
Conduction disorders and cardiac arrhythmias	I44–I49	206	1,101	5,577	17,484	24,368	185	782	2,195	13,028	16,190	391	1,883	7,772	30,512	40,558

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	26	284	1,915	11,763	13,988	23	148	1,021	9,721	10,913	49	432	2,936	21,484	24,901
Cerebrovascular disease	I60–I69	118	599	2,393	6,031	9,141	94	424	1,577	5,039	7,134	212	1,023	3,970	11,070	16,275
Atherosclerosis (non-coronary)	I70	0	20	589	1,699	2,308	2	39	161	792	994	2	59	750	2,491	3,302
Diseases of the respiratory system	J00–J99	12,415	10,084	19,257	53,493	95,249	9,973	12,502	17,762	51,335	91,572	22,388	22,586	37,019	104,828	186,821
Acute upper respiratory infections and influenza	J00–J11	4,797	1,643	1,391	4,055	11,886	3,924	2,903	1,574	4,296	12,697	8,721	4,546	2,965	8,351	24,583
Pneumonia	J12–J18	501	1,026	2,768	10,703	14,998	460	995	2,123	9,813	13,391	961	2,021	4,891	20,516	28,389
Unspecified lower acute respiratory infection	J22	1,221	878	2,220	8,794	13,113	1,026	1,291	2,053	8,435	12,805	2,247	2,169	4,273	17,229	25,918
Chronic diseases of tonsils and adenoids	J35	2,015	435	65	37	2,552	1,881	805	81	38	2,805	3,896	1,240	146	75	5,357
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	43	373	3,028	11,564	15,008	34	416	3,176	12,861	16,487	77	789	6,204	24,425	31,495
Asthma	J45–J46	1,060	983	1,943	1,245	5,231	767	1,838	2,391	1,747	6,743	1,827	2,821	4,334	2,992	11,974
Diseases of the digestive system	K00–K93	8,027	51,802	77,135	88,003	224,967	5,866	58,708	75,752	83,894	224,220	13,893	110,510	152,887	171,897	449,187
Diseases of oesophagus, stomach and duodenum	K20–K31	668	11,900	22,327	25,126	60,021	469	12,790	22,395	23,674	59,328	1,137	24,690	44,722	48,800	119,349
Diseases of appendix	K35–K38	1,187	2,048	570	270	4,075	779	1,894	621	231	3,525	1,966	3,942	1,191	501	7,600
Inguinal hernia	K40	359	569	1,417	1,716	4,061	90	58	119	150	417	449	627	1,536	1,866	4,478
Noninfective enteritis and colitis	K50–K52	1,296	13,503	8,435	4,283	27,517	991	11,804	7,986	4,112	24,893	2,287	25,307	16,421	8,395	52,410
Diverticular Disease of Intestine	K57	2	1,269	5,988	8,977	16,236	0	1,040	6,172	10,362	17,574	2	2,309	12,160	19,339	33,810
Alcoholic liver disease	K70	0	385	1,637	859	2,881	0	260	761	372	1,393	0	645	2,398	1,231	4,274
Cholelithiasis	K80	8	617	1,348	2,610	4,583	36	2,853	2,414	2,588	7,891	44	3,470	3,762	5,198	12,474
Diseases of the skin and subcutaneous tissue	L00–L99	2,639	12,987	13,239	19,854	48,719	2,034	14,555	13,212	18,600	48,401	4,673	27,542	26,451	38,454	97,120
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	529	1,713	2,474	3,986	8,702	417	1,246	1,472	3,306	6,441	946	2,959	3,946	7,292	15,143
Decubitus ulcer and pressure area	L89	27	196	874	4,423	5,520	32	117	544	3,961	4,654	59	313	1,418	8,384	10,174
Diseases of the musculoskeletal system and connective tissue	M00–M99	2,183	8,553	20,092	28,109	58,937	2,219	16,056	29,197	41,196	88,668	4,402	24,609	49,289	69,305	147,605
Rheumatoid arthritis	M05–M06	16	168	711	1,145	2,040	1	664	1,914	2,363	4,942	17	832	2,625	3,508	6,982
Coxarthrosis and Gonarthrosis	M16–M17	7	287	2,739	4,382	7,415	2	344	3,712	6,741	10,799	9	631	6,451	11,123	18,214
Intervertebral disc disorders	M50–M51	1	485	891	778	2,155	7	752	1,106	1,075	2,940	8	1,237	1,997	1,853	5,095
Dorsalgia (back pain)	M54	49	1,490	3,340	3,574	8,453	93	4,289	5,610	6,240	16,232	142	5,779	8,950	9,814	24,685
Diseases of the genitourinary system	N00–N99	4,808	18,721	39,203	90,069	152,801	3,079	38,474	46,727	66,567	154,847	7,887	57,195	85,930	156,636	307,648
Chronic kidney disease	N18	515	11,724	24,571	45,370	82,180	480	6,173	13,575	26,316	46,544	995	17,897	38,146	71,686	128,724
Urolithiasis	N20–N23	94	1,231	1,788	1,341	4,454	47	970	1,062	749	2,828	141	2,201	2,850	2,090	7,282
Hyperplasia of prostate	N40	0	116	1,751	4,837	6,704	0	0	0	0	0	0	116	1,751	4,837	6,704
Disorders of breast	N60–N64	7	60	33	34	134	14	1,876	2,180	575	4,645	21	1,936	2,213	609	4,779
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	45	3,286	854	421	4,606	45	3,286	854	421	4,606
Noninflammatory disorders of female genital tract	N80–N98	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	296	19,071	19,322	5,738	44,427
Pregnancy, childbirth and the puerperium	O00–O99	0	0	0	0	0	27	265,497	2,254	1	267,779	27	265,497	2,254	1	267,779
Pregnancy with abortive outcome	O00–O08	0	0	0	0	0	‡	‡	‡	‡	8,394	‡	‡	‡	‡	8,394
Gestational [pregnancy-induced] hypertension	O13	0	0	0	0	0	0	5,809	108	0	5,917	0	5,809	108	0	5,917
Diabetes mellitus in pregnancy	O24	0	0	0	0	0	0	13,628	171	0	13,799	0	13,628	171	0	13,799
Single spontaneous delivery	O80	0	0	0	0	0	4	22,184	60	0	22,248	4	22,184	60	0	22,248
Single delivery by forceps and vacuum extractor	O81	0	0	0	0	0	0	7,022	20	0	7,042	0	7,022	20	0	7,042
Single delivery by caesarean section	O82	0	0	0	0	0	1	21,454	287	0	21,742	1	21,454	287	0	21,742
Other assisted single delivery	O83	0	0	0	0	0	0	920	5	0	925	0	920	5	0	925
Multiple delivery	O84	0	0	0	0	0	0	860	18	0	878	0	860	18	0	878

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	15,639	0	2	0	15,641	11,624	3	0	0	11,627	27,263	3	2	0	27,268
Congenital malformations, deformations and chromosomal abnormalities	Q00–Q99	9,528	1,418	1,475	765	13,186	6,121	1,996	1,101	652	9,870	15,649	3,414	2,576	1,417	23,056
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00–R99	11,543	32,424	53,501	96,609	194,077	9,886	67,853	57,486	91,440	226,665	21,429	100,277	110,987	188,049	420,742
Pain in throat and chest	R07	116	3,767	5,992	4,828	14,703	112	4,614	5,164	4,519	14,409	228	8,381	11,156	9,347	29,112
Abdominal and pelvic pain	R10	929	5,376	6,078	4,727	17,110	1,029	17,264	9,832	6,759	34,884	1,958	22,640	15,910	11,486	51,994
Injury, poisoning and certain other consequences of external causes	S00–T98	7,601	24,221	17,739	26,171	75,732	5,364	11,634	12,599	28,746	58,343	12,965	35,855	30,338	54,917	134,075
Intracranial injury	S06	286	1,105	984	1,662	4,037	144	276	407	1,344	2,171	430	1,381	1,391	3,006	6,208
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1,560	3,305	1,914	3,843	10,622	985	904	863	3,819	6,571	2,545	4,209	2,777	7,662	17,193
Fracture of femur	S72	119	219	371	2,170	2,879	77	62	430	4,102	4,671	196	281	801	6,272	7,550
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	222	1,665	878	432	3,197	479	1,980	1,038	596	4,093	701	3,645	1,916	1,028	7,290
External causes of morbidity and mortality	U50–Y98	19,398	45,157	36,409	70,713	171,677	13,884	28,098	30,195	77,630	149,807	33,282	73,255	66,604	148,343	321,484
Transport accidents	V01–V99	474	1,702	904	566	3,646	256	781	425	415	1,877	730	2,483	1,329	981	5,523
Factors influencing health status and contact with health services	U00–U49, Z00–Z99	21,317	69,706	192,759	348,661	632,443	15,516	193,233	176,682	238,732	624,163	36,833	262,939	369,441	587,393	1,256,606
COVID-19 ^a	U07.1–U07.2	511	255	617	2,865	4,248	384	518	511	2,475	3,888	895	773	1,128	5,340	8,136
Care involving dialysis	Z49	419	18,555	43,862	65,881	128,717	381	10,704	21,350	36,766	69,201	800	29,259	65,212	102,647	197,918
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,451	7,712	45,313	89,104	144,580	1,529	16,749	64,287	64,843	147,408	3,980	24,461	109,600	153,947	291,988

Notes: ‡ Denotes that no breakdown is provided for reasons of sensitivity.

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 2025, 80.1 per cent of total discharges had a principal procedure recorded (see Table 3.4). Discussion of procedures is confined to ACHI chapter level.

Table 3.14 provides a breakdown of principal procedure by sex and age group.

- Procedures from the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 29.9 per cent of total discharges with a principal procedure reported. 35.6 per cent of discharges aged less than 15 years, 25.7 per cent aged between 15–44 years, 27.5 per cent aged between 45–64 years and 33.1 per cent aged 65 years and over had a procedure from this chapter recorded as a principal procedure.
- 64.3 per cent of total discharges with a principal procedure from the chapter *Procedures on urinary system* were males. Procedures from this chapter accounted for 14.9 per cent of total discharges with a principal procedure reported, and 51.8 per cent of these discharges were aged 65 years and over.
- 25.5 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.

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, *Procedures on respiratory system* reported the longest in-patient mean length of stay at 16.3 days.
- For those undergoing *procedures on respiratory system*, the shortest in-patient mean length of stay for was for those aged less than 15 years at 13.6 days, while those aged 45–64 years spent the longest in hospital with a mean length

³⁶ See Section Two for details of discharge destination.

of stay of 18.0 days. Those aged 15–44 years spent 16.0 days on average in hospital, while those aged 65 years and over reported staying on average 17.1 days.

- *Procedures on eye and adnexa* and *Procedures on ear and mastoid process* reported the shortest in-patient mean length of stay at 2.3 days for total in-patient 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 3 million procedures were reported for total discharges in 2025.
 - Procedures within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 1,399,069 of all listed procedures or 45.4 per cent of all procedures reported for total discharges.
- Males accounted for 65.8 per cent of procedures from the chapter *Procedures on cardiovascular system*.
- Total discharges aged less than 15 years accounted for 55.7 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	-	65,640	159,472	283,037	444,061	952,210	49,710	318,546	298,768	382,881	1,049,905	115,350	478,018	581,805	826,942	2,002,115
All Principal Procedures	0001–2016	37,848	125,451	240,141	381,724	785,164	26,730	213,590	253,378	324,893	818,591	64,578	339,041	493,519	706,617	1,603,755
Procedures on nervous system	0001–0086	717	2,667	4,779	4,435	12,598	542	4,376	7,219	6,685	18,822	1,259	7,043	11,998	11,120	31,420
Lumbar puncture	0030	494	681	578	588	2,341	372	1,312	772	537	2,993	866	1,993	1,350	1,125	5,334
Procedures on endocrine system	0110–0129	18	149	280	237	684	25	543	763	445	1,776	43	692	1,043	682	2,460
Procedures on eye and adnexa	0160–0256	571	1,981	8,214	26,085	36,851	468	1,600	6,211	35,056	43,335	1,039	3,581	14,425	61,141	80,186
Extraction of crystalline lens	0200	25	101	1,229	5,298	6,653	15	98	1,276	6,930	8,319	40	199	2,505	12,228	14,972
Application insertion or removal procedures on retina choroid or posterior chamber	0209	9	740	4,930	17,903	23,582	5	601	3,316	25,128	29,050	14	1,341	8,246	43,031	52,632
Procedures on ear and mastoid process	0300–0334	1,344	1,141	900	916	4,301	883	1,129	1,009	812	3,833	2,227	2,270	1,909	1,728	8,134
Myringotomy	0309	54	11	11	3	79	17	18	15	11	61	71	29	26	14	140
Procedures on nose, mouth and pharynx	0370–0422	2,329	3,085	3,203	2,681	11,298	1,889	3,267	2,986	1,987	10,129	4,218	6,352	6,189	4,668	21,427
Tonsillectomy or adenoidectomy	0412	1,550	338	48	13	1,949	1,423	660	45	16	2,144	2,973	998	93	29	4,093
Dental services	0450–0490	1,932	1,114	342	229	3,617	1,436	1,297	405	186	3,324	3,368	2,411	747	415	6,941
Procedures on respiratory system	0520–0572	2,734	1,802	4,422	7,416	16,374	1,883	1,466	3,827	6,449	13,625	4,617	3,268	8,249	13,865	29,999
Bronchoscopy with/without biopsy	0543–0544, 90163-01 [0545]	104	538	1,481	2,187	4,310	81	504	1,420	2,028	4,033	185	1,042	2,901	4,215	8,343
Procedures on cardiovascular system	0600–0777	699	5,235	15,628	15,562	37,124	664	2,753	8,434	8,521	20,372	1,363	7,988	24,062	24,083	57,496
Coronary angiography	0668	40	454	3,958	4,846	9,298	37	177	1,829	2,865	4,908	77	631	5,787	7,711	14,206
Transluminal coronary angioplasty with/without stenting	0670–0671	0	159	1,721	1,796	3,676	1	27	373	667	1,068	1	186	2,094	2,463	4,744
CABG	0672–0679	0	12	323	371	706	0	2	48	62	112	0	14	371	433	818
Leg varicose vein ligation	0727–0728	0	252	547	237	1,036	0	580	841	343	1,764	0	832	1,388	580	2,800
Procedures on blood and blood-forming	0800–0817	106	467	995	1,667	3,235	53	575	958	1,189	2,775	159	1,042	1,953	2,856	6,010
Procedures on digestive system	0850–1011	2,520	21,624	37,445	41,350	102,939	1,474	28,138	37,948	37,215	104,775	3,994	49,762	75,393	78,565	207,714
Fibreoptic colonoscopy with/without excision	0905, 0911	66	8,275	15,851	17,443	41,635	46	10,430	16,340	15,426	42,242	112	18,705	32,191	32,869	83,877
Appendectomy	0926	1,091	1,828	459	162	3,540	692	1,697	513	144	3,046	1,783	3,525	972	306	6,586
Procedures for haemorrhoids	0941	0	458	617	211	1,286	0	596	512	211	1,319	0	1,054	1,129	422	2,605
Cholecystectomy	0965	3	321	605	517	1,446	16	1,622	1,354	553	3,545	19	1,943	1,959	1,070	4,991
Division of abdominal adhesions	0986	3	26	60	95	184	8	227	112	119	466	11	253	172	214	650
Repair of inguinal and obstructed hernia	0990, 0997	322	501	1,305	1,321	3,449	76	73	132	193	474	398	574	1,437	1,514	3,923
Panendoscopy with/without excision	1005–1008	360	7,542	13,005	14,922	35,829	247	10,048	14,565	15,211	40,071	607	17,590	27,570	30,133	75,900
Procedures on urinary system	1040–1129	794	21,539	51,058	80,327	153,718	621	13,965	27,189	43,373	85,148	1,415	35,504	78,247	123,700	238,866
Haemodialysis	1060	426	18,598	44,145	66,710	129,879	386	10,779	21,553	37,256	69,974	812	29,377	65,698	103,966	199,853
Examination procedures on bladder (includes cystoscopy)	1089	39	962	3,200	7,087	11,288	32	1,126	2,215	3,099	6,472	71	2,088	5,415	10,186	17,760
Procedures on male genital organs	1160–1203	2,457	1,245	2,398	3,013	9,113	0	5	0	0	5	2,457	1,250	2,398	3,013	9,118
Prostatectomy	1166–1167	0	7	457	664	1,128	0	0	0	0	0	0	7	457	664	1,128
Circumcision	30653-00 [1196]	1,000	377	204	207	1,788	0	0	0	0	0	1,000	377	204	207	1,788
Gynaecological procedures	1240–1299	†	†	†	†	†	†	†	†	†	†	93	15,677	14,668	3,537	33,975
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	7	351	594	218	1,170	7	351	594	218	1,170
Salpingectomy	1251	0	0	0	0	0	0	399	65	3	467	0	399	65	3	467
Examination procedures on uterus	1259	0	0	0	0	0	4	2,977	5,474	813	9,268	4	2,977	5,474	813	9,268
Curettage and evacuation of uterus	1265	0	0	0	0	0	2	4,631	1,865	208	6,706	2	4,631	1,865	208	6,706
Hysterectomy	1268–1269	0	0	0	0	0	0	479	1,444	612	2,535	0	479	1,444	612	2,535
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	93	330	411	834	0	93	330	411	834
Obstetric procedures	1330–1347	0	0	0	0	0	7	54,482	404	0	54,893	7	54,482	404	0	54,893
Analgesia and anaesthesia during labour and delivery procedure	1333	0	0	0	0	0	0	5	0	0	5	0	5	0	0	5

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

Principal Procedure	Procedure Block	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Medical or surgical induction of labour	1334	0	0	0	0	0	1	508	4	0	513	1	508	4	0	513
Medical or surgical augmentation of labour	1335	0	0	0	0	0	0	11	0	0	11	0	11	0	0	11
Spontaneous vertex delivery	1336	0	0	0	0	0	4	22,022	60	0	22,086	4	22,022	60	0	22,086
Forceps rotation and delivery	1337	0	0	0	0	0	0	1,614	4	0	1,618	0	1,614	4	0	1,618
Vacuum extraction	1338	0	0	0	0	0	0	5,430	16	0	5,446	0	5,430	16	0	5,446
Breech delivery and extraction	1339	0	0	0	0	0	0	557	4	0	561	0	557	4	0	561
Caesarean section	1340	0	0	0	0	0	1	22,105	305	0	22,411	1	22,105	305	0	22,411
Episiotomy associated with delivery	90472-00 [1343]	0	0	0	0	0	0	53	0	0	53	0	53	0	0	53
Postpartum suture	1344	0	0	0	0	0	0	414	2	0	416	0	414	2	0	416
Procedures on musculoskeletal system	1360–1580	3,253	9,983	11,592	12,125	36,953	2,513	6,379	15,207	19,250	43,349	5,766	16,362	26,799	31,375	80,302
Arthroplasty of hip	1489	2	92	780	1,765	2,639	3	69	836	2,570	3,478	5	161	1,616	4,335	6,117
Arthroplasty of knee	1518–1519	0	16	459	840	1,315	0	9	488	1,091	1,588	0	25	947	1,931	2,903
Dermatological and plastic procedures	1600–1718	3,044	13,981	14,365	21,229	52,619	2,363	14,290	15,353	16,486	48,492	5,407	28,271	29,718	37,715	101,111
Excision of lesion of skin and subcutaneous tissue	1620	352	3,824	6,298	11,040	21,514	316	5,502	6,698	7,677	20,193	668	9,326	12,996	18,717	41,707
Other debridement of skin and subcutaneous tissue	1628	86	501	376	281	1,244	51	208	217	218	694	137	709	593	499	1,938
Skin graft	1640–1650	23	62	64	111	260	3	32	32	59	126	26	94	96	170	386
Procedures on breast	1740–1759	0	36	40	49	125	11	3,971	6,041	2,524	12,547	11	4,007	6,081	2,573	12,672
Breast biopsy	1743–1744	0	15	27	33	75	4	2,860	4,167	1,906	8,937	4	2,875	4,194	1,939	9,012
Mastectomy	1747–1748	0	10	6	13	29	0	293	677	320	1,290	0	303	683	333	1,319
Radiation oncology procedures	1786–1800	296	2,720	20,133	41,252	64,401	231	6,441	27,476	22,375	56,523	527	9,161	47,609	63,627	120,924
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1923	13,019	35,327	61,218	118,420	227,984	9,962	51,679	74,722	115,138	251,501	22,981	87,006	135,940	233,558	479,485
Administration of blood and blood products	1893	1,559	2,315	4,022	10,059	17,955	995	3,227	3,978	8,311	16,511	2,554	5,542	8,000	18,370	34,466
Conduction anaesthesia	1909	1	2	4	4	11	0	3	0	7	10	1	5	4	11	21
Cerebral anaesthesia	1910	34	22	36	26	118	29	21	27	26	103	63	43	63	52	221
Imaging services^a	1940–2016	2,009	1,322	3,052	4,686	11,069	1,610	1,533	2,501	3,627	9,271	3,619	2,855	5,553	8,313	20,340
Computerised tomography scan	1952–1966	140	317	808	1,542	2,807	115	310	676	1,160	2,261	255	627	1,484	2,702	5,068
Magnetic resonance imaging	2015	1,520	123	70	101	1,814	1,172	143	95	80	1,490	2,692	266	165	181	3,304

Notes: ‡ Denotes that no breakdown is provided for reasons of sensitivity.

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	3.4	3.9	6.1	9.1	6.7	3.4	2.7	5.1	9.0	5.2	3.4	3.0	5.6	9.0	5.9
	Median	1	1	2	4	3	1	2	2	4	2	1	1	2	4	2
All Principal Procedures	0001–2016	5.6	6.0	8.9	12.1	9.8	5.8	4.0	7.8	12.0	7.9	5.6	4.5	8.4	12.1	8.7
		2	2	4	7	5	2	3	4	7	4	2	3	4	7	4
Procedures on nervous system	0001–0086	6.3	8.9	12.6	17.2	11.9	7.3	7.6	10.5	16.2	10.5	6.8	8.1	11.5	16.7	11.2
		4	4	6	8	6	4	4	5	8	5	4	4	6	8	5
Lumbar puncture	0030	4.8	7.0	14.3	25.2	12.5	5.9	6.6	10.6	22.3	10.3	5.3	6.8	12.1	23.8	11.3
		3	5	7	14	6	4	4	5	13	5	4	4	6	13	5
Procedures on endocrine system	0110–0129	4.8	4.4	5.0	6.6	5.3	6.2	3.1	3.8	4.5	3.8	5.6	3.4	4.1	5.3	4.2
		1	2	3	3	3	2	2	2	2	2	2	2	2	2	2
Procedures on eye and adnexa	0160–0256	2.3	2.5	1.8	2.4	2.2	2.2	1.9	1.7	2.9	2.3	2.2	2.3	1.8	2.6	2.3
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Extraction of crystalline lens	0200	1.7	1.5	1.3	1.5	1.5	1.6	1.7	1.7	2.2	2.0	1.7	1.6	1.5	1.8	1.7
		1	1	1	1	1	1	2	1	1	1	1	1	1	1	1
Application insertion or removal procedures on retina choroid or posterior chamber	0209	0.5	2.3	1.1	2.0	1.8	26.0	3.2	1.8	0.8	1.7	13.3	2.6	1.5	1.4	1.7
		1	1	1	1	1	26	1	1	1	1	13	1	1	1	1
Procedures on ear and mastoid process	0300–0334	1.4	1.4	2.5	5.7	2.3	1.4	1.4	2.4	6.1	2.4	1.4	1.4	2.5	5.9	2.3
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Myringotomy	0309	3.7	1.0	-	-	3.3	-	2.0	-	8.3	5.8	3.7	1.7	-	8.3	4.4
		4	1	-	-	3	-	2	-	8	4	4	2	-	8	4
Procedures on nose, mouth and pharynx	0370–0422	1.3	2.3	4.0	9.0	3.3	1.3	1.6	3.0	9.5	2.7	1.3	2.0	3.6	9.2	3.0
		1	1	1	2	1	1	1	1	2	1	1	1	1	2	1
Tonsillectomy or adenoidectomy	0412	1.2	1.2	2.0	6.6	1.3	1.1	1.1	1.1	1.9	1.1	1.1	1.1	1.6	4.5	1.2
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dental services	0450–0490	5.0	2.1	8.2	6.7	4.7	2.6	3.2	3.2	7.4	3.5	4.0	2.7	5.9	7.1	4.1
		1	1	2	2	1	1	1	2	4	1	1	1	2	2	1
Procedures on respiratory system	0520–0572	13.7	15.3	19.2	17.6	16.7	13.4	17.1	16.4	16.4	15.8	13.6	16.0	18.0	17.1	16.3
		5	7	9	10	8	5	7	9	10	9	5	7	9	10	8
Bronchoscopy with/without biopsy	0543–0544, 90163-01 [0545]	11.7	15.2	15.4	16.7	15.8	8.6	11.1	13.9	16.4	14.5	10.5	13.4	14.7	16.6	15.2
		2	11	10	10	10	4	8	9	12	10	3	9	10	11	10
Procedures on cardiovascular system	0600–0777	14.1	7.1	6.5	8.5	7.9	11.4	8.5	6.8	8.0	7.9	12.9	7.6	6.6	8.4	7.9
		6	2	3	4	3	7	3	3	3	3	6	2	3	4	3
Coronary angiography	0668	8.3	3.9	4.4	5.6	5.0	3.0	6.0	4.7	5.1	5.0	5.6	4.4	4.5	5.4	5.0
		2	2	2	3	3	2	3	2	3	3	2	2	2	3	3
Transluminal coronary angioplasty with/without stenting	0670–0671	-	4.3	3.1	3.7	3.4	-	4.0	2.7	4.3	3.8	-	4.2	3.0	3.9	3.5
		-	2	2	2	2	-	3	2	2	2	-	2	2	2	2
CABG	0672–0679	-	15.3	14.8	17.3	16.1	-	34.0	15.1	21.2	18.8	-	17.9	14.8	17.8	16.5
		-	13	11	13	12	-	34	12	15	13	-	18	11	13	12
Leg varicose vein ligation	0727–0728	-	2.2	1.8	1.6	1.8	-	2.6	1.1	3.6	2.1	-	2.4	1.4	2.3	2.0
		-	1	1	1	1	-	1	1	2	1	-	1	1	1	1
Procedures on blood and blood-forming organs	0800–0817	8.4	10.9	11.4	16.0	13.5	8.5	9.7	10.6	15.0	12.3	8.4	10.3	11.0	15.6	12.9
		6	7	7	9	8	5	4	4	9	6	5	5	6	9	7
Procedures on digestive system	0850–1011	6.2	5.5	9.3	12.5	9.6	6.0	5.1	8.7	13.1	9.3	6.1	5.3	9.0	12.8	9.5
		2	2	5	7	5	2	2	5	8	5	2	2	5	7	5
Fibreoptic colonoscopy with/without excision	0905, 0911	12.5	7.4	9.5	12.2	10.6	8.1	6.6	8.7	12.4	10.2	9.6	7.0	9.1	12.3	10.4
		3	5	5	7	6	7	4	6	7	6	4	5	5	7	6
Appendectomy	0926	2.8	2.7	4.0	6.2	3.0	3.0	2.5	3.7	4.7	2.9	2.9	2.6	3.8	5.5	3.0
		2	2	3	4	2	2	2	2	4	2	2	2	2	4	2
Procedures for haemorrhoids	0941	-	2.6	14.2	3.1	7.6	-	2.0	3.1	6.8	3.8	-	2.3	9.4	5.3	5.7
		-	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	2.2 3	4.0 2	4.5 2	5.7 3	4.9 2	3.3 3	3.0 1	3.2 1	4.5 2	3.4 1	3.1 3	3.2 2	3.6 1	5.1 2	3.9 2
Division of abdominal adhesions	0986	37.0 18	8.1 7	10.3 6	17.5 10	14.4 8	8.6 7	4.1 2	10.6 5	15.0 12	10.2 6	17.1 8	4.9 3	10.5 5	16.1 11	11.7 7
Repair of inguinal and obstructed hernia	0990, 0997	8.6 2	1.8 1	2.0 1	4.1 1	3.5 1	1.6 1	2.6 2	4.4 3	7.3 5	5.6 3	7.6 2	2.0 1	2.4 1	4.7 1	3.9 1
Panendoscopy with/without excision	1005–1008	5.3 3	6.1 3	10.1 5	13.0 7	11.0 6	7.6 2	7.8 4	9.2 6	13.4 8	11.4 6	6.3 2	7.0 4	9.7 5	13.2 8	11.2 6
Procedures on urinary system	1040–1129	4.6 3	4.7 2	6.3 3	10.3 5	8.1 3	6.2 3	5.5 3	7.3 3	10.7 5	8.3 4	5.3 3	5.0 3	6.7 3	10.4 5	8.2 3
Haemodialysis	1060	1.6 2	9.7 6	11.9 6	14.6 9	13.3 8	3.1 3	10.2 7	14.1 7	14.9 9	14.0 8	2.4 2	10.0 6	12.7 6	14.7 9	13.6 8
Examination procedures on bladder (includes cystoscopy)	1089	3.7 3	4.3 2	4.4 2	12.3 6	10.2 5	5.2 1	5.0 3	7.5 2	13.0 5	9.6 4	4.7 1	4.6 2	5.5 2	12.5 6	10.0 4
Procedures on male genital organs	1160–1203	1.2 1	2.1 1	3.4 2	5.0 3	3.2 2	- -	0.5 1	- -	- -	0.5 1	1.2 1	2.1 1	3.4 2	5.0 3	3.2 2
Prostatectomy	1166–1167	- -	2.4 3	2.8 2	4.0 3	3.5 3	- -	- -	- -	- -	- -	- -	2.4 3	2.8 2	4.0 3	3.5 3
Circumcision	30653-00 [1196]	1.3 1	1.1 1	1.8 1	3.0 2	1.7 1	- -	- -	- -	- -	- -	1.3 1	1.1 1	1.8 1	3.0 2	1.7 1
Gynaecological procedures	1240–1299	- -	- -	- -	- -	- -	3.6 2	1.8 1	3.3 2	4.0 2	2.5 1	3.6 2	1.8 1	3.3 2	4.0 2	2.5 1
Oophorectomy and salpingo-oophorectomy	1243, 1252	- -	- -	- -	- -	- -	3.7 4	2.8 2	2.2 1	3.4 2	2.7 1	3.7 4	2.8 2	2.2 1	3.4 2	2.7 1
Salpingectomy	1251	- -	- -	- -	- -	- -	- -	1.9 1	1.5 1	2.0 2	1.9 1	- -	1.9 1	1.5 1	2.0 2	1.9 1
Examination procedures on uterus	1259	- -	- -	- -	- -	- -	2.0 2	2.0 1	4.9 1	5.7 1	4.0 1	2.0 2	2.0 1	4.9 1	5.7 1	4.0 1
Curettage and evacuation of uterus	1265	- -	- -	- -	- -	- -	- -	1.1 1	1.4 1	1.7 1	1.1 1	- -	1.1 1	1.4 1	1.7 1	1.1 1
Hysterectomy	1268–1269	- -	- -	- -	- -	- -	- -	3.6 3	3.6 3	4.4 3	3.8 3	- -	3.6 3	3.6 3	4.4 3	3.8 3
Repair of prolapse of uterus, pelvic floor or enterocele	1283	- -	- -	- -	- -	- -	- -	2.3 2	2.1 2	2.3 2	2.3 2	- -	2.3 2	2.1 2	2.3 2	2.3 2
Obstetric procedures	1330–1347	- -	- -	- -	- -	- -	2.5 3	3.5 3	5.7 4	- -	3.5 3	2.5 3	3.5 3	5.7 4	- -	3.5 3
Analgesia and anaesthesia during labour and delivery procedure	1333	- -	- -	- -	- -	- -	- -	4.8 4	- -	- -	4.8 4	- -	4.8 4	- -	- -	4.8 4
Medical or surgical induction of labour	1334	- -	- -	- -	- -	- -	0.5 1	1.9 1	0.9 1	- -	1.9 1	0.5 1	1.9 1	0.9 1	- -	1.9 1
Medical or surgical augmentation of labour	1335	- -	- -	- -	- -	- -	- -	3.4 3	- -	- -	3.4 3	- -	3.4 3	- -	- -	3.4 3
Spontaneous vertex delivery	1336	- -	- -	- -	- -	- -	3.5 4	2.7 2	3.1 3	- -	2.7 2	3.5 4	2.7 2	3.1 3	- -	2.7 2
Forceps rotation and delivery	1337	- -	- -	- -	- -	- -	- -	3.8 3	7.3 4	- -	3.8 3	- -	3.8 3	7.3 4	- -	3.8 3
Vacuum extraction	1338	- -	- -	- -	- -	- -	- -	3.3 3	3.0 3	- -	3.3 3	- -	3.3 3	3.0 3	- -	3.3 3
Breech delivery and extraction	1339	- -	- -	- -	- -	- -	- -	3.3 3	4.3 4	- -	3.3 3	- -	3.3 3	4.3 4	- -	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	-	-	-	-	-	2.0	4.5	6.5	-	4.5	2.0	4.5	6.5	-	4.5
		-	-	-	-	-	2	4	4	-	4	2	4	4	-	4
Episiotomy associated with delivery	90472-00 [1343]	-	-	-	-	-	-	3.6	-	-	3.6	-	3.6	-	-	3.6
		-	-	-	-	-	-	3	-	-	3	-	3	-	-	3
Postpartum suture	1344	-	-	-	-	-	-	3.0	2.5	-	3.0	-	3.0	2.5	-	3.0
		-	-	-	-	-	-	3	3	-	3	-	3	3	-	3
Procedures on musculoskeletal system	1360–1580	2.1	3.4	6.3	13.0	7.3	2.4	3.7	5.1	11.5	8.0	2.2	3.5	5.8	12.1	7.7
		1	1	2	6	2	1	1	2	5	3	1	1	2	6	3
Arthroplasty of hip	1489	2.5	4.3	4.1	12.1	9.5	3.3	8.0	4.3	11.4	9.7	3.0	5.9	4.2	11.7	9.6
		3	2	3	6	4	3	3	3	7	5	3	3	3	6	5
Arthroplasty of knee	1518–1519	-	5.3	3.0	3.9	3.6	-	3.6	3.5	4.2	4.0	-	4.6	3.3	4.1	3.8
		-	4	2	3	3	-	3	3	3	3	-	4	3	3	3
Dermatological and plastic procedures	1600–1718	2.4	2.8	6.7	9.7	5.1	2.6	3.5	5.3	10.3	5.1	2.5	3.0	6.2	10.0	5.1
		1	1	2	3	1	1	1	2	4	2	1	1	2	3	1
Excision of lesion of skin and subcutaneous tissue	1620	1.6	1.4	2.3	4.4	3.6	1.0	3.8	2.0	5.1	3.9	1.4	2.5	2.1	4.7	3.7
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other debridement of skin and subcutaneous tissue	1628	1.4	4.2	9.1	14.2	7.8	2.2	5.4	9.2	11.3	8.2	1.7	4.6	9.1	13.0	7.9
		1	2	2	6	2	1	2	2	5	2	1	2	2	5	2
Skin graft	1640–1650	3.0	7.3	12.2	13.6	10.2	3.8	7.6	14.8	15.7	11.9	3.1	7.4	12.8	14.3	10.7
		2	4	3	10	5	4	6	6	7	6	2	6	3	7	6
Procedures on breast	1740–1759	-	2.2	2.0	6.4	4.0	1.1	2.6	2.3	3.2	2.6	1.1	2.6	2.3	3.2	2.6
		-	2	2	3	2	1	2	1	1	1	1	2	1	1	1
Breast biopsy	1743–1744	-	-	3.0	-	3.0	0.5	1.2	1.1	2.8	1.7	0.5	1.2	1.1	2.8	1.7
		-	-	3	-	3	1	1	1	1	1	1	1	1	1	1
Mastectomy	1747–1748	-	2.2	1.5	6.5	4.2	-	3.5	3.4	3.5	3.4	-	3.5	3.3	3.6	3.4
		-	2	1	3	2	-	3	3	2	3	-	3	3	2	3
Radiation oncology procedures	1786–1800	-	5.3	16.4	16.9	15.8	4.0	9.6	12.8	14.3	13.0	4.0	8.2	14.6	15.7	14.4
		-	4	8	12	9	4	5	6	9	7	4	5	7	10	8
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1923	4.6	7.9	9.7	12.3	10.9	5.4	5.5	9.5	12.3	10.5	5.0	6.5	9.6	12.3	10.7
		3	4	5	7	6	3	3	5	7	6	3	3	5	7	6
Administration of blood and blood products	1893	4.0	7.0	10.2	11.3	10.4	3.9	4.5	8.3	11.5	9.3	4.0	5.2	9.1	11.4	9.8
		2	4	6	6	6	2	2	5	6	5	2	3	5	6	5
Conduction anaesthesia	1909	-	3.0	6.0	7.0	5.5	-	-	-	16.9	16.9	-	3.0	6.0	15.3	11.8
		-	3	6	7	5	-	-	-	1	1	-	3	6	4	3
Cerebral anaesthesia	1910	1.4	4.0	9.0	22.5	10.3	2.8	3.5	6.9	11.0	5.8	2.0	3.8	8.3	19.8	8.8
		1	2	4	7	3	1	3	3	9	3	1	3	4	7	3
Imaging services^b	1940–2016	5.5	8.1	11.1	14.8	11.1	6.1	3.5	8.5	13.4	8.2	5.7	5.2	10.0	14.2	9.8
		2	1	6	7	5	2	1	3	7	2	2	1	5	7	3
Computerised tomography scan	1952–1966	4.6	1.1	5.5	9.5	6.0	5.7	1.5	2.7	9.4	4.9	5.1	1.3	4.0	9.5	5.4
		1	1	1	2	1	1	1	1	2	1	1	1	1	2	1
Magnetic resonance imaging	2015	6.3	4.1	9.7	17.8	7.3	6.8	4.7	19.8	9.8	8.2	6.5	4.5	16.3	14.3	7.7
		3	1	5	7	3	2	1	6	6	3	3	1	6	6	3

Notes: - 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	-	65,640	159,472	283,037	444,061	952,210	49,710	318,546	298,768	382,881	1,049,905	115,350	478,018	581,805	826,942	2,002,115
All Procedures	0001–2016	90,384	214,489	427,710	719,784	1,452,367	64,091	475,107	464,587	626,227	1,630,012	154,475	689,596	892,297	1,346,011	3,082,379
Procedures on nervous system	0001–0086	1,720	4,390	8,115	7,778	22,003	1,168	6,823	12,977	12,389	33,357	2,888	11,213	21,092	20,167	55,360
Lumbar puncture	0030	1,255	917	826	849	3,847	822	1,519	963	776	4,080	2,077	2,436	1,789	1,625	7,927
Procedures on endocrine system	0110–0129	21	157	316	294	788	29	563	809	480	1,881	50	720	1,125	774	2,669
Procedures on eye and adnexa	0160–0256	789	2,721	11,423	35,481	50,414	638	2,155	8,998	47,113	58,904	1,427	4,876	20,421	82,594	109,318
Extraction of crystalline lens	200	28	124	1,309	5,551	7,012	16	106	1,348	7,191	8,661	44	230	2,657	12,742	15,673
Application insertion or removal procedures on retina choroid or posterior chamber	0209	17	928	5,824	20,107	26,876	13	736	3,894	28,425	33,068	30	1,664	9,718	48,532	59,944
Procedures on ear and mastoid process	0300–0334	1,862	1,353	1,074	1,146	5,435	1,231	1,330	1,200	971	4,732	3,093	2,683	2,274	2,117	10,167
Myringotomy	0309	101	14	14	3	132	47	22	22	13	104	148	36	36	16	236
Procedures on nose, mouth and pharynx	0370–0422	2,814	3,897	4,041	3,330	14,082	2,197	3,887	3,644	2,449	12,177	5,011	7,784	7,685	5,779	26,259
Tonsillectomy or adenoidectomy	0412	1,696	363	55	18	2,132	1,511	671	46	16	2,244	3,207	1,034	101	34	4,376
Dental services	0450–0490	5,599	3,243	671	373	9,886	3,894	2,331	667	275	7,167	9,493	5,574	1,338	648	17,053
Procedures on respiratory system	0520–0572	4,186	3,304	7,716	11,837	27,043	2,898	2,451	5,794	9,427	20,570	7,084	5,755	13,510	21,264	47,613
Bronchoscopy with/without biopsy	0543–0544, 90163–01[0545]	231	837	2,105	2,894	6,067	157	655	1,743	2,514	5,069	388	1,492	3,848	5,408	11,136
Procedures on cardiovascular system	0600–0777	2,360	6,101	20,993	22,712	52,166	2,004	3,429	10,183	11,546	27,162	4,364	9,530	31,176	34,258	79,328
Coronary angiography	0668	190	684	6,178	7,196	14,248	189	250	2,338	3,814	6,591	379	934	8,516	11,010	20,839
Transluminal coronary angioplasty with/without stenting	0670–0671	0	210	2,109	2,243	4,562	1	39	439	809	1,288	1	249	2,548	3,052	5,850
CABG	0672–0679	1	31	791	901	1,724	2	10	109	144	265	3	41	900	1,045	1,989
Leg varicose vein ligation	0727–0728	0	320	726	315	1,361	0	742	1,098	444	2,284	0	1,062	1,824	759	3,645
Procedures on blood and blood-forming organs	0800–0817	281	742	1,743	2,963	5,729	187	1,384	3,689	3,198	8,458	468	2,126	5,432	6,161	14,187
Procedures on digestive system	0850–1011	3,090	27,086	49,065	55,898	135,139	1,808	37,224	50,193	50,028	139,253	4,898	64,310	99,258	105,926	274,392
Fibreoptic colonoscopy with/without excision	0905, 0911	226	10,519	20,700	23,305	54,750	148	13,660	21,714	20,847	56,369	374	24,179	42,414	44,152	111,119
Appendicectomy	0926	1,099	1,849	501	218	3,667	702	1,753	615	223	3,293	1,801	3,602	1,116	441	6,960
Procedures for haemorrhoids	0941	0	1,155	1,616	622	3,393	0	1,467	1,351	688	3,506	0	2,622	2,967	1,310	6,899
Cholecystectomy	0965	4	331	652	591	1,578	16	1,645	1,411	591	3,663	20	1,976	2,063	1,182	5,241
Division of abdominal adhesions	0986	58	251	531	580	1,420	43	1,929	964	721	3,657	101	2,180	1,495	1,301	5,077
Repair of inguinal and obstructed hernia	0990, 0997	343	523	1,323	1,370	3,559	77	78	135	212	502	420	601	1,458	1,582	4,061
Panendoscopy with/without excision	1005–1008	391	8,493	15,096	18,271	42,251	262	11,317	16,715	18,194	46,488	653	19,810	31,811	36,465	88,739
Procedures on urinary system	1040–1129	930	22,743	53,581	84,369	161,623	702	15,238	29,543	45,704	91,187	1,632	37,981	83,124	130,073	252,810
Haemodialysis	1060	433	18,786	44,761	67,691	131,671	390	10,927	21,897	37,760	70,974	823	29,713	66,658	105,451	202,645
Examination procedures on bladder (includes cystoscopy)	1089	67	1,018	3,330	7,452	11,867	39	1,239	2,603	3,476	7,357	106	2,257	5,933	10,928	19,224
Procedures on male genital organs	1160–1203	2,946	1,472	2,625	3,385	10,428	0	5	0	0	5	2,946	1,477	2,625	3,385	10,433
Prostatectomy	1166–1167	0	8	478	745	1,231	0	0	0	0	0	0	8	478	745	1,231
Circumcision	30653-00[1196]	1,088	383	213	222	1,906	0	0	0	0	0	1,088	383	213	222	1,906
Gynaecological procedures	1240–1299	†	†	†	†	†	†	†	†	†	†	130	27,383	27,553	5,672	60,738
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	7	623	1,652	597	2,879	7	623	1,652	597	2,879
Salpingectomy	1251	0	0	0	0	0	3	1,543	406	21	1,973	3	1,543	406	21	1,973
Examination procedures on uterus	1259	0	0	0	0	0	7	4,782	7,599	1,038	13,426	7	4,782	7,599	1,038	13,426
Curettage and evacuation of uterus	1265	0	0	0	0	0	2	6,626	4,792	631	12,051	2	6,626	4,792	631	12,051

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
Hysterectomy	1268–1269	0	0	0	0	0	0	537	1,507	663	2,707	0	537	1,507	663	2,707
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	116	565	708	1,389	0	116	565	708	1,389
Obstetric procedures	1330–1347	0	0	0	0	0	16	133,989	630	0	134,635	16	133,989	630	0	134,635
Analgesia and anaesthesia during labour and delivery procedure	1333	0	0	0	0	0	3	22,381	61	0	22,445	3	22,381	61	0	22,445
Medical or surgical induction of labour	1334	0	0	0	0	0	4	21,118	80	0	21,202	4	21,118	80	0	21,202
Medical or surgical augmentation of labour	1335	0	0	0	0	0	0	5,730	12	0	5,742	0	5,730	12	0	5,742
Spontaneous vertex delivery	1336	0	0	0	0	0	4	22,484	61	0	22,549	4	22,484	61	0	22,549
Forceps rotation and delivery	1337	0	0	0	0	0	0	1,796	4	0	1,800	0	1,796	4	0	1,800
Vacuum extraction	1338	0	0	0	0	0	0	6,253	18	0	6,271	0	6,253	18	0	6,271
Breech delivery and extraction	1339	0	0	0	0	0	0	610	4	0	614	0	610	4	0	614
Caesarean section	1340	0	0	0	0	0	1	22,127	305	0	22,433	1	22,127	305	0	22,433
Episiotomy associated with delivery	90472-00 [1343]	0	0	0	0	0	1	8,974	17	0	8,992	1	8,974	17	0	8,992
Postpartum suture	1344	0	0	0	0	0	2	14,880	37	0	14,919	2	14,880	37	0	14,919
Procedures on musculoskeletal system	1360–1580	4,101	13,896	17,160	16,984	52,141	3,305	12,760	27,068	27,118	70,251	7,406	26,656	44,228	44,102	122,392
Arthroplasty of hip	1489	3	93	784	1,789	2,669	3	69	842	2,606	3,520	6	162	1,626	4,395	6,189
Arthroplasty of knee	1518–1519	0	16	461	842	1,319	0	9	491	1,092	1,592	0	25	952	1,934	2,911
Dermatological and plastic procedures	1600–1718	4,489	17,179	19,270	31,547	72,485	3,363	20,511	19,883	22,614	66,371	7,852	37,690	39,153	54,161	138,856
Excision of lesion of skin and subcutaneous tissue	1620	401	4,727	8,030	14,768	27,926	352	6,687	8,349	9,746	25,134	753	11,414	16,379	24,514	53,060
Other debridement of skin and subcutaneous tissue	1628	129	911	695	565	2,300	74	335	326	343	1,078	203	1,246	1,021	908	3,378
Skin graft	1640–1650	52	253	358	1,175	1,838	19	105	209	625	958	71	358	567	1,800	2,796
Procedures on breast	1740–1759	0	38	43	51	132	11	4,571	7,413	2,893	14,888	11	4,609	7,456	2,944	15,020
Breast biopsy	1743–1744	0	17	30	34	81	4	3,031	4,535	2,086	9,656	4	3,048	4,565	2,120	9,737
Mastectomy	1747–1748	0	10	6	13	29	0	294	681	320	1,295	0	304	687	333	1,324
Radiation oncology procedures	1786–1800	689	6,362	48,839	96,668	152,558	562	14,469	59,577	49,336	123,944	1,251	20,831	108,416	146,004	276,502
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1923	51,815	97,716	174,951	335,789	660,271	37,756	182,363	190,590	328,089	738,798	89,571	280,079	365,541	663,878	1,399,069
Administration of blood and blood products	1893	2,564	3,524	7,636	17,420	31,144	1,816	6,367	6,697	13,815	28,695	4,380	9,891	14,333	31,235	59,839
Conduction anaesthesia	1909	420	2,425	4,958	9,282	17,085	162	19,561	5,561	11,887	37,171	582	21,986	10,519	21,169	54,256
Cerebral anaesthesia	1910	19,891	38,001	57,727	67,018	182,637	12,897	54,009	67,831	63,924	198,661	32,788	92,010	125,558	130,942	381,298
Imaging services^a	1940–2016	2,685	2,054	6,004	9,133	19,876	2,191	2,214	4,119	6,885	15,409	4,876	4,268	10,123	16,018	35,285
Computerised tomography scan	1952–1966	178	417	1,019	1,859	3,473	144	380	846	1,468	2,838	322	797	1,865	3,327	6,311
Magnetic resonance imaging	2015	1,965	159	151	195	2,470	1,540	194	184	137	2,055	3,505	353	335	332	4,525

Notes: See Appendix V for information on updated Australian Coding Standard (ACS) 0042 *Procedures normally not coded* in ICD-10-AM 12th edition.

^a denotes that no breakdown is provided for reasons of sensitivity.

Case Mix Analysis SECTION
2025

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 2025.¹ 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 different levels

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.

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, 21.7 per cent were assigned to complexity group A '*Highest consumption of resources*', and 58.8 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	32,182	2.5	11,639	7.2	144,495	25.9	156,134	21.7	188,316	9.4
B Second highest consumption of resources	515,384	40.1	116,557	72.5	305,925	54.9	422,482	58.8	937,866	46.8
C Third highest consumption of resources	229,492	17.9	26,796	16.7	86,565	15.5	113,361	15.8	342,853	17.1
D Fourth highest consumption of resources	222	0.0	726	0.5	4,960	0.9	5,686	0.8	5,908	0.3
Z No complexity split	506,575	39.5	5,149	3.2	15,448	2.8	20,597	2.9	527,172	26.3
Total Discharges	1,283,855	100	160,867	100	557,393	100	718,260	100	2,002,115	100

Notes: a Percentage columns are subject to rounding.

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 2025 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}

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 303,720 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 49.9 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 34.5 per cent of day patients within this MDC and 8.2 per cent of total day patients.¹⁶
- *Diseases and disorders of the kidney and urinary tract* (MDC 11), with 229,293 discharges, accounted for 17.9 per cent of day patients (see Tables 4.2 and 4.13 and Figure 4.3).
 - * *Haemodialysis* (AR-DRG L61Z) accounted for 86.1 per cent of day patients within this MDC and 15.4 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 103,821 discharges, which accounted for 14.5 per cent of in-patients (see Tables 4.2 and 4.16 and Figure 4.3).
 - * *Antenatal and Other Obstetric Admission* (AR-DRGs O66A, O66B and O66C) accounted for 38.0 per cent of in-patients within this MDC and 5.5 per cent of total in-patient discharges.
 - * *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C) accounted for 28.6 per cent of in-patients within this MDC and 4.1 per cent of total in-patient discharges.

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

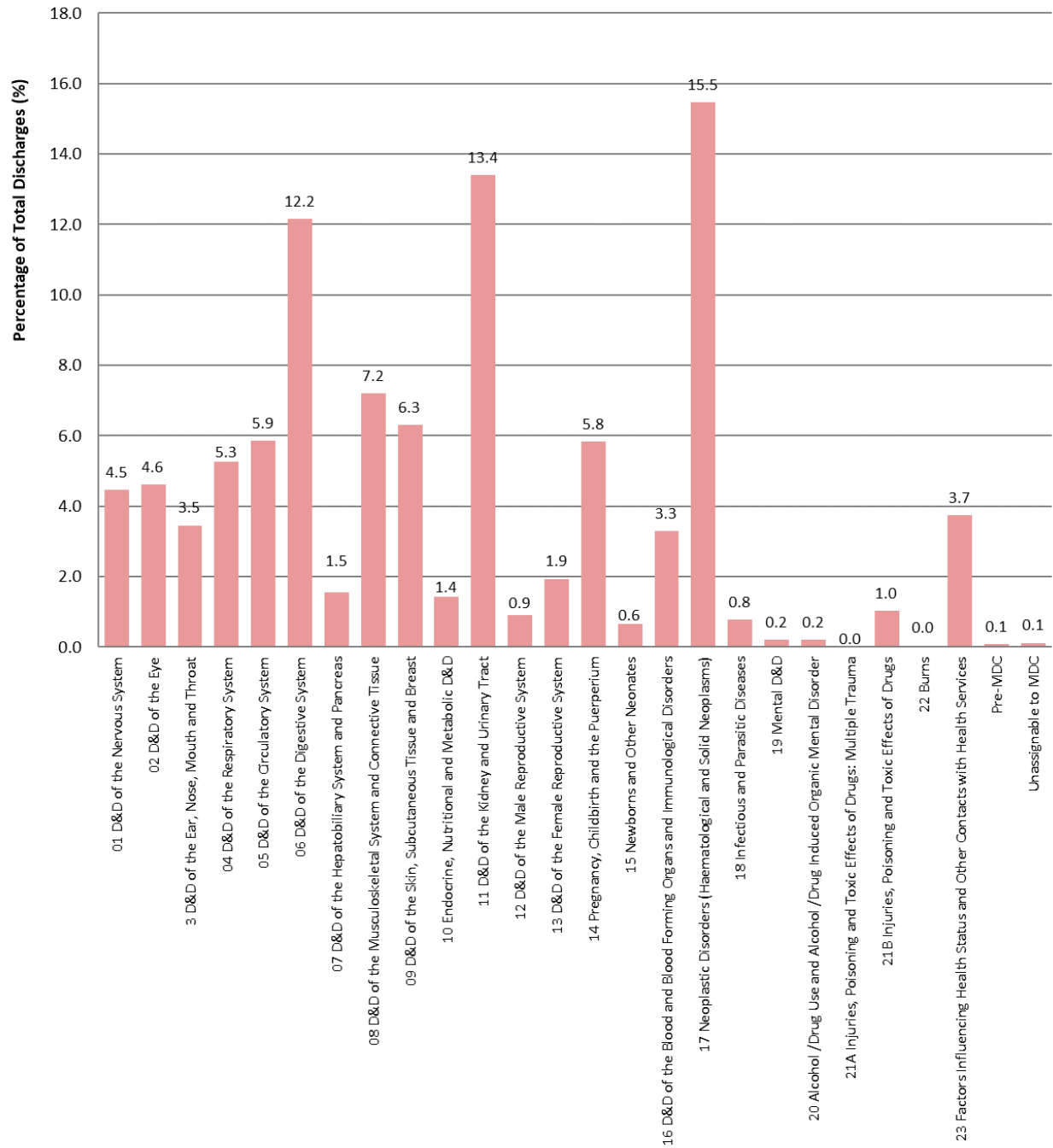
¹⁵ The official classification for AR-DRG's (Version 10.0) has been slightly modified by the addition of two local DRG's specific to Ireland to account for differences in the provision of care between Ireland and Australia. While this practice has been used for Activity Based Funding, this modification 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*).

- * *Caesarean Delivery* (AR-DRGs O01A, O01B and O01C) accounted for 21.6 per cent of in-patients within this MDC, with *Caesarean Delivery, Minor Complexity* (AR-DRG O01C) accounting for the majority of these cases (57.2 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 4.4 days for *Vaginal Delivery, Major Complexity* (AR-DRG O60A).
 - * For *Caesarean Delivery* (AR-DRGs O01A, O01B and O01C), the in-patient mean length of stay ranged from 3.6 days for *Caesarean Delivery, Minor Complexity* (AR-DRG O01C) to 8.8 days for *Caesarean Delivery, Major Complexity* (AR-DRG O01A).
- *Diseases and Disorders of the Circulatory System* (MDC 5), with 90,297 in-patient discharges, accounted for 12.6 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 80,234 discharges, accounted for 11.2 per cent of total in-patients (see Tables 4.2 and 4.6 and Figure 4.3).

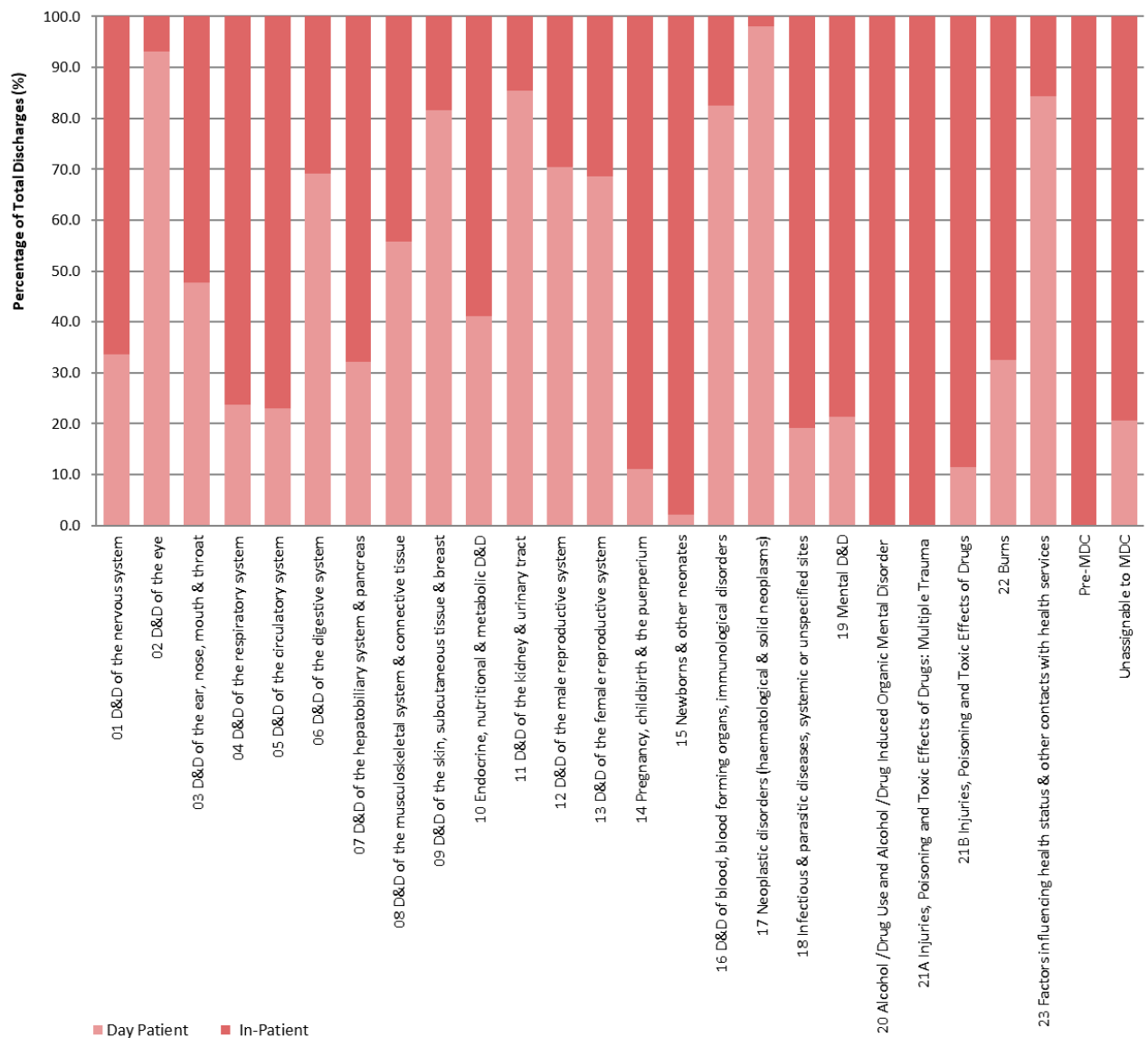
TABLE 4.2 Total Discharges: MDC by Patient Type (N, %)

Major Diagnostic Category	Day Patients		In-Patients		Total Discharges	
	N	%	N	%	N	%
01 Diseases and disorders of the nervous system	30,053	2.3	59,367	8.3	89,420	4.5
02 Diseases and disorders of the eye	85,968	6.7	6,382	0.9	92,350	4.6
03 Diseases and disorders of the ear, nose, mouth and throat	32,938	2.6	36,209	5.0	69,147	3.5
04 Diseases and disorders of the respiratory system	24,946	1.9	80,234	11.2	105,180	5.3
05 Diseases and disorders of the circulatory system	26,910	2.1	90,297	12.6	117,207	5.9
06 Diseases and disorders of the digestive system	168,293	13.1	75,125	10.5	243,418	12.2
07 Diseases and disorders of the hepatobiliary system and pancreas	9,981	0.8	21,034	2.9	31,015	1.5
08 Diseases and disorders of the musculoskeletal system and connective tissue	80,280	6.3	63,805	8.9	144,085	7.2
09 Diseases and disorders of the skin, subcutaneous tissue and breast	102,779	8.0	23,326	3.2	126,105	6.3
10 Endocrine, nutritional and metabolic diseases and disorders	11,817	0.9	16,981	2.4	28,798	1.4
11 Diseases and disorders of the kidney and urinary tract	229,293	17.9	39,052	5.4	268,345	13.4
12 Diseases and disorders of the male reproductive system	12,803	1.0	5,358	0.7	18,161	0.9
13 Diseases and disorders of the female reproductive system	26,628	2.1	12,156	1.7	38,784	1.9
14 Pregnancy, childbirth and the puerperium	13,042	1.0	103,821	14.5	116,863	5.8
15 Newborns and other neonates	268	0.0	12,624	1.8	12,892	0.6
16 Diseases and disorders of blood, blood forming organs, immunological disorders	54,308	4.2	11,469	1.6	65,777	3.3
17 Neoplastic disorders (haematological and solid neoplasms)	303,720	23.7	6,069	0.8	309,789	15.5
18 Infectious and parasitic diseases	2,983	0.2	12,634	1.8	15,617	0.8
19 Mental diseases and disorders	867	0.1	3,197	0.4	4,064	0.2
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	6	0.0	4,227	0.6	4,233	0.2
21A Injuries, poisonings and toxic effects of drugs; Multiple trauma	0	-	875	0.1	875	0.0
21B Injuries, poisonings and toxic effects of drugs	2,347	0.2	18,087	2.5	20,434	1.0
22 Burns	276	0.0	573	0.1	849	0.0
23 Factors influencing health status and other contacts with health services	63,012	4.9	11,706	1.6	74,718	3.7
Pre-MDC	1	0	2,352	0.3	2,353	0.1
Unassignable to MDC	336	0	1,300	0.2	1,636	0.1
Total Discharges	1,283,855	100	718,260	100	2,002,115	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	1	111	6.7	3
B02A Cranial Interventions, Major Complexity	0	176	36.2	21
B02B Cranial Interventions, Intermediate Complexity	4	624	15.5	11
B02C Cranial Interventions, Minor Complexity	26	1,601	6.9	5
B03A Spinal Interventions, Major Complexity	1	34	25.1	13
B03B Spinal Interventions, Intermediate Complexity	3	140	12.8	7
B03C Spinal Interventions, Minor Complexity	16	146	6.7	4
B04A Extracranial Vascular Interventions, Major Complexity	0	30	32.0	21
B04B Extracranial Vascular Interventions, Intermediate Complexity	0	63	13.3	11
B04C Extracranial Vascular Interventions, Minor Complexity	3	199	6.6	5
B05Z Carpal Tunnel Release	1,802	31	1.4	1
B06A Interventions for Cerebral Palsy, Muscular Dystrophy and Neuropathy, MAJC	1	35	47.3	34
B06B Interventions for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Int Comp	21	46	14.5	6
B06C Interventions for Cerebral Palsy, Muscular Dystrophy and Neuropathy, MINC	245	101	6.4	2
B07A Cranial or Peripheral Nerve and Other Nervous System Interventions, MAJC	2	74	18.1	8
B07B Cranial or Peripheral Nerve and Other Nervous System Interventions, MINC	219	331	1.5	1
B40Z Plasmapheresis W Neurological Disease, Sameday	1	0	-	-
B41A Telemetric EEG Monitoring, Major Complexity	0	24	5.8	5
B41B Telemetric EEG Monitoring, Minor Complexity	2	176	6.3	6
B42A Nervous System Disorders W Ventilator Support, Major Complexity	0	52	41.6	19
B42B Nervous System Disorders W Ventilator Support, Intermediate Complexity	0	102	18.4	10
B42C Nervous System Disorders W Ventilator Support, Minor Complexity	0	107	5.5	4
B62Z Apheresis	0	1	2.0	2
B63A Dementia and Other Chronic Disturbances of Cerebral Function, MAJC	15	761	45.8	25
B63B Dementia and Other Chronic Disturbances of Cerebral Function, MINC	226	1,275	20.1	10
B64A Delirium, Major Complexity	6	828	22.5	13
B64B Delirium, Minor Complexity	15	1,983	6.8	4
B65Z Cerebral Palsy	201	21	4.7	1
B66A Nervous System Neoplasms, Major Complexity	11	355	27.0	17
B66B Nervous System Neoplasms, Minor Complexity	1,733	1,128	9.1	6
B67A Degenerative Nervous System Disorders, Major Complexity	13	495	34.6	18
B67B Degenerative Nervous System Disorders, Intermediate Complexity	552	1,031	12.0	6
B67C Degenerative Nervous System Disorders, Minor Complexity	1,889	436	5.0	3
B68A Multiple Sclerosis and Cerebellar Ataxia, Major Complexity	443	318	16.4	7
B68B Multiple Sclerosis and Cerebellar Ataxia, Minor Complexity	8,639	332	5.1	3
B69A TIA and Precerebral Occlusion, Major Complexity	0	371	11.9	8
B69B TIA and Precerebral Occlusion, Minor Complexity	45	3,108	3.3	2
B70A Stroke and Other Cerebrovascular Disorders, Major Complexity	0	945	51.6	36
B70B Stroke and Other Cerebrovascular Disorders, Intermediate Complexity	32	1,905	23.6	13
B70C Stroke and Other Cerebrovascular Disorders, Minor Complexity	46	4,934	9.9	6
B70D Stroke and Other Cerebrovascular Disorders, Transferred <5 Days	6	383	1.6	1
B71A Cranial and Peripheral Nerve Disorders, Major Complexity	1,352	1,113	11.0	4
B71B Cranial and Peripheral Nerve Disorders, Minor Complexity	4,685	1,084	2.7	1
B72A Nervous System Infection Except Viral Meningitis, Major Complexity	70	362	21.3	13
B72B Nervous System Infection Except Viral Meningitis, Minor Complexity	274	280	10.1	7
B73A Viral Meningitis, Major Complexity	0	36	15.1	10
B73B Viral Meningitis, Minor Complexity	3	211	4.1	3
B74A Nontraumatic Stupor and Coma, Major Complexity	9	75	9.3	6
B74B Nontraumatic Stupor and Coma, Minor Complexity	4	214	2.8	1
B75Z Febrile Convulsions	24	405	1.7	1
B76A Seizures, Major Complexity	106	2,186	9.3	5
B76B Seizures, Minor Complexity	1,210	5,966	2.9	2
B77A Headaches, Major Complexity	71	1,598	4.0	2
B77B Headaches, Minor Complexity	2,314	9,125	1.5	1
B78A Intracranial Injuries, Major Complexity	11	391	35.0	18
B78B Intracranial Injuries, Minor Complexity	3	1,685	9.3	4
B78C Intracranial Injuries, Transferred <5 Days	1	78	1.8	1
B79A Skull Fractures, Major Complexity	0	126	12.4	4

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	4	328	3.3	2
B80A Other Head Injuries, Major Complexity	0	373	11.2	6
B80B Other Head Injuries, Minor Complexity	8	1,441	1.6	1
B81A Other Disorders of the Nervous System, Major Complexity	378	1,362	18.0	9
B81B Other Disorders of the Nervous System, Minor Complexity	3,207	5,523	4.9	2
B82A Chronic & Unspec Para/Quadriplegia, Major Complexity	0	125	72.4	25
B82B Chronic & Unspec Para/Quadriplegia, Intermediate Complexity	2	121	23.4	10
B82C Chronic & Unspec Para/Quadriplegia, Minor Complexity	63	65	10.4	4
B83A Acute Paraplegia and Quadriplegia and Spinal Cord Conditions, Major Complexity	6	114	74.6	61
B83B Acute Paraplegia and Quadriplegia and Spinal Cord Conditions, Interm Complexity	5	70	31.0	17
B83C Acute Paraplegia and Quadriplegia and Spinal Cord Conditions, Minor Complexity	24	97	9.6	4
Total	30,053	59,367	9.4	3

Notes: ^ 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	4	78	2.9	2
C02A Enucleations and Orbital Interventions, Major Complexity	2	38	5.3	3
C02B Enucleations and Orbital Interventions, Minor Complexity	31	81	1.7	1
C03A Retinal Interventions, Major Complexity	974	1,074	1.9	1
C03B Retinal Interventions, Minor Complexity	54,400	419	1.4	1
C04A Major Corneal, Scleral and Conjunctival Interventions, Major Complexity	3	51	7.8	2
C04B Major Corneal, Scleral and Conjunctival Interventions, Minor Complexity	37	184	1.7	1
C05Z Dacryocystorhinostomy	63	54	1.0	1
C10Z Strabismus Interventions	713	32	1.3	1
C11Z Eyelid Interventions	1,138	92	1.0	1
C12A Other Corneal, Scleral and Conjunctival Interventions, Major Complexity	32	74	6.4	5
C12B Other Corneal, Scleral and Conjunctival Interventions, Minor Complexity	480	36	1.9	1
C13Z Lacrimal Interventions	311	11	1.5	1
C14A Other Eye Interventions, Major Complexity	65	31	4.3	3
C14B Other Eye Interventions, Minor Complexity	1,664	115	1.1	1
C15A Glaucoma and Complex Cataract Interventions, Major Complexity	20	40	11.6	2
C15B Glaucoma and Complex Cataract Interventions, Minor Complexity	1,535	292	1.8	1
C16Z Lens Interventions	15,809	140	1.6	1
C60A Acute and Major Eye Infections, Major Complexity	0	96	13.3	8
C60B Acute and Major Eye Infections, Minor Complexity	54	221	5.2	4
C61A Neurological and Vascular Disorders of the Eye, Major Complexity	357	420	5.4	3
C61B Neurological and Vascular Disorders of the Eye, Minor Complexity	704	742	2.7	1
C62A Hyphaema and Medically Managed Trauma to the Eye, Major Complexity	19	158	9.9	5
C62B Hyphaema and Medically Managed Trauma to the Eye, Minor Complexity	70	355	2.8	1
C63A Other Disorders of the Eye, Major Complexity	743	201	7.0	4
C63B Other Disorders of the Eye, Minor Complexity	6,740	1,347	2.1	1
Total	85,968	6,382	3.1	1

Notes: 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	3	105	1.5	1
D02A Head and Neck Interventions, Major Complexity	1	56	20.7	14
D02B Head and Neck Interventions, Intermediate Complexity	9	87	12.7	8
D02C Head and Neck Interventions, Minor Complexity	26	171	4.4	3
D03A Surgical Repair for Cleft Lip and Palate Disorders, Major Complexity	4	38	2.3	2
D03B Surgical Repair for Cleft Lip and Palate Disorders, Minor Complexity	16	63	2.9	3
D04A Maxillo Surgery, Major Complexity	3	40	7.0	4
D04B Maxillo Surgery, Minor Complexity	79	585	2.5	2
D05Z Parotid Gland Interventions	10	180	1.8	1
D06Z Sinus and Complex Middle Ear Interventions	775	777	1.5	1
D10Z Nasal Interventions	867	405	1.1	1
D11Z Tonsillectomy and Adenoidectomy	1,639	3,029	1.2	1
D12A Other Ear, Nose, Mouth and Throat Interventions, Major Complexity	52	201	8.0	4
D12B Other Ear, Nose, Mouth and Throat Interventions, Minor Complexity	1,346	426	2.1	1
D13Z Myringotomy W Tube Insertion	1,299	50	3.9	1
D14A Mouth and Salivary Gland Interventions, Major Complexity	124	236	4.5	3
D14B Mouth and Salivary Gland Interventions, Minor Complexity	1,007	180	2.1	2
D15Z Mastoid Interventions	32	293	1.6	1
D40Z Dental Extractions and Restorations	5,911	340	2.8	1
D60A Ear, Nose, Mouth and Throat Malignancy, Major Complexity	6	277	26.6	21
D60B Ear, Nose, Mouth and Throat Malignancy, Minor Complexity	1,397	405	8.0	4
D61A Dysequilibrium, Major Complexity	53	980	4.9	3
D61B Dysequilibrium, Minor Complexity	1,034	6,386	1.7	1
D62A Epistaxis, Major Complexity	0	96	8.5	6
D62B Epistaxis, Minor Complexity	692	795	2.2	2
D63A Otitis Media and Upper Respiratory Infections, Major Complexity	107	8,731	4.4	2
D63B Otitis Media and Upper Respiratory Infections, Minor Complexity	2,679	6,878	1.4	1
D64A Laryngotracheitis and Epiglottitis, Major Complexity	4	115	2.5	2
D64B Laryngotracheitis and Epiglottitis, Minor Complexity	29	463	0.9	1
D65A Nasal Trauma and Deformity, Major Complexity	7	131	8.4	5
D65B Nasal Trauma and Deformity, Minor Complexity	961	325	2.5	1
D66A Other Ear, Nose, Mouth and Throat Disorders, Major Complexity	683	530	4.9	3
D66B Other Ear, Nose, Mouth and Throat Disorders, Minor Complexity	10,256	1,465	1.5	1
D67A Oral and Dental Disorders, Major Complexity	83	352	7.6	3
D67B Oral and Dental Disorders, Minor Complexity	1,744	1,018	2.2	1
Total	32,938	36,209	2.9	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	56	35.5	23
E01B Major Chest Interventions Intermediate Complexity	0	211	17.0	14
E01C Major Chest Interventions, Minor Complexity	22	782	8.6	7
E02A Other Respiratory System GIs, Major Complexity	9	235	25.8	16
E02B Other Respiratory System GIs, Intermediate Complexity	324	368	8.4	4
E02C Other Respiratory System GIs, Minor Complexity	177	83	2.2	1
E03Z Lung or Heart-Lung Transplant	0	12	86.4	78
E40A Respiratory System Disorders W Ventilator Support, Major Complexity	0	81	30.9	14
E40B Respiratory System Disorders W Ventilator Support, Minor Complexity	0	194	11.9	9
E41A Respiratory System Disorders W Non-Invasive Ventilation, Major Complexity	0	826	26.5	16
E41B Respiratory System Disorders W Non-Invasive Ventilation, Minor Complexity	0	2,184	12.0	9
E42A Bronchoscopy, Major Complexity	49	390	22.3	16
E42B Bronchoscopy, Intermediate Complexity	1,103	606	11.1	8
E42C Bronchoscopy, Minor Complexity	6,109	441	6.1	4
E60A Cystic Fibrosis, Major Complexity	1	78	16.7	14
E60B Cystic Fibrosis, Minor Complexity	1,371	290	11.0	11
E61A Pulmonary Embolism, Major Complexity	2	563	12.4	9
E61B Pulmonary Embolism, Minor Complexity	39	1,298	4.5	3
E62A Respiratory Infections and Inflammations, Major Complexity	25	8,163	14.8	9
E62B Respiratory Infections and Inflammations, Minor Complexity	80	10,655	6.1	4
E63A Sleep Apnoea, Major Complexity	16	227	4.4	1
E63B Sleep Apnoea, Minor Complexity	161	1,069	1.1	1
E64A Pulmonary Oedema and Respiratory Failure, Major Complexity	0	160	16.1	11
E64B Pulmonary Oedema and Respiratory Failure, Minor Complexity	1	317	7.1	4
E65A Chronic Obstructive Airways Disease, Major Complexity	45	3,606	12.8	9
E65B Chronic Obstructive Airways Disease, Minor Complexity	671	10,880	4.9	3
E66A Major Chest Trauma, Major Complexity	0	406	16.3	11
E66B Major Chest Trauma, Minor Complexity	0	678	5.0	3
E67A Respiratory Signs and Symptoms, Major Complexity	465	1,285	4.1	2
E67B Respiratory Signs and Symptoms, Minor Complexity	1,592	7,196	1.1	1
E68A Pneumothorax, Major Complexity	0	279	11.4	7
E68B Pneumothorax, Minor Complexity	2	601	3.9	3
E69A Bronchitis and Asthma, Major Complexity	195	917	5.1	3
E69B Bronchitis and Asthma, Minor Complexity	5,548	3,113	1.7	1
E70A Whooping Cough and Acute Bronchiolitis, Major Complexity	7	250	4.5	3
E70B Whooping Cough and Acute Bronchiolitis, Minor Complexity	23	1,810	2.1	2
E71A Respiratory Neoplasms, Major Complexity	16	634	17.8	13
E71B Respiratory Neoplasms, Minor Complexity	3,069	1,258	6.9	5
E72Z Respiratory Problems Arising from Neonatal Period	5	24	9.3	2
E73A Pleural Effusion, Major Complexity	3	208	15.9	13
E73B Pleural Effusion, Intermediate Complexity	12	389	8.2	7
E73C Pleural Effusion, Minor Complexity	256	463	4.8	4
E74A Interstitial Lung Disease, Major Complexity	98	361	14.2	9
E74B Interstitial Lung Disease, Minor Complexity	2,034	721	5.6	4
E75A Other Respiratory System Disorders, Major Complexity	143	7,231	9.2	6
E75B Other Respiratory System Disorders, Minor Complexity	715	7,964	2.4	1
E76A Respiratory Tuberculosis, Major Complexity	0	48	26.3	25
E76B Respiratory Tuberculosis, Minor Complexity	225	51	11.5	8
E77A Bronchiectasis, Major Complexity	21	128	12.0	11
E77B Bronchiectasis, Minor Complexity	312	444	7.1	5
Total	24,946	80,234	7.2	4

Notes: 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	4	103	22.2	14
F01B Implantation and Replacement of AICD, Total System, Minor Complexity	344	279	3.5	1
F02Z Other AICD Interventions	16	30	4.3	2
F03A Cardiac Valve Int W CPB Pump W Invasive Cardiac Investigation, Major Complexity	0	28	35.5	33
F03B Cardiac Valve Int W CPB Pump W Invasive Cardiac Investigation, Minor Complexity	0	77	19.9	17
F04A Cardiac Valve Interventions W CPB Pump W/O Invasive Cardiac Invest, Major Comp	0	71	37.4	26
F04B Cardiac Valve Interventions W CPB Pump W/O Invasive Cardiac Invest, Interm Comp	0	265	13.3	11
F04C Cardiac Valve Interventions W CPB Pump W/O Invasive Cardiac Invest, Minor Comp	11	620	7.0	6
F05A Coronary Bypass W Invasive Cardiac Investigation, Major Complexity	0	34	40.6	33
F05B Coronary Bypass W Invasive Cardiac Investigation, Minor Complexity	0	150	19.8	19
F06A Coronary Bypass W/O Invasive Cardiac Investigation, Major Complexity	0	39	23.5	20
F06B Coronary Bypass W/O Invasive Cardiac Investigation, Intermediate Complexity	0	189	13.3	11
F06C Coronary Bypass W/O Invasive Cardiac Investigation, Minor Complexity	0	335	10.5	9
F07A Other Cardiothoracic/Vascular Interventions W CPB Pump, Major Complexity	0	26	22.3	13
F07B Other Cardiothoracic/Vascular Interventions W CPB Pump, Intermediate Complexity	0	49	11.6	9
F07C Other Cardiothoracic/Vascular Interventions W CPB Pump, Minor Complexity	0	84	10.4	8
F08A Major Reconstructive Vascular Interventions W/O CPB Pump, Major Complexity	0	67	40.2	31
F08B Major Reconstructive Vascular Interventions W/O CPB Pump, Interm Complexity	0	236	16.2	13
F08C Major Reconstructive Vascular Interventions W/O CPB Pump, Minor Complexity	7	434	9.3	7
F09A Other Cardiothoracic Interventions W/O CPB Pump, Major Complexity	1	90	14.5	9
F09B Other Cardiothoracic Interventions W/O CPB Pump, Minor Complexity	12	76	6.9	4
F10A Interventional Coronary Procedures, Admitted for AMI, Major Complexity	0	286	11.9	9
F10B Interventional Coronary Procedures, Admitted for AMI, Minor Complexity	51	2,413	2.9	2
F11A Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Major Comp	0	51	73.9	54
F11B Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Minor Comp	1	136	28.0	22
F12A Implantation and Replacement of Pacemaker, Total System, Major Complexity	6	274	15.5	10
F12B Implantation and Replacement of Pacemaker, Total System, Minor Complexity	580	728	3.4	2
F13A Amputation, Upper Limb and Toe, for Circulatory Disorders, Major Complexity	1	42	35.3	20
F13B Amputation, Upper Limb and Toe, for Circulatory Disorders, Minor Complexity	7	102	11.5	8
F14A Vascular Interventions, Except Major Reconstruction, W/O CPB Pump, Major Comp	4	130	21.6	14
F14B Vascular Interventions, Except Major Reconstruction, W/O CPB Pump, Interm Comp	23	386	9.7	6
F14C Vascular Interventions, Except Major Reconstruction, W/O CPB Pump, Minor Comp	153	468	5.0	3
F17A Insertion and Replacement of Pacemaker Generator, Major Complexity	12	39	8.2	4
F17B Insertion and Replacement of Pacemaker Generator, Minor Complexity	533	28	2.5	1
F18Z Other Pacemaker Interventions	38	88	8.5	3
F19A Trans-Vascular Percutaneous Cardiac Intervention, Major Complexity	6	49	7.0	4
F19B Trans-Vascular Percutaneous Cardiac Intervention, Minor Complexity	105	182	1.6	1
F20Z Vein Ligation and Stripping	3,127	92	2.9	1
F21A Other Circulatory System GIs, Major Complexity	0	22	34.1	27
F21B Other Circulatory System GIs, Intermediate Complexity	16	49	16.7	11
F21C Other Circulatory System GIs, Minor Complexity	58	110	6.4	3
F22Z Insertion of Artificial Heart Device	0	17	34.5	32
F23Z Heart Transplant	0	8	78.1	41
F24A Interventional Coronary Procs, Not Adm for AMI, Major Comp	2	206	10.1	8
F24B Interventional Coronary Procs, Not Adm for AMI, Minor Comp	757	2,114	2.1	1
F40A Circulatory Disorders W Ventilator Support, Major Complexity	0	44	24.2	18
F40B Circulatory Disorders W Ventilator Support, Minor Complexity	0	91	5.2	3
F41A Circulatory Disorders, Adm for AMI W Invasive Cardiac Inves Int, Major Comp	3	113	12.8	10

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	230	750	3.4	2
F42A Circulatory Dsrds, Not Adm for AMI W Invasive Cardiac Inves Int, Major Comp	240	763	11.4	7
F42B Circulatory Dsrds, Not Adm for AMI W Invasive Cardiac Inves Int, Minor Comp	8,379	2,517	3.0	2
F43A Circulatory Disorders W Non-Invasive Ventilation, Major Complexity	0	121	34.4	24
F43B Circulatory Disorders W Non-Invasive Ventilation, Minor Complexity	0	204	17.4	14
F60A Circulatory Dsrds, Adm for AMI W/O Invas Card Inves Intervention	5	2,746	8.0	5
F60B Circulatory Dsrds, Adm for AMI W/O Invas Card Inves Intervention, Transf <5 Days	12	523	1.8	1
F61A Infective Endocarditis, Major Complexity	0	84	37.6	35
F61B Infective Endocarditis, Minor Complexity	16	72	16.6	14
F62A Heart Failure and Shock, Major Complexity	4	1,999	17.8	12
F62B Heart Failure and Shock, Minor Complexity	390	5,256	6.4	5
F62C Heart Failure and Shock, Transferred <5 Days	2	163	1.6	1
F63A Venous Thrombosis, Major Complexity	14	831	6.1	3
F63B Venous Thrombosis, Minor Complexity	101	1,911	1.5	1
F64A Skin Ulcers in Circulatory Disorders, Major Complexity	21	159	24.6	16
F64B Skin Ulcers in Circulatory Disorders, Intermediate Complexity	25	220	10.0	7
F64C Skin Ulcers in Circulatory Disorders, Minor Complexity	61	207	6.2	4
F65A Peripheral Vascular Disorders, Major Complexity	261	525	15.8	8
F65B Peripheral Vascular Disorders, Minor Complexity	1,553	1,216	5.2	2
F66A Coronary Atherosclerosis, Major Complexity	18	369	9.0	5
F66B Coronary Atherosclerosis, Minor Complexity	447	2,090	2.8	1
F67A Hypertension, Major Complexity	20	591	6.6	4
F67B Hypertension, Minor Complexity	149	3,635	1.3	1
F68Z Congenital Heart Disease	615	153	2.8	1
F69A Valvular Disorders, Major Complexity	586	797	8.4	5
F69B Valvular Disorders, Minor Complexity	478	4,325	1.0	1
F72A Unstable Angina, Major Complexity	4	161	9.3	7
F72B Unstable Angina, Minor Complexity	3	949	3.8	3
F73A Syncope and Collapse, Major Complexity	197	2,975	10.2	6
F73B Syncope and Collapse, Minor Complexity	2,373	10,988	2.8	1
F74A Chest Pain, Major Complexity	133	2,078	3.9	2
F74B Chest Pain, Minor Complexity	781	16,237	1.0	1
F75A Other Circulatory Disorders, Major Complexity	72	935	12.1	8
F75B Other Circulatory Disorders, Minor Complexity	974	2,283	3.1	2
F76A Arrhythmia, Cardiac Arrest and Conduction Disorders, Major Complexity	176	3,161	6.7	4
F76B Arrhythmia, Cardiac Arrest and Conduction Disorders, Minor Complexity	2,692	6,753	2.2	1
Total	26,910	90,297	4.7	1

Note: 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	130	38.7	28
G01B Rectal Resection, Intermediate Complexity	0	142	19.3	17
G01C Rectal Resection, Minor Complexity	6	905	10.1	8
G02A Major Small and Large Bowel Interventions, Major Complexity	0	254	46.7	33
G02B Major Small and Large Bowel Interventions, Intermediate Complexity	2	740	20.8	17
G02C Major Small and Large Bowel Interventions, Minor Complexity	87	2,163	9.7	8
G03A Stomach, Oesophageal and Duodenal Interventions, Major Complexity	0	167	26.8	19
G03B Stomach, Oesophageal and Duodenal Interventions, Intermediate Complexity	6	279	12.3	10
G03C Stomach, Oesophageal and Duodenal Interventions, Minor Complexity	32	312	5.6	3
G04A Peritoneal Adhesiolysis, Major Complexity	0	98	32.6	21
G04B Peritoneal Adhesiolysis, Intermediate Complexity	0	313	10.7	9
G04C Peritoneal Adhesiolysis, Minor Complexity	94	624	4.8	3
G05A Minor Small and Large Bowel Interventions, Major Complexity	0	50	13.6	12
G05B Minor Small and Large Bowel Interventions, Minor Complexity	16	264	6.7	6
G06Z Pyloromyotomy	0	28	3.9	3
G07A Appendectomy, Major Complexity	0	390	7.0	5
G07B Appendectomy, Minor Complexity	58	5,693	2.5	2
G10A Hernia Interventions, Major Complexity	50	334	9.0	6
G10B Hernia Interventions, Minor Complexity	3,313	2,058	2.0	1
G11A Anal and Stomal Interventions, Major Complexity	54	249	11.3	5
G11B Anal and Stomal Interventions, Minor Complexity	1,686	1,361	2.2	2
G12A Other Digestive System GIs, Major Complexity	1	91	43.1	28
G12B Other Digestive System GIs, Intermediate Complexity	23	300	15.2	10
G12C Other Digestive System GIs, Minor Complexity	302	385	6.2	4
G46A Complex Endoscopy, Major Complexity	523	1,171	12.8	8
G46B Complex Endoscopy, Minor Complexity	14,686	726	5.6	4
G47A Gastroscopy, Major Complexity	130	1,635	13.5	8
G47B Gastroscopy, Intermediate Complexity	2,166	1,992	4.9	3
G47C Gastroscopy, Minor Complexity	38,679	2,038	3.8	3
G48A Colonoscopy, Major Complexity	5,711	1,659	10.4	7
G48B Colonoscopy, Minor Complexity	54,123	1,282	4.3	3
G60A Digestive Malignancy, Major Complexity	227	725	14.2	10
G60B Digestive Malignancy, Minor Complexity	3,097	1,077	5.6	3
G61A Gastrointestinal Haemorrhage, Major Complexity	27	742	8.3	5
G61B Gastrointestinal Haemorrhage, Minor Complexity	1,046	1,763	2.7	2
G64Z Inflammatory Bowel Disease	33,655	1,092	4.8	3
G65A Gastrointestinal Obstruction, Major Complexity	1	470	13.9	8
G65B Gastrointestinal Obstruction, Minor Complexity	21	1,373	4.9	3
G66A Abdominal Pain and Mesenteric Adenitis, Major Complexity	285	2,585	2.6	1
G66B Abdominal Pain and Mesenteric Adenitis, Minor Complexity	1,097	9,374	1.2	1
G67A Oesophagitis and Gastroenteritis, Major Complexity	109	4,486	6.3	4
G67B Oesophagitis and Gastroenteritis, Minor Complexity	1,181	7,694	1.9	1
G70A Other Digestive System Disorders, Major Complexity	78	1,731	12.3	7
G70B Other Digestive System Disorders, Intermediate Complexity	1,147	4,887	4.5	3
G70C Other Digestive System Disorders, Minor Complexity	4,574	9,293	2.2	1
Total	168,293	75,125	5.1	2

Notes: 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	67.6	67
H01B Pancreas, Liver and Shunt Interventions, Intermediate Complexity	2	164	15.8	10
H01C Pancreas, Liver and Shunt Interventions, Minor Complexity	26	340	7.5	5
H02A Major Biliary Tract Interventions, Major Complexity	0	40	36.9	29
H02B Major Biliary Tract Interventions, Intermediate Complexity	2	93	23.4	20
H02C Major Biliary Tract Interventions, Minor Complexity	50	259	12.1	9
H05A Hepatobiliary Diagnostic Interventions, Major Complexity	2	25	35.9	20
H05B Hepatobiliary Diagnostic Interventions, Intermediate Complexity	28	60	6.9	3
H05C Hepatobiliary Diagnostic Interventions, Minor Complexity	35	18	4.8	4
H06A Other Hepatobiliary and Pancreas GIs, Major Complexity	0	54	47.2	33
H06B Other Hepatobiliary and Pancreas GIs, Intermediate Complexity	9	122	16.6	14
H06C Other Hepatobiliary and Pancreas GIs, Minor Complexity	24	181	3.2	1
H07A Open Cholecystectomy, Major Complexity	0	22	19.5	15
H07B Open Cholecystectomy, Intermediate Complexity	0	24	8.4	8
H07C Open Cholecystectomy, Minor Complexity	28	99	4.8	3
H08A Laparoscopic Cholecystectomy, Major Complexity	5	254	11.1	8
H08B Laparoscopic Cholecystectomy, Minor Complexity	1,761	2,737	2.7	1
H09Z Liver Transplant	0	27	28.1	22
H60A Cirrhosis and Alcoholic Hepatitis, Major Complexity	0	115	35.6	26
H60B Cirrhosis and Alcoholic Hepatitis, Intermediate Complexity	2	451	15.3	11
H60C Cirrhosis and Alcoholic Hepatitis, Minor Complexity	547	608	6.1	4
H61A Malignancy of Hepatobiliary System and Pancreas, Major Complexity	44	548	18.1	14
H61B Malignancy of Hepatobiliary System and Pancreas, Minor Complexity	1,441	1,222	7.3	5
H62A Disorders of Pancreas, Except Malignancy, Major Complexity	10	476	15.1	12
H62B Disorders of Pancreas, Except Malignancy, Minor Complexity	876	2,329	5.3	4
H63A Other Disorders of Liver, Major Complexity	42	539	12.4	9
H63B Other Disorders of Liver, Intermediate Complexity	536	987	4.7	3
H63C Other Disorders of Liver, Minor Complexity	2,082	1,206	1.9	1
H64A Disorders of the Biliary Tract, Major Complexity	170	1,630	11.7	8
H64B Disorders of the Biliary Tract, Minor Complexity	2,230	6,240	4.5	3
H65A Bleeding Oesophageal Varices, Major Complexity	0	28	25.9	17
H65B Bleeding Oesophageal Varices, Intermediate Complexity	0	49	8.3	8
H65C Bleeding Oesophageal Varices, Minor Complexity	29	71	6.7	5
Total	9,981	21,034	7.0	4

Notes: 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, MAJC	0	59	64.5	37
I01B Bilateral and Multiple Major Joint Interventions of Lower Limb, MINC	1	97	6.6	4
I02A Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, MAJC	0	13	44.0	37
I02B Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Int Comp	1	41	32.5	22
I02C Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, MINC	33	101	14.9	9
I03A Hip Replacement for Trauma, Major Complexity	0	244	36.9	26
I03B Hip Replacement for Trauma, Minor Complexity	0	2,123	13.9	10
I04A Knee Replacement, Major Complexity	0	218	8.1	6
I04B Knee Replacement, Minor Complexity	19	2,628	3.4	3
I05A Other Joint Replacement, Major Complexity	1	62	22.2	9
I05B Other Joint Replacement, Minor Complexity	18	495	3.0	2
I06Z Spinal Fusion for Deformity	47	232	9.7	6
I07Z Amputation	1	95	34.5	21
I08A Other Hip and Femur Interventions, Major Complexity	0	288	39.3	26
I08B Other Hip and Femur Interventions, Intermediate Complexity	5	636	18.8	14
I08C Other Hip and Femur Interventions, Minor Complexity	48	1,961	11.8	9
I09A Spinal Fusion, Major Complexity	0	60	34.6	17
I09B Spinal Fusion, Intermediate Complexity	0	155	14.2	8
I09C Spinal Fusion, Minor Complexity	14	482	5.6	4
I10A Other Back and Neck Interventions, Major Complexity	3	94	19.9	10
I10B Other Back and Neck Interventions, Minor Complexity	1,176	1,024	3.7	2
I11Z Limb Lengthening Interventions	1	25	7.7	3
I12A Misc Musculoskeletal Interventions for Infect/Inflam of Bone/Joint, MAJC	0	91	39.7	35
I12B Misc Musculoskeletal Interventions for Infect/Inflam of Bone/Joint, Int Comp	3	182	21.2	18
I12C Misc Musculoskeletal Interventions for Infect/Inflam of Bone/Joint, Minor Comp	121	551	9.6	7
I13A Humerus, Tibia, Fibula and Ankle Interventions, Major Complexity	0	235	20.4	12
I13B Humerus, Tibia, Fibula and Ankle Interventions, Intermediate Complexity	18	873	6.0	4
I13C Humerus, Tibia, Fibula and Ankle Interventions, Minor Complexity	440	4,135	2.8	2
I15Z Cranio-Facial Surgery	0	83	8.8	5
I16Z Other Shoulder Interventions	390	606	1.5	1
I17A Maxillo-Facial Surgery, Major Complexity	3	25	6.4	4
I17B Maxillo-Facial Surgery, Minor Complexity	1	37	1.9	2
I18A Other Knee Interventions, Major Complexity	48	357	4.0	2
I18B Other Knee Interventions, Minor Complexity	1,162	196	1.5	1
I19A Other Elbow and Forearm Interventions, Major Complexity	19	306	6.4	3
I19B Other Elbow and Forearm Interventions, Minor Complexity	1,040	2,865	1.5	1
I20A Other Foot Interventions, Major Complexity	20	177	6.7	2
I20B Other Foot Interventions, Minor Complexity	517	766	1.5	1
I21A Local Excision and Removal of Internal Fixation Devices of Hip & Femur, MAJC	18	22	3.7	2
I21B Local Excision and Removal of Internal Fixation Devices of Hip & Femur, MINC	68	26	1.3	1
I23A Local Excision & Removal of Internal Fixation Device, Except Hip & Fmr, MAJC	222	183	4.0	1
I23B Local Excision & Removal of Internal Fixation Device, Except Hip & Fmr, MINC	1,689	291	1.4	1
I24A Arthroscopy, Major Complexity	29	55	7.0	3
I24B Arthroscopy, Minor Complexity	208	45	2.0	1
I25A Bone and Joint Diagnostic Interventions Including Biopsy, Major Complexity	7	65	24.7	16
I25B Bone and Joint Diagnostic Interventions Including Biopsy, Minor Complexity	156	97	6.8	2
I27A Soft Tissue Interventions, Major Complexity	13	143	20.3	13
I27B Soft Tissue Interventions, Minor Complexity	815	832	3.0	1
I28A Other Musculoskeletal Interventions, Major Complexity	1	82	24.5	13
I28B Other Musculoskeletal Interventions, Intermediate Complexity	17	144	7.0	4
I28C Other Musculoskeletal Interventions, Minor Complexity	497	571	2.5	1
I29Z Knee Reconstructions, and Revisions of Reconstructions	101	334	1.4	1
I30Z Hand Interventions	3,244	1,932	1.2	1
I31A Revision of Hip Replacement, Major Complexity	1	83	40.6	30
I31B Revision of Hip Replacement, Intermediate Complexity	0	119	18.4	15
I31C Revision of Hip Replacement, Minor Complexity	0	324	10.8	7
I32A Revision of Knee Replacement, Major Complexity	0	53	31.2	25
I32B Revision of Knee Replacement, Minor Complexity	0	179	10.9	7
I33A Hip Replacement for Non-Trauma, Major Complexity	1	258	11.8	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	54	3,266	3.4	3
I60Z Femoral Shaft Fractures	3	105	8.7	3
I61Z Distal Femoral Fractures	9	166	16.5	8
I63A Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Major Complexity	0	59	14.6	8
I63B Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Minor Complexity	3	144	4.0	2
I64A Osteomyelitis, Major Complexity	16	306	24.1	17
I64B Osteomyelitis, Minor Complexity	296	486	9.8	7
I65A Musculoskeletal Malignant Neoplasms, Major Complexity	40	175	23.6	17
I65B Musculoskeletal Malignant Neoplasms, Minor Complexity	1,428	789	7.0	4
I66A Inflammatory Musculoskeletal Disorders, Major Complexity	57	353	15.2	10
I66B Inflammatory Musculoskeletal Disorders, Minor Complexity	10,045	1,043	4.6	3
I67A Septic Arthritis, Major Complexity	10	101	19.4	14
I67B Septic Arthritis, Minor Complexity	53	157	7.4	5
I68A Non-surgical Spinal Disorders, Major Complexity	662	2,478	15.4	9
I68B Non-surgical Spinal Disorders, Minor Complexity	18,239	4,179	4.1	2
I69A Bone Diseases and Arthropathies, Major Complexity	337	802	13.2	8
I69B Bone Diseases and Arthropathies, Minor Complexity	15,531	1,515	7.1	3
I71A Other Musculotendinous Disorders, Major Complexity	414	751	11.1	5
I71B Other Musculotendinous Disorders, Minor Complexity	10,722	6,052	1.7	1
I72A Specific Musculotendinous Disorders, Major Complexity	302	464	15.0	7
I72B Specific Musculotendinous Disorders, Minor Complexity	5,269	1,196	3.3	1
I73A Aftercare of Musculoskeletal Implants or Prostheses, Major Complexity	34	221	22.2	12
I73B Aftercare of Musculoskeletal Implants or Prostheses, Minor Complexity	1,686	358	6.2	3
I74A Injuries to Forearm, Wrist, Hand and Foot, Major Complexity	12	502	14.4	7
I74B Injuries to Forearm, Wrist, Hand and Foot, Minor Complexity	592	1,579	1.5	1
I75A Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Major Complexity	7	705	24.0	13
I75B Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Intermediate Complexity	62	1,495	6.0	2
I75C Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Minor Complexity	368	939	3.2	1
I76A Other Musculoskeletal Disorders, Major Complexity	459	581	16.1	9
I76B Other Musculoskeletal Disorders, Minor Complexity	1,063	1,021	3.1	1
I77A Fractures of Pelvis, Major Complexity	0	484	22.3	17
I77B Fractures of Pelvis, Minor Complexity	0	790	11.8	7
I78A Fractures of Neck of Femur, Major Complexity	0	405	35.8	29
I78B Fractures of Neck of Femur, Minor Complexity	0	1,009	16.8	11
I79A Pathological Fractures, Major Complexity	2	207	24.3	16
I79B Pathological Fractures, Minor Complexity	268	436	10.3	7
I80Z Femoral Fractures, Transferred to Acute Facility <2 Days	0	30	0.8	1
Total	80,280	63,805	7.5	3

Note: 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	5	19.2	20
J01B Microvas Tiss Transf for Skin, Subcut Tiss & Breast Dsrds, Minor Complexity	1	113	5.8	6
J06A Major Interventions for Breast Disorders, Major Complexity	25	116	6.3	5
J06B Major Interventions for Breast Disorders, Minor Complexity	338	1,570	2.2	1
J07Z Minor Interventions for Breast Disorders	2,907	948	0.9	1
J08A Other Skin Grafts and Debridement Interventions, Major Complexity	11	108	29.1	15
J08B Other Skin Grafts and Debridement Interventions, Intermediate Complexity	214	150	5.7	3
J08C Other Skin Grafts and Debridement Interventions, Minor Complexity	2,053	374	2.9	2
J09Z Perianal and Pilonidal Interventions	577	146	2.3	1
J10A Plastic GIs for Skin, Subcutaneous Tissue and Breast Disorders, Major Comp	106	55	3.0	2
J10B Plastic GIs for Skin, Subcutaneous Tissue and Breast Disorders, Minor Comp	1,362	132	1.7	1
J11A Other Skin, Subcutaneous Tissue and Breast Interventions, Major Complexity	2,850	472	5.6	2
J11B Other Skin, Subcutaneous Tissue and Breast Interventions, Minor Complexity	38,654	507	1.4	1
J12A Lower Limb Interventions W Ulcer or Cellulitis, Major Complexity	0	40	35.5	21
J12B Lower Limb Interventions W Ulcer or Cellulitis, Minor Complexity	41	98	10.3	8
J13A Lower Limb Interventions W/O Ulcer or Cellulitis, Major Complexity	35	33	12.2	7
J13B Lower Limb Interventions W/O Ulcer or Cellulitis, Minor Complexity	242	87	3.8	1
J14Z Major Breast Reconstructions	111	306	4.0	4
J60A Skin Ulcers, Major Complexity	39	300	24.6	16
J60B Skin Ulcers, Intermediate Complexity	39	304	8.7	6
J60C Skin Ulcers, Minor Complexity	451	320	3.7	1
J62A Malignant Breast Disorders, Major Complexity	112	167	17.3	11
J62B Malignant Breast Disorders, Minor Complexity	6,495	376	5.8	3
J63Z Non-Malignant Breast Disorders	4,172	455	2.3	1
J64A Cellulitis, Major Complexity	29	2,101	11.2	7
J64B Cellulitis, Minor Complexity	690	7,325	3.0	2
J65A Trauma to Skin, Subcutaneous Tissue and Breast, Major Complexity	1	677	17.0	10
J65B Trauma to Skin, Subcutaneous Tissue and Breast, Minor Complexity	93	1,473	4.1	1
J67A Minor Skin Disorders, Major Complexity	658	364	7.7	3
J67B Minor Skin Disorders, Minor Complexity	17,267	2,508	1.5	1
J68A Major Skin Disorders, Major Complexity	749	594	6.8	3
J68B Major Skin Disorders, Minor Complexity	1,787	858	3.1	2
J69A Skin Malignancy, Major Complexity	117	104	15.2	11
J69B Skin Malignancy, Minor Complexity	4,399	140	7.6	4
J98Z UV Therapy ^b	16,154	0	-	-
Total	102,779	23,326	5.0	2

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.

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 GIs for Diabetic Complications, Major Complexity	0	81	53.4	41
K01B GIs for Diabetic Complications, Intermediate Complexity	0	165	22.3	18
K01C GIs for Diabetic Complications, Minor Complexity	9	328	12.6	9
K02Z Pituitary Interventions	0	99	12.0	10
K03Z Adrenal Interventions	0	69	7.4	5
K05A Parathyroid Interventions, Major Complexity	0	22	4.4	2
K05B Parathyroid Interventions, Minor Complexity	20	227	2.2	1
K06A Thyroid Interventions, Major Complexity	0	72	8.2	5
K06B Thyroid Interventions, Minor Complexity	31	665	2.4	2
K08Z Thyroglossal Interventions	7	49	1.5	1
K09A Other Endocrine, Nutritional and Metabolic GIs, Major Complexity	9	46	28.5	20
K09B Other Endocrine, Nutritional and Metabolic GIs, Minor Complexity	31	92	12.0	11
K10Z Revisional and Open Bariatric Interventions	0	32	2.5	2
K11A Major Laparoscopic Bariatric Interventions, Major Complexity	0	19	5.1	3
K11B Major Laparoscopic Bariatric Interventions, Minor Complexity	0	112	2.5	2
K12Z Other Bariatric Interventions	1	12	8.5	1
K13Z Plastic GIs for Endocrine, Nutritional and Metabolic Disorders	8	16	2.3	1
K40A Endoscopic and Investigative Interventions for Metabolic Disorders, Major Comp	46	285	22.5	14
K40B Endoscopic and Investigative Interventions for Metabolic Disorders, Minor Comp	3,103	201	8.3	6
K60A Diabetes, Major Complexity	3	1,050	14.1	8
K60B Diabetes, Minor Complexity	336	3,538	4.5	3
K61A Severe Nutritional Disturbance, Major Complexity	0	17	20.7	19
K61B Severe Nutritional Disturbance, Minor Complexity	0	57	22.2	14
K62A Miscellaneous Metabolic Disorders, Major Complexity	51	934	14.4	9
K62B Miscellaneous Metabolic Disorders, Intermediate Complexity	293	1,744	5.7	3
K62C Miscellaneous Metabolic Disorders, Minor Complexity	3,441	4,673	2.4	1
K63A Inborn Errors of Metabolism, Major Complexity	185	147	8.2	3
K63B Inborn Errors of Metabolism, Minor Complexity	323	171	2.9	1
K64A Endocrine Disorders, Major Complexity	276	671	10.2	5
K64B Endocrine Disorders, Minor Complexity	3,644	1,387	2.8	1
Total	11,817	16,981	6.3	3

Notes: 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	24	17.7	12
L02B Operative Insertion of Peritoneal Catheter for Dialysis, Minor Complexity	60	45	3.1	2
L03A Kidney, Ureter and Major Bladder Interventions for Neoplasm, MAJC	0	80	28.8	21
L03B Kidney, Ureter and Major Bladder Interventions for Neoplasm, Int Comp	1	205	11.0	8
L03C Kidney, Ureter and Major Bladder Interventions for Neoplasm, MINC	21	546	5.3	5
L04A Kidney, Ureter and Major Bladder Interventions for Non-Neoplasm, MAJC	5	292	27.0	20
L04B Kidney, Ureter and Major Bladder Interventions for Non-Neoplasm, Int Comp	65	861	8.2	5
L04C Kidney, Ureter and Major Bladder Interventions for Non-Neoplasm, MINC	1,235	2,195	2.7	2
L05A Transurethral Prostatectomy for Urinary Disorder, Major Complexity	0	15	11.7	10
L05B Transurethral Prostatectomy for Urinary Disorder, Minor Complexity	1	114	4.6	3
L06A Minor Bladder Interventions, Major Complexity	0	38	23.5	20
L06B Minor Bladder Interventions, Intermediate Complexity	13	102	10.4	8
L06C Minor Bladder Interventions, Minor Complexity	127	219	4.2	3
L07A Other Transurethral Interventions, Major Complexity	8	212	15.6	9
L07B Other Transurethral Interventions, Minor Complexity	515	1,297	2.8	2
L08Z Urethral Interventions	46	102	3.2	2
L09A Other Interventions for Kidney and Urinary Tract Disorders, Major Complexity	0	53	41.4	32
L09B Other Interventions for Kidney and Urinary Tract Disorders, Interm Complexity	14	106	13.0	9
L09C Other Interventions for Kidney and Urinary Tract Disorders, Minor Complexity	253	118	2.4	1
L10A Kidney Transplant, Age <=16 Years or Major Complexity	0	28	16.0	15
L10B Kidney Transplant, Age >=17 Years and Minor Complexity	0	104	10.0	9
L43A Nephrolithiasis Interventions, Major Complexity	9	221	7.3	5
L43B Nephrolithiasis Interventions, Minor Complexity	1,139	1,048	2.7	2
L44A Cystourethroscopy for Urinary Disorder, Major Complexity	636	210	7.6	5
L44B Cystourethroscopy for Urinary Disorder, Minor Complexity	10,807	350	2.8	2
L60A Kidney Failure, Major Complexity	0	352	29.5	20
L60B Kidney Failure, Intermediate Complexity	3	1,112	11.7	9
L60C Kidney Failure, Minor Complexity	476	2,232	5.4	3
L61Z Haemodialysis	197,373	3	0.8	1
L62A Kidney and Urinary Tract Neoplasms, Major Complexity	204	256	15.4	9
L62B Kidney and Urinary Tract Neoplasms, Intermediate Complexity	888	295	5.3	2
L62C Kidney and Urinary Tract Neoplasms, Minor Complexity	833	88	3.8	2
L63A Kidney and Urinary Tract Infections, Major Complexity	90	7,849	13.1	8
L63B Kidney and Urinary Tract Infections, Minor Complexity	2,732	10,501	4.7	3
L64A Urinary Stones and Obstruction, Major Complexity	90	592	4.4	2
L64B Urinary Stones and Obstruction, Minor Complexity	222	1,481	1.8	1
L65A Kidney and Urinary Tract Signs and Symptoms, Major Complexity	327	594	12.2	7
L65B Kidney and Urinary Tract Signs and Symptoms, Minor Complexity	3,124	2,263	3.3	2
L66Z Urethral Stricture	177	17	2.1	1
L67A Other Kidney and Urinary Tract Disorders, Major Complexity	82	641	16.4	9
L67B Other Kidney and Urinary Tract Disorders, Intermediate Complexity	2,415	1,491	5.7	3
L67C Other Kidney and Urinary Tract Disorders, Minor Complexity	5,267	700	2.7	1
L68Z Peritoneal Dialysis	35	0	-	-
Total	229,293	39,052	7.3	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 4.14 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	1	28	10.1	8
M01B Major Male Pelvic Interventions, Minor Complexity	3	572	2.4	2
M02A Transurethral Prostatectomy for Reproductive System Disorder, Major Complexity	0	32	9.5	7
M02B Transurethral Prostatectomy for Reproductive System Disorder, Minor Complexity	6	388	3.5	3
M03A Penis Interventions, Major Complexity	25	33	10.7	7
M03B Penis Interventions, Minor Complexity	434	139	2.7	2
M04Z Testes Interventions	1,181	865	2.0	1
M05Z Circumcision	1,421	143	1.7	1
M06A Other Male Reproductive System GIs, Major Complexity	5	49	17.0	11
M06B Other Male Reproductive System GIs, Minor Complexity	118	101	2.4	2
M40Z Cystourethroscopy for Male Reproductive System Disorder, Sameday	874	3	0.5	1
M60A Male Reproductive System Malignancy, Major Complexity	440	364	12.0	6
M60B Male Reproductive System Malignancy, Minor Complexity	5,513	169	5.6	3
M61A Benign Prostatic Hypertrophy, Major Complexity	18	22	5.5	5
M61B Benign Prostatic Hypertrophy, Minor Complexity	1,221	45	1.7	1
M62A Male Reproductive System Inflammation, Major Complexity	25	114	13.3	6
M62B Male Reproductive System Inflammation, Minor Complexity	261	1,225	2.9	2
M63Z Male Sterilisation Interventions	61	0	-	-
M64A Other Male Reproductive System Disorders, Major Complexity	305	76	6.8	3
M64B Other Male Reproductive System Disorders, Minor Complexity	891	990	1.3	1
Total	12,803	5,358	3.6	2

Notes: ^ 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	6	117	11.1	8
N04A Hysterectomy for Non-Malignancy, Major Complexity	0	132	7.5	5
N04B Hysterectomy for Non-Malignancy, Minor Complexity	10	1,825	3.0	3
N05A Oophorectomy and Complex Fallopian Tube Int for Non-Malignancy, Maj Comp	1	43	7.7	3
N05B Oophorectomy and Complex Fallopian Tube Int for Non-Malignancy, Min Comp	342	703	2.0	1
N06A Female Reproductive System Reconstructive Interventions, Major Complexity	2	63	3.7	3
N06B Female Reproductive System Reconstructive Interventions, Minor Complexity	589	898	2.2	2
N07A Other Uterus and Adnexa Interventions for Non-Malignancy, Major Complexity	1,200	1,006	2.4	1
N07B Other Uterus and Adnexa Interventions for Non-Malignancy, Minor Complexity	4,201	560	1.6	1
N08Z Endoscopic and Laparoscopic Interventions, Female Reproductive System	711	322	2.5	1
N09A Other Vagina, Cervix and Vulva Interventions, Major Complexity	128	245	7.0	3
N09B Other Vagina, Cervix and Vulva Interventions, Minor Complexity	1,708	436	1.7	1
N10Z Diagnostic Curettage and Diagnostic Hysteroscopy	10,856	523	2.1	1
N11A Other Female Reproductive System GIs, Major Complexity	22	88	12.5	8
N11B Other Female Reproductive System GIs, Minor Complexity	3	3	1.0	1
N12A Uterus and Adnexa Interventions for Malignancy, Major Complexity	0	20	23.5	15
N12B Uterus and Adnexa Interventions for Malignancy, Intermediate Complexity	1	134	7.5	6
N12C Uterus and Adnexa Interventions for Malignancy, Minor Complexity	69	530	3.3	3
N60A Female Reproductive System Malignancy, Major Complexity	7	201	15.9	12
N60B Female Reproductive System Malignancy, Minor Complexity	1,122	514	5.9	4
N61A Female Reproductive System Infections, Major Complexity	4	93	6.8	5
N61B Female Reproductive System Infections, Minor Complexity	48	372	2.6	2
N62A Menstrual and Other Female Reproductive System Disorders, Major Complexity	309	495	4.2	2
N62B Menstrual and Other Female Reproductive System Disorders, Minor Complexity	5,289	2,833	1.5	1
Total	26,628	12,156	3.1	2

Notes: ^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 4.16 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 Cesarean Delivery, Major Complexity	0	1,318	8.8	6
O01B Cesarean Delivery, Intermediate Complexity	0	8,284	5.3	4
O01C Cesarean Delivery, Minor Complexity	0	12,829	3.6	3
O02A Vaginal Delivery W GIs, Major Complexity	0	154	4.8	4
O02B Vaginal Delivery W GIs, Minor Complexity	0	543	3.4	3
O03Z Ectopic Pregnancy	19	642	1.5	1
O04A Postpartum and Post Abortion W GIs, Major Complexity ^b	3	103	5.8	4
O04B Postpartum and Post Abortion W GIs, Minor Complexity ^b	20	213	1.9	2
O05Z Abortion W GIs ^b	956	2,649	1.0	1
O60A Vaginal Delivery, Major Complexity	0	3,570	4.4	4
O60B Vaginal Delivery, Intermediate Complexity	0	14,233	3.0	3
O60C Vaginal Delivery, Minor Complexity	0	11,899	2.2	2
O61A Postpartum and Post Abortion W/O GIs, Major Complexity ^b	251	589	3.1	2
O61B Postpartum and Post Abortion W/O GIs, Minor Complexity ^b	2,357	4,628	1.6	1
O63A Abortion W/O GIs, Major Complexity ^b	22	304	2.0	1
O63B Abortion W/O GIs, Minor Complexity ^b	462	2,362	1.1	1
O66A Antenatal and Other Obstetric Admissions, Major Complexity	196	3,854	2.3	1
O66B Antenatal and Other Obstetric Admissions, Intermediate Complexity	2,399	13,134	1.3	1
O66C Antenatal and Other Obstetric Admissions, Minor Complexity	6,357	22,513	0.9	1
Total	13,042	103,821	2.4	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	30	2.4	3
P02Z Cardiothoracic and Vascular Interventions for Neonates	0	42	37.2	17
P03A Neonate, AdmWt 1000-1499g W Significant GI/Vent>=96hrs, Major Complexity	0	47	73.7	69
P03B Neonate, AdmWt 1000-1499g W Significant GI/Vent>=96hrs, Minor Complexity	0	160	41.7	42
P04A Neonate, AdmWt 1500-1999g W Significant GI/Vent>=96hrs, Major Complexity	0	37	81.3	46
P04B Neonate, AdmWt 1500-1999g W Significant GI/Vent>=96hrs, Minor Complexity	0	136	26.6	24
P05A Neonate, AdmWt 2000-2499g W Significant GI/Vent>=96hrs, Major Complexity	0	14	89.6	66
P05B Neonate, AdmWt 2000-2499g W Significant GI/Vent>=96hrs, Minor Complexity	0	94	20.5	16
P06A Neonate, AdmWt >=2500g W Significant GI/Vent>=96hrs, Major Complexity	0	134	47.8	26
P06B Neonate, AdmWt >=2500g W Significant GI/Vent>=96hrs, Minor Complexity	1	306	13.0	10
P07Z Neonate, AdmWt <750g W Significant GIs	0	11	99.0	99
P08Z Neonate, AdmWt 750-999g W Significant GIs	0	13	56.5	25
P60A Neonate W/O Sig GI/Vent>=96hrs, Died/Transfer Acute Facility <5 Days, Maj Comp	0	89	2.1	2
P60B Neonate W/O Sig GI/Vent>=96hrs, Died/Transfer Acute Facility <5 Days, Min Comp	25	552	1.1	1
P61Z Neonate, AdmWt <750g W/O Significant GI procedure	0	59	62.5	55
P62A Neonate, AdmWt 750-999g W/O Significant GIs, Major Complexity	0	22	81.0	84
P62B Neonate, AdmWt 750-999g W/O Significant GIs, Minor Complexity	0	68	51.4	50
P63A Neonate, AdmWt 1000-1249g W/O Significant GI/Vent>=96hrs, Major Complexity	0	6	44.8	46
P63B Neonate, AdmWt 1000-1249g W/O Significant GI/Vent>=96hrs, Minor Complexity	0	13	16.9	21
P64A Neonate, AdmWt 1250-1499g W/O Significant GI/Vent>=96hrs, Major Complexity	0	20	32.0	30
P64B Neonate, AdmWt 1250-1499g W/O Significant GI/Vent>=96hrs, Minor Complexity	0	57	23.8	23
P65A Neonate, AdmWt 1500-1999g W/O Significant GI/Vent>=96hrs, Extreme Comp	0	25	25.5	26
P65B Neonate, AdmWt 1500-1999g W/O Significant GI/Vent>=96hrs, Major Complexity	0	28	23.1	23
P65C Neonate, AdmWt 1500-1999g W/O Significant GI/Vent>=96hrs, Intermediate Comp	0	178	20.4	20
P65D Neonate, AdmWt 1500-1999g W/O Significant GI/Vent>=96hrs, Minor Complexity	0	300	13.6	13
P66A Neonate, AdmWt 2000-2499g W/O Significant GI/Vent>=96hrs, Extreme Comp	0	133	16.0	14
P66B Neonate, AdmWt 2000-2499g W/O Significant GI/Vent>=96hrs, Major Complexity	1	567	9.7	8
P66C Neonate, AdmWt 2000-2499g W/O Significant GI/Vent>=96hrs, Intermediate Comp	2	271	7.3	5
P66D Neonate, AdmWt 2000-2499g W/O Significant GI/Vent>=96hrs, Minor Complexity	9	437	2.8	2
P67A Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, <37 Comp Wks Gest, Extr Comp	0	64	14.6	12
P67B Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, <37 Comp Wks Gest, Maj Comp	1	87	11.0	8
P67C Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, <37 Comp Wks Gest, Int Comp	3	174	6.8	6
P67D Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, <37 Comp Wks Gest, Min Comp	13	422	4.5	3
P68A Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, >=37 Comp Wks Gest, Ext Comp	1	531	9.6	6
P68B Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, >=37 Comp Wks Gest, Maj Comp	8	1,263	4.2	3
P68C Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, >=37 Comp Wks Gest, Int Comp	10	2,090	2.7	2
P68D Neonate, AdmWt >=2500g W/O Sig GI/Vent>=96hrs, >=37 Comp Wks Gest, Min Comp	194	4,144	2.0	1
Total	268	12,624	7.5	3

Notes: ^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 4.18 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	29	9.0	5
Q02A Blood and Immune System Disorders W Other GIs, Major Complexity	10	91	22.2	15
Q02B Blood and Immune System Disorders W Other GIs, Minor Complexity	732	200	5.2	3
Q60A Reticuloendothelial and Immunity Disorders, Major Complexity	216	1,077	7.5	5
Q60B Reticuloendothelial and Immunity Disorders, Minor Complexity	4,643	665	2.4	1
Q61A Red Blood Cell Disorders, Major Complexity	1,270	1,754	9.6	6
Q61B Red Blood Cell Disorders, Intermediate Complexity	11,670	2,932	3.2	2
Q61C Red Blood Cell Disorders, Minor Complexity	32,538	3,830	1.4	1
Q62A Coagulation Disorders, Major Complexity	47	196	8.7	5
Q62B Coagulation Disorders, Minor Complexity	3,182	695	2.9	1
Total	54,308	11,469	4.2	2

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

TABLE 4.19 Total Discharges: MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms): AR-DRG Version 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	39	47.2	34
R01B Lymphoma and Leukaemia W Major GIs, Minor Complexity	22	66	12.4	7
R02A Other Neoplastic Disorders W Major GIs, Major Complexity	0	17	25.2	22
R02B Other Neoplastic Disorders W Major GIs, Intermediate Complexity	3	39	9.1	7
R02C Other Neoplastic Disorders W Major GIs, Minor Complexity	71	160	4.4	3
R03A Lymphoma and Leukaemia W Other GIs, Major Complexity	0	70	55.5	41
R03B Lymphoma and Leukaemia W Other GIs, Intermediate Complexity	4	115	21.9	17
R03C Lymphoma and Leukaemia W Other GIs, Minor Complexity	280	273	8.3	4
R04A Other Neoplastic Disorders W Other GIs, Major Complexity	22	39	32.1	18
R04B Other Neoplastic Disorders W Other GIs, Minor Complexity	1,122	208	4.8	3
R05A Allogeneic Bone Marrow Transplant, Age <=16 Years or Major Complexity	0	63	43.6	41
R05B Allogeneic Bone Marrow Transplant, Age >=17 Years and Minor Complexity	0	44	39.9	40
R06A Autologous Bone Marrow Transplant, Major Complexity	0	17	28.6	25
R06B Autologous Bone Marrow Transplant, Intermediate Complexity	0	60	23.0	21
R06C Autologous Bone Marrow Transplant, Minor Complexity	0	64	18.4	20
R60A Acute Leukaemia, Major Complexity	80	308	25.8	20
R60B Acute Leukaemia, Intermediate Complexity	1,497	518	11.0	5
R60C Acute Leukaemia, Minor Complexity	2,300	220	6.2	3
R61A Lymphoma and Non-Acute Leukaemia, Major Complexity	97	959	20.1	14
R61B Lymphoma and Non-Acute Leukaemia, Intermediate Complexity	3,790	1,663	6.6	4
R61C Lymphoma and Non-Acute Leukaemia, Minor Complexity	8,611	779	4.0	2
R62A Other Neoplastic Disorders, Major Complexity	75	90	16.6	11
R62B Other Neoplastic Disorders, Intermediate Complexity	6,469	131	9.0	6
R62C Other Neoplastic Disorders, Minor Complexity	104,873	127	4.1	2
R63Z Chemotherapy	151,701	0	-	-
R99Z Oncology Repeat Attendance ^b	22,703	0	-	-
Total	303,720	6,069	12.2	6

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.

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	64	56.7	46
T01B Infectious and Parasitic Diseases W GIs, Intermediate Complexity	1	107	28.8	20
T01C Infectious and Parasitic Diseases W GIs, Minor Complexity	46	401	12.7	8
T40Z Infectious and Parasitic Diseases W Ventilator Support	0	47	14.4	9
T60A Septicaemia, Major Complexity	0	296	25.4	18
T60B Septicaemia, Intermediate Complexity	10	868	13.5	10
T60C Septicaemia, Minor Complexity	1	1,319	8.0	6
T61A Postoperative Infections, Major Complexity	5	277	13.7	8
T61B Postoperative Infections, Minor Complexity	62	926	4.6	3
T62A Fever of Unknown Origin, Major Complexity	1	247	6.5	4
T62B Fever of Unknown Origin, Minor Complexity	26	1,379	3.0	2
T63A Viral Illnesses, Major Complexity	26	912	8.2	4
T63B Viral Illnesses, Minor Complexity	695	4,724	2.3	1
T64A Other Infectious and Parasitic Diseases, Major Complexity	1	79	29.6	23
T64B Other Infectious and Parasitic Diseases, Intermediate Complexity	15	358	14.0	11
T64C Other Infectious and Parasitic Diseases, Minor Complexity	2,094	630	7.1	5
Total	2,983	12,634	6.8	3

Notes: 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	31	0	-	-
U60Z Mental Health Treatment W/O ECT, Sameday	836	775	0.5	1
U61A Schizophrenia Disorders, Major Complexity	0	39	123.9	33
U61B Schizophrenia Disorders, Minor Complexity	0	120	28.4	14
U62A Paranoia and Acute Psychotic Disorders, Major Complexity	0	37	36.5	19
U62B Paranoia and Acute Psychotic Disorders, Minor Complexity	0	156	12.6	6
U63A Major Affective Disorders, Major Complexity	0	45	38.1	22
U63B Major Affective Disorders, Minor Complexity	0	168	18.9	9
U64A Other Affective and Somatoform Disorders, Major Complexity	0	53	30.6	15
U64B Other Affective and Somatoform Disorders, Minor Complexity	0	103	7.0	2
U65A Anxiety Disorders, Major Complexity	0	234	15.0	7
U65B Anxiety Disorders, Minor Complexity	0	573	5.4	3
U66A Eating and Obsessive-Compulsive Disorders, Major Complexity	0	92	33.8	25
U66B Eating and Obsessive-Compulsive Disorders, Minor Complexity	0	419	15.9	10
U67A Personality Disorders and Acute Reactions, Major Complexity	0	56	32.1	16
U67B Personality Disorders and Acute Reactions, Minor Complexity	0	229	7.7	3
U68A Childhood Mental Disorders, Major Complexity	0	26	16.7	4
U68B Childhood Mental Disorders, Minor Complexity	0	72	13.5	2
Total	867	3,197	12.7	3

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	1	953	9.0	5
V60B Alcohol Intoxication and Withdrawal, Minor Complexity	0	2,056	3.0	2
V61A Drug Intoxication and Withdrawal, Major Complexity	0	63	13.0	7
V61B Drug Intoxication and Withdrawal, Minor Complexity	1	272	5.2	3
V62A Alcohol Use and Dependence, Major Complexity	0	88	18.1	9
V62B Alcohol Use and Dependence, Minor Complexity	3	630	3.9	3
V63Z Opioid Use and Dependence	0	33	17.7	20
V64A Other Drug Use and Dependence, Major Complexity	1	13	6.5	4
V64B Other Drug Use and Dependence, Minor Complexity	0	119	7.8	2
Total	6	4,227	5.4	3

Note: 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	24	93.0	93
W01B Vent, Trac & Cran Interventions for Mult Sig Trauma, Intermediate Complexity	0	42	43.2	32
W01C Vent, Trac & Cran Interventions for Mult Sig Trauma, Minor Complexity	0	82	25.5	16
W02A Hip, Femur and Lower Limb Interventions for Multiple Sig Trauma, Major Comp	0	37	47.4	29
W02B Hip, Femur and Lower Limb Interventions for Multiple Sig Trauma, Minor Comp	0	127	24.3	17
W03Z Abdominal Interventions for Multiple Significant Trauma	0	39	16.1	13
W04A Multiple Significant Trauma W Other GIs, Major Complexity	0	21	33.5	20
W04B Multiple Significant Trauma W Other GIs, Minor Complexity	0	40	13.5	10
W60Z Multiple Sig Trauma, Transferred to Acute Facility <5 Days	0	62	1.9	2
W61A Multiple Significant Trauma W/O GIs, Major Complexity	0	183	32.2	15
W61B Multiple Significant Trauma W/O GIs, Minor Complexity	0	218	11.7	7
Total	0	875	24.5	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	0	12	6.0	4
X02B Microvascular Tissue Transfer and Skin Grafts for Injuries to Hand, Minor Comp	24	68	2.1	1
X04A Other Interventions for Injuries to Lower Limb, Major Complexity	2	44	41.1	16
X04B Other Interventions for Injuries to Lower Limb, Minor Complexity	18	223	2.6	1
X05A Other Interventions for Injuries to Hand, Major Complexity	17	123	3.8	2
X05B Other Interventions for Injuries to Hand, Minor Complexity	669	1,090	0.9	1
X06A Other Interventions for Other Injuries, Major Complexity	3	150	20.8	13
X06B Other Interventions for Other Injuries, Intermediate Complexity	63	300	6.4	3
X06C Other Interventions for Other Injuries, Minor Complexity	429	1,019	2.3	1
X07A Skin Grafts for Injuries Excluding Hand, Major Complexity	0	11	50.3	23
X07B Skin Grafts for Injuries Excluding Hand, Intermediate Complexity	2	28	13.3	8
X07C Skin Grafts for Injuries Excluding Hand, Minor Complexity	16	58	5.3	2
X40A Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Major Comp	0	45	16.8	11
X40B Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Minor Comp	0	70	7.7	6
X60A Injuries, Major Complexity	69	1,512	13.0	7
X60B Injuries, Minor Complexity	646	3,545	2.6	1
X61A Allergic Reactions, Major Complexity	0	100	4.2	2
X61B Allergic Reactions, Minor Complexity	31	409	1.1	1
X62A Poisoning/Toxic Effects of Drugs and Other Substances, Major Complexity	0	1,287	6.5	3
X62B Poisoning/Toxic Effects of Drugs and Other Substances, Minor Complexity	10	2,484	2.0	1
X63A Sequelae of Treatment, Major Complexity	26	569	8.5	5
X63B Sequelae of Treatment, Minor Complexity	304	2,185	2.4	1
X64A Other Injuries, Poisonings and Toxic Effects, Major Complexity	0	733	23.4	13
X64B Other Injuries, Poisonings and Toxic Effects, Intermediate Complexity	12	928	8.9	5
X64C Other Injuries, Poisonings and Toxic Effects, Minor Complexity	6	1,094	3.0	1
Total	2,347	18,087	5.3	1

Notes: ^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.

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	19	38.2	34
Y02A Skin Grafts for Other Burns, Major Complexity	0	15	38.7	33
Y02B Skin Grafts for Other Burns, Intermediate Complexity	6	61	14.3	11
Y02C Skin Grafts for Other Burns, Minor Complexity	8	48	6.4	5
Y03A Other GIs for Other Burns, Major Complexity	72	27	14.4	7
Y03B Other GIs for Other Burns, Minor Complexity	20	50	4.4	2
Y60Z Burns, Transferred to Acute Facility <5 Days	0	42	1.1	1
Y61Z Severe Burns	30	47	9.9	3
Y62A Other Burns, Major Complexity	3	71	11.7	7
Y62B Other Burns, Minor Complexity	137	193	3.6	1
Total	276	573	9.0	3

Note: 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	35	87	19.0	5
Z01B Other Contacts W Health Services W GIs, Minor Complexity	1,142	268	2.0	1
Z40Z Other Contacts W Health Services W Endoscopy	21,652	191	14.6	2
Z61A Signs and Symptoms, Major Complexity	53	1,062	10.9	5
Z61B Signs and Symptoms, Minor Complexity	1,148	2,994	2.1	1
Z63A Other Follow Up After Surgery or Medical Care, Major Complexity	23	1,073	26.1	17
Z63B Other Follow Up After Surgery or Medical Care, Minor Complexity	292	1,104	13.3	5
Z64A Other Factors Influencing Health Status, Major Complexity	1,376	951	7.6	1
Z64B Other Factors Influencing Health Status, Minor Complexity	37,177	3,708	1.4	1
Z65Z Congenital Anomalies and Problems Arising from Neonatal Period	92	36	4.0	2
Z66Z Sleep Disorders	22	232	1.1	1
Total	63,012	11,706	6.7	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	4	347	48.1	36
801B GIs Unrelated to Principal Diagnosis, Intermediate Complexity	32	511	21.7	15
801C GIs Unrelated to Principal Diagnosis, Minor Complexity	300	442	8.2	4
Total	336	1,300	24.2	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	123	103.7	81
A13B Ventilation >=336hours, Minor Complexity	0	403	62.0	42
A14A Ventilation >=96hours & <336hours, Major Complexity	0	203	67.2	47
A14B Ventilation >=96hours & <336hours, Intermediate Complexity	0	596	38.8	26
A14C Ventilation >=96hours & <336hours, Minor Complexity	0	732	22.6	16
A15A Tracheostomy, Major Complexity	0	28	69.9	41
A15B Tracheostomy, Intermediate Complexity	0	114	40.3	35
A15C Tracheostomy, Minor Complexity	1	115	29.6	27
A40Z ECMO	0	38	41.3	22
Total	1	2,352	43.6	28

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 2025 (V1) was used in the collection of HIPE data in 2025.
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

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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	Dublin	Specialist	Non-Voluntary
St. James's Hospital, Dublin	Dublin	Model 4	Voluntary
Coombe Women & Infants University Hospital	Dublin	Maternity	Voluntary
Tallaght University Hospital ^b	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 ^b	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
Other Units/Hubs			
St Luke's Radiation Oncology Network-Beaumont (operational since 2011 and included in HIPE since 2015)			
St Luke's Radiation Oncology Network-St.James's (operational since 2011 and included in HIPE since 2015)			
HSE Dublin and Midlands Surgical Hub – South Dublin (operational and included in HIPE since Feb 2025)			

- Notes:
- a Please be advised that information on hospital model may be subject to change.
 - b 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
Administrative Data (contd.)	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.
	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 2025 V17.0.
Source: HIPE Data Dictionary 2025 Version 17.0, available at www.hpo.ie

APPENDIX III: HIPE DATA ENTRY FORM

FIGURE III.1 HIPE Data Entry Form, 01.01.2025

Hospital In-Patient Enquiry (HIPE) Summary Sheet 2025 V1.

For use with HIPE on ALL DISCHARGES FROM 01.01.2025

Patient's Hospital of Discharge		Type (priority) of Admission		FOR LOCAL COLLECTION ONLY * Name: * Address:		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			
IHI	NTPF: Y/N Access to Care: Y/N					
Sex	Date of Birth	IF TRANSFER IN: Tick if this a transfer of a non-admitted patient ☐				
Admission Date	Admission Time	Discharge Time	Duration of continuous ventilatory support (hours) Cumulative			
Discharge Date	Admission Source	Discharge Code	Lab-Confirmed COVID-19 Past or Present ☐			
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: Days in Single Occupancy ITU/ICU				
Health Insurer	Temp Leave Days	Days in multiple occupancy ITU/ICU				
Parity	Date of Transfer to rehab/PDU	Number of Days by Bed Type: Private Bed		Semi Private Bed	Public Bed	
Infant Admit Weight (grams)	Days in a Critical Care Bed	Number of Days by Room Type: Single Room Bed		Multiple Room Bed		
Specialist Palliative Care Involvement ☐	Discharge Status	Discharge Mode				
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.	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, and Full Eircode are currently not exported to the HPO. These are collected only at hospital level.

More than one consultant can be recorded.

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

Source: Healthcare Pricing Office

APPENDIX IV: DERIVED VARIABLES

For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. Table IV.1 shows how the categories for these variables have been aggregated. For example, the admission type variables have been reduced from six categories to three categories.

TABLE IV.1 Derived Variables

HIPE Variable		Derived Variable for Report	
Admission Type			
1	'Elective'	1	'Elective' (1, 2)
2	'Elective Readmission'	2	'Emergency' (4, 5, 7)
4	'Emergency'	3	'Maternity' (6)
5	'Emergency Readmission'		
6	'Maternity'		
7	'New born'		
Admission Source			
1	'Home'	1	'Home' (1)
2	'Transfer from nursing home/convalescent home or other long stay accommodation'	2	Long stay accommodation (2, 5)
3	'Transfer of admitted or non-admitted patient from hospital or Covid -19 facility in hospital code list or transfer from <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 2025 Version 17.0 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. 2025 relates to discharges reported for 2025). 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.iacpa.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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