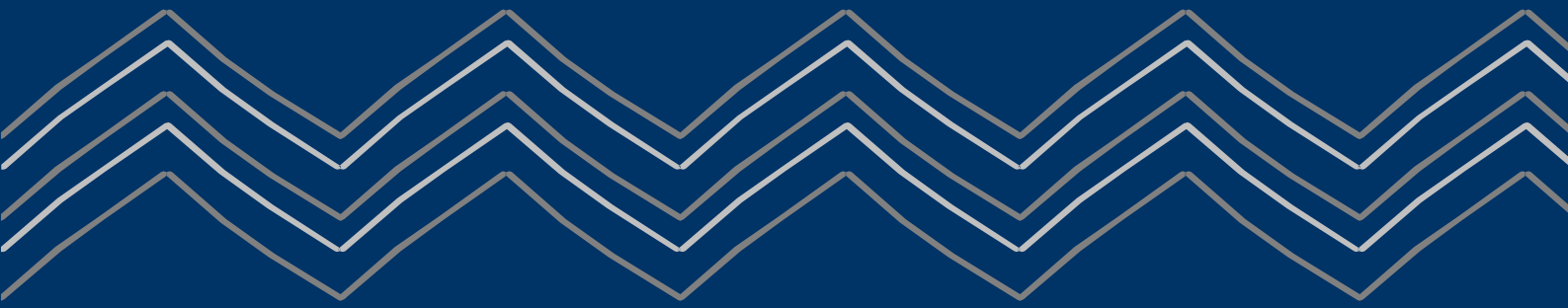
Activity in Acute Public Hospitals in Ireland

ANNUAL REPORT 2008

Health Research and Information Division

May 2010

ESRI



Metadata

Title

Activity in Acute Public Hospitals in Ireland, 2008 Annual Report

Creator

Health Research and Information Division (HRID), The Economic and Social Research Institute (ESRI)

Subject

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

Summary Description

This is a report on the discharges from acute public hospitals participating in the Hospital In-Patient Enquiry (HIPE) scheme in 2008. Discharge activity is examined by type of patient and hospital, and by demographic parameters (such as age and sex). Particular issues of relevance to the Irish health care system covered in the report relate to the composition of discharges by medical card and public/private status. Discharges are also analysed by diagnoses, procedures, major diagnostic categories, and diagnosis related groups. The analysis is presented at the national level and is also disaggregated by Health Service Executive (HSE) administrative areas.

Publisher

Economic and Social Research Institute

Contributor

HRID, ESRI, HSE and the Department of Health and Children

Date

May 2010

Type

Report

Identifier

ISBN

Language

en – English

Coverage

National, HSE administrative areas

Rights

Acknowledgements

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

The Department of Health and Children and the Health Service Executive are acknowledged for the financial support allocated to the HIPE scheme and for the substantial input to the development of HIPE. In particular, we would like to express our gratitude to Fiachra Bane, Alan Cahill, Lorna Collins, Gráinne Cosgrove and Emer Gallagher for their valuable contributions and comments on an early draft of this report.

The HIPE team within the Economic and Social Research Institute's Health Research and Information Division oversee 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 each member of this team brings to their work on this scheme. We would also like to thank, specifically, Barbara Clyne, Jacqui Curley, Philip Dunne, Brian McCarthy, Deirdre Murphy, Betty O'Donovan and Jacqueline O'Reilly for reviewing and commenting on earlier drafts of this report, and David Duffy for providing population data.

Inevitably, a small number of individuals have to carry most of the burden of producing a report of this type. In this case Aoife Brick, Aisling Mulligan, Sinead O'Hara, and Eithne Sexton were to the fore in the preparation of the report for publication. We wish to express our sincere thanks to these colleagues for all of their hard work on the report. Their commitment, enthusiasm and professionalism are gratefully acknowledged and sincerely appreciated.

Finally, we would like to record our thanks to our ESRI colleague Deirdre Whitaker who has provided assistance in the preparation of this report for publication.

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INTRODUCTION

The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a computer-based health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland. The Economic and Social Research Institute (ESRI) oversees the administration and management of this scheme on behalf of the Health Serice Executive. Within the ESRI, the Health Research and Information Division (HRID) 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 data.[1]

This report relates to the 2008 calendar year. As with previous reports, the aim is to present an overview of discharge activity in acute public hospitals in Ireland. In 2008 the HIPE scheme captured data on 98.1 per cent of discharges from the acute public hospital system.

Given the comprehensive coverage achieved by this information system, the data captured by HIPE have become increasingly used by policymakers and researchers. In 2008, for example, the HRID responded to approximately 200 requests for HIPE data. In addition, data sets for HIPE discharges were provided to a number of state agencies to address specific data requirements.

ACUTE HOSPITAL DISCHARGES FROM 2004 TO 2008

In 2008, 1,368,594 discharges were reported to HIPE by acute public hospitals in Ireland. This represented average annual growth over the five-year period of 8.8 per cent from the 987,615 discharges recorded in 2004.[2] While improved coverage of the database is one factor impacting on this growth, the most important factor was increased recorded activity, most notably in the volume of day patient activity. In 2004, day patients accounted for 43.1 per cent of total discharges, but by 2008 this proportion had increased to 56.3 per cent. There was average annual growth in the number of day patients over the period 2004 to 2008 of 17.3 per cent. The growth in the number of day patients reported between 2004 and 2008 is related, in part, to technological advances and the increased availability of day treatment facilities. However, the increase can mainly be attributed to the expansion of the HIPE scheme in 2006 to record all day patient dialysis discharges and, in the same year, the amendment of the HIPE data entry system to facilitate the collection of radiotherapy day patient discharges from one hospital which previously underreported this activity. There were additional increases in the number of day patient discharges in 2007, which can be partly attributed to an increase in the number of day patient dermatology discharges reported to

1 The ESRI's HRID also oversees the administration and management of the National Perinatal Reporting System (NPRS) on behalf of the HSE.

2 The average annual percentage change over the five-year period is used to measure growth over the period rather than the percentage change between 2004 and 2008. This measure is used for all further comparative analysis over the 2004 to 2008 period in order to avoid the distortion of the percentage change figures caused by an expansion in the areas covered by the scheme from 2006.

HIPE as a result of the reconfiguration of services across two hospitals. In-patient discharges show an average annual rate of growth of 1.6 per cent over the period since 2004.

In 2008, emergency in-patients accounted for 30.2 per cent of total discharges compared to 13.4 per cent for planned in-patients. Over the five-year period, the general trend has been a decrease in in-patient discharges, both planned and emergency, as a proportion of total discharges.

For every 1,000 members of the population in 2008 there were 309.1 discharges recorded. This discharge rate has grown at an average annual rate of 6.3 per cent since 2004, when there were 244.2 discharges per 1,000 population. The average annual percentage increase in the number of total discharges over the period 2004 to 2008 (8.8 per cent) surpassed that of discharge rates (6.3 per cent), indicating that the level of activity supported by the acute hospital system experienced stronger growth than the population.

A further indicator of utilisation, bed days, also increased over the period between 2004 and 2008. Total in-patient bed days grew by an average annual rate of 0.6 per cent over the five-year period, representing a slightly lower growth rate than total in-patient discharges (1.6 per cent). While only 1.2 per cent of total discharges were extended stay in-patients, this group used a disproportionate share of total bed days (22.8 per cent of total bed days).[3] These differential growth rates in bed days and discharges impacted on the duration of hospital stays. During the five-year period under consideration, the average length of stay for total (day and in-patient) discharges declined by an average annual rate of 5.1 per cent, from 4.1 days in 2004 to 3.3 days in 2008. Acute in-patients experienced a fall in their average length of stay over the entire period, from 4.9 days in 2004 to 4.6 days in 2008, representing an average annual decrease of 1.6 per cent.[4]

In contrast to the significant growth in total discharge activity (average annual increase of 8.8 per cent), the total number of hospital beds increased by an average annual rate of 1.0 per cent over the period 2004 to 2008. Although in-patient bed numbers have fluctuated, the annual percentage change over the period averaged to zero. The number of day patient beds increased from 1,135 to 1,697 beds between 2004 and 2008 – an average annual increase of 10.6 per cent. In-patient beds accounted for 87.8 per cent of total beds in HIPE hospitals in 2008.

[3] Extended stay in-patients have a length of stay of more than 30 days.
[4] Acute in-patients are defined as in-patient discharges with a length of stay between 0 and 30 days.

ANALYSIS OF ACUTE HOSPITAL ACTIVITY IN 2008

Patient Type

In 2008, over 56 per cent of total discharges were day patients, the remainder being in-patients. Total in-patients accounted for 82.8 per cent of total bed days in that year. Acute in-patients accounted for 42.5 per cent of total discharges and 60.0 per cent of total bed days. Extended stay in-patients amounted to 1.2 per cent of total discharges and 22.8 per cent of total bed days. The average length of stay was 4.6 days for acute in-patients and 6.2 days for total (acute and extended stay) in-patients.

Hospital Type

General hospitals accounted for 87.2 per cent of total discharges. Within the general hospital group, county and regional hospitals accounted for 56.6 per cent of total discharges and voluntary hospitals accounted for the remainder. Special hospitals (including long stay hospitals) accounted for 12.8 per cent of total discharges. Of these special hospitals, maternity and cancer hospitals recorded the highest number of total discharges.[5]

The distribution of discharges by patient type differed by hospital type. A higher proportion of day patients were discharged from voluntary hospitals compared to county and regional hospitals, while the proportions of both total and acute in-patient discharges were highest in county hospitals. Voluntary hospitals discharged a higher proportion of extended stay in-patients than the other general hospitals. Within special hospitals a higher proportion of acute in-patients were discharged compared to extended stay in-patients. Of total acute in-patients, 83.8 per cent were discharged from general hospitals and, of total extended stay in-patients, 85.1 per cent were discharged from general hospitals. The remainder of acute and extended stay in-patients were discharged from special hospitals (16.2 per cent and 14.9 per cent respectively).

There were differences in the average length of stay across the three types of general hospitals for both acute and extended stay in-patient discharges. Voluntary hospitals recorded a consistently longer average length of stay for both types of in-patient discharges compared to those reported for regional and county hospitals. Voluntary hospitals recorded an average length of stay of 6.1 days for acute in-patient discharges, which was 1.6 days longer than the 4.5 days reported for regional hospitals and 1.8 days longer than the 4.3 days reported for county hospitals.

The share of in-patient beds in general hospitals (85.7 per cent) was in line with the 83.8 per cent of total in-patient discharges treated in these types of hospitals. While 89.7 per cent of day patients were discharged from general hospitals, the proportion of day patient beds located in general hospitals was 89.2 per cent.

[5] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is now reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).

Areas of Hospitalisation and Residence

Over 30 per cent of total discharges were treated in the HSE Dublin Mid Leinster area. HSE Dublin North East treated the smallest proportion of discharges (21.1 per cent). The HSE South area treated 22.8 per cent and the HSE West treated 25.2 per cent of total discharges. A similar pattern was maintained when total discharges were compared by day and in-patient status.

The average length of stay for acute in-patients was longest in HSE Dublin North East (4.8 days), which was above that reported for acute in-patient discharges across all HSE areas (4.6 days). The HSE Dublin North East area also recorded the longest length of stay for extended stay in-patient discharges (67.5 days).

There was considerable variability in the number of discharges and discharge rates by area of residence. For every 1,000 members of the population resident in the HSE South area there were 291.5 discharges, which was lower than the rates reported by all other HSE areas. The HSE West area recorded the highest discharge rate with 342.6 discharges per 1,000 population.

Distribution of Beds in HIPE Hospitals

Approximately 31 per cent of total hospital beds in HIPE hospitals were located in HSE Dublin Mid Leinster, with 23.6 per cent in HSE South. Almost one in three designated in-patient beds were situated in HSE Dublin Mid Leinster and 21.9 per cent in HSE Dublin North East. HSE Dublin Mid Leinster also accounted for 30.4 per cent of day patient beds.

On average, in 2008, there were 3.1 beds in HIPE hospitals per 1,000 members of the population. This figure varied across the HSE areas ranging from 2.9 beds per 1,000 in HSE South to 3.4 beds per 1,000 in HSE Dublin Mid Leinster.

Temporal Variation in Admission and Discharge Activity

During 2008, the highest number of hospital admissions occurred during April (120,146 admissions), with the lowest number reported for December (100,405 admissions). Admissions for day patients peaked in July (68,663) and total in-patients peaked in January (52,031). Admissions of planned in-patients peaked in April (16,329), while emergency in-patients peaked in January (35,791). The lowest numbers of both planned and emergency admissions were reported for December.

All types of admissions were more likely to take place during the first part of the week (Monday to Wednesday), and were considerably less likely at the weekend. Admissions of emergency in-patients were more evenly distributed throughout the week, while the number of planned in-patient admissions peaked on Mondays. Discharges were less likely to occur at the weekend, with discharge activity peaking on Wednesdays.

DEMOGRAPHIC ANALYSIS OF HOSPITAL DISCHARGE ACTIVITY IN 2008

Sex

More than half of total discharges in 2008 were females. This differs from the national population in 2008, which was more equally divided between men and women. A higher proportion of males were discharged as day patients than females (61.6 per cent and 51.9 per cent respectively). Sex-specific discharge rates showed greater utilisation of acute in-patient hospital services by females. The discharge rate for acute female in-patient discharges was 157.3 per 1,000, which was 49.2 per cent greater than for males (105.4 per 1,000).

The use of obstetric services by females in the 15-44 year age group was an important factor in accounting for the different patterns of utilisation observed for men and women. The average length of stay for acute in-patient discharges was more than half a day longer for males (5.0 days) compared to females (4.3 days). Average length of stay for extended stay in-patients was almost the same for females as it was for males (62.7 days and 62.3 days respectively).

Marital Status

Married people accounted for 48.5 per cent of total discharges – the single largest category by marital status – but only 43.5 per cent of total bed days. Thus, the average length of stay for married total discharges (2.9 days) was slightly below that for total discharges overall (3.3 days). In contrast, widowed discharges had a longer average length of stay (5.9 days) and accounted for proportionately more bed days (16.5 per cent) than their share of total discharges (9.1 per cent).

Age

The age-specific discharge rates indicate that, after controlling for the size of the population in each age group, a higher number of discharges took place among older age groups. This finding was consistent when the analysis was undertaken for day and in-patients and by sex. Moreover, older age groups accounted for a disproportionate share of bed days. While discharges aged 65 years and over represented 26.9 per cent of total in-patients and 30.8 per cent of total discharges, they accounted for 48.0 per cent of total in-patient bed days and 45.5 per cent of total bed days. Consequently, older discharges (65 years and over) recorded a much longer average length of stay for total in-patients (11.0 days) than, for example, the 45 to 64 years group (7.0 days), which recorded the second longest average length of stay for total in-patients.

General Medical Service (GMS) Status

Information on whether a patient holds a medical card is collected through HIPE, although it should be noted that holding a medical card does not necessarily imply that the hospital discharge was publicly funded. While approximately 32 per cent of the population held medical cards in 2008, GMS patients accounted for 50.1 per cent of total discharges from HIPE hospitals. Non-GMS patients (non-medical card holders) represented 46.8 per cent of total discharges. The GMS status of the remaining 3.0 per cent of total discharges was unknown. Just over 42 per cent of day patient discharges and 53.5 per cent of acute in-patient discharges did not hold a medical card. The majority (68.1 per cent) of extended stay in-patient discharges were medical card holders. The average length of stay for acute GMS in-patients was 5.8 days, which was over two days longer than that for non-GMS in-patients (3.6 days). The HSE West area reported the highest proportion of GMS discharges; 59.6 per cent of discharges treated in this area were medical card holders. HSE Dublin Mid Leinster reported the highest proportion of non-GMS discharges in 2008; 57.9 per cent of discharges from this area did not hold a medical card.

Public/Private Status

Within the HIPE system public/private status indicates whether the patient was treated by the consultant on a private or public basis. Nationally, almost 79 per cent of discharges from HIPE hospitals were public, although 80.9 per cent treated in the HSE Dublin Mid Leinster area were public patients. The HSE South area recorded the highest proportion of private patients (26.2 per cent) as a proportion of discharges hospitalised in this HSE area. The average acute in-patient length of stay was 4.7 days for public discharges, which was only slightly higher than that for private discharges (4.5 days).

Inter-Regional Flow of Discharges

Discharge data can be analysed by where the patient received treatment and by where they resided. For the majority of discharges (88.9 per cent), treatment was received in the HSE area in which the patient was resident. The HSE Dublin Mid Leinster area treated the highest proportion of non-resident discharges. Of the discharges hospitalised there, 20.2 per cent lived outside the area, with the majority of these non-resident discharges coming from the neighbouring Dublin North East area (12.1 per cent).

Nationally, 10.8 per cent of discharges were treated outside their HSE area of residence. Over 90 per cent of discharges who were resident in either HSE South or HSE West were treated in their home area. The HSE Dublin North East area recorded the highest proportion of residents treated by other HSE areas (17.5 per cent).

MORBIDITY ANALYSIS FOR HOSPITAL DISCHARGES IN 2008

Diagnoses

The average number of diagnoses recorded for total discharges in 2008 was 2.6.[6] On average, total in-patients recorded a higher number of diagnoses (3.5) compared with day patients (2.0). The average number of diagnoses was marginally higher for total male discharges than females (2.7 compared with 2.6, respectively). The average number of diagnoses per discharge increased with age.

Almost 60 per cent of day patient discharges had one of the top 20 most common principal diagnoses.[7] The principal diagnosis of 'other medical care' (includes chemotherapy and radiotherapy encounters) accounted for the largest proportion of total day patients (21.7 per cent).

The 20 most frequently recorded principal diagnoses for in-patients accounted for 29.6 per cent of total in-patient discharges. The most common principal diagnosis was 'perineal laceration during delivery'. This diagnosis accounted for 3.2 per cent of total in-patient discharges with an average length of stay of 2.7 days.

Apart from obstetric and gynaecological diagnoses, there were some differences in the principal diagnoses reported for males and females. For example, of the 3,022 discharges with a principal diagnosis of 'mental and behavioural disorders due to alcohol', 2,151 (71 per cent) related to male discharges. Similarly, discharges for 'other ischaemic heart disease' and 'other injuries to the head (includes skull fracture)' comprised a higher proportion of males. Conversely, 'fracture of femur' was more common among female discharges. For many diagnoses, the number of discharges increased progressively with patient age.

Procedures

Of the 1,368,594 discharges reported to HIPE in 2008, 1,090,687 principal procedures were recorded, indicating that almost eight out of every ten discharges had a principal procedure performed. On average, 1.8 procedures were recorded for each discharge for whom a procedure was performed in 2008. Total in-patient discharges on whom a procedure was performed had, on average, 2.7 procedures compared with an average of 1.4 for day patients. The average number of procedures was similar for total male and female discharges who recorded a procedure. In general, the average number of procedures per discharge decreased with age for day patients and increased with age for total in-patients.

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6 Diagnoses and procedures were coded using ICD-10-AM for the first time in the 2005. The data presented here on on diagnoses and procedures are not therefore directly comparable with data published in reports for earlier years when a different clinical coding scheme was in use..

7 In 2006 the HIPE scheme expanded to record day patient dialysis discharges. In the same year, the HIPE data entry system was amended to facilitate the collection of radiotherapy day patient discharges from one hospital which previously underreported this activity. This has led to significantly higher numbers of day patient discharges with a principal diagnosis of 'care involving dialysis' and 'other medical care' than were reported in 2005. In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.

The top 20 principal procedure blocks accounted for 75.4 per cent of day patient discharges who had a procedure.[8] The most common principal procedure block for day patients was 'haemodialysis', which accounted for 22.2 per cent of day patients who recorded a procedure. Five of the remaining top 20 principal procedure blocks for day patients can be classified as 'procedures on the digestive system'.

The 20 most common principal procedure blocks for total in-patients were recorded for 51.3 per cent of in-patients who had a procedure. The most common principal procedure block was 'generalised allied health interventions', which accounted for 10.8 per cent of all principal procedures for total in-patients.[9] The total in-patient average length of stay for this principal procedure block was 11.9 days. Six of the top 20 principal in-patient procedure blocks were related to obstetrics.

As with diagnoses, there were some differences in principal procedures recorded by sex. More than half of all-listed principal procedures were performed on female discharges, which may reflect the volume of obstetric activity. Almost one-third of principal procedures were undertaken on discharges aged 65 years and over. For most principal procedure blocks, the acute in-patient average length of stay increased with age.

ANALYSIS OF DISCHARGE DATA BY CASE MIX

Since 1993 a case mix adjustment has been applied when estimating the budgets for the majority of acute public hospitals in Ireland. For this purpose, in 2005, the Australian Refined Diagnosis Related Group (AR-DRG) case mix classification scheme was adopted by the Department of Health and Children as the national standard.[10] The AR-DRG scheme enables the disaggregation of discharges into homogeneous groups, which are expected to undergo similar treatment processes and incur similar levels of resource use. The first step in AR-DRG assignment is the classification of discharges into one of the Major Diagnostic Categories (MDCs), which are primary diagnostic groupings based on the systems of the body.

Discharges by Major Diagnostic Category (MDC)

The single largest number of total discharges was recorded for 'diseases and disorders of the kidney and urinary tract' (MDC 11). Almost 89 per cent of discharges assigned to this MDC were treated on a day patient basis. Services pertaining to 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) recorded the second largest number of total discharges. Discharges with 'pregnancy, childbirth and the puerperium' (MDC 14) had the shortest total in-patient average length of stay (2.7 days). Excluding discharges assigned to 'pre-MDC' and 'unassignable to MDC', the MDC with the longest average length of stay for acute in-patient discharges was 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) where discharges were hospitalised for an average of 7.3 days. The longest average length of stay for total in-patient discharges, also excluding discharges assigned to 'pre-MDC' and 'unassignable to MDC', was 13.7 days for 'mental diseases and disorders' (MDC 19).

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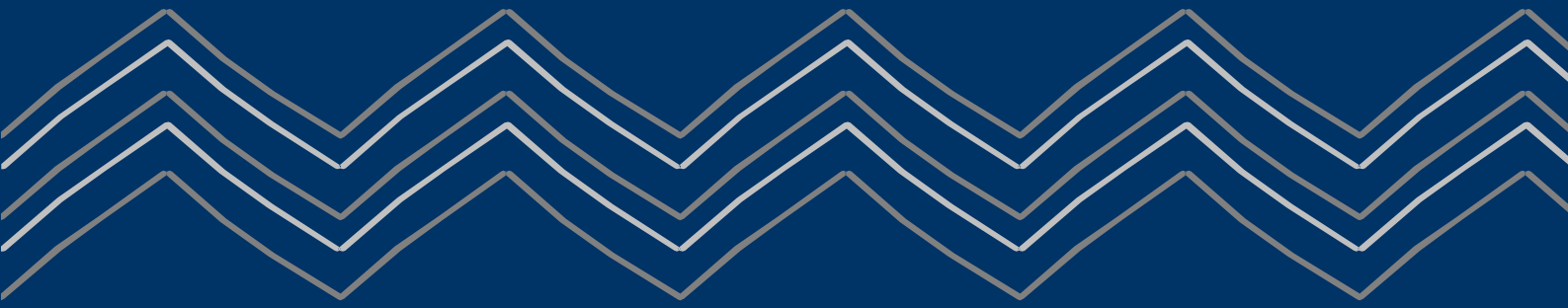
8 A procedure block represents a homogenous group of procedures in the Australian Classification of Health Interventions (ACHI).

9 Includes physiotherapy, occupational therapy, speech therapy, etc.

10 The use of AR-DRGs is discussed in Section Five.

Discharges by Australian Refined Diagnosis Related Group (AR-DRG)

The top 20 highest volume AR-DRGs for day patients accounted for 73.2 per cent of total day patient discharges. The AR-DRG that recorded the highest number of day patient discharges was 'admit for renal dialysis' (AR-DRG L61Z). This AR-DRG amounted to 27.9 per cent of day patients in the top 20 AR-DRGs and 20.4 per cent of total day patients. The top 20 most common AR-DRGs for total in-patients accounted for 32.8 per cent of total in-patient discharges. The AR-DRG with the largest number of total in-patient discharges was 'vaginal delivery without catastrophic or severe complications and/or comorbidities' (AR-DRG O60B), which alone accounted for almost one-fifth of in-patient discharges within the top 20 AR-DRGs and 6.4 per cent of total in-patient discharges. The total in-patient average length of stay recorded for this AR-DRG was 2.9 days.



Introduction SECTION ONE

INTRODUCTION

The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a computer-based health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland. In 2008, 55 acute public hospitals in Ireland reported to HIPE.[1] Public hospitals that participated in HIPE in 2008 are listed in Appendix I.

The aim of this report is to present an overview of discharge activity in acute public hospitals in Ireland during 2008. Throughout this report, data on discharges from individual acute public hospitals are aggregated and presented by hospital type. The format of this Annual Report for 2008 corresponds with that of previous annual reports.

- Section Two contains a detailed account of acute public hospital discharge activity, in particular the number of day and in-patient discharges, and examines the geographical distribution of this activity.
- Demographic analysis of discharges from acute public hospitals is presented in Section Three, which examines the sex and age profile of discharges.
- Section Four concentrates on data reported for diagnoses and procedures.
- A case mix breakdown of discharge activity is presented in Section Five.

The remainder of this section provides an overview of the data collected by HIPE in 2008, discusses the coverage of HIPE, and compares selected statistics for the period 2004 to 2008. Information on the historical context of HIPE, as well as processes and procedures for collecting, validating and auditing data, is contained in previous reports in this series.[2]

[1] Although a small number of private hospitals supply information to HIPE, discharges from these hospitals have not been included in this report, which concentrates only on activity in public hospitals. For historic reasons, a small number of long stay hospitals also reported to HIPE in 2008. Discharges from these hospitals have been included in this report.

[2] All 'Activity in Acute Public Hospitals in Ireland' annual reports are available for download at www.esri.ie/health_information/latest_hipe_nprs_reports

DATA COLLECTED BY HIPE IN 2008

The data elements recorded by HIPE in 2008 are listed in Table 1.1.[3] There were two main developments in data collection in 2008. The first involved the variable capturing the number of days in a public bed. Collection of this variable, which had previously been optional, became mandatory from 01 January 2008. The second development related to the use of HIPE data to measure and monitor consultants' (case mix-adjusted) public and private day case and in-patient activity, as required under the 2008 consultant contract. In addition to the consultant fields already captured in HIPE (see Table 1.1), the HIPE record was extended, for discharges from 01 September 2008, to record the primary consultant and, where applicable, consultant anaesthetists and intensive care consultants involved in each case.

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 discharges at individual patient level. Consequently, it is not possible to use HIPE data to examine certain parameters such as the number of hospital encounters per patient, or to estimate proxies for incidence or prevalence of disease.

[3] A copy of the HIPE data entry form for 2008 (September) is contained in Appendix II. Illustrations of the range of reports that can be produced from the HIPE database are outlined on www.esri.ie.

TABLE 1.1
Data Collected by HIPE

Type of Data	Parameters	Notes
Demographic data	Date of birth	
	Sex	
	Marital status	Values include: single, married, widowed, other (including separated), unknown or divorced.
	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), Fourth Edition, July 2004.
	Nineteen additional diagnoses	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004.
	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), Fourth Edition, July 2004.
	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), Fourth Edition, July 2004.
Administrative data	Patient name	Not exported outside the hospital.
	Hospital number	
	Chart number	Is unique to hospital of discharge.
	Admission and discharge dates	
	Dates of principal and first procedures	
	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, elective maternity, emergency, emergency readmission, emergency 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, emergency maternity, or newborn was treated prior to being admitted to the hospital as an in-patient or when the patient was treated only in a registered Medical Assessment Unit (MAU). Values include Emergency Department, MAU-Admitted as In-Patient, other, unknown, and MAU – Day Only.
	Source of admission	Values include: home, transfer from nursing home/convalescent home or other long stay accommodation, transfer from hospital (in HIPE), transfer from other hospital (not in HIPE), transfer from hospice (not in HIPE), transfer from psychiatric hospital/unit, newborn, temporary place of residence, prison, or other.

Table 1.1: Data Collected by HIPE (contd.)

Type of Data	Parameters	Notes
Administrative data (contd.)	Discharge destination	Values include: self discharge, home, nursing home, convalescent home or long stay accommodation, transfer to hospital (in HIPE) as emergency, transfer to hospital (in HIPE) as non-emergency, transfer to psychiatric hospital/unit, died with post-mortem, died without post-mortem, transfer to other hospital (not in HIPE) as emergency, transfer to other hospital (not in HIPE) as non-emergency, rehabilitation facility, hospice, prison, absconded, other, or temporary place of residence (e.g. hotel).
	Discharge status	Refers to the public/private status of the patient on discharge and not to the type of bed occupied.
	General Medical Service status	Refers to whether the patient is a medical card holder.
	Days in an intensive care environment	
	Days in a private/semi-private bed	
	Days in a public bed	Mandatory variable from 01 January 2008.
	Specialty	Refers to specialty of consultant associated with the principal diagnosis and is assigned locally based on a list provided by the Department of Health and Children.
	Primary consultant	Encrypted. Mandatory variable from 01 September 2008.
	Anaesthetist	Encrypted. Collected for each procedure performed under anaesthetic. Mandatory variable from 01 September 2008.
	Intensive care consultant	Encrypted. Up to ten may be recorded. Mandatory variable from 01 September 2008.
	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. Optional variable in 2008.
	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.[4]

[4] This was a new variable in 2007. To be consistent with previous years the calculation of average length of stay in this report does not take temporary leave days into account.

COVERAGE OF HIPE DATA

Table 1.2 and Figure 1.1 compare the returns to HIPE between 1999 and 2008 with data collected from other sources on acute hospital discharges nationally. The latter, which are used to estimate the coverage of the HIPE system, were collected as part of the Integrated Management Returns (IMRs) provided to the Department of Health and Children (DoH&C) until 2006 when this function became the responsibility of the Performance Management Unit (PMU) in the Health Service Executive (HSE).

Estimating the 'true' coverage rate for HIPE is complicated due, in part, to different reporting methodologies used by HIPE and PMU. To attempt to control for these factors, day patient dialysis discharges, which are not captured by the PMU, have been excluded from the calculation of HIPE coverage from 2006 onwards in Table 1.2.

The PMU report that there were 1,234,944 discharges from public hospitals in 2008.[5] The total number of discharges (adjusted for day patient dialysis discharges) reported to HIPE in 2008 was 1,211,301. The HIPE system therefore captured 98.1 per cent of all discharges reported to the PMU in 2008.

TABLE 1.2
Estimates of Hospital Discharges from the DoH&C/HSE and HIPE, 1999-2008

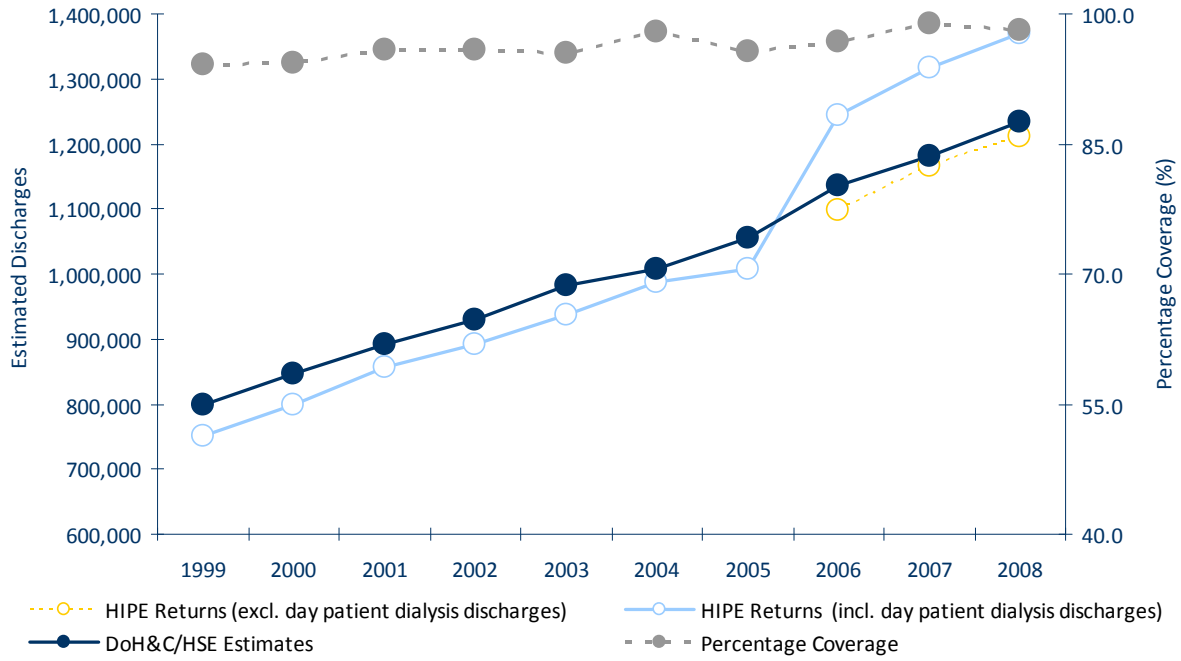
Year	DoH&C/HSE Estimates[a]	Data Returned by Hospitals to HIPE	HIPE Returns Minus Day Patient Dialysis Discharges	% Coverage of HIPE[b]
1999	798,132	751,945	–	94.2
2000	846,738	798,858	–	94.3
2001	892,591	856,261	–	95.9
2002	930,783	892,634	–	95.9
2003	983,537	937,906	–	95.4
2004	1,018,386	987,615	–	97.9
2005	1,054,884	1,008,498	–	95.6
2006	1,135,731	1,244,890	1,098,026	96.7
2007	1,180,073	1,317,626	1,166,167	98.8
2008	1,234,944	1,368,594	1,211,301	98.1

Notes: [a] DoH&C estimates (1999-2005) are based on IMR data compiled by the DoH&C.
HSE estimates (2006-2008) are based on data compiled by the PMU in the HSE.
Please note that the DoH&C and HSE estimates contain some cases that would not be captured by the HIPE scheme.
[b] To facilitate an estimate of 'true' coverage, day patient dialysis discharges were excluded from the calculation of HIPE coverage from 2006 onwards.

Source: From 1999 to 2005 hospital discharge data were obtained from the Department of Health and Children. From 2006 onwards, hospital discharge data were obtained from the Performance Management Unit (PMU) in the Health Service Executive (personal communication March 15 2010). Data for hospitals which were not part of the series collected by the PMU were obtained directly from the hospitals.

[5] See Source under Table 1.2

FIGURE 1.1
Estimates of Hospital Discharges Returned by Participating Hospitals to HIPE and DoH&C/HSE, 1999-2008



Source: See Source under Table 1.2.

ACUTE HOSPITAL DISCHARGES FROM 2004 TO 2008

In 2008, 1,368,594 discharges were reported to HIPE by participating acute public hospitals (see Table 1.3). This figure was, on average, 8.8 per cent higher than the level of discharges reported to HIPE five years earlier in 2004. This 8.8 per cent increase represents the average annual percentage change over the five-year period rather than the percentage change between 2004 and 2008. This measure is used for all further comparative analysis over the 2004 to 2008 period to avoid the distortion of the percentage change figures caused by the increase in the number of total discharges recorded from 2006.[6]

The volume of day patient discharges increased over the period 2004 to 2008 (see Figure 1.2). Day patient discharges experienced average annual growth of 17.3 per cent over the period and a 7.3 per cent increase between 2007 and 2008. The share of total discharges accounted for by day patients increased from 43.1 per cent in 2004 to 56.3 per cent in 2008. The volume of in-patient discharges increased year-on-year up to 2008; 2008 was the first year in which there was a decrease in the number of total in-patient discharges, albeit a small decrease (0.2 per cent). Total in-patient discharges experienced an average annual increase of 1.6 per cent over the period 2004 to 2008.

[6] In 2006 the HIPE scheme expanded to record day patient dialysis discharges. In the same year, the HIPE data entry system was amended to facilitate the collection of radiotherapy day patient discharges from one hospital which previously underreported this activity. In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals. In 2008, the HIPE scheme was expanded to record all day patient psoriasis discharges at one hospital.

The number of emergency in-patients was more than twice that of planned in-patients in 2008.[7] Over the period 2004 to 2008 emergency in-patients experienced higher average annual growth than planned in-patients (see Figure 1.3). The number of planned in-patients fluctuated over the period and increased by an average of 0.8 per cent per year from 2004 to 2008. The number of planned in-patients decreased by 1.1 per cent between 2007 and 2008 while the number of emergency in-patients remained relatively static (0.2 per cent increase). The respective shares of total discharges for these two groups declined over the five-year period. These declining proportions were consistent with the rise in day patient activity over the same period.

In 2008, general hospitals accounted for 87.2 per cent of total discharges and the remainder were discharged from hospitals specialising in particular areas (such as maternity, paediatrics and cancer). It should be noted that as a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I). The breakdown of activity between general and special hospitals in 2008 was similar to that recorded in 2004 (see Figure 1.4). Discharges from special hospitals experienced similar average annual growth over the period 2004 to 2008 compared to general hospitals (growth of 8.6 per cent and 8.9 per cent for special and general hospitals respectively); however, it should be noted that growth fluctuated significantly over the five year period. General hospitals are divided further into voluntary, regional and county hospitals. The largest category of general hospital was county hospitals, which treated 30.6 per cent of total discharges in 2008, representing an average annual growth rate of 5.5 per cent from 2004. A similar proportion of discharges were from voluntary hospitals (30.5 per cent) and the remainder were from regional hospitals (26.0 per cent). Discharges from all three categories of general hospital experienced growth during the period 2004 to 2008. Average annual growth in discharges from regional hospitals exceeded that of both voluntary and county hospitals.

In 2008, almost nine out of every ten discharges living in Ireland were treated in the same HSE area in which they resided and this proportion has remained relatively stable since 2005 (Table 1.3). It is not possible to compare the post-2005 figures with those from previous years as the unit of measurement has changed from eight health boards/regional authorities to four HSE administrative areas.[8] The numbers of discharges treated within their HSE area of residence increased at a higher rate between 2007 and 2008 than those treated outside their HSE area of residence (4.2 per cent and 1.8 per cent respectively).

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[7] Emergency in-patient admissions include patients who visited the Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Emergency Department. 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.

[8] The establishment of the HSE on 01 January 2005 replaced the eight regional health boards/authorities. Current policy is that health care is now provided through four HSE administrative areas and 32 local health offices (LHOs). For the purposes of this report, data are reported for the four HSE administrative areas. This reconfiguration implies that the geographical breakdown of discharge activity in earlier reports, is not directly comparable with those reported in annual reports subsequent to 2005..

In 2008, male discharges accounted for 46.1 per cent of total discharges from HIPE hospitals. The average annual growth of discharges over the period 2004 to 2008 was higher for males than it was for females (10.1 per cent for males and 7.8 per cent for females). In contrast, the growth in the number of male discharges between 2007 and 2008 was lower than that for females at 2.5 per cent and 5.0 per cent respectively (see Table 1.3).

In 2004, 47.4 per cent of total discharges were aged under 44 years and by 2008 this had fallen to 40.7 per cent. This change reflects the differential growth in the number of discharges for each age group. In the period from 2004 to 2008, the two younger age groups experienced lower average annual growth than the two older age groups, 1.1 per cent for discharges under 15 years and 5.7 per cent for discharges aged between 15 and 44 years (see Figure 1.5). Discharges aged between 45 and 64 years experienced average annual growth of 12.1 per cent and discharges in the oldest age group (65 years and over) recorded 12.8 per cent growth. Between 2007 and 2008 the 45 to 64 years and 65 years and over age groups experienced the highest level of growth (4.9 per cent and 5.2 per cent respectively).

In the Irish health care system holders of a medical card are not charged for treatment in a public ward, while charges may be levied on non-medical card holders. The disaggregation of total discharges by whether or not they had a medical card (referred to here as General Medical Service (GMS) status) was similar in 2004 and 2005. In 2006, for the first time, GMS discharges accounted for a higher proportion of total discharges than non-GMS discharges and this continued to be the case in 2008. The average annual year-on-year growth rate of GMS discharges (11.9 per cent) was higher than that of non-GMS discharges (6.1 per cent).

In HIPE, the public/private status variable relates to whether the patient saw the consultant publicly or privately. Public discharges accounted for 78.8 per cent of total discharges in 2008. This proportion was greater than that reported in 2004, when 74.5 per cent were public discharges. Between 2004 and 2008, the average annual growth rate of public discharges was 10.5 per cent, while the average annual growth in private discharges was 3.6 per cent over the period. Public and private discharges grew by similar amounts between 2007 and 2008 (3.9 per cent and 3.8 per cent respectively).

The discharge rate per 1,000 population is reported in Table 1.3. The number of discharges per 1,000 population increased steadily from 244.2 discharges for every 1,000 population in 2004 to 309.1 discharges per 1,000 in 2008, representing an average annual growth of 6.3 per cent over the five years (see Figure 1.6). The number of discharges experienced a higher level of growth over the same period, demonstrating that while increases in hospital activity may be partially attributed to factors such as population growth, other factors such as the expansion of the HIPE scheme in its reporting of hospital activity should also be considered.

In 2008, discharges spent over 4.4 million bed days in acute public hospitals. Although the majority of bed days were for in-patients, the proportion accounted for by day patients increased from 10.5 per cent in 2004 to 17.2 per cent in 2008, an average annual increase of

17.3 per cent. Total in-patient bed days experienced average annual growth of 0.6 per cent over the period 2004 to 2008 (see Figure 1.7). The breakdown of in-patient bed days by age group is reported in Table 1.3. The proportion of total bed days used by in-patient discharges aged 65 years and over was consistently in excess of 40 per cent until 2007 when it accounted for 39.9 per cent of total bed days. This slight decrease continued in 2008 when this group accounted for 39.7 per cent of total bed days. The in-patient bed days used by this age group grew by an average annual rate of 0.5 per cent over the period 2004 to 2008 and exhibited negative growth between 2007 and 2008.

On average, total discharges spent 3.3 days in hospital in 2008, representing a decline of 0.8 days or an average annual decrease of 5.1 per cent in average length of stay since 2004. The average length of stay for total in-patients decreased slightly from 6.4 days to 6.2 days over the five-year period. In 2008 acute in-patients (those with a length of stay of 30 days or less) spent, on average, less time in hospital when compared to 2004 (4.9 days in 2004 and 4.6 days in 2008). The average length of stay for extended stay in-patients (those with a length of stay of more than 30 days) decreased steadily between 2005 and 2007 but increased between 2007 and 2008 by 2.7 days (62.4 days in 2004, 59.8 days in 2007 and 62.5 days in 2008). From the analysis of length of stay data by patient type, the increase in the number of day patient discharges from 2006 has contributed to the decline in average length of stay for total discharges.

The number of beds in HIPE hospitals increased by an average annual rate of 1.0 per cent from 13,328 to 13,879 over the period 2004 to 2008 (see Figure 1.8).[9] While the majority of beds in all years were allocated for the treatment of in-patients, this category experienced little to no growth during the five-year period. The number of day patient beds grew by an average annual rate of 10.6 per cent over the same period. Reflecting these differential growth rates, the in-patient share of beds declined from 91.5 per cent in 2004 to 87.8 per cent in 2008.[10]

[9] For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C, these data were collected directly from the hospitals concerned.

[10] It should be noted when interpreting data on the number of hospital beds that the number of participating hospitals will have changed over time (see Appendix I).

TABLE 1.3
Number and Percentage Distribution of Acute Public Hospital Discharges, 2004-2008

	2004 (%)	2005 (%)	2006 (%)	2007 (%)	2008 (%)	Average Annual % Change[a] 2004-2008	% Change 2007-2008
Total Discharges	**987,615**	**1,008,498**	**1,244,890**	**1,317,626**	**1,368,594**	**8.8**	**3.9**
Patient Type							
Day Patients	425,978 (43.1)	443,654 (44.0)	662,096 (53.2)	718,851 (54.6)	771,145 (56.3)	17.3	7.3
Total In-Patients	561,637 (56.9)	564,844 (56.0)	582,794 (46.8)	598,775 (45.4)	597,449 (43.7)	1.6	-0.2
Planned	178,209 (18.0)	173,644 (17.2)	179,318 (14.4)	185,732 (14.1)	183,731 (13.4)	0.8	-1.1
Emergency[b]	383,428 (38.8)	391,200 (38.8)	403,476 (32.4)	413,043 (31.3)	413,718 (30.2)	1.9	0.2
Hospital Type[c]							
General Hospitals	858,295 (86.9)	874,119 (86.7)	1,074,202 (86.3)	1,130,965 (85.8)	1,192,755 (87.2)	8.9	5.5
Voluntary	285,417 (28.9)	287,319 (28.5)	365,761 (29.4)	396,926 (30.1)	417,850 (30.5)	10.4	5.3
Regional	232,806 (23.6)	244,608 (24.3)	317,643 (25.5)	325,484 (24.7)	355,837 (26.0)	11.7	9.3
County	340,072 (34.4)	342,192 (33.9)	390,798 (31.4)	408,555 (31.0)	419,068 (30.6)	5.5	2.6
Special Hospitals	129,320 (13.1)	134,379 (13.3)	170,688 (13.7)	186,661 (14.2)	175,839 (12.8)	8.6	-5.8
Location of Treatment[d]							
Within health area of residence[e,f]	868,123 (87.9)	897,517 (89.0)	1,103,844 (88.7)	1,167,908 (88.6)	1,216,698 (88.9)	n/a	4.2
Outside health area of residence[e,f]	115,444 (11.7)	107,085 (10.6)	136,496 (11.0)	145,289 (11.0)	147,950 (10.8)	n/a	1.8
Patient Characteristics							
Sex							
Males	438,627 (44.4)	449,213 (44.5)	586,077 (47.1)	615,312 (46.7)	630,950 (46.1)	10.1	2.5
Females	548,988 (55.6)	559,285 (55.5)	658,813 (52.9)	702,314 (53.3)	737,644 (53.9)	7.8	5.0
Age Group							
Under 15 years	121,930 (12.3)	124,080 (12.3)	127,461 (10.2)	125,348 (9.5)	127,471 (9.3)	1.1	1.7
15 to 44 years	346,546 (35.1)	344,385 (34.1)	390,774 (31.4)	420,388 (31.9)	430,068 (31.4)	5.7	2.3
45 to 64 years	251,464 (25.5)	260,981 (25.9)	345,500 (27.8)	371,405 (28.2)	389,558 (28.5)	12.1	4.9
65 years and over	267,675 (27.1)	279,052 (27.7)	381,155 (30.6)	400,485 (30.4)	421,497 (30.8)	12.8	5.2
GMS Status							
GMS (Medical card holders)	444,158 (45.0)	468,709 (46.5)	604,983 (48.6)	663,162 (50.3)	686,181 (50.1)	11.9	3.5
Non-GMS (Non-medical card holders)	508,152 (51.5)	510,389 (50.6)	579,950 (46.6)	620,708 (47.1)	641,093 (46.8)	6.1	3.3
Unknown[g]	35,305 (3.6)	29,400 (2.9)	59,957 (4.8)	33,756 (2.6)	41,320 (3.0)	16.5	22.4
Public/Private Status[h]							
Public Discharges	735,282 (74.5)	748,966 (74.3)	963,620 (77.4)	1,037,584 (78.7)	1,077,917 (78.8)	10.5	3.9
Private Discharges	252,333 (25.5)	259,532 (25.7)	281,270 (22.6)	280,042 (21.3)	290,677 (21.2)	3.6	3.8
Discharge Rate Per 1,000 Population[i]	**244.2**	**246.6**	**293.6**	**303.2**	**309.1**	**6.3**	**1.9**

Table 1.3: Number and Percentage Distribution of Acute Public Hospital Discharges, 2004-2008 (contd.)

	2004 (%)	2005 (%)	2006 (%)	2007 (%)	2008 (%)	Average Annual % Change[a]	% Change
						2004-2008	2007-2008
Total Bed Days	**4,045,487**	**4,103,306**	**4,350,877**	**4,451,301**	**4,472,104**	**2.6**	**0.5**
Day Patients	425,978 (10.5)	443,654 (10.8)	662,096 (15.2)	718,851 (16.1)	771,145 (17.2)	17.3	7.3
Total In-Patients	3,619,509 (89.5)	3,659,652 (89.2)	3,688,781 (84.8)	3,732,450 (83.9)	3,700,959 (82.8)	0.6	-0.8
Under 15 years	291,711 (7.2)	293,459 (7.2)	302,697 (7.0)	301,025 (6.8)	309,361 (6.9)	1.5	2.8
15 to 44 years	827,592 (20.5)	823,802 (20.1)	834,045 (19.2)	863,476 (19.4)	847,468 (19.0)	0.6	-1.9
45 to 64 years	757,389 (18.7)	759,715 (18.5)	769,340 (17.7)	790,809 (17.8)	768,845 (17.2)	0.4	-2.8
65 years and over	1,742,817 (43.1)	1,782,676 (43.4)	1,782,699 (41.0)	1,777,140 (39.9)	1,775,285 (39.7)	0.5	-0.1
Average Length of Stay (Days)							
Total Discharges[j]	4.1	4.1	3.5	3.4	3.3	-5.1	-2.9
Total In-Patients	6.4	6.5	6.3	6.2	6.2	-0.8	0.0
Acute[k]	4.9	4.9	4.8	4.7	4.6	-1.6	-2.1
Extended[l]	62.4	63.0	60.0	59.8	62.5	0.1	4.5
Total Hospital Beds in HIPE Hospitals	**13,328**	**13,623**	**13,773**	**13,885**	**13,879**	1.0	0.0
Day Patient Beds	1,135 (8.5)	1,244 (9.1)	1,402 (10.2)	1,529 (11.0)	1,697 (12.2)	10.6	11.0
In-Patient Beds	12,193 (91.5)	12,379 (90.9)	12,371 (89.8)	12,356 (89.0)	12,182 (87.8)	0.0	-1.4

Notes: Percentages are reported in parentheses.

[a] The average annual percentage change is the average of the four annual percentage growth rates over the five years.

[b] Emergency in-patient admissions include patients who visited the Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Emergency Department. 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.

[c] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).

[d] Percentages are based on total discharges.

[e] Figures from 2004 relate to Health Board/Regional Authority of Residence. The 2005 to 2008 data refer to HSE Area of Residence and are, therefore, not directly comparable with data from previous years.

[f] Data for 2005 and 2007 have been revised from those presented in Table 1.3 of previous Annual Reports. Figures for 2005 have been revised as those presented were incorrect. Percentage calculations for 2007 have been revised as the incorrect denominator, those with a known HSE area of residence was used instead of total discharges.

[g] Includes discharges for whom GMS status was not known.

[h] Public/Private status refers to the patient's status on discharge, which may be public (private) if the patient saw the consultant publicly (privately). This does not relate to the type of bed occupied by the patient during the hospital stay.

[i] Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 309.1 per 1,000 population.

[j] Includes day and in-patients.

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

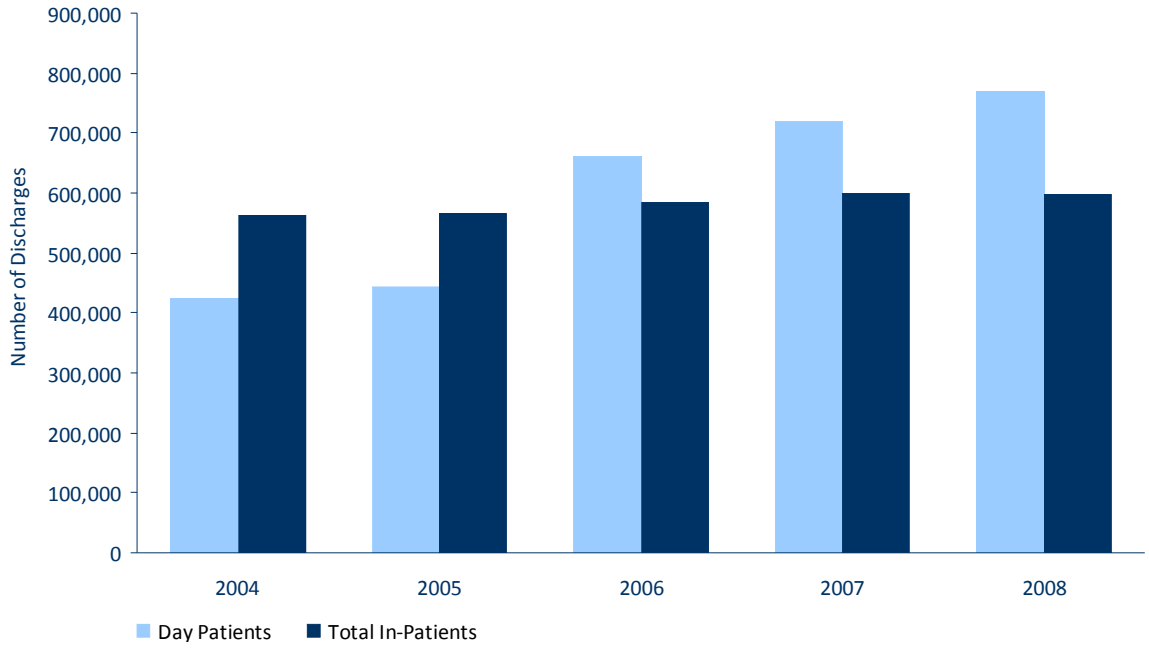
[l] Restricted to lengths of stay of more than 30 days.

Source: Data on discharges and bed days for 2004 to 2007 were obtained from previous reports (see Health Research and Information Division, 2009, *Activity in Acute Public Hospitals in Ireland, 2007 Annual Report*, Dublin: The Economic and Social Research Institute).

For 2004, population data used in the calculation of rates were obtained from the Public Health Information System (PHIS), which is maintained by the Information Unit at the Department of Health and Children. These data for intercensal years are updated as new data on population become available. There may, therefore, be some discrepancies between the population estimates used in earlier HIPE reports and those currently available for these years from the PHIS.
For 2006, population data were obtained from *Census 2006* (Central Statistics Office).
For 2005, 2007 and 2008, population data were obtained from the Economic and Social Research Institute.

Hospital bed data for 2004-2005 were obtained from the Department of Health and Children (2008).
Hospital bed data from 2006 onwards were obtained from the Performance Management Unit (PMU) in the National Hospitals Office of the Health Service Executive (2009). Bed data for hospitals which were not part of the series collected by the PMU were obtained directly from the hospitals. From 2007 onwards delivery suites are no longer reported as part of in-patient capacity in the three Dublin Maternity Hospitals. The data reported here and provided by the PMU estimates the number of beds as the average number of beds per day that were in use through the year and is exclusive of bed closures.

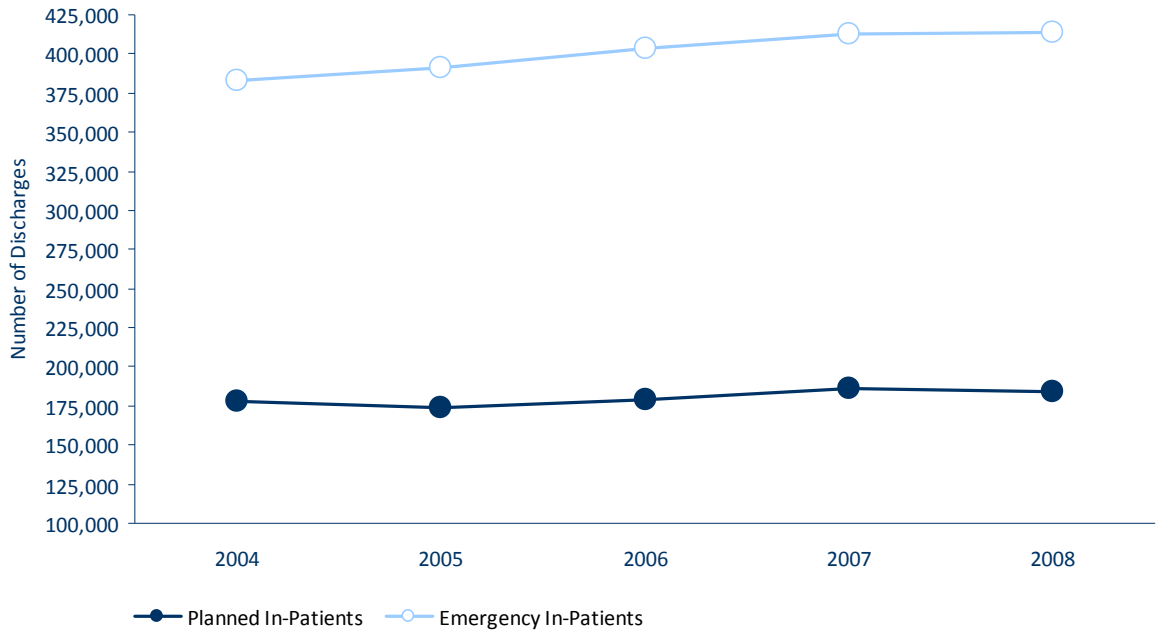
FIGURE 1.2
Total Discharges by Patient Type, 2004-2008



Note: See Appendix I for a list of hospitals that participated in HIPE in 2008.

Source: Data on discharges and bed days for 2004 to 2007 were obtained from previous reports (see HIPE and NPRS Unit, 2009. *Activity in Acute Public Hospitals in Ireland, 2007 Annual Report*, Dublin: The Economic and Social Research Institute).

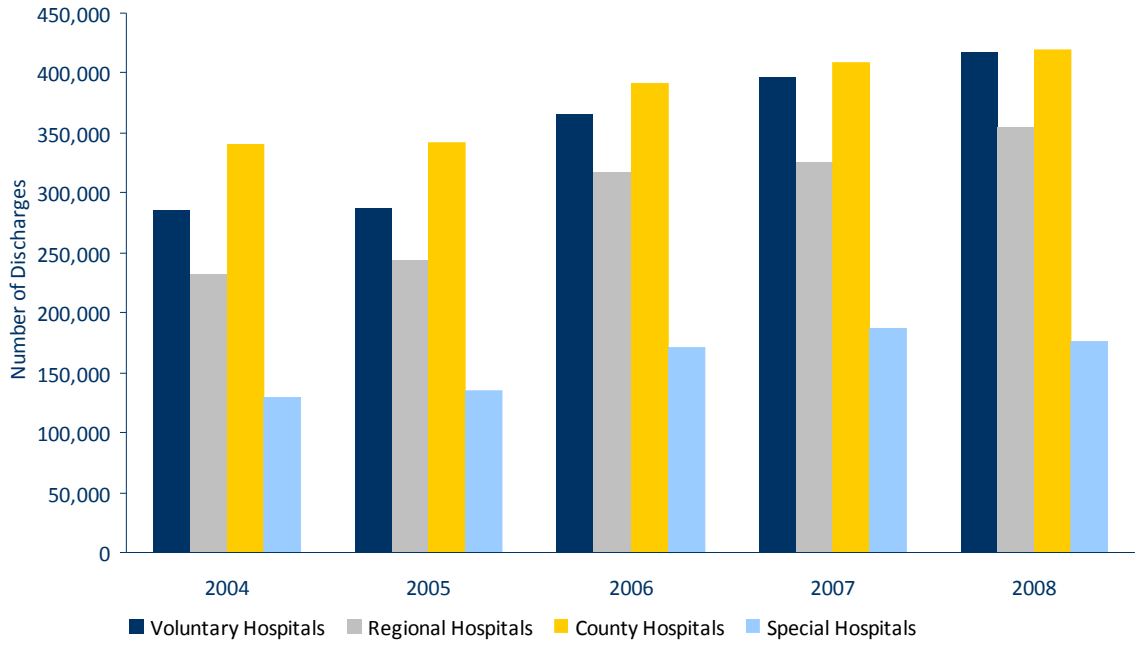
FIGURE 1.3
Total In-Patient Discharges by Type of In-Patient Admission, 2004-2008



Note: Emergency in-patient admissions include patients who visited the Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Emergency Department. 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.

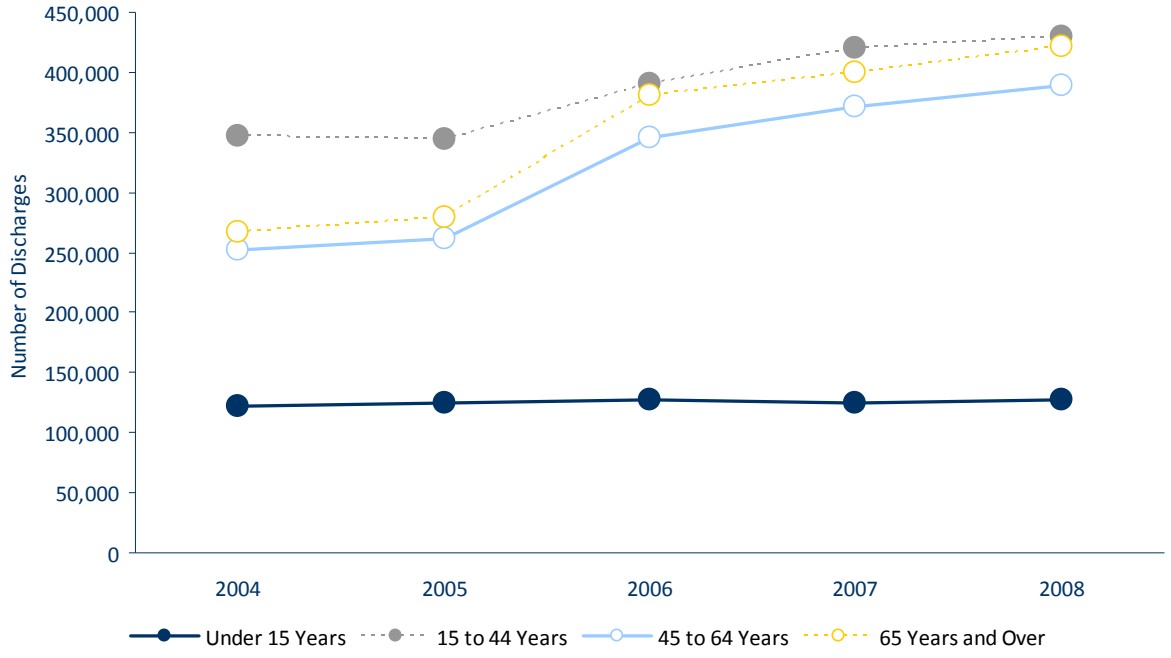
Source: As for Figure 1.2

FIGURE 1.4
Total Discharges by Hospital Type, 2004-2008



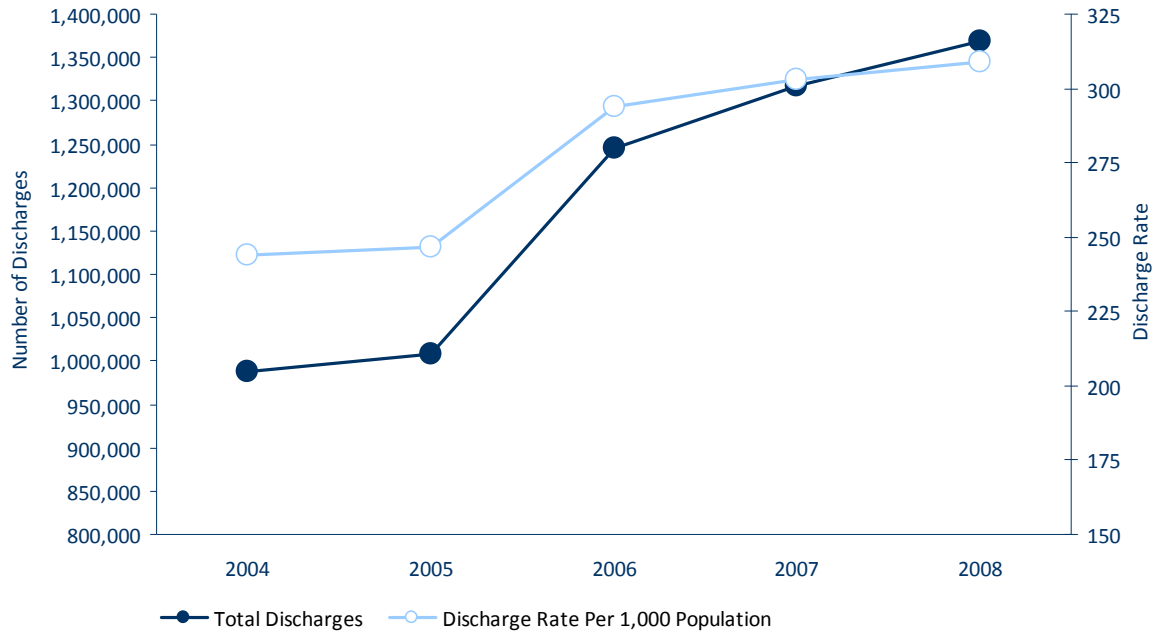
Source: As for Figure 1.2

FIGURE 1.5
Total Discharges by Age Group, 2004-2008



Source: As for Figure 1.2

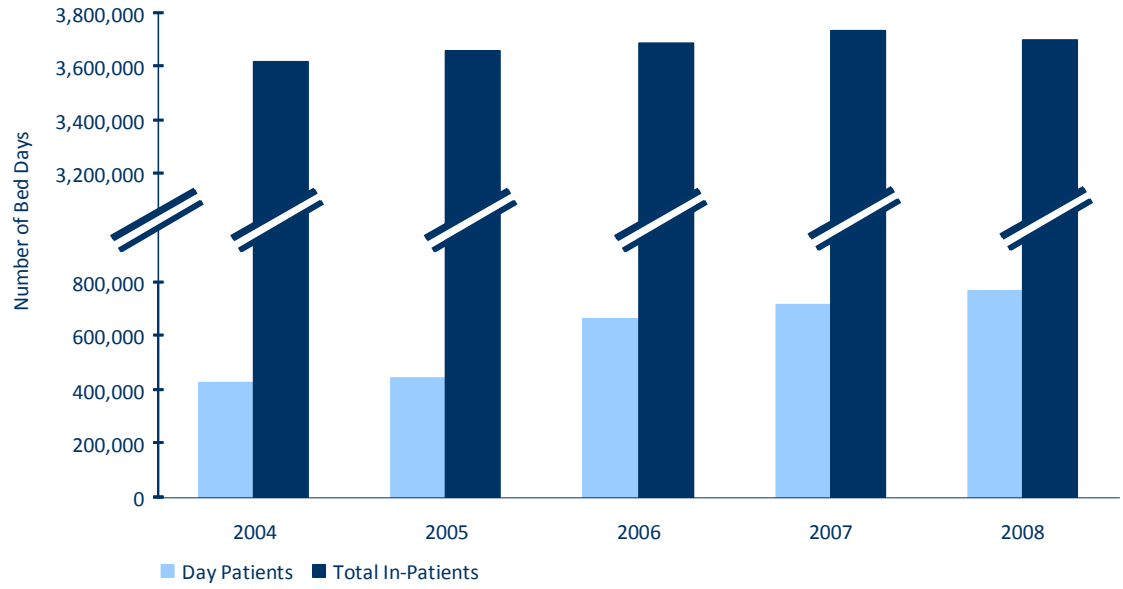
FIGURE 1.6
Total Discharges and Discharge Rate (Per 1,000 Population), 2004-2008



Note: Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 309.1 per 1,000 population in 2008.

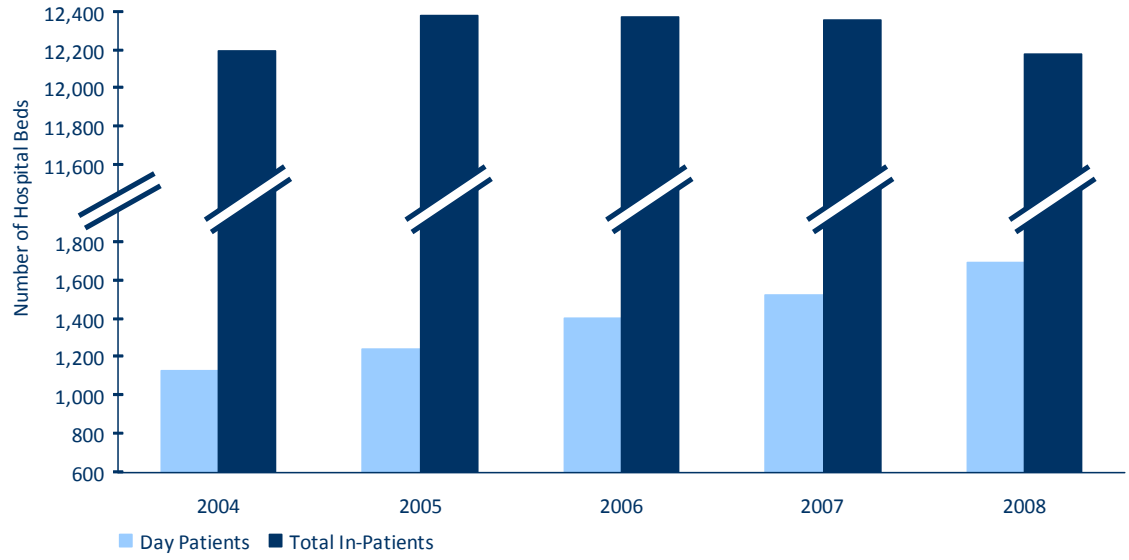
Source: For 2004, population data, used in the calculation of discharge rates, were obtained from the PHIS, which is maintained by the Information Unit at the Department of Health and Children. These data for intercensal years are updated as new data on population become available. There may, therefore, be some discrepancies between the population estimates used in earlier HIPE reports and those currently available for these years from the PHIS. For 2006, population data were obtained from *Census 2006* (Central Statistics Office). For 2005, 2007 and 2008, population data were obtained from the Economic and Social Research Institute.
See additional Sources under Figure 1.2

FIGURE 1.7
Bed Days by Patient Type, 2004-2008



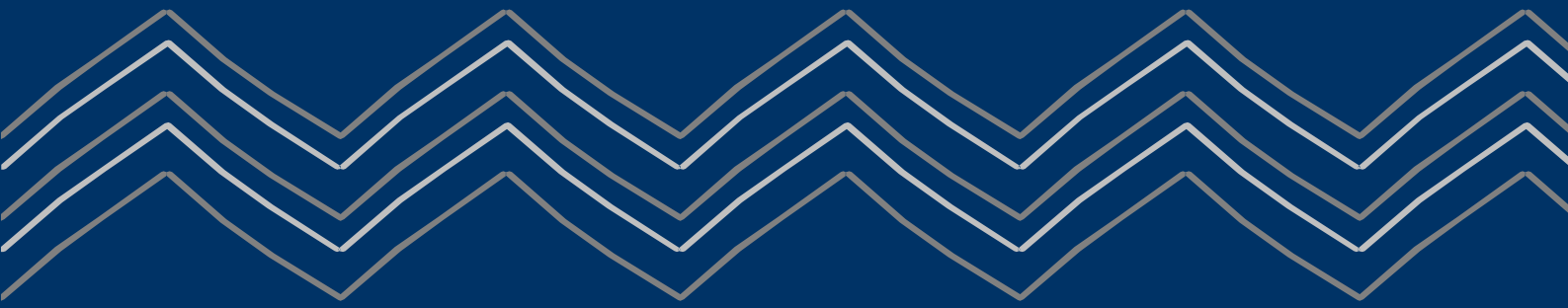
Source: As for Figure 1.2

FIGURE 1.8
Number of Beds in HIPE Hospitals by Bed Type, 2004-2008



Note: For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C, these data were collected directly from the hospitals concerned.

Source: Department of Health and Children (2010), Health Service Executive (2010).
See additional Sources under Table 1.3.



Analysis of Acute Hospital Activity 2008

SECTION TWO

SUMMARY

Patient Type

- Of the 1,368,594 discharges reported to HIPE from acute public hospitals in Ireland in 2008, total in-patients comprised 43.7 per cent of total discharges and the remainder were day patients.
- 60 per cent of total bed days were used by acute (0-30 days) in-patient discharges with the remainder used by extended stay (>30 days) in-patients and day patients.
- The average length of stay for total discharges in 2008 was 3.3 days, while average length of stay for acute in-patient discharges was 4.6 days.

Hospital Type

- General hospitals accounted for the majority (87.2 per cent) of total discharges, with special hospitals accounting for the remainder.
- Among the general hospitals, there were more day patients than in-patients treated in voluntary and regional hospitals, while the reverse was observed for county hospitals.
- Average length of stay for acute in-patients was longer in voluntary hospitals (6.1 days) than in regional and county hospitals (4.5 and 4.3 days, respectively).

Geographical Distribution of Discharges by HSE Areas of Hospitalisation and Residence

- Almost 31 per cent of total discharges in 2008 were treated in the HSE Dublin Mid Leinster hospitals.
- The HSE Dublin North East hospitals recorded an average length of stay of 4.8 days for acute in-patients, which was 4.3 per cent longer than the national average of 4.6 days for acute in-patients.
- HSE South hospitals had the lowest acute in-patient average length of stay (4.4 days) relative to other HSE areas.

Temporal Variation in Hospital Admission and Discharge Activity

Monthly Pattern of Hospital Admissions

- In 2008, the number of day patient admissions peaked in July. Planned in-patient admissions peaked in April and emergency in-patient admissions peaked in January.

Daily Pattern of Hospital Admissions and Discharges

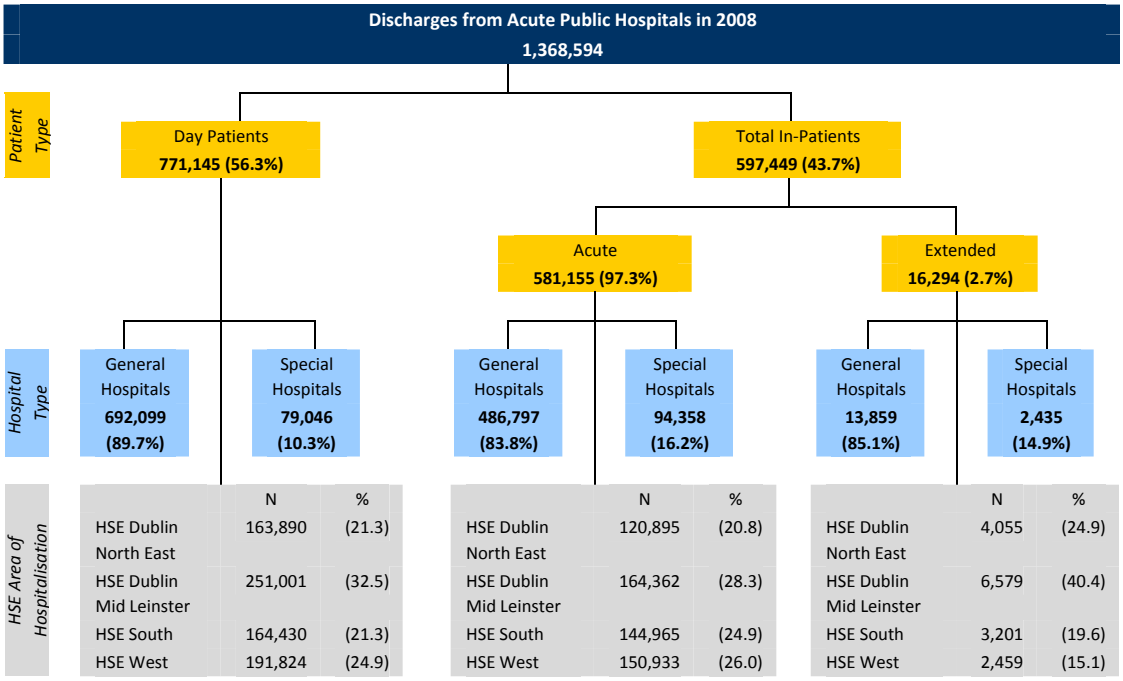
- While admissions were highest at the beginning of the week, over one-fifth of in-patients discharges were discharged on a Friday.

INTRODUCTION

In 2008, 1,368,594 discharges were reported to the Hospital In-Patient Enquiry (HIPE) Scheme by participating acute public hospitals (see Figure 2.1 and Table 2.1). This was equivalent to 309.1 discharges per 1,000 members of the population. The total number of bed days used was in excess of 4.4 million, representing a 0.5 per cent increase from 2007. On average, the length of stay for total discharges was 3.3 days.

This section examines discharges by type of patient treated and the distribution of activity by type of hospital, geographical location and temporal variation in admissions and discharges. An analysis of the number of beds in HIPE hospitals by patient type and Health Service Executive (HSE) area is also presented here.

FIGURE 2.1
Summary of Discharges from Acute Public Hospitals in 2008



Note: Percentage columns are subject to rounding.

PATIENT TYPE

Table 2.1 presents the total number of discharges reported to HIPE by type of patient – day or in-patient. A day patient is admitted to hospital on a planned basis and discharged, as scheduled, on the same day. In 2008, 56.3 per cent of total discharges were day patients and the remainder were in-patients. This relatively greater volume of day patient activity was apparent in the higher discharge rate for this group (174.2 per 1,000 for total day patients compared to 134.9 per 1,000 for total in-patients). Although day patients accounted for 56.3 per cent of total discharges, this group used only 17.2 per cent of total bed days. In contrast, total in-patients accounted for proportionately more bed days (82.8 per cent of total bed days).

In-patient discharges are further divided into acute and extended stay discharges in Table 2.1. Acute in-patient discharges are defined as those with a length of stay of 30 days or less, while extended stay in-patient discharges have a length of stay in excess of 30 days. Of the in-patient discharges reported to HIPE in 2008, the majority were acute (97.3 per cent). Acute in-patients amounted to 42.5 per cent of total discharges and 60.0 per cent of total bed days. While only 1.2 per cent of total discharges were extended stay in-patients, this group used a disproportionate share of total bed days (22.8 per cent of total bed days). On average, acute in-patients remained in hospital for 4.6 days, while the average length of stay for total (acute and extended stay) in-patients was longer at 6.2 days.

TABLE 2.1

Discharges, Bed Days, Discharge Rates (Per 1,000 Population), and Average Length of Stay (Days) by Patient Type

	Total Discharges			Total Bed Days			Average Length of Stay
	N	%	Rate	N	%	Rate	
Day Patients	**771,145**	**56.3**	**174.2**	**771,145**	**17.2**	**174.2**	**-**
In-Patients							
Acute (0-30 days)	581,155	42.5	131.3	2,682,177	60.0	605.8	4.6
Extended (>30 days)	16,294	1.2	3.7	1,018,782	22.8	230.1	62.5
Total In-Patients	**597,449**	**43.7**	**134.9**	**3,700,959**	**82.8**	**835.9**	**6.2**
Total (Day and In-Patients)	**1,368,594**	**100**	**309.1**	**4,472,104**	**100**	**1010.1**	**3.3**

Note: Percentage columns are subject to rounding.

Source: Rates are based on population data from the ESRI (see Appendix III).

HOSPITAL TYPE

Discharges are disaggregated by type of patient and hospital in Table 2.2. General hospitals treated the largest volume of total discharges (87.2 per cent), while the remainder were discharged from hospitals specialising in the treatment of particular conditions (hereafter referred to as special hospitals). The distribution of discharges between general and special hospitals varied slightly by patient type. General hospitals discharged 89.7 per cent of day patients and 83.8 per cent of total in-patients. Figure 2.2 shows that a higher proportion of day patients were discharged from general hospitals compared with special hospitals. There were also some differences between acute and extended stay in-patients. The proportion of acute in-patients discharged from general hospitals was slightly smaller than that for extended stay in-patients (83.8 per cent for acute in-patients and 85.1 per cent for extended stay in-patients).

General hospitals comprise voluntary, regional and county hospitals. In 2008, county hospitals and voluntary hospitals treated similar proportions of total discharges, accounting for 30.6 per cent and 30.5 per cent of total discharges respectively. The proportion of total discharges treated in regional hospitals was 26.0 per cent. Within the general hospital group, there were disparities in the types of patients discharged (see Figure 2.3). For instance, in voluntary and regional hospitals, the number of day patients exceeded the number of total in-patients, while the reverse was true for county hospitals. Furthermore, voluntary hospitals recorded the largest volume of day patients with 38.4 per cent of day patient discharges compared to 28.1 per cent for regional hospitals and 23.3 per cent for county hospitals. The number of acute in-patient discharges from county hospitals was over twice that from voluntary hospitals. Voluntary hospitals recorded the largest share of extended stay in-patients (40.9 per cent) compared to regional (19.0 per cent) and county (25.1 per cent) hospitals.

Among the group of special hospitals, maternity hospitals recorded the largest number of total discharges and acute in-patients (see Figure 2.4). The long stay, maternity and other care hospitals were the only categories of special hospitals for which the number of total in-patients exceeded the number of day patients.

TABLE 2.2

Discharges and Discharge Rates (Per 1,000 Population) by Patient Type and Hospital Type

	Day Patients			In-Patients									Total Discharges		
				Acute (0-30 days)			Extended (>30 days)			Total In-Patients					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
General Hospitals															
Voluntary	296,008	38.4	66.9	115,171	19.8	26.0	6,671	40.9	1.5	121,842	20.4	27.5	417,850	30.5	94.4
Regional	216,349	28.1	48.9	136,387	23.5	30.8	3,101	19.0	0.7	139,488	23.3	31.5	355,837	26.0	80.4
County	179,742	23.3	40.6	235,239	40.5	53.1	4,087	25.1	0.9	239,326	40.1	54.1	419,068	30.6	94.7
Total (General)	**692,099**	**89.7**	**156.3**	**486,797**	**83.8**	**109.9**	**13,859**	**85.1**	**3.1**	**500,656**	**83.8**	**113.1**	**1,192,755**	**87.2**	**269.4**
Special Hospitals															
Cancer	39,284	5.1	8.9	1,292	0.2	0.3	675	4.1	0.2	1,967	0.3	0.4	41,251	3.0	9.3
Eye, Ear, Nose and Throat	3,853	0.5	0.9	3,276	0.6	0.7	7	0.0	0.0	3,283	0.5	0.7	7,136	0.5	1.6
Long Stay	0	0.0	0.0	1,013	0.2	0.2	144	0.9	0.0	1,157	0.2	0.3	1,157	0.1	0.3
Maternity[a]	6,117	0.8	1.4	60,774	10.5	13.7	422	2.6	0.1	61,196	10.2	13.8	67,313	4.9	15.2
Orthopaedic	9,975	1.3	2.3	8,684	1.5	2.0	731	4.5	0.2	9,415	1.6	2.1	19,390	1.4	4.4
Paediatric	19,816	2.6	4.5	18,225	3.1	4.1	295	1.8	0.1	18,520	3.1	4.2	38,336	2.8	8.7
Other Care[b]	~	0.0	0.0	1,094	0.2	0.2	161	1.0	0.0	1,255	0.2	0.3	1,256	0.1	0.3
Total (Special)	**79,046**	**10.3**	**17.9**	**94,358**	**16.2**	**21.3**	**2,435**	**14.9**	**0.5**	**96,793**	**16.2**	**21.9**	**175,839**	**12.8**	**39.7**
Total (All Hospital Types)	**771,145**	**100**	**174.2**	**581,155**	**100**	**131.3**	**16,294**	**100**	**3.7**	**597,449**	**100**	**134.9**	**1,368,594**	**100**	**309.1**

Notes: Percentage columns are subject to rounding.

[a] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).

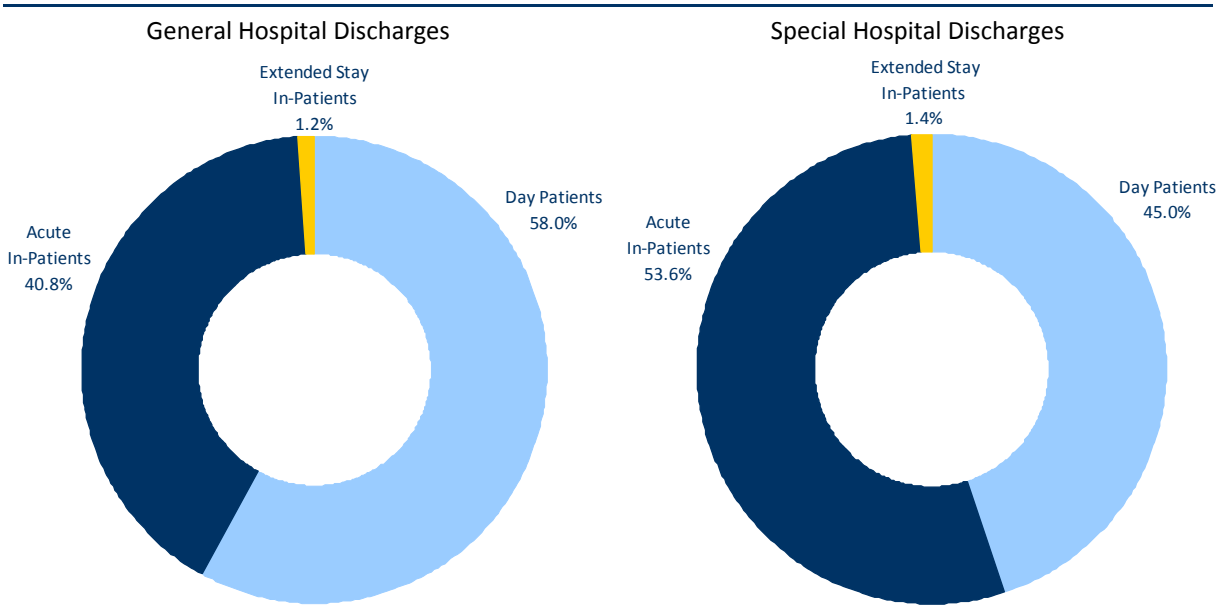
[b] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

~ denotes five or less discharges reported to HIPE.

See Appendix I for a list of hospitals that participated in HIPE in 2008.

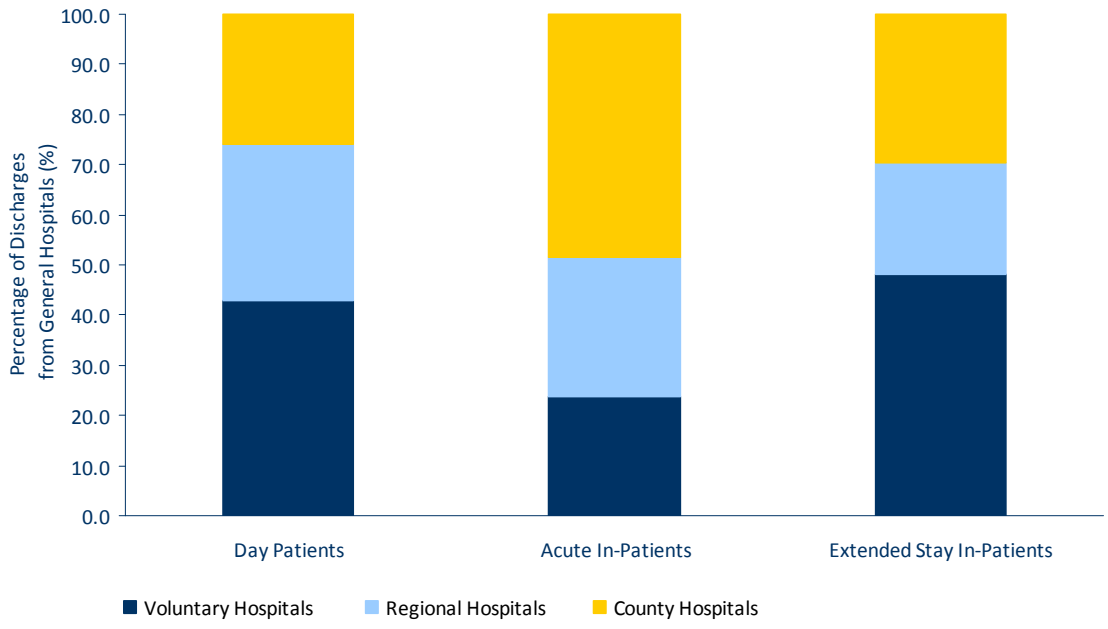
Source: Rates are based on population data from the ESRI (see Appendix III).

FIGURE 2.2
Total Discharges by Patient Type and Hospital Type



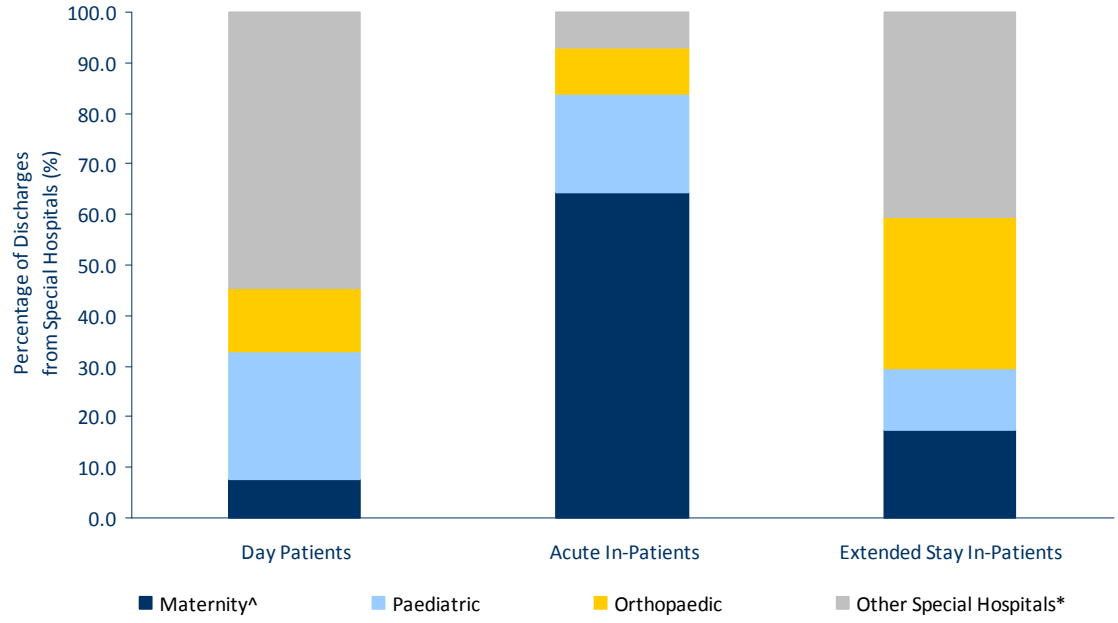
Notes: For Figure 2.2, percentages were calculated using discharges from general and special hospitals as the denominator. See Appendix I for a list of hospitals that participated in HIPE in 2008.

FIGURE 2.3
Percentage of Total Discharges from General Hospitals by Patient Type



Notes: For Figure 2.3, percentages were calculated using discharges from general hospitals as the denominator. See Appendix I for a list of hospitals that participated in HIPE in 2008.

FIGURE 2.4
Percentage of Total Discharges from Special Hospitals by Patient Type



Notes: For Figure 2.4, percentages were calculated using discharges from special hospitals as the denominator.
^ As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).
* Other special hospitals include 'cancer', 'eye, ear, nose and throat', 'long stay', and 'other care' hospitals. See Appendix I for a list of hospitals that participated in HIPE in 2008.

Bed days are disaggregated by patient and hospital type in Table 2.3. Discharges from general hospitals used 87.0 per cent of total bed days with discharges from special hospitals accounting for the remainder. The distribution of bed days within general and special hospitals by patient type was comparable to that for discharges (see Figure 2.5). The proportion of bed days accounted for by general hospitals was similar for acute and extended stay in-patients (86.5 per cent and 86.0 per cent respectively).

Within the group of general hospitals, discharges from regional hospitals accounted for 26.0 per cent of total discharges, but a lower proportion of total bed days (22.4 per cent). In contrast, the share of total bed days for voluntary and county hospitals was more than their respective shares of total discharges. Voluntary hospitals accounted for 30.5 per cent of total discharges and 32.7 per cent of total bed days, and county hospitals accounted for 30.6 per cent of total discharges and 31.9 per cent of total bed days. For total in-patients, the pattern remains the same for voluntary and regional hospitals, but for county hospitals the proportion of discharges is greater than the proportion of bed days.

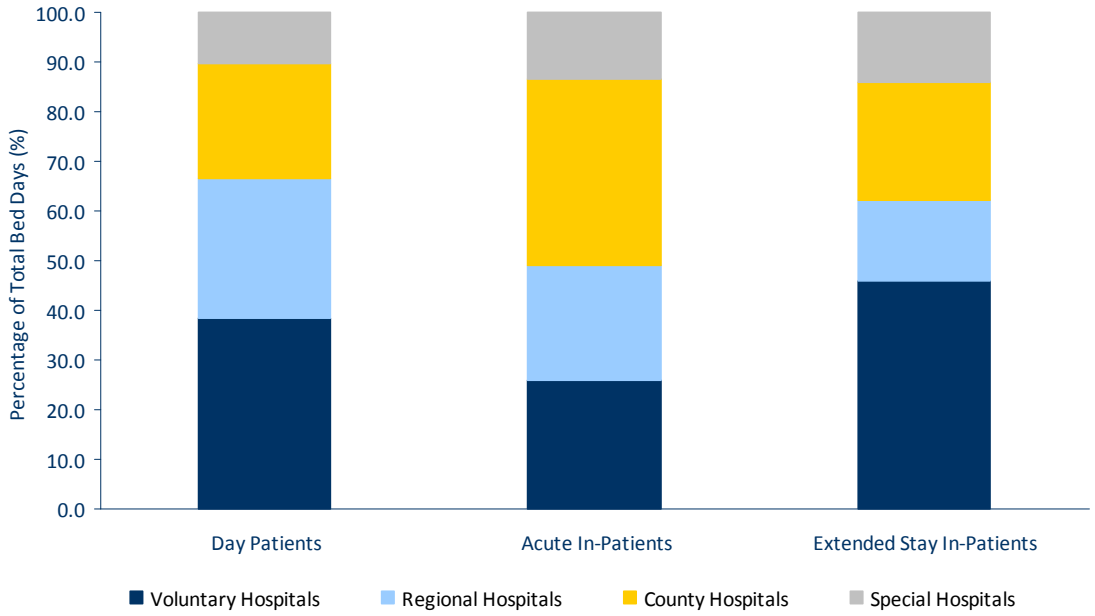
Of the special hospitals, maternity hospitals not only accounted for the highest number of total discharges but also the highest number of both acute in-patient and total bed days. Orthopaedic hospitals recorded the highest number of both extended stay in-patient discharges and extended stay in-patient bed days.

TABLE 2.3
Bed Days by Patient Type and Hospital Type

	Day Patient Bed Days		In-Patient Bed Days						Total Bed Days	
			Acute (0-30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
General Hospitals										
Voluntary	296,008	38.4	697,040	26.0	467,795	45.9	1,164,835	31.5	1,460,843	32.7
Regional	216,349	28.1	618,440	23.1	166,929	16.4	785,369	21.2	1,001,718	22.4
County	179,742	23.3	1,005,620	37.5	241,059	23.7	1,246,679	33.7	1,426,421	31.9
Total (General)	**692,099**	**89.7**	**2,321,100**	**86.5**	**875,783**	**86.0**	**3,196,883**	**86.4**	**3,888,982**	**87.0**
Special Hospitals										
Cancer	39,284	5.1	14,108	0.5	30,092	3.0	44,200	1.2	83,484	1.9
Eye, Ear, Nose and Throat	3,853	0.5	9,315	0.3	288	0.0	9,603	0.3	13,456	0.3
Long Stay	0	0.0	13,250	0.5	8,692	0.9	21,942	0.6	21,942	0.5
Maternity[a]	6,117	0.8	177,879	6.6	22,462	2.2	200,341	5.4	206,458	4.6
Orthopaedic	9,975	1.3	69,872	2.6	47,545	4.7	117,417	3.2	127,392	2.8
Paediatric	19,816	2.6	68,610	2.6	23,593	2.3	92,203	2.5	112,019	2.5
Other Care[b]	~	-	8,043	0.3	10,327	1.0	18,370	0.5	18,371	0.4
Total (Special)	**79,046**	**10.3**	**361,077**	**13.5**	**142,999**	**14.0**	**504,076**	**13.6**	**583,122**	**13.0**
Total (All Hospital Types)	**771,145**	**100**	**2,682,177**	**100**	**1,018,782**	**100**	**3,700,959**	**100**	**4,472,104**	**100**

Notes:
Percentage columns are subject to rounding.
[a] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).
[b] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.
~ denotes five or less discharges reported to HIPE.
See Appendix I for a list of hospitals that participated in HIPE in 2008.

FIGURE 2.5
Percentage of Total Bed Days by Patient Type and Hospital Type



Note: See Appendix I for a list of hospitals that participated in HIPE in 2008.

Average length of stay for in-patients and total discharges by hospital type is reported in Table 2.4. For total discharges, the average length of stay in general hospitals was the same as that in special hospitals (3.3 days). The average length of stay for both acute and total in-patients was shorter in special hospitals (3.8 days for acute in-patients and 5.2 days for total in-patients in special hospitals, and 4.8 days for acute in-patients and 6.4 days for total in-patients in general hospitals). The average length of stay for extended stay in-patients was 4.5 days longer in general hospitals compared to special hospitals (63.2 days for general hospitals and 58.7 days for special hospitals). As shown in Figure 2.6, voluntary hospital average length of stay for in-patient and total discharges, 9.6 days and 3.5 days respectively. were consistently longer compared to the other two types of general hospitals.

TABLE 2.4

Average Length of Stay (Days) by Patient Type and Hospital Type

	In-Patients			Total Discharges[a]
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
General Hospitals				
Voluntary	6.1	70.1	9.6	3.5
Regional	4.5	53.8	5.6	2.8
County	4.3	59.0	5.2	3.4
Total (General)	**4.8**	**63.2**	**6.4**	**3.3**
Special Hospitals				
Cancer	10.9	44.6	22.5	2.0
Eye, Ear, Nose and Throat	2.8	41.1	2.9	1.9
Long Stay	13.1	60.4	19.0	19.0
Maternity[b]	2.9	53.2	3.3	3.1
Orthopaedic	8.0	65.0	12.5	6.6
Paediatric	3.8	80.0	5.0	2.9
Other Care[c]	7.4	64.1	14.6	14.6
Total (Special)	**3.8**	**58.7**	**5.2**	**3.3**
Total (All Hospital Types)	**4.6**	**62.5**	**6.2**	**3.3**

Notes:

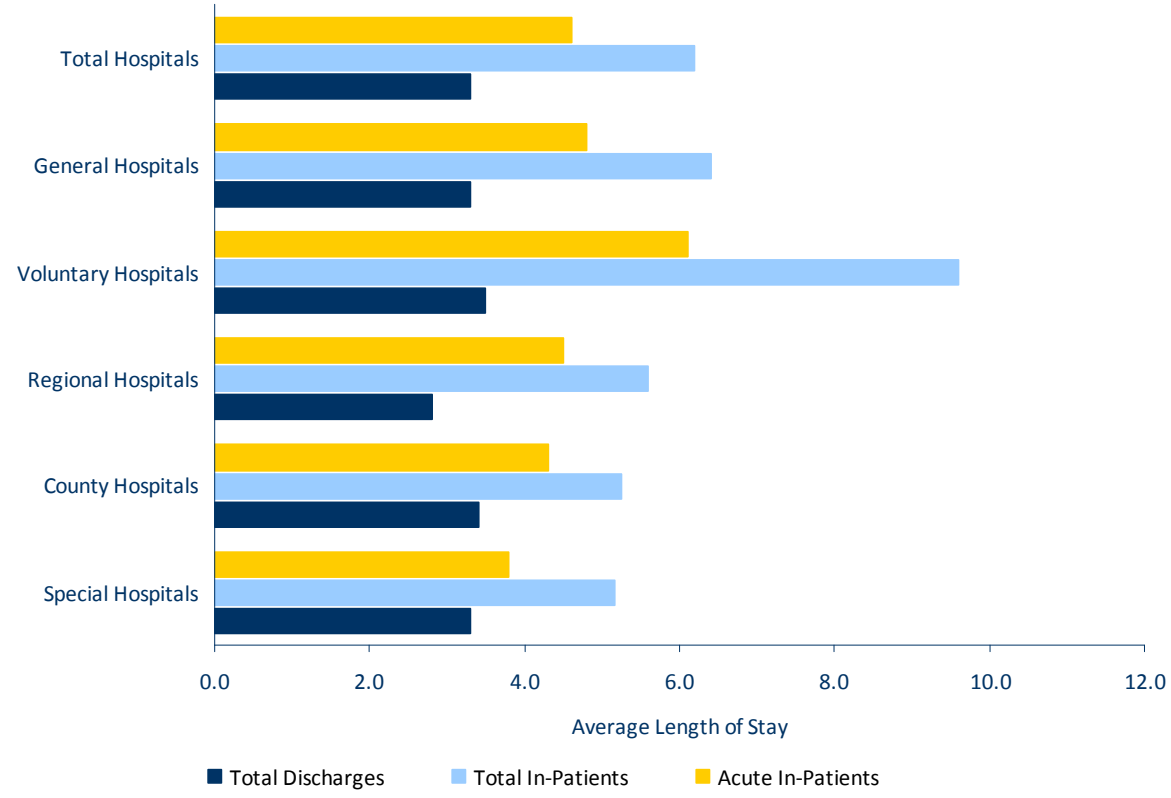
[a] Includes day and in-patients.

[b] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).

[c] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

See Appendix I for a list of hospitals that participated in HIPE in 2008.

FIGURE 2.6
Average Length of Stay (Days) by Patient Type and Hospital Type



Notes: Extended stay in-patients were not graphed due to their long average length of stay (see Table 2.4).
Total discharges include day and in-patients.
See Appendix I for a list of hospitals that participated in HIPE in 2008.

Beds in hospitals that participate in HIPE are presented in Table 2.5 by bed and hospital type. In 2008, there were 13,879 beds in hospitals that participated in HIPE. Of these, 1,697 beds were allocated for the treatment of day patients and the remaining beds were assigned to in-patients (see Figure 2.7). Overall, more than eight out of every ten hospital beds were located in general hospitals. This was also the case for day and in-patient beds. Just over one-third of all hospital beds were in county hospitals.

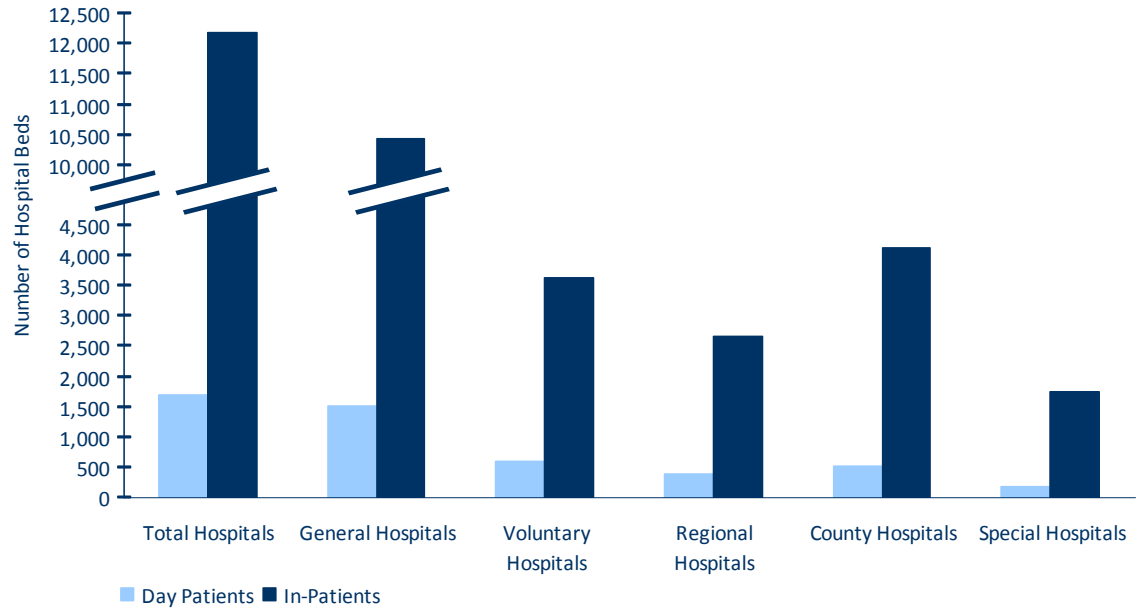
TABLE 2.5
Beds in HIPE Hospitals by Bed Type and Hospital Type

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
General Hospitals						
Voluntary	595	35.1	3,644	29.9	4,239	30.5
Regional	401	23.6	2,663	21.9	3,064	22.1
County	517	30.5	4,128	33.9	4,645	33.5
Total (General)	**1,513**	**89.2**	**10,435**	**85.7**	**11,948**	**86.1**
Special Hospitals						
Cancer	20	1.2	159	1.3	179	1.3
Eye, Ear, Nose and Throat	20	1.2	36	0.3	56	0.4
Long Stay[a]	0	0.0	82	0.7	82	0.6
Maternity[b]	51	3.0	607	5.0	658	4.7
Orthopaedic	33	1.9	488	4.0	521	3.8
Paediatric	60	3.5	308	2.5	368	2.7
Other Care[c]	0	0.0	67	0.5	67	0.5
Total (Special)	**184**	**10.8**	**1,747**	**14.3**	**1,931**	**13.9**
Total (All Hospital Types)	**1,697**	**100**	**12,182**	**100**	**13,879**	**100**

Notes:
HIPE hospitals refers to hospitals that participated in HIPE in 2008, for further details see Appendix I.
[a] Long Stay Beds which were not previously reported were obtained directly from the hospitals in 2008.
[b] As a result of the reconfiguration of maternity services in Cork in March 2007, previously reported Maternity Hospital beds are reported under Regional Hospital beds as they are recorded as part of Cork University Hospital by the HSE in 2008 (see Appendix I).
[c] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

Source: Performance Management Unit (PMU), National Hospitals Office, Health Service Executive (June 2009). The data reported here and provided by the PMU estimates the number of beds as the average number of beds per day that were in use through the year and is exclusive of bed closures. Psychiatric beds are included for all hospitals. Bed data for hospitals which were not part of the series collected by the PMU were obtained directly from the hospitals.

FIGURE 2.7
Beds in HIPE Hospitals by Bed Type and Hospital Type



Note: HIPE hospitals refers to hospitals that participated in HIPE in 2008, for further details see Appendix I.

Source: As for Table 2.5.

GEOGRAPHICAL DISTRIBUTION OF DISCHARGES BY HSE AREAS OF HOSPITALISATION AND RESIDENCE

HSE Area of Hospitalisation

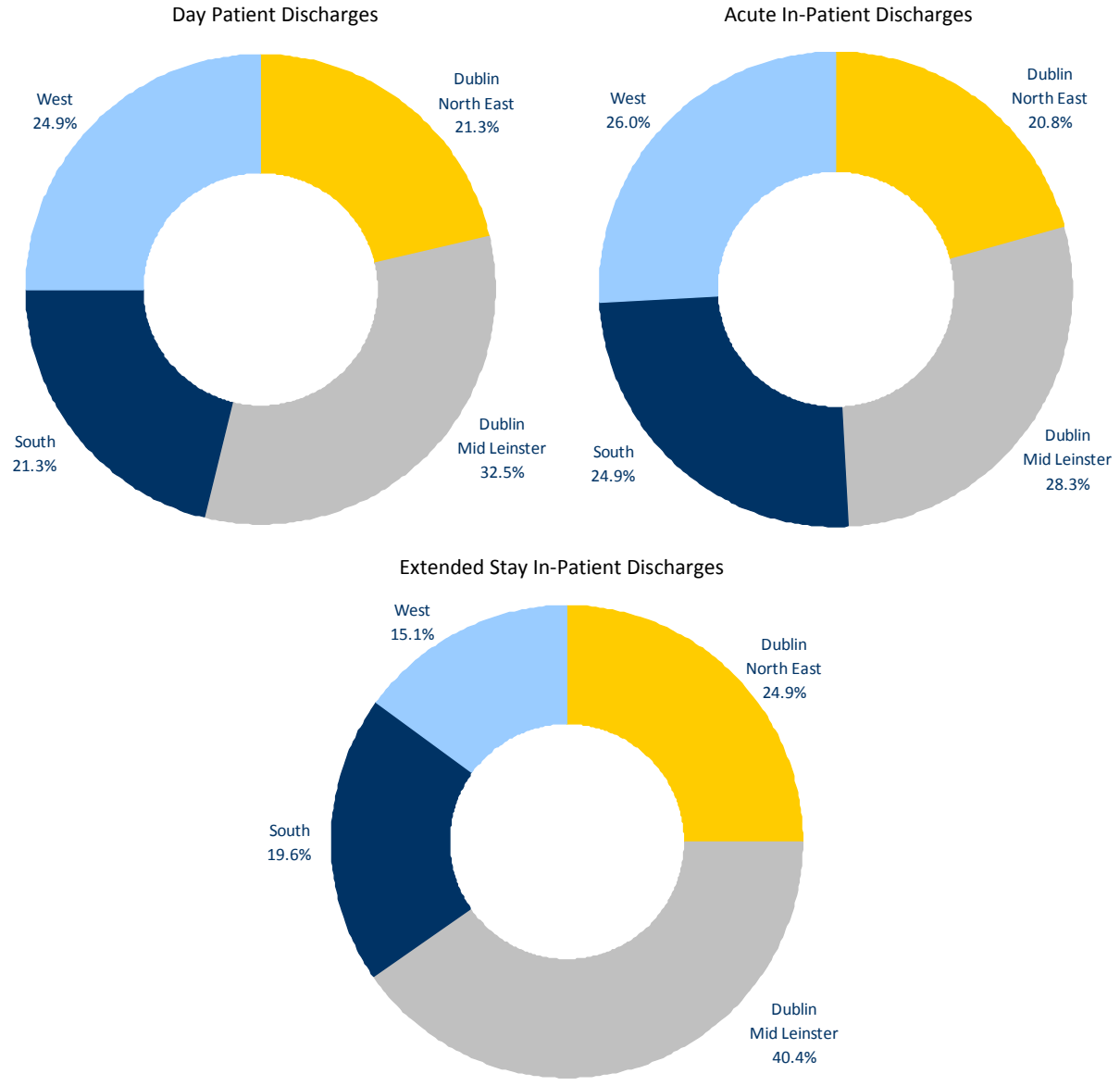
The distribution of discharges by the HSE area of hospitalisation is presented in Table 2.6. Of the total discharges reported to HIPE in 2008, 30.8 per cent were treated in HSE Dublin Mid Leinster. Irrespective of patient type, the HSE Dublin Mid Leinster area treated the highest number of discharges. In particular, 32.5 per cent of day patients were discharged from hospitals in the HSE Dublin Mid Leinster area, while 40.4 per cent of extended stay in-patients received treatment in this area (see Figure 2.8). The HSE South and HSE West areas both treated a higher proportion of acute in-patient discharges than extended stay in-patient discharges. The lowest proportion of total discharges were treated in HSE Dublin North East (21.1 per cent).

TABLE 2.6
Discharges by Patient Type and HSE Area of Hospitalisation

	Day Patients		In-Patients						Total Discharges	
			Acute (0-30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
HSE Dublin North East	163,890	21.3	120,895	20.8	4,055	24.9	124,950	20.9	288,840	21.1
HSE Dublin Mid Leinster	251,001	32.5	164,362	28.3	6,579	40.4	170,941	28.6	421,942	30.8
HSE South	164,430	21.3	144,965	24.9	3,201	19.6	148,166	24.8	312,596	22.8
HSE West	191,824	24.9	150,933	26.0	2,459	15.1	153,392	25.7	345,216	25.2
Total	**771,145**	**100**	**581,155**	**100**	**16,294**	**100**	**597,449**	**100**	**1,368,594**	**100**

Note: Percentage columns are subject to rounding.

FIGURE 2.8
Percentage of Total Discharges by Patient Type and HSE Area of Hospitalisation



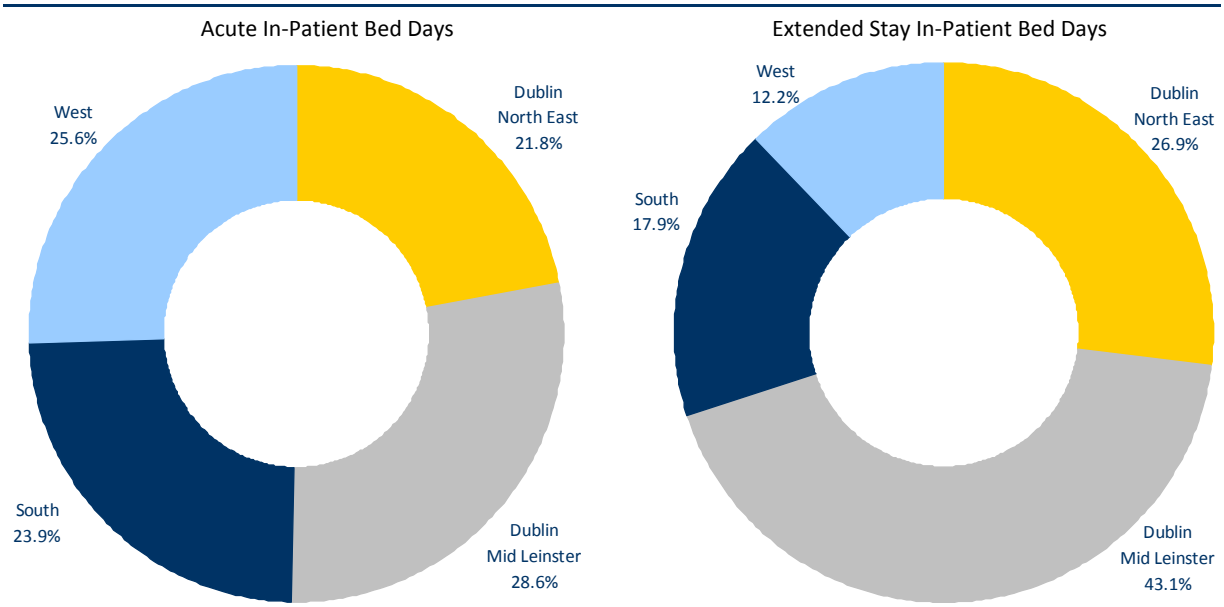
The distribution of bed days by HSE area of hospitalisation and patient type is reported in Table 2.7. In keeping with the trend reported for discharges in Table 2.6, the HSE Dublin Mid Leinster area recorded the highest number of total bed days, over 1.4 million, in 2008. The HSE South and HSE West areas accounted for 22.1 per cent and 22.4 per cent of total bed days respectively. Over 28 per cent of acute in-patient bed days and more than four in every ten extended stay in-patient bed days were reported for the HSE Dublin Mid Leinster area (see Figure 2.9). Bed days for acute in-patients reported for the HSE Dublin Mid Leinster area was 1.7 times that reported for extended stay in-patients in the area.

TABLE 2.7
Bed Days by Patient Type and HSE Area of Hospitalisation

	Day Patient Bed Days		In-Patient Bed Days						Total Bed Days	
			Acute (0-30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
HSE Dublin North East	163,890	21.3	585,975	21.8	273,730	26.9	859,705	23.2	1,023,595	22.9
HSE Dublin Mid Leinster	251,001	32.5	766,801	28.6	438,674	43.1	1,205,475	32.6	1,456,476	32.6
HSE South	164,430	21.3	641,909	23.9	181,900	17.9	823,809	22.3	988,239	22.1
HSE West	191,824	24.9	687,492	25.6	124,478	12.2	811,970	21.9	1,003,794	22.4
Total	**771,145**	**100**	**2,682,177**	**100**	**1,018,782**	**100**	**3,700,959**	**100**	**4,472,104**	**100**

Note: Percentage columns are subject to rounding.

FIGURE 2.9
Percentage of Total In-Patient Bed Days by Patient Type and HSE Area of Hospitalisation



As shown in Tables 2.6 and 2.7, the proportion of total bed days used by hospitals in the HSE Dublin North East area (22.9 per cent) was larger than the proportion of total discharges (21.1 per cent) treated in that area. Table 2.8 shows that the average length of stay recorded for total discharges from hospitals in the HSE Dublin North East and HSE Dublin Mid Leinster areas (3.5 days) was longer than that for hospitals across all HSE areas (3.3 days). The lowest average length of stay for total discharges was from hospitals in HSE West (2.9 days).

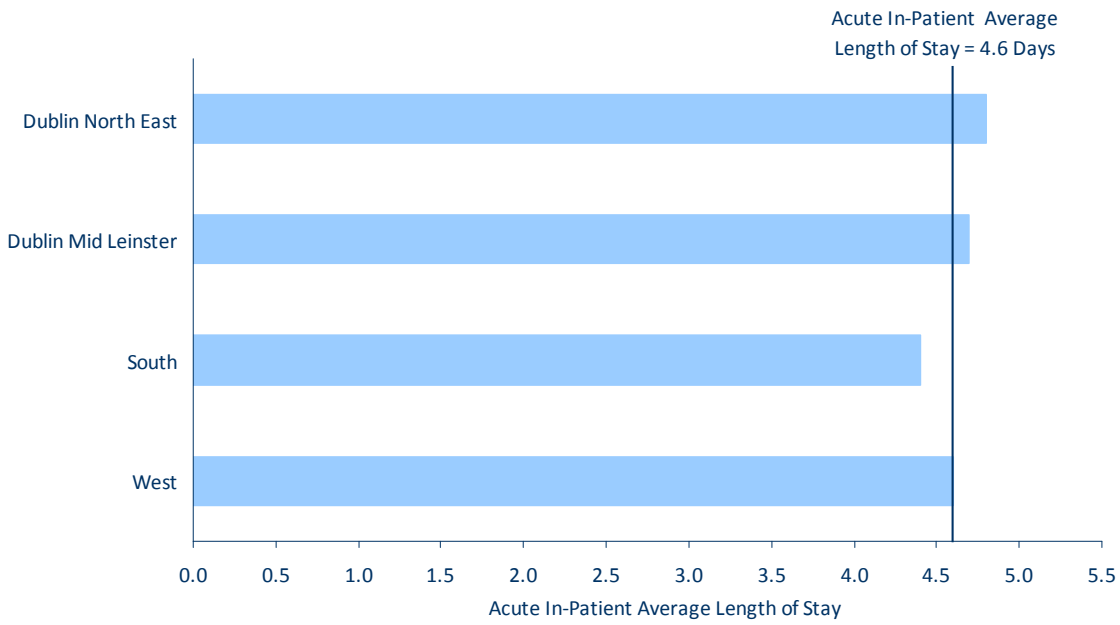
As shown in Figure 2.10, the average length of stay for acute in-patients was 4.6 days for discharges from all HIPE hospitals. The average length of stay was highest in hospitals in the HSE Dublin North East area at 4.8 days and lowest in HSE South at 4.4 days. For extended stay in-patients, regional variation in duration of hospitalisation was more apparent. In HSE Dublin North East the average length of stay for extended stay in-patients was 67.5 days, which was similar to that in HSE Dublin Mid Leinster (66.7 days). In the HSE South and HSE West areas the average length of stay for this group was 56.8 and 50.6 days respectively.

TABLE 2.8
Average Length of Stay (Days) by Patient Type and HSE Area of Hospitalisation

	In-Patients			Total Discharges[a]
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
HSE Dublin North East	4.8	67.5	6.9	3.5
HSE Dublin Mid Leinster	4.7	66.7	7.1	3.5
HSE South	4.4	56.8	5.6	3.2
HSE West	4.6	50.6	5.3	2.9
Total	**4.6**	**62.5**	**6.2**	**3.3**

Note: [a] Includes day and in-patients.

FIGURE 2.10
Acute In-Patient Average Length of Stay (Days) by HSE Area of Hospitalisation



HSE Area of Residence

While Table 2.6 shows the distribution of discharges by HSE area of hospitalisation, Table 2.9 focuses on discharges by HSE area of residence. Over 30 per cent of total discharges were treated in hospitals in the HSE Dublin Mid Leinster area but a smaller proportion of total discharges were resident in this area (27.6 per cent). Residents in the HSE Dublin Mid Leinster area accounted for the highest proportion of extended stay in-patients (34.2 per cent). Similar proportions of day patients, acute and extended stay in-patients and total discharges were resident in the HSE Dublin North East area as were hospitalised in this area.

The numbers of discharges have been adjusted for the size of the population in each of the HSE areas reported in Table 2.9 to produce discharge rates. There was notable variation in the discharge rates across the four areas (see Figures 2.11 to 2.15). For every 1,000 members of the population resident in HSE South area there were 291.5 total discharges in 2008, which was the lowest of all the health areas. In contrast, in the HSE West area there were 342.6 total discharges for every 1,000 members of the population, which equated to over 50 more discharges per 1,000 compared to the HSE South area (see Figure 2.15).

The HSE West area recorded the highest discharge rate for day patients, with 191.2 day patient discharges per 1,000 members of the population. This discharge rate was 22.0 per cent higher than that for the HSE South area, which recorded the lowest discharge rate for day patients (156.8 per 1,000).

Residents of the HSE West area were more likely to be discharged from hospital as acute in-patients than residents in the other HSE areas. The acute in-patient discharge rate for HSE West was 148.5 per 1,000 compared to the overall acute in-patient discharge rate of 130.6 per 1,000 across all HSE areas. The highest number of total in-patient discharges per 1,000

members of the population was also recorded by HSE West (151.4 per 1,000). The discharge rate for extended stay in-patient discharges was highest in the HSE Dublin Mid Leinster area (4.4 per 1,000).

Across all HSE areas the discharge rate for day patients was higher than that for total in-patients, indicating that residents were more likely to be discharged from hospital as day patients.

TABLE 2.9

Discharges and Discharge Rates (Per 1,000 Population) by Patient Type and HSE Area of Residence[a]

	Day Patients			In-Patients									Total Discharges		
				Acute (0-30 days)			Extended (>30 days)			Total In-Patients					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
HSE Dublin North East	173,593	22.5	177.9	121,289	21.0	124.3	4,012	24.7	4.1	125,301	21.1	128.4	298,894	21.9	306.4
HSE Dublin Mid Leinster	218,401	28.4	171.9	152,038	26.3	119.7	5,552	34.2	4.4	157,590	26.5	124.0	375,991	27.6	296.0
HSE South	176,741	22.9	156.8	148,228	25.6	131.5	3,645	22.4	3.2	151,873	25.6	134.7	328,614	24.1	291.5
HSE West	201,602	26.2	191.2	156,514	27.1	148.5	3,033	18.7	2.9	159,547	26.8	151.4	361,149	26.5	342.6
Total	**770,337**	**100**	**174.0**	**578,069**	**100**	**130.6**	**16,242**	**100**	**3.7**	**594,311**	**100**	**134.2**	**1,364,648**	**100**	**308.2**[b]

Notes:

[a] Percentage columns are subject to rounding.
Caution should be exercised in interpreting the information, particularly the rates, as it pertains only to the population resident in each HSE area and does not, therefore, take into account flows of discharges across areas.

[b] A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode), which accounts for the minor differences in the discharge rates and number of total discharges compared with Table 2.1.

Source: Rates are based on population data from the ESRI (see Appendix III).

FIGURE 2.11
Discharge Rate (Per 1,000 Population) for Day Patients by HSE Area of Residence

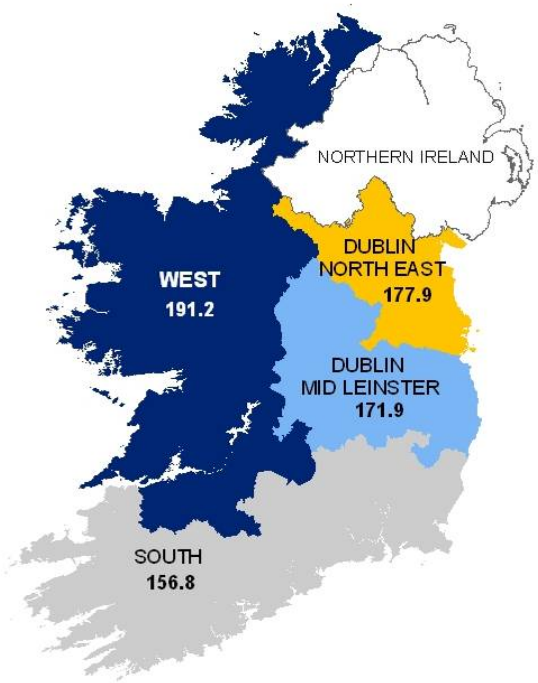


FIGURE 2.12
Discharge Rate (Per 1,000 Population) for Acute In-Patients by HSE Area of Residence

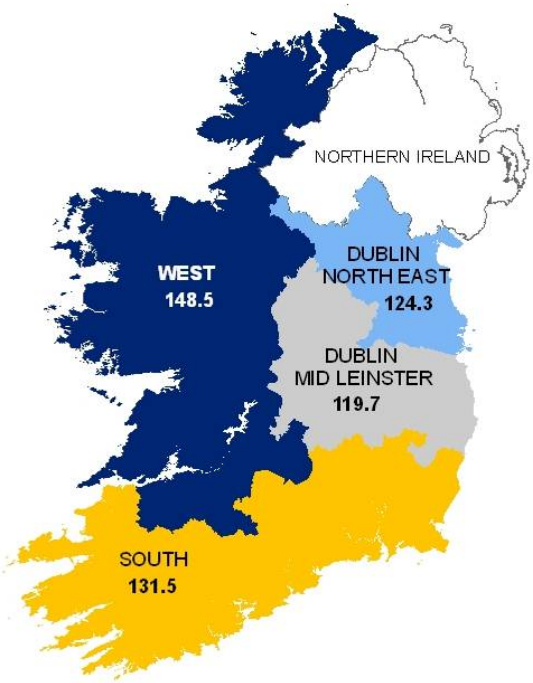


FIGURE 2.13
Discharge Rate (Per 1,000 Population) for Extended Stay In-Patients by HSE Area of Residence

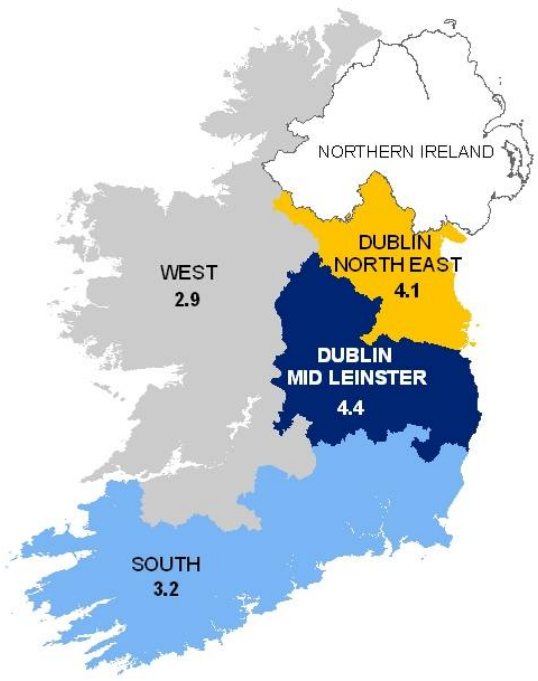


FIGURE 2.14
Discharge Rate (Per 1,000 Population) for Total In-Patients by HSE Area of Residence

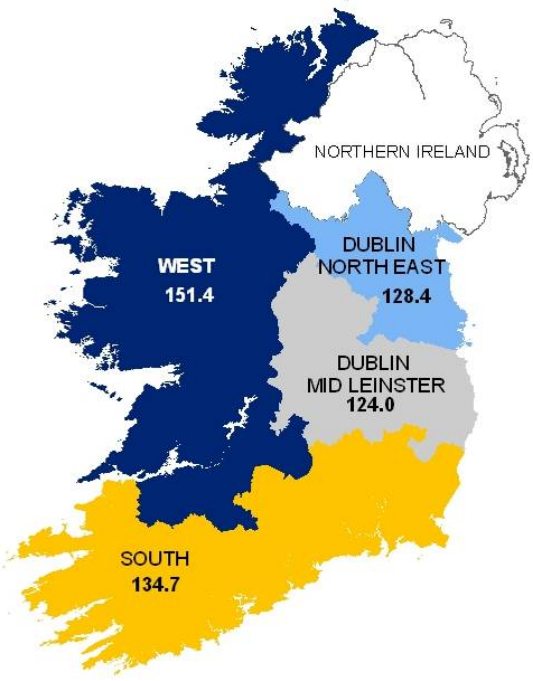
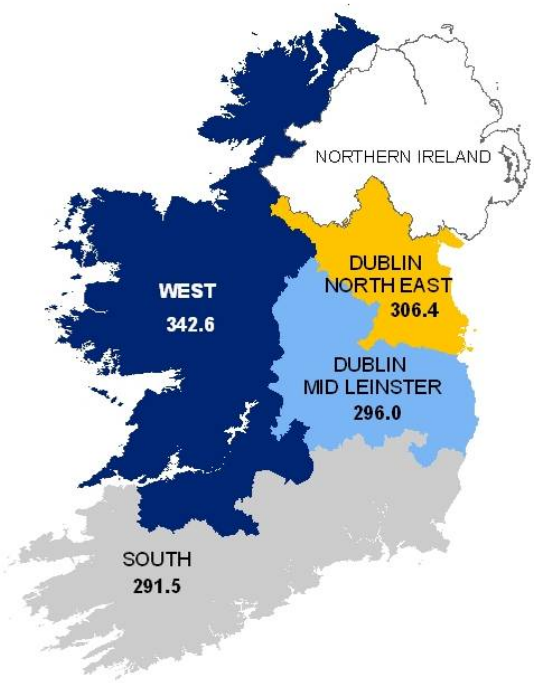


FIGURE 2.15
Discharge Rate (Per 1,000 Population) for Total Discharges by HSE Area of Residence



DISTRIBUTION OF BEDS IN HIPE HOSPITALS

The distribution of beds in HIPE hospitals by HSE area is presented in Table 2.10 and demonstrated in Figure 2.16. Approximately 31 per cent of total hospital beds were concentrated in the HSE Dublin Mid Leinster area. This area also had a higher proportion of day patient and in-patient beds than the other areas. Over three out of every ten in-patient beds were located in hospitals within this area, which was higher than the proportion of total in-patients, 28.6 per cent, hospitalised there, (see Table 2.6). In contrast, 25.7 per cent of total in-patient discharges were hospitalised in HSE West (see Table 2.6), and 22.6 per cent of total in-patient beds were located in this area.

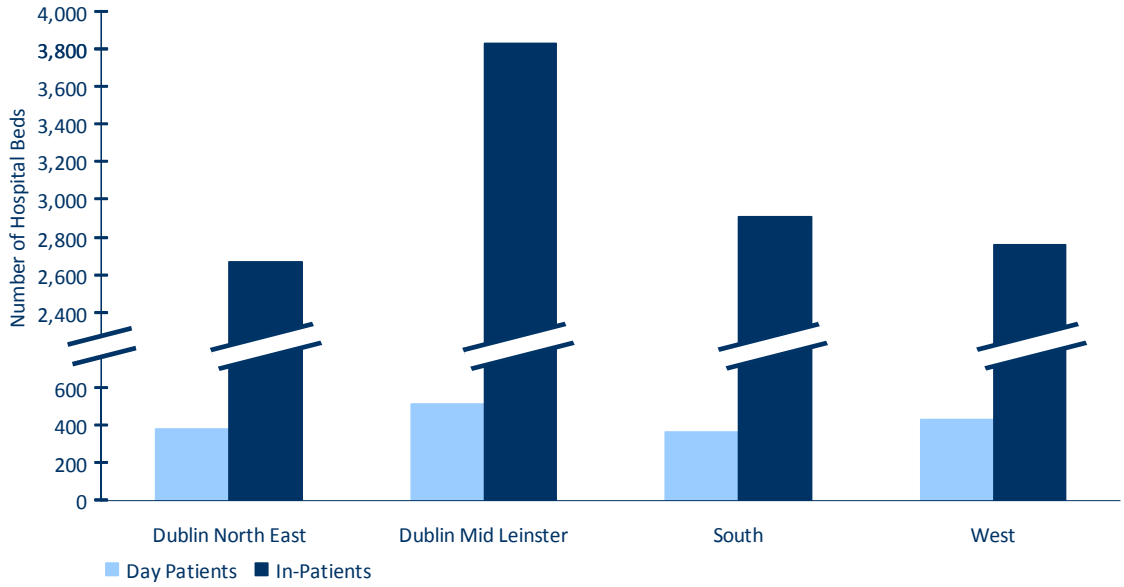
TABLE 2.10
Beds in HIPE Hospitals by Bed Type and HSE Area

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
HSE Dublin North East	383	22.6	2,670	21.9	3,053	22.0
HSE Dublin Mid Leinster	516	30.4	3,838	31.5	4,354	31.4
HSE South	366	21.6	2,915	23.9	3,281	23.6
HSE West	432	25.5	2,759	22.6	3,191	23.0
Total	**1,697**	**100**	**12,182**	**100**	**13,879**	**100**

Note: HIPE hospitals refers to hospitals that participated in HIPE in 2008, for further details see Appendix I.

Source: As for Table 2.5.

FIGURE 2.16
Beds in HIPE Hospitals by Bed Type and HSE Area of Hospitalisation



Note: HIPE hospitals refers to hospitals that participated in HIPE in 2008, for further details see Appendix I.

Source: As for Table 2.5.

The number of hospital beds has been adjusted for population size in each HSE area in Table 2.11 and Figure 2.17. On average, there were 3.1 beds per 1,000 population across all HSE areas. This ratio varied from 2.9 beds per 1,000 in HSE South to 3.4 beds per 1,000 in the HSE Dublin Mid Leinster area.

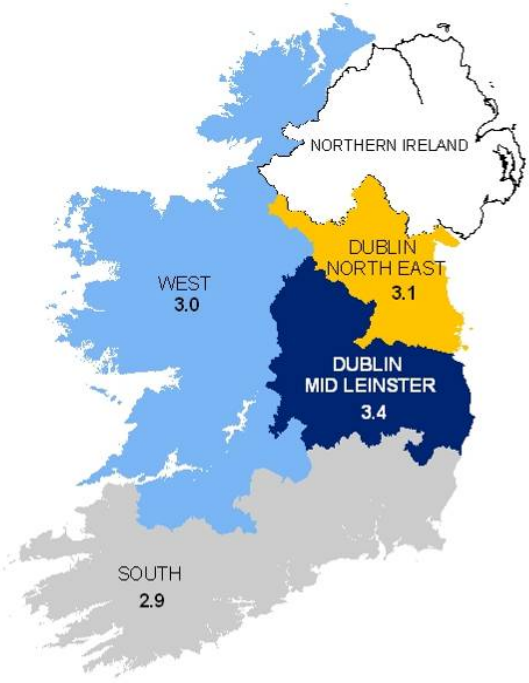
TABLE 2.11
Beds in HIPE Hospitals (Per 1,000 Population) by HSE Area[a]

	Hospital Beds (Per 1,000 Population)[b]
HSE Dublin North East	3.1
HSE Dublin Mid Leinster	3.4
HSE South	2.9
HSE West	3.0
Total	**3.1**

Notes: [a] Caution should be exercised in interpreting the rates, as they pertain to the population resident in each HSE area, and do not therefore take into account flows of discharges across areas.
[b] Hospital beds include day and in-patient beds.
HIPE hospitals refers to hospitals that participated in HIPE in 2008, for further details see Appendix I.

Source: As for Table 2.5.
Rates are based on population data from the ESRI (see Appendix III).

FIGURE 2.17
Beds in HIPE Hospitals (Per 1,000 Population) by HSE Area[a]



Note: [a] Includes day and in-patient beds in HIPE hospitals.

Source: As for Table 2.5.
Rates are based on population data from the ESRI (see Appendix III).

TEMPORAL VARIATION IN HOSPITAL ADMISSION AND DISCHARGE ACTIVITY

Monthly Pattern of Hospital Admissions

Table 2.12 shows the month of admission for patients that were admitted and discharged during 2008. The volume of total hospital admissions exceeded 100,000 in every month. Admissions in April (120,146) were 19.7 per cent higher than those reported in December when the lowest number of admissions was recorded. Day patient activity peaked in July while total in-patient activity peaked in January and was lowest in December (see Figure 2.18).

In-patients have been further divided by the type of admission, either planned or emergency. A planned admission refers to one that has been arranged in advance, and an emergency admission is unforeseen and requires urgent care.[1] Of the 588,894 in-patients admitted and discharged during 2008, 406,649 (69.1 per cent) were classified as emergencies. Planned in-patient admissions peaked in April (16,329) and emergency in-patient admissions reached a maximum in January (35,791). As shown in Figure 2.19, the lowest numbers of both planned and emergency admissions were recorded in December.

TABLE 2.12
Discharges by Patient Type and Month of Admission

	Day Patients		In-Patients						Total Discharges	
			Planned		Emergency		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
January	64,746	8.4	16,240	8.9	35,791	8.8	52,031	8.8	116,777	8.6
February	64,622	8.4	15,111	8.3	32,728	8.0	47,839	8.1	112,461	8.3
March	59,384	7.7	15,033	8.2	34,944	8.6	49,977	8.5	109,361	8.0
April	68,416	8.9	16,329	9.0	35,401	8.7	51,730	8.8	120,146	8.8
May	65,743	8.5	15,631	8.6	35,072	8.6	50,703	8.6	116,446	8.6
June	63,137	8.2	15,877	8.7	33,315	8.2	49,192	8.4	112,329	8.3
July	68,663	8.9	16,041	8.8	34,722	8.5	50,763	8.6	119,426	8.8
August	59,842	7.8	14,104	7.7	33,244	8.2	47,348	8.0	107,190	7.9
September	66,079	8.6	15,985	8.8	33,828	8.3	49,813	8.5	115,892	8.5
October	68,087	8.8	15,455	8.5	34,111	8.4	49,566	8.4	117,653	8.7
November	63,964	8.3	14,821	8.1	33,168	8.2	47,989	8.1	111,953	8.2
December	58,462	7.6	11,618	6.4	30,325	7.5	41,943	7.1	100,405	7.4
Total	**771,145**	**100**	**182,245**	**100**	**406,649**	**100**	**588,894**	**100**	**1,360,039**	**100**

Notes: Percentage columns are subject to rounding.
Includes admissions and discharges that took place in 2008. Does not include 8,160 in-patient discharges who were admitted prior to 2008, but discharged during 2008.

[1] Emergency in-patient admissions include patients who visited the Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Emergency Department. 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.

FIGURE 2.18
Discharges by Patient Type and Month of Admission

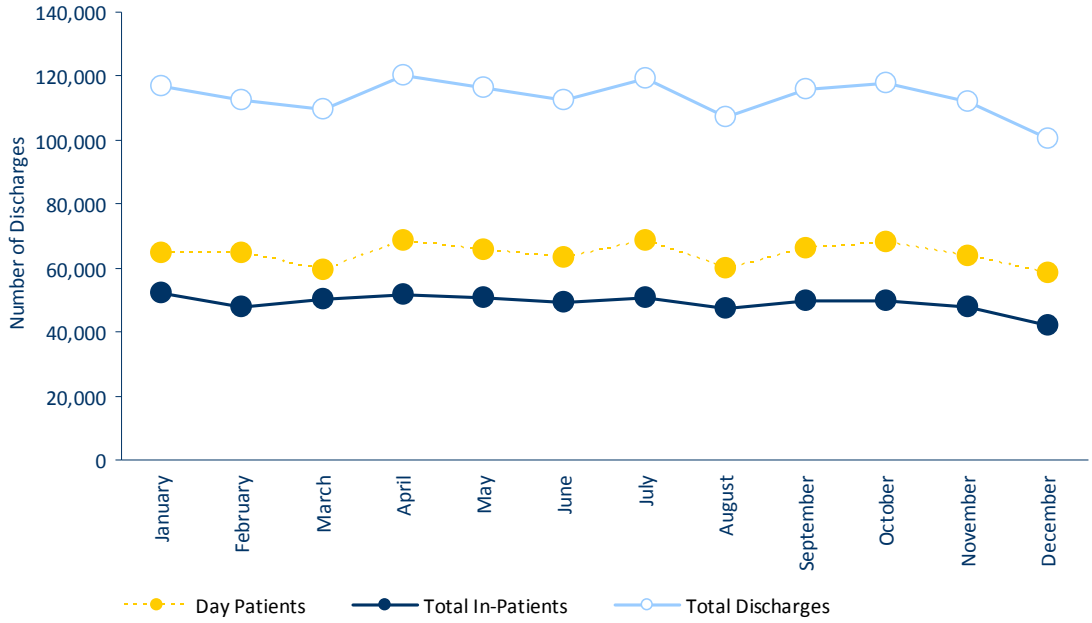
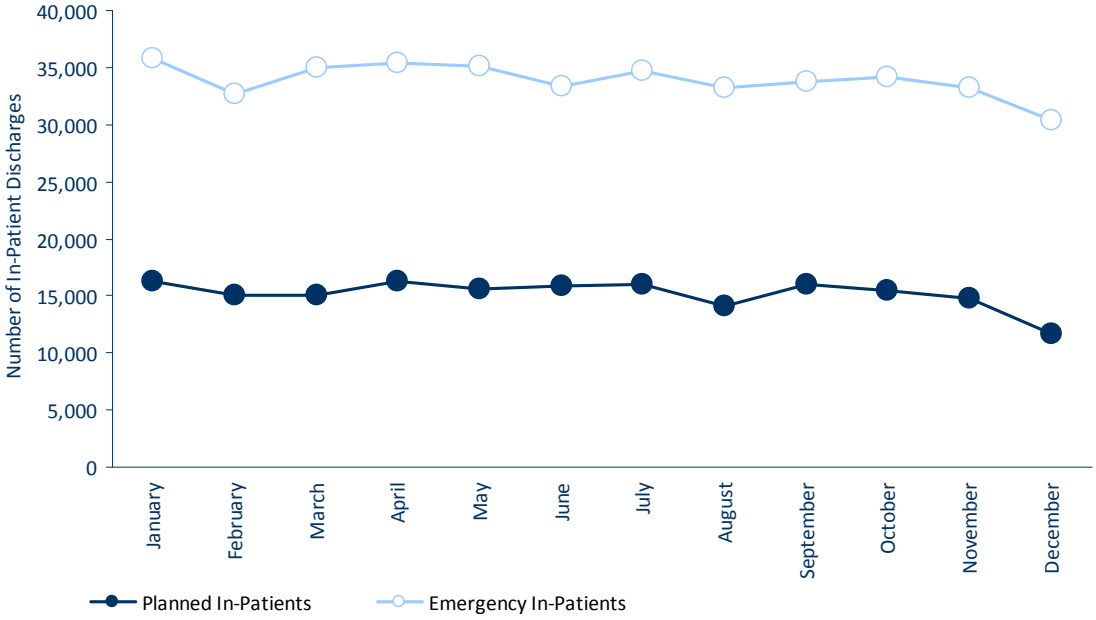


FIGURE 2.19
Total In-Patient Discharges by Admission Type and Month of Admission



Daily Pattern of Hospital Admissions and Discharges

The daily patterns of admission and discharge activity are presented in Tables 2.13 and 2.14. As shown in Table 2.13, admissions were highest at the beginning of the week (Monday to Wednesday) and declined towards the latter part of the week and the weekend. Similarly, day and in-patient admissions were more likely to occur during weekdays compared to the weekends. The volume of in-patient admissions was highest on Monday and the volume of day patients was highest on Wednesday.

The largest number of planned in-patients was admitted on Monday, while the proportion of admissions for planned activity declined for the remainder of the week until Saturday when just over 5 per cent of planned in-patients were admitted. In contrast, emergency in-patient admissions were more evenly distributed throughout the week and peaked on Tuesdays (16.1 per cent), although this activity also declined at the weekends, albeit to a lesser extent.

TABLE 2.13
Discharges by Patient Type and Day of Admission

	Day Patients		In-Patients						Total Discharges	
			Planned		Emergency		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
Monday	141,798	18.4	38,832	21.1	66,013	16.0	104,845	17.5	246,643	18.0
Tuesday	153,961	20.0	33,172	18.1	66,592	16.1	99,764	16.7	253,725	18.5
Wednesday	158,563	20.6	33,336	18.1	64,582	15.6	97,918	16.4	256,481	18.7
Thursday	145,464	18.9	29,727	16.2	62,129	15.0	91,856	15.4	237,320	17.3
Friday	137,130	17.8	18,612	10.1	63,201	15.3	81,813	13.7	218,943	16.0
Saturday	22,859	3.0	9,652	5.3	46,934	11.3	56,586	9.5	79,445	5.8
Sunday	11,370	1.5	20,400	11.1	44,267	10.7	64,667	10.8	76,037	5.6
Total	**771,145**	**100**	**183,731**	**100**	**413,718**	**100**	**597,449**	**100**	**1,368,594**	**100**

Note: Percentage columns are subject to rounding.

Table 2.14 shows that the proportion of total discharges from hospital fluctuated throughout the week peaking on Wednesday. Only 10.1 per cent of total discharges left the hospital on Saturday or Sunday. Approximately one-fifth of both planned and emergency in-patients were discharged on Friday. Figures 2.20 to 2.22 show the patterns of admission and discharge activity for total, planned and emergency in-patients throughout the week and at the weekend.

TABLE 2.14
Discharges by Patient Type and Day of Discharge

	Day Patients		In-Patients						Total Discharges	
			Planned		Emergency		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
Monday	141,798	18.4	21,957	12.0	62,298	15.1	84,255	14.1	226,053	16.5
Tuesday	153,961	20.0	27,604	15.0	66,187	16.0	93,791	15.7	247,752	18.1
Wednesday	158,563	20.6	30,067	16.4	70,366	17.0	100,433	16.8	258,996	18.9
Thursday	145,464	18.9	29,393	16.0	64,703	15.6	94,096	15.7	239,560	17.5
Friday	137,130	17.8	37,662	20.5	83,442	20.2	121,104	20.3	258,234	18.9
Saturday	22,859	3.0	21,202	11.5	36,547	8.8	57,749	9.7	80,608	5.9
Sunday	11,370	1.5	15,846	8.6	30,175	7.3	46,021	7.7	57,391	4.2
Total	**771,145**	**100**	**183,731**	**100**	**413,718**	**100**	**597,449**	**100**	**1,368,594**	**100**

Note: Percentage columns are subject to rounding.

FIGURE 2.20
Percentage of Total In-Patient Discharges by Day of Admission and Discharge

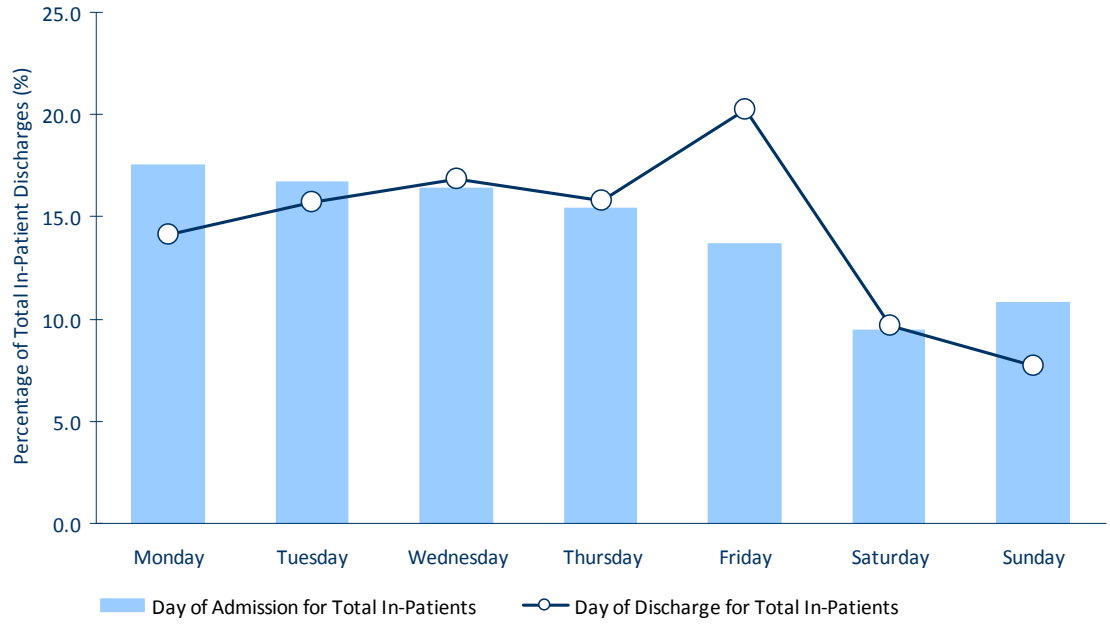


FIGURE 2.21
Percentage of Planned In-Patient Discharges by Day of Admission and Discharge

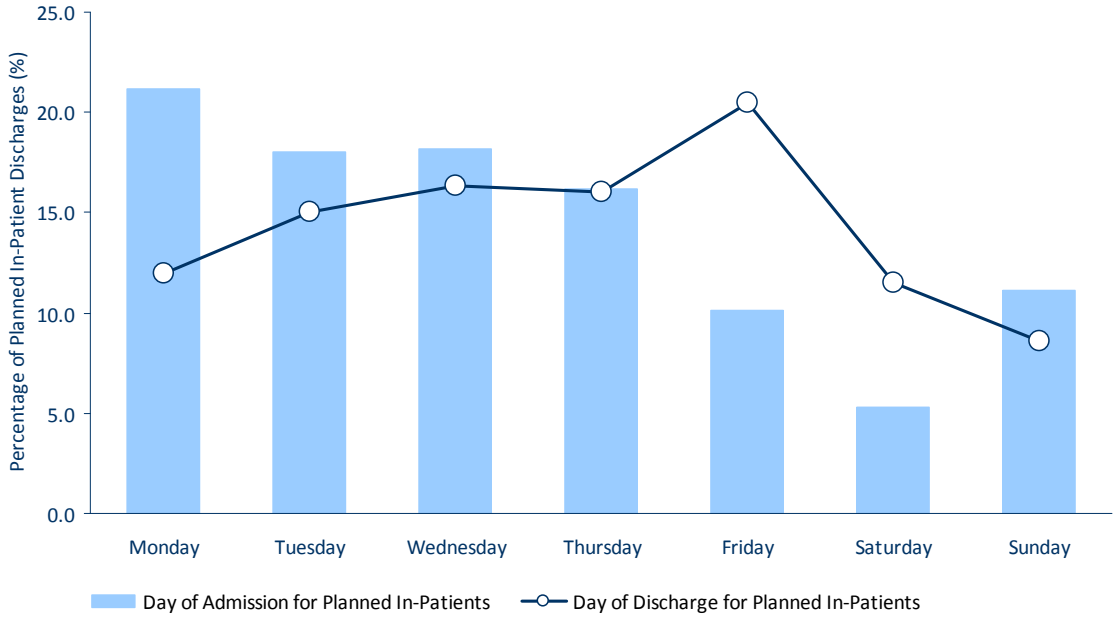
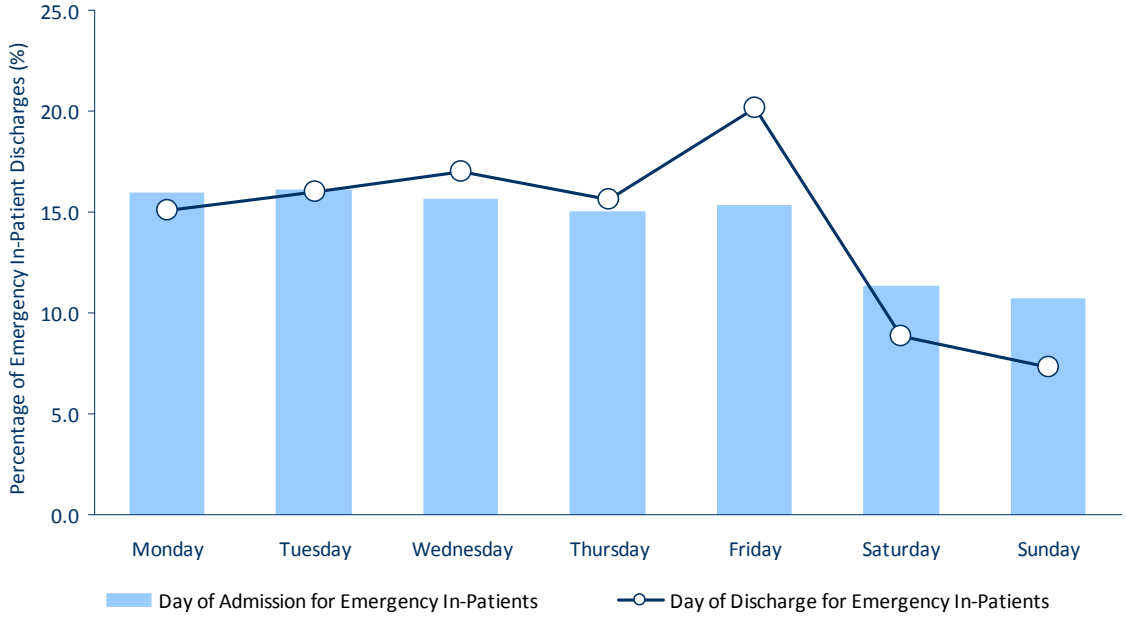


FIGURE 2.22
Percentage of Emergency In-Patient Discharges by Day of Admission and Discharge



SECTION

THREE

Demographic Analysis of Hospital Discharge Activity in 2008

SUMMARY

Discharges by Sex

- More than half of total discharges (53.9 per cent) in 2008 were female.
- Day patients as a proportion of total discharges was higher for males than for females and acute in-patients as a proportion of total discharges was higher for females than males.
- The discharge rate for total female discharges was 334.4 per 1,000, which was 17.7 per cent greater than that for males (284.0 per 1,000).
- For every 1,000 members of the female population there were 1,083.9 days spent in acute public hospitals – 15.7 per cent more than that for males (936.7 days per 1,000).

Discharges by Marital Status

- Together, single and married discharges accounted for 83.9 per cent of total discharges and 76.8 per cent of total bed days.
- Widowed discharges accounted for 9.1 per cent of total discharges but a greater proportion of total bed days (16.5 per cent). Consequently, the average length of stay for widowed discharges was 5.9 days, which was more than two and a half days longer than that for total discharges (3.3 days).

Discharges by Age

- Although the number of discharges was highest for the 55 to 64 year age group, the 75 to 84 year age group had the highest discharge rate (984.2 per 1,000).
- Over 21 per cent of in-patient bed days and almost 20 per cent of total bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.2 per cent of total in-patient discharges and 11.8 per cent of total discharges.
- The total in-patient average length of stay generally increased with age, peaking at 13.4 days for discharges aged 85 years and over.

Discharges by GMS Status

- Acute in-patient discharges with a medical card stayed an average of 5.8 days in hospital, which was 2.2 days longer than non-GMS discharges.
- Discharges with a medical card accounted for 68.1 per cent of extended stay in-patient discharges.
- The HSE Dublin Mid Leinster area is the only HSE area in which non-GMS discharges accounted for over half of total discharges (57.9 per cent).

Discharges by Public/Private Status

- Public discharges accounted for 78.8 per cent of total discharges in 2008 and the remainder were private.
- Compared to general hospitals, special hospitals discharged a higher proportion of private patients, regardless of patient type.
- The total in-patient average length of stay for public discharges was 6.4 days, which was almost one day longer than that for private discharges (5.6 days).
- The HSE South area recorded the highest proportion of private discharges with 26.2 per cent of the total discharges hospitalised here. This contrasts with 19.1 per cent of discharges in the HSE Dublin Mid Leinster area who were treated on a private basis.

Inter-Regional Flow of Discharges

- For the majority of discharges, HSE area of residence was the same as the HSE area of hospitalisation.
- Inter-regional flow was most evident between the HSE Dublin North East and HSE Dublin Mid Leinster areas.

INTRODUCTION

While the focus in Section Two was to analyse discharge activity by patient type and hospital characteristics, Section Three examines this activity according to patient characteristics such as sex, marital status, age, General Medical Service (GMS) status and public/private status.

SEX

More than half of total discharges in 2008 were female (see Table 3.1).[1,2] The proportion of total discharges treated as day patients was higher for males than for females while the proportion of acute in-patients was higher for females than for males. The same proportion of males and females were treated as extended stay in-patients. In addition, the sex-specific discharge rates also indicate that males were more likely to be discharged from hospital as day patients than females, and females were more likely to be discharged from hospital as acute in-patients. The discharge rate for total female discharges was 334.4 per 1,000, which was over 17.7 per cent greater than males (284.0 per 1,000).

Female discharges accounted for 53.5 per cent of total bed days. The highest proportion of total bed days was used by acute female in-patients (33.6 per cent). Both male and female extended stay in-patients used similar proportions of total bed days. In addition to a higher discharge rate, female discharges also recorded a higher bed day rate. For every 1,000 members of the female population, there were 1,083.9 days spent in hospital, which was 15.7 per cent higher than that for males (936.7 days per 1,000 members of the male population).

Total female in-patient discharges spent, on average, 5.7 days in hospital, while total male in-patient discharges stayed in hospital, on average, for one week (7.0 days). Acute female in-patients also had a shorter average length of stay than their male counterparts (4.3 days for females and 5.0 days for males). Average length of stay for extended stay in-patients was almost a half day longer for females than it was for males (62.7 days for females and 62.3 days for males).

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1 According to the population data from the ESRI, the split between men and women was approximately 50:50 in 2008. (see Appendix III).

2 It is likely that obstetrics discharges for females account for much of the difference.

TABLE 3.1

Discharges, Bed Days, Sex-Specific Discharge Rates (Per 1,000 Population) and Average Length of Stay (Days) by Patient Type and Sex

	Total Discharges			Total Bed Days			Average Length of Stay
	N	%	Rate	N	%	Rate	
Males and Females							
Day Patients	**771,145**	**56.3**	**174.2**	**771,145**	**17.2**	**174.2**	**-**
In-Patients							
Acute (0-30 days)	581,155	42.5	131.3	2,682,177	60.0	605.8	4.6
Extended (>30 days)	16,294	1.2	3.7	1,018,782	22.8	230.1	62.5
Total In-Patients	**597,449**	**43.7**	**134.9**	**3,700,959**	**82.8**	**835.9**	**6.2**
Total (Males and Females)	**1,368,594**	**100**	**309.1**	**4,472,104**	**100**	**1,010.1**	**3.3**[a]
Males							
Day Patients	**388,556**	**28.4**	**174.9**	**388,556**	**8.7**	**174.9**	**-**
In-Patients							
Acute (0-30 days)	234,205	17.1	105.4	1,181,752	26.4	532.0	5.0
Extended (>30 days)	8,189	0.6	3.7	510,567	11.4	229.8	62.3
Total In-Patients	**242,394**	**17.7**	**109.1**	**1,692,319**	**37.8**	**761.8**	**7.0**
Total (Males)	**630,950**	**46.1**	**284.0**	**2,080,875**	**46.5**	**936.7**	**3.3**[a]
Females							
Day Patients	**382,589**	**28.0**	**173.4**	**382,589**	**8.6**	**173.4**	**-**
In-Patients							
Acute (0-30 days)	346,950	25.4	157.3	1,500,425	33.6	680.1	4.3
Extended (>30 days)	8,105	0.6	3.7	508,215	11.4	230.4	62.7
Total In-Patients	**355,055**	**25.9**	**160.9**	**2,008,640**	**44.9**	**910.5**	**5.7**
Total (Females)	**737,644**	**53.9**	**334.4**	**2,391,229**	**53.5**	**1,083.9**	**3.2**[a]

Notes: [a] Includes day and in-patients.
Percentage columns are subject to rounding.

Source: Rates are based on population data from the ESRI (see Appendix III).

MARITAL STATUS

The marital status of discharges from acute public hospitals is reported in Table 3.2. The highest volume of discharge activity involved married patients. Together, married and single discharges accounted for 83.9 per cent of total discharges and a smaller proportion of total bed days (76.8 per cent). Married discharges had an average length of stay of 2.9 days and single discharges had an average length of stay of 3.1 days, both of which were shorter than that for total discharges (3.3 days). Widowed discharges accounted for 9.1 per cent of total discharges, but a greater proportion of total bed days (16.5 per cent). The average length of stay for widowed discharges was 5.9 days, which was just over two and one half days longer than the average for total discharges (see Figure 3.1).[3]

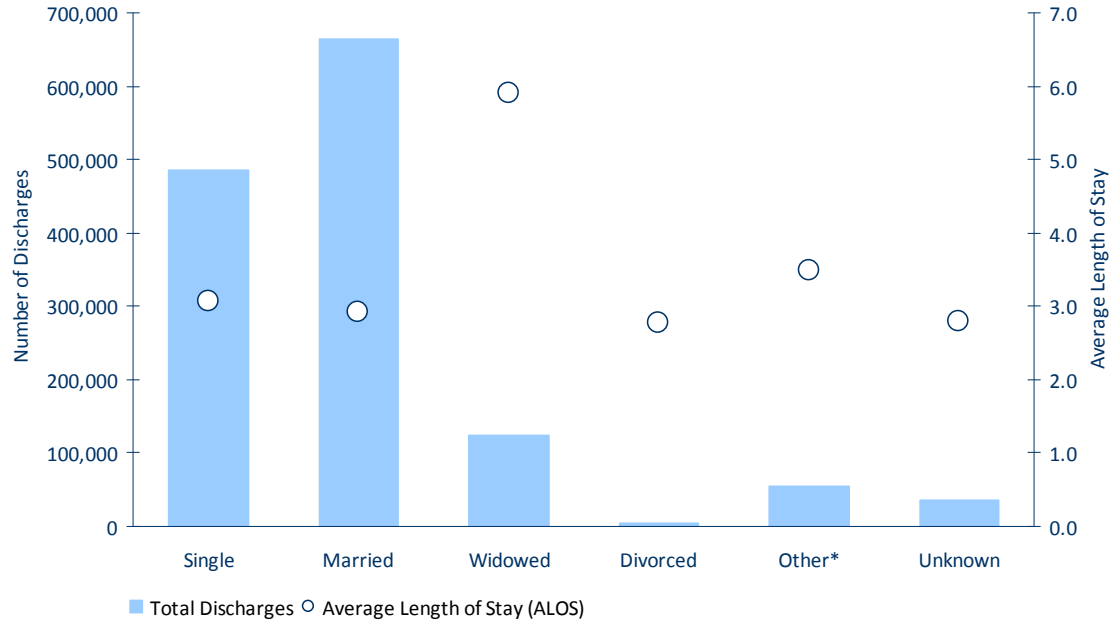
[3] It should be noted that 76.7 per cent of those discharges with a marital status of 'widowed' were 70 years and over and, as such, age may be a confounding factor.

TABLE 3.2
Discharges, Bed Days and Average Length of Stay (Days) by Marital Status

	Total Discharges		Total Bed Days[a]		Average Length of Stay[b]
	N	%	N	%	
Single	485,019	35.4	1,487,304	33.3	3.1
Married	664,326	48.5	1,945,804	43.5	2.9
Widowed	124,479	9.1	735,740	16.5	5.9
Divorced	3,680	0.3	10,242	0.2	2.8
Other (includes separated)	55,226	4.0	192,753	4.3	3.5
Unknown	35,864	2.6	100,261	2.2	2.8
Total	**1,368,594**	**100**	**4,472,104**	**100**	**3.3**

Notes: Percentage columns are subject to rounding.
[a] Includes bed days for day and in-patients.
[b] Includes day and in-patients.

FIGURE 3.1
Total Discharges and Average Length of Stay (Days) by Marital Status



Notes: Average Length of Stay includes day and in-patients.
* 'Other' includes separated.

AGE

The distribution of discharges by age group and sex is reported in Table 3.3. The number of total discharges was highest in the 55 to 64 age group. Discharges in this age group also accounted for the highest proportion of day patients (20.4 per cent). The 25 to 34 year age group had the highest number of total in-patients, accounting for 18.4 per cent of the total.

There was considerable variability in the discharge rates across the age groups. While the 55 to 64 year age group recorded the largest volume of total discharges, the 75 to 84 year age group had the highest discharge rate of 984 discharges per 1,000, controlling for the age profile of the population. This age group had in excess of four times more discharges per 1,000 population than the 25 to 34 year age group, which had a discharge rate of 225.8 per 1,000. Discharges in the younger age groups (0 to 34 years old) were more likely to be discharged as in-patients rather than day patients. Conversely, for discharges aged between 35 and 84 years the day patient discharge rates were greater than the in-patient discharge rates, indicating that a higher proportion of these discharges were treated on a day patient basis.

The age profile of discharges differed for males and females. For males, the highest numbers of total, day and in-patient discharges were in the 65 to 74 year age group. In contrast, for females the highest numbers of total and in-patient discharges were in the 25 to 34 year age group, and the highest number of day patients were in the 55 to 64 year age group (see Figure 3.2).

For both sexes, the discharge rates were highest among the older age groups. The total discharge rates were higher for males compared to females in two of the four main age groups. The discharge rates for the under 15 years and 65 years and over age groups were higher for males than for females (157.8 per 1,000 for males and 124.7 per 1,000 for females for the under 15 years group and 1,012.8 per 1,000 for males and 723.9 per 1,000 for females for the 65 years and over age group). Discharge rates in the 45 to 64 year age group were comparatively similar but marginally higher for females, with a rate of 389.3 per 1,000 members of the male population and 404.3 per 1,000 members of the female population. In the 15 to 44 year age group, there were twice as many females discharged compared to males (135.6 per 1,000 for males and 286.2 per 1,000 for females).

For males, a higher proportion were discharged as day patients (61.6 per cent) rather than in-patients (38.4 per cent). For females, the pattern was similar though the numbers differed with day patients accounting for just over half of total discharges (51.9 per cent). For certain age groups, particularly between 45 and 74 years, the day patient discharge rate was higher than the in-patient discharge rate for both males and females.

Approximately one-fifth of in-patient and total bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.2 per cent of total in-patient discharges and 11.8 per cent of total discharges. Similarly, for both males and females, discharges in the older age group used proportionately more bed days. Bed day rates generally increased with age for both males and females. The total bed day rate for the 65 years and over age group was almost four times that of the 45 to 64 year age group.

The total in-patient average length of stay for both sexes generally increased with age (see Figure 3.3). Total in-patients aged 85 years and older stayed in hospital, on average, for 13.4 days, which was over five times that of in-patient discharges aged between 5 and 14 years, which had the lowest average length of stay (2.6 days). While those aged 65 years and over accounted for 26.9 per cent of total in-patient discharges, this group used 48.0 per cent of total in-patient bed days. On average, those in the youngest age group (0 to 4 years) stayed in hospital for 1.7 days longer than those in the next oldest age group (4.3 days for the 0 to 4 year age group and 2.6 days for the 5 to 14 year age group).

The longer average length of stay for older age groups was also observed when male and female discharges were analysed separately. The total in-patient average length of stay for males ranged from a low of 2.4 days for the 5 to 14 year age group to a high of 12.6 days for the 85 years and over age group. The equivalent range for females was 2.8 days for the 5 to 14 year age group to 13.9 days for the 85 years and over age group. While the total in-patient average length of stay for females was shorter than males (5.7 days for females and 7.0 days for males), there were differences between the two sexes across the age groups. Apart from the youngest (under 15 years) and oldest (65 years and over) age groups, females recorded a shorter total in-patient average length of stay than males in the 15-44 years and 45-64 years age groups.

TABLE 3.3

Discharges, Bed Days, Age- and Sex-Specific Discharge Rates (Per 1,000 Population) and Total In-Patient Average Length of Stay (Days) by Patient Type, Sex and Age Group

	Discharges									Bed Days						Total In-Patient Average Length of Stay
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days			Total Bed Days[a]			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	
Total Discharges (All Ages and Males and Females)	**771,145**	**100**	**174.2**	**597,449**	**100**	**134.9**	**1,368,594**	**100**	**309.1**	**3,700,959**	**100**	**835.9**	**4,472,104**	**100**	**1010.1**	**6.2**
Under 15 years	**43,394**	**5.6**	**48.2**	**84,077**	**14.1**	**93.5**	**127,471**	**9.3**	**141.7**	**309,361**	**8.4**	**343.9**	**352,755**	**7.9**	**392.1**	**3.7**
0-4 years	20,781	2.7	64.7	54,955	9.2	171.2	75,736	5.5	235.9	233,829	6.3	728.2	254,610	5.7	793.0	4.3
5-14 years	22,613	2.9	39.1	29,122	4.9	50.3	51,735	3.8	89.4	75,532	2.0	130.5	98,145	2.2	169.6	2.6
15-44 years	**188,117**	**24.4**	**91.7**	**241,951**	**40.5**	**117.9**	**430,068**	**31.4**	**209.6**	**847,468**	**22.9**	**413.0**	**1,035,585**	**23.2**	**504.7**	**3.5**
15-19 years	12,688	1.6	44.3	22,300	3.7	77.8	34,988	2.6	122.1	68,959	1.9	240.7	81,647	1.8	285.0	3.1
20-24 years	20,637	2.7	61.6	36,197	6.1	108.1	56,834	4.2	169.8	116,691	3.2	348.6	137,328	3.1	410.2	3.2
25-34 years	63,834	8.3	82.8	110,193	18.4	143.0	174,027	12.7	225.8	358,355	9.7	465.0	422,189	9.4	547.8	3.3
35-44 years	90,958	11.8	137.8	73,261	12.3	111.0	164,219	12.0	248.8	303,463	8.2	459.7	394,421	8.8	597.5	4.1
45-64 years	**278,945**	**36.2**	**284.1**	**110,613**	**18.5**	**112.7**	**389,558**	**28.5**	**396.8**	**768,845**	**20.8**	**783.1**	**1,047,790**	**23.4**	**1,067.2**	**7.0**
45-54 years	121,279	15.7	222.3	49,322	8.3	90.4	170,601	12.5	312.6	299,991	8.1	549.8	421,270	9.4	772.0	6.1
55-64 years	157,666	20.4	361.5	61,291	10.3	140.5	218,957	16.0	502.0	468,854	12.7	1074.9	626,520	14.0	1,436.3	7.6
65 years and over	**260,689**	**33.8**	**527.8**	**160,808**	**26.9**	**325.6**	**421,497**	**30.8**	**853.3**	**1,775,285**	**48.0**	**3,594.0**	**2,035,974**	**45.5**	**4,121.8**	**11.0**
65-74 years	147,374	19.1	533.2	66,709	11.2	241.3	214,083	15.6	774.5	618,519	16.7	2,237.7	765,893	17.1	2,770.8	9.3
75-84 years	94,657	12.3	577.4	66,690	11.2	406.8	161,347	11.8	984.2	789,698	21.3	4,817.0	884,355	19.8	5,394.4	11.8
85 years and over	18,658	2.4	348.1	27,409	4.6	511.4	46,067	3.4	859.5	367,068	9.9	6,848.3	385,726	8.6	7,196.4	13.4

Table 3.3: Discharges, Bed Days, Age- and Sex-Specific Discharge Rates (Per 1,000 Population) and Total In-Patient Average Length of Stay (Days) by Patient Type, Sex and Age Group (contd.)

	Discharges									Bed Days						Total In-Patient Average Length of Stay
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days			Total Bed Days[a]			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	
Male (All Ages)	**388,556**	**50.4**	**174.9**	**242,394**	**40.6**	**109.1**	**630,950**	**46.1**	**284.0**	**1,692,319**	**45.7**	**761.8**	**2,080,875**	**46.5**	**936.7**	**7.0**
Under 15 years	**26,039**	**3.4**	**56.4**	**46,816**	**7.8**	**101.4**	**72,855**	**5.3**	**157.8**	**166,436**	**4.5**	**360.4**	**192,475**	**4.3**	**416.8**	**3.6**
0-4 years	12,646	1.6	76.7	30,834	5.2	187.1	43,480	3.2	263.8	127,469	3.4	773.4	140,115	3.1	850.2	4.1
5-14 years	13,393	1.7	45.1	15,982	2.7	53.8	29,375	2.1	98.9	38,967	1.1	131.2	52,360	1.2	176.3	2.4
15-44 years	**82,870**	**10.7**	**79.4**	**58,704**	**9.8**	**56.2**	**141,574**	**10.3**	**135.6**	**260,907**	**7.0**	**249.9**	**343,777**	**7.7**	**329.3**	**4.4**
15-19 years	6,522	0.8	44.4	8,701	1.5	59.2	15,223	1.1	103.6	28,633	0.8	194.8	35,155	0.8	239.2	3.3
20-24 years	9,636	1.2	56.6	9,733	1.6	57.2	19,369	1.4	113.8	39,322	1.1	231.1	48,958	1.1	287.7	4.0
25-34 years	27,415	3.6	69.9	19,417	3.2	49.5	46,832	3.4	119.4	85,902	2.3	219.1	113,317	2.5	289.0	4.4
35-44 years	39,297	5.1	117.3	20,853	3.5	62.3	60,150	4.4	179.6	107,050	2.9	319.7	146,347	3.3	437.0	5.1
45-64 years	**134,389**	**17.4**	**271.8**	**58,069**	**9.7**	**117.5**	**192,458**	**14.1**	**389.3**	**418,685**	**11.3**	**846.9**	**553,074**	**12.4**	**1,118.7**	**7.2**
45-54 years	54,449	7.1	198.5	24,705	4.1	90.1	79,154	5.8	288.6	156,189	4.2	569.4	210,638	4.7	767.9	6.3
55-64 years	79,940	10.4	363.2	33,364	5.6	151.6	113,304	8.3	514.8	262,496	7.1	1,192.6	342,436	7.7	1,555.7	7.9
65 years and over	**145,258**	**18.8**	**656.6**	**78,805**	**13.2**	**356.2**	**224,063**	**16.4**	**1,012.8**	**846,291**	**22.9**	**3,825.5**	**991,549**	**22.2**	**4,482.1**	**10.7**
65-74 years	83,453	10.8	618.3	36,515	6.1	270.5	119,968	8.8	888.8	343,922	9.3	2,548.1	427,375	9.6	3,166.4	9.4
75-84 years	51,752	6.7	747.1	32,119	5.4	463.6	83,871	6.1	1,210.7	374,577	10.1	5,407.2	426,329	9.5	6,154.2	11.7
85 years and over	10,053	1.3	592.0	10,171	1.7	599.0	20,224	1.5	1,191.0	127,792	3.5	7,525.7	137,845	3.1	8,117.8	12.6

Table 3.3: Discharges, Bed Days, Age- and Sex-Specific Discharge Rates (Per 1,000 Population) and Total In-Patient Average Length of Stay (Days) by Patient Type, Sex and Age Group (contd.)

	Discharges									Bed Days						Total In-Patient Average Length of Stay
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days			Total Bed Days[a]			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	
Female (All Ages)	**382,589**	**49.6**	**173.4**	**355,055**	**59.4**	**160.9**	**737,644**	**53.9**	**334.4**	**2,008,640**	**54.3**	**910.5**	**2,391,229**	**53.5**	**1083.9**	**5.7**
Under 15 years	**17,355**	**2.3**	**39.6**	**37,261**	**6.2**	**85.1**	**54,616**	**4.0**	**124.7**	**142,925**	**3.9**	**326.4**	**160,280**	**3.6**	**366.0**	**3.8**
0-4 years	8,135	1.1	52.1	24,121	4.0	154.3	32,256	2.4	206.4	106,360	2.9	680.6	114,495	2.6	732.6	4.4
5-14 years	9,220	1.2	32.7	13,140	2.2	46.7	22,360	1.6	79.4	36,565	1.0	129.8	45,785	1.0	162.6	2.8
15-44 years	**105,247**	**13.6**	**104.4**	**183,247**	**30.7**	**181.8**	**288,494**	**21.1**	**286.2**	**586,561**	**15.8**	**581.9**	**691,808**	**15.5**	**686.4**	**3.2**
15-19 years	6,166	0.8	44.2	13,599	2.3	97.5	19,765	1.4	141.7	40,326	1.1	289.1	46,492	1.0	333.3	3.0
20-24 years	11,001	1.4	66.8	26,464	4.4	160.8	37,465	2.7	227.6	77,369	2.1	470.0	88,370	2.0	536.8	2.9
25-34 years	36,419	4.7	96.2	90,776	15.2	239.8	127,195	9.3	335.9	272,453	7.4	719.6	308,872	6.9	815.8	3.0
35-44 years	51,661	6.7	158.9	52,408	8.8	161.1	104,069	7.6	320.0	196,413	5.3	604.0	248,074	5.5	762.8	3.7
45-64 years	**144,556**	**18.7**	**296.6**	**52,544**	**8.8**	**107.8**	**197,100**	**14.4**	**404.3**	**350,160**	**9.5**	**718.3**	**494,716**	**11.1**	**1,014.9**	**6.7**
45-54 years	66,830	8.7	246.3	24,617	4.1	90.7	91,447	6.7	337.0	143,802	3.9	529.9	210,632	4.7	776.2	5.8
55-64 years	77,726	10.1	359.7	27,927	4.7	129.2	105,653	7.7	489.0	206,358	5.6	955.0	284,084	6.4	1,314.7	7.4
65 years and over	**115,431**	**15.0**	**423.2**	**82,003**	**13.7**	**300.7**	**197,434**	**14.4**	**723.9**	**928,994**	**25.1**	**3,406.3**	**1,044,425**	**23.4**	**3,829.6**	**11.3**
65-74 years	63,921	8.3	451.9	30,194	5.1	213.5	94,115	6.9	665.4	274,597	7.4	1,941.4	338,518	7.6	2,393.3	9.1
75-84 years	42,905	5.6	453.2	34,571	5.8	365.2	77,476	5.7	818.4	415,121	11.2	4,385.1	458,026	10.2	4,838.3	12.0
85 years and over	8,605	1.1	235.0	17,238	2.9	470.7	25,843	1.9	705.7	239,276	6.5	6,534.2	247,881	5.5	6,769.2	13.9

Notes: Percentage columns are subject to rounding.
[a] Includes bed days for day and in-patients.

Source: Rates are based on population data from the ESRI (see Appendix III).

FIGURE 3.2
Discharges and Total In-Patient Average Length of Stay (Days) by Patient Type, Age Group and Sex

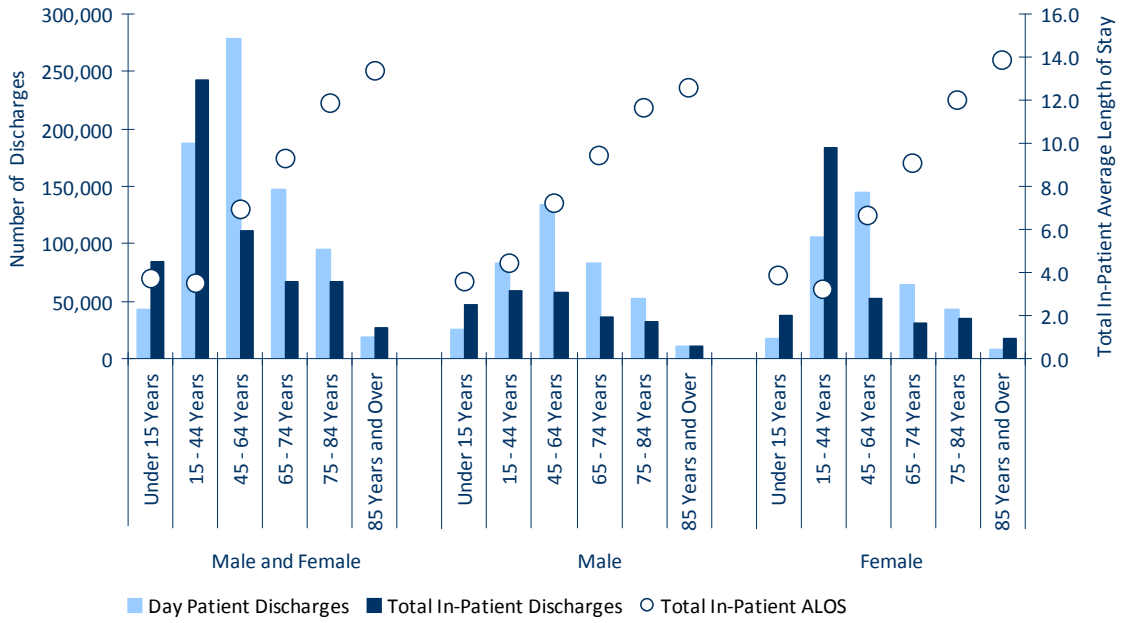
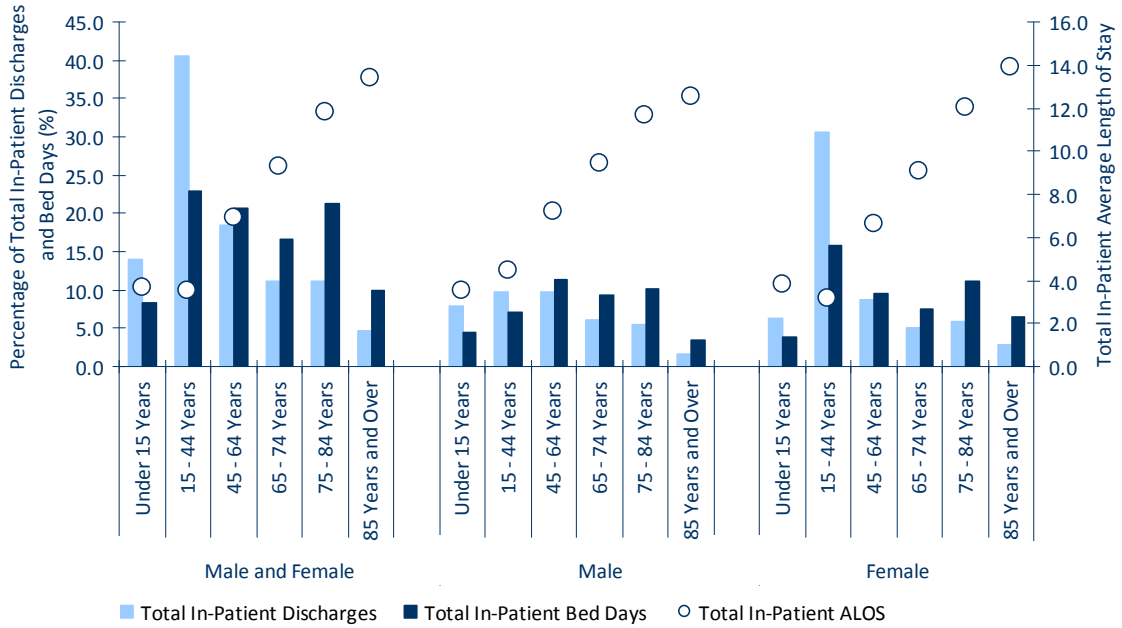


FIGURE 3.3
Percentage of Total In-Patient Discharges and Bed Days with Total In-Patient Average Length of Stay (Days) by Age Group and Sex



The age distribution of discharges according to their Health Service Executive (HSE) area of hospitalisation is presented in Table 3.4. The HSE Dublin Mid Leinster area treated the highest number of discharges in each age group, accounting for over 30 per cent of total discharges in 2008. The lowest numbers of total discharges were hospitalised in the HSE Dublin North East area accounting for just 21.1 per cent of total discharges.

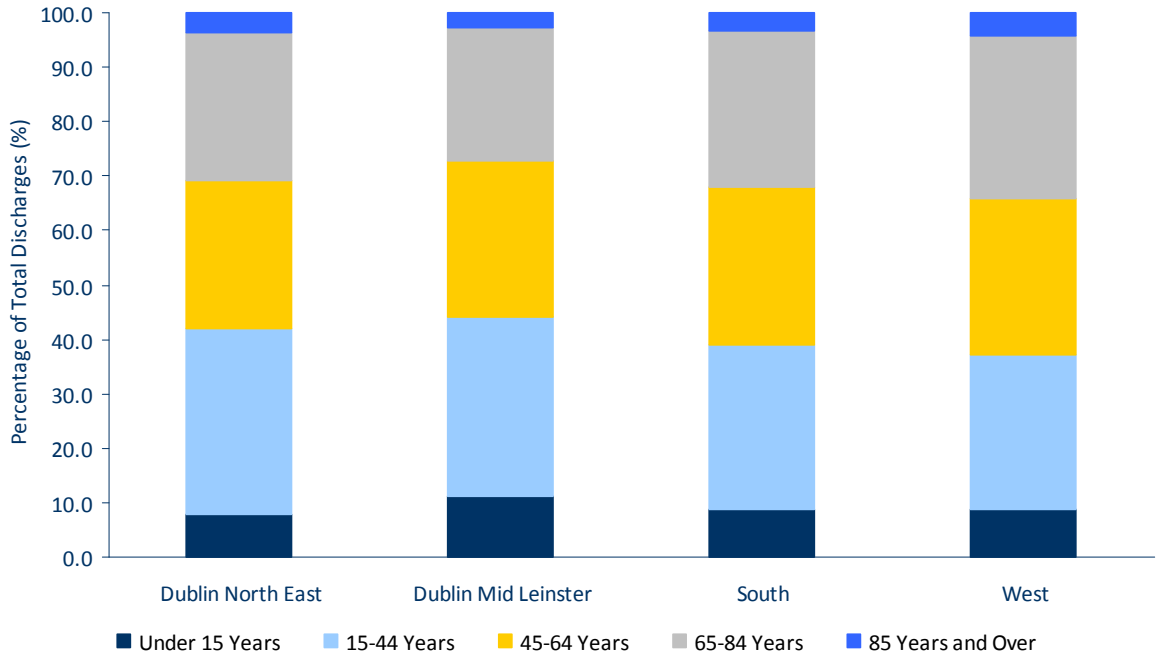
The HSE Dublin Mid Leinster area treated the highest proportion of discharges in the under 15 years age group (11.0 per cent) (see Figure 3.4). The HSE Dublin North East area treated the highest proportion of discharges aged between 15 and 44 years (34.2 per cent). The HSE South and HSE West areas treated the highest proportion of discharges aged 45 years and over. The HSE South treated the highest proportion of discharges aged between 45 and 64 years (29.2 per cent). The highest proportion of discharges in the oldest age group were treated in the HSE West area, accounting for over a third of total discharges (34.0 per cent).

TABLE 3.4
Discharges by HSE Area of Hospitalisation and Age Group

	HSE Area of Hospitalisation								Total	
	HSE Dublin North East		HSE Dublin Mid Leinster		HSE South		HSE West			
	N	%	N	%	N	%	N	%	N	%
Total Discharges	**288,840**	**100**	**421,942**	**100**	**312,596**	**100**	**345,216**	**100**	**1,368,594**	**100**
Under 15 years	**22,648**	**7.8**	**46,530**	**11.0**	**27,840**	**8.9**	**30,453**	**8.8**	**127,471**	**9.3**
0-4 years	13,872	4.8	27,656	6.6	16,776	5.4	17,432	5.0	75,736	5.5
5-14 years	8,776	3.0	18,874	4.5	11,064	3.5	13,021	3.8	51,735	3.8
15-44 years	**98,782**	**34.2**	**139,955**	**33.2**	**93,632**	**30.0**	**97,699**	**28.3**	**430,068**	**31.4**
15-19 years	7,416	2.6	11,420	2.7	8,094	2.6	8,058	2.3	34,988	2.6
20-24 years	13,684	4.7	17,681	4.2	12,236	3.9	13,233	3.8	56,834	4.2
25-34 years	39,971	13.8	57,419	13.6	37,206	11.9	39,431	11.4	174,027	12.7
35-44 years	37,711	13.1	53,435	12.7	36,096	11.5	36,977	10.7	164,219	12.0
45-64 years	**78,110**	**27.0**	**120,710**	**28.6**	**91,137**	**29.2**	**99,601**	**28.9**	**389,558**	**28.5**
45-54 years	35,457	12.3	54,706	13.0	37,824	12.1	42,614	12.3	170,601	12.5
55-64 years	42,653	14.8	66,004	15.6	53,313	17.1	56,987	16.5	218,957	16.0
65 years and over	**89,300**	**30.9**	**114,747**	**27.2**	**99,987**	**32.0**	**117,463**	**34.0**	**421,497**	**30.8**
65-74 years	43,657	15.1	59,804	14.2	52,092	16.7	58,530	17.0	214,083	15.6
75-84 years	35,511	12.3	43,694	10.4	37,793	12.1	44,349	12.8	161,347	11.8
85 years and over	10,132	3.5	11,249	2.7	10,102	3.2	14,584	4.2	46,067	3.4

Note: Percentage columns are subject to rounding.

FIGURE 3.4
Percentage of Total Discharges by HSE Area of Hospitalisation and Age Group



The distribution of discharges resident in each of the four health areas by age group is reported in Table 3.5. In 2008, the highest proportion of discharges in the HSE Dublin North East and the HSE Dublin Mid Leinster areas were in the 15 to 44 year age group (35.2 per cent and 33.2 per cent respectively). In the HSE South and HSE West areas, the highest proportions of discharges were among the older age groups (45 years and over), 60.5 per cent and 62.4 per cent respectively (see Figure 3.5). The HSE West area reported one-third of resident discharges aged 65 years and over.

Age-specific discharge rates for each HSE area are presented in Table 3.6. Consistently across all HSE areas, the discharge rates increased with age. In the HSE West area, for instance, there were 923.5 discharges for every 1,000 members of the population aged 65 years and over, which was more than five times the number of discharges per 1,000 population aged under 15 years (160.3 per 1,000).

For almost all age groups, the number of discharges per 1,000 was higher in the HSE West area than the HSE Dublin Mid Leinster and HSE South areas. No single area consistently reported the lowest discharge rate for all age groups. The HSE Dublin North East area had the highest discharge rates for the 15 to 44 years age group. The HSE West area reported the highest discharge rate overall and for the under 15 years, 45 to 64 years and 65 to 74 years age groups, as illustrated in Figures 3.6 to 3.11. For the three remaining aggregate groups illustrated, the HSE Dublin North East area had the highest discharge rate per 1,000 of the population. The HSE South area reported the lowest overall discharge rate with 291.5 discharges for every 1,000 members of the population.

TABLE 3.5
Discharges by HSE Area of Residence and Age Group

	HSE Area of Residence								Total	
	HSE Dublin North East		HSE Dublin Mid Leinster		HSE South		HSE West			
	N	%	N	%	N	%	N	%	N	%
Total Discharges	**298,894**	**100**	**375,991**	**100**	**328,614**	**100**	**361,149**	**100**	**1,364,648**	**100**
Under 15 years	**25,220**	**8.4**	**35,084**	**9.3**	**32,466**	**9.9**	**34,319**	**9.5**	**127,089**	**9.3**
0-4 years	15,083	5.0	21,648	5.8	19,273	5.9	19,508	5.4	75,512	5.5
5-14 years	10,137	3.4	13,436	3.6	13,193	4.0	14,811	4.1	51,577	3.8
15-44 years	**105,111**	**35.2**	**124,990**	**33.2**	**97,199**	**29.6**	**101,382**	**28.1**	**428,682**	**31.4**
15-19 years	7,450	2.5	10,135	2.7	8,728	2.7	8,571	2.4	34,884	2.6
20-24 years	13,698	4.6	16,526	4.4	12,719	3.9	13,668	3.8	56,611	4.1
25-34 years	44,064	14.7	50,718	13.5	38,160	11.6	40,604	11.2	173,546	12.7
35-44 years	39,899	13.3	47,611	12.7	37,592	11.4	38,539	10.7	163,641	12.0
45-64 years	**79,679**	**26.7**	**107,430**	**28.6**	**96,264**	**29.3**	**105,028**	**29.1**	**388,401**	**28.5**
45-54 years	36,053	12.1	48,760	13.0	40,205	12.2	45,058	12.5	170,076	12.5
55-64 years	43,626	14.6	58,670	15.6	56,059	17.1	59,970	16.6	218,325	16.0
65 years and over	**88,884**	**29.7**	**108,487**	**28.9**	**102,685**	**31.2**	**120,420**	**33.3**	**420,476**	**30.8**
65-74 years	44,055	14.7	55,210	14.7	53,748	16.4	60,505	16.8	213,518	15.6
75-84 years	34,868	11.7	41,944	11.2	38,824	11.8	45,367	12.6	161,003	11.8
85 years and over	9,961	3.3	11,333	3.0	10,113	3.1	14,548	4.0	45,955	3.4

Note: A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode), which accounts for the minor differences in the discharge rates and number of total discharges compared with Tables 3.4 and 3.5.

FIGURE 3.5
Percentage of Total Discharges by HSE Area of Residence and Age Group

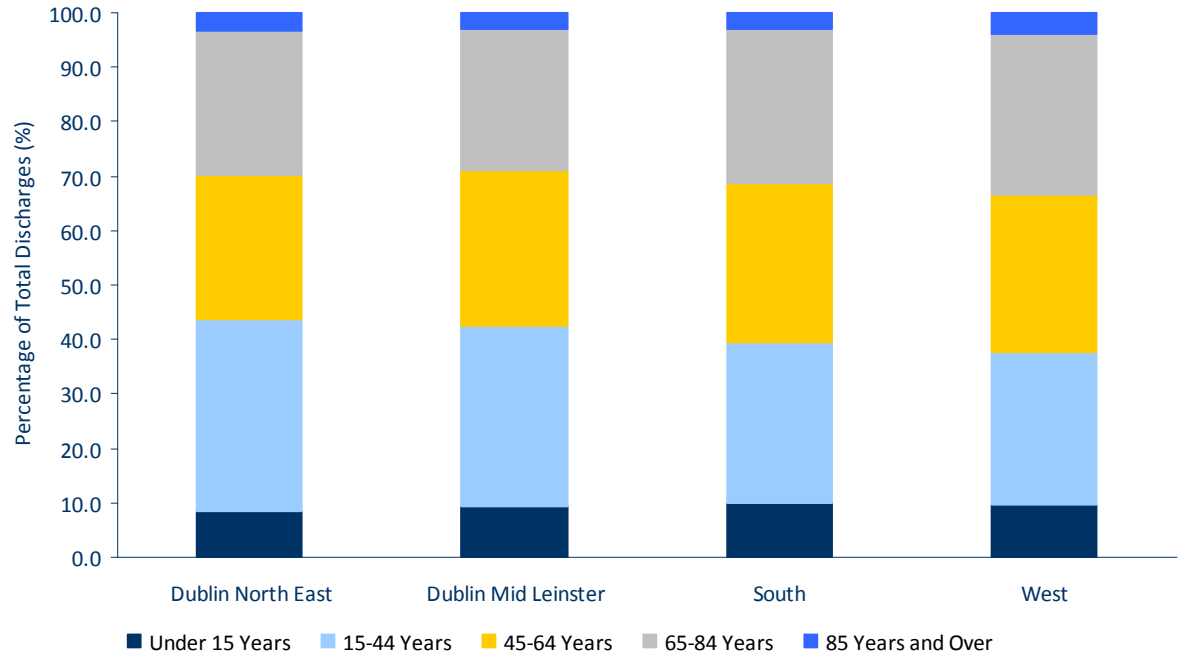


TABLE 3.6

Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence and Age Group

	HSE Area of Residence			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
Total Discharges	**306.4**	**296.0**	**291.5**	**342.6**
Under 15 years	**128.0**	**135.6**	**141.2**	**160.3**
0-4 years	209.8	228.0	240.1	263.7
5-14 years	81.0	82.1	88.2	105.7
15-44 years	**222.8**	**204.1**	**193.6**	**217.6**
15-19 years	123.6	128.7	115.7	119.1
20-24 years	183.2	168.2	156.3	170.1
25-34 years	235.0	209.9	213.3	249.5
35-44 years	267.6	245.6	226.0	255.5
45-64 years	**385.5**	**395.2**	**370.9**	**430.8**
45-54 years	310.1	317.7	281.4	338.7
55-64 years	482.5	495.7	480.6	541.4
65 years and over	**886.7**	**851.0**	**755.9**	**923.5**
65-74 years	780.9	760.4	704.2	851.4
75-84 years	1,051.0	1,005.1	861.6	1,031.7
85 years and over	935.4	861.9	699.9	947.5

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

Source: Rates are based on population data from the ESRI (see Appendix III).

FIGURE 3.6
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged Under 15 Years

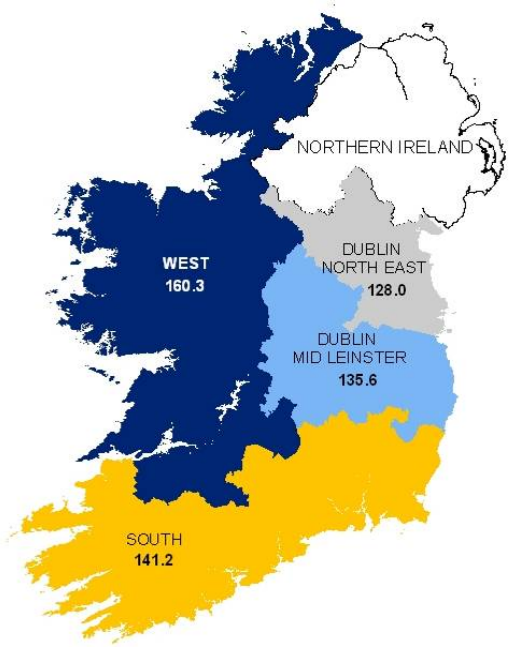


FIGURE 3.7
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 15-44 Years

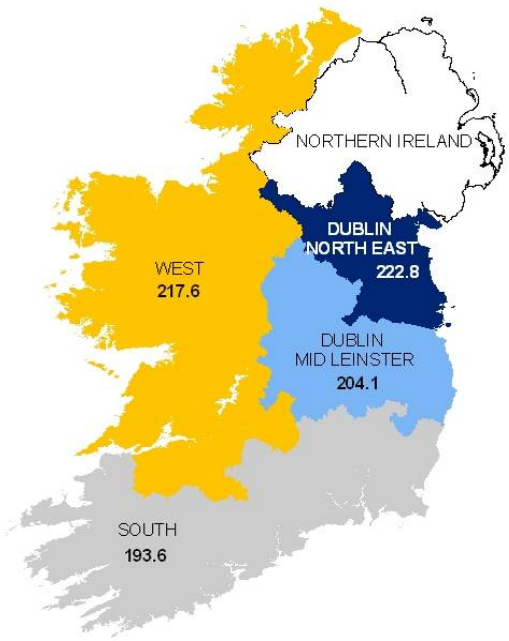


FIGURE 3.8
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 45-64 Years

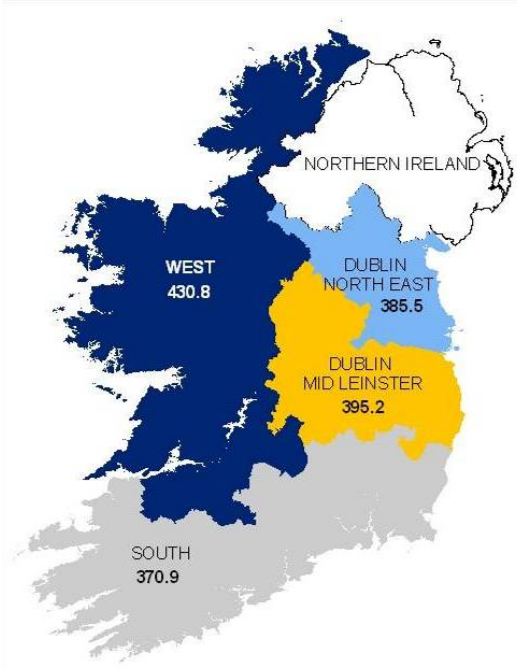


FIGURE 3.9
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 65-74 Years

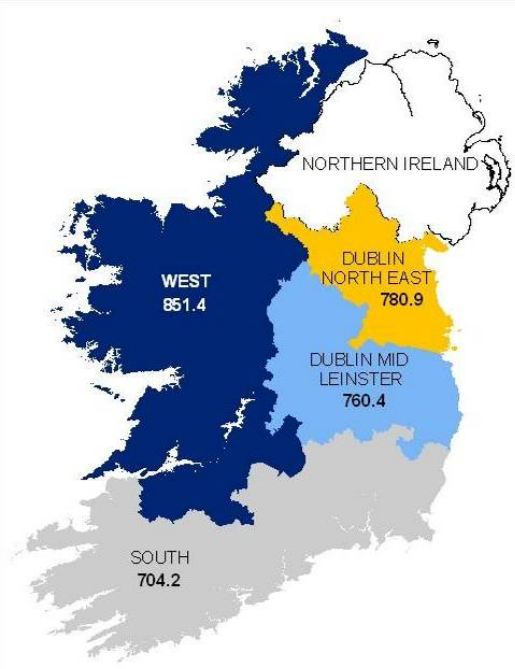


FIGURE 3.10
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 75-84 Years

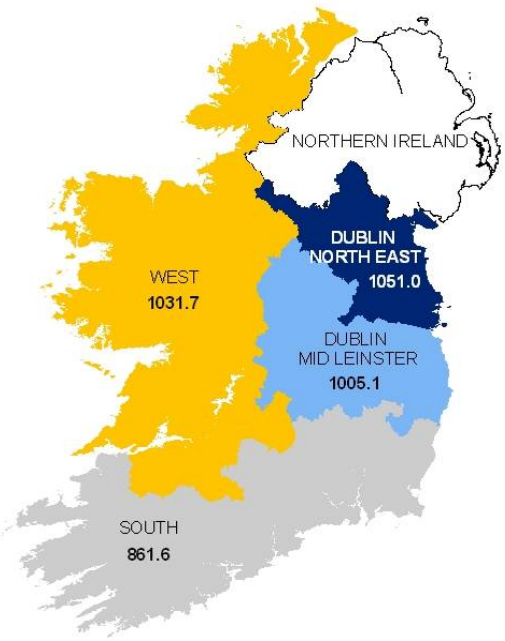
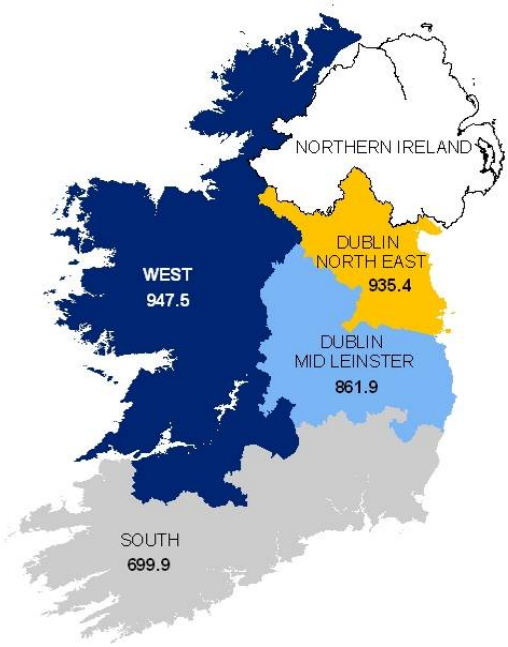


FIGURE 3.11
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 85 Years and Over



GENERAL MEDICAL SERVICE (GMS) STATUS

In Ireland, health care may be provided free at the point of use to those who are entitled to a medical card. Eligibility for a medical card is predominately dependent on income or age.[4] It should be noted that where discharges are recorded as having a medical card this does not necessarily imply that the hospital discharge was publicly funded and vice versa. Table 3.7 reports discharges for those who hold medical cards (classified as 'GMS') and do not hold medical cards ('non-GMS'). According to figures available from the Primary Care Reimbursement Service, over 31.9 per cent of the population were covered by a medical card in 2008.[5]

Of the total 1,368,594 discharges, 50.1 per cent were GMS, while non-GMS discharges accounted for 46.8 per cent. Extended stay in-patients had a higher proportion of GMS discharges (68.1 per cent) compared to acute in-patient GMS discharges (44.3 per cent). The corresponding proportions for non-GMS discharges were 28.4 per cent and 53.5 per cent of extended stay and acute in-patients respectively (see Figure 3.12). Day patient discharges had a higher proportion of GMS discharges (54.2 per cent) compared to non-GMS discharges (42.2 per cent).

[4] With effect from 1 July 2001, the medical card scheme was extended to cover all persons aged 70 years and over, irrespective of means, entitlement on this basis of age was amended in 2009. In 2008, 38.9 per cent of GMS discharges reported to HIPE were 70 years and over.

[5] Data on the number of medical card holders in 2008 were obtained from http://www.hse.ie/eng/staff/PCRS/PCRS_Publications/FSA2008.pdf; date consulted: 23 March 2010.

Within the general hospitals group, voluntary, regional and county hospitals reported a higher proportion of GMS discharges than non-GMS discharges (see Figure 3.13). In contrast, over six out of every ten discharges from special hospitals were non-GMS. However, there were differences in the GMS/non-GMS breakdown across the different types of special hospitals. More than 80 per cent of discharges from maternity hospitals were not medical card holders, which was the highest proportion of non-GMS discharges for any of the categories of special hospital.[6] Orthopaedic hospitals reported the highest proportion of discharges for whom GMS status was unknown.

Nationally, the in-patient average length of stay, reported in Table 3.7, was generally shorter for acute and total non-GMS in-patients compared to the corresponding GMS discharges. Acute in-patient discharges with a medical card stayed an average of 5.8 days in hospital, which was 2.2 days longer than their non-GMS counterparts. Extended stay in-patient discharges with a medical card had a similar length of stay to their non-GMS counterparts (62.6 days and 62.4 days respectively). Total in-patient GMS discharges from general hospitals had a longer average length of stay than non-GMS discharges (8.2 and 4.5 days respectively). Within the group of general hospitals, the average length of stay for GMS total in-patient discharges from voluntary hospitals was 4.8 days longer than those in regional hospitals and 5.1 days longer than those in county hospitals. Non-GMS discharges stayed around 3.2 days longer in voluntary hospitals than those in regional hospitals and 3.8 days longer than those in county hospitals (see Figure 3.14). Regional and county hospitals recorded similar average lengths of stay for GMS (7.2 and 6.9 days respectively) and non-GMS (4.1 and 3.5 days respectively) total in-patient discharges.

The total in-patient average lengths of stay for non-GMS discharges from general and special hospitals were broadly similar. GMS in-patient discharges from general hospitals stayed one day longer, on average, than those in special hospitals.

[6] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).

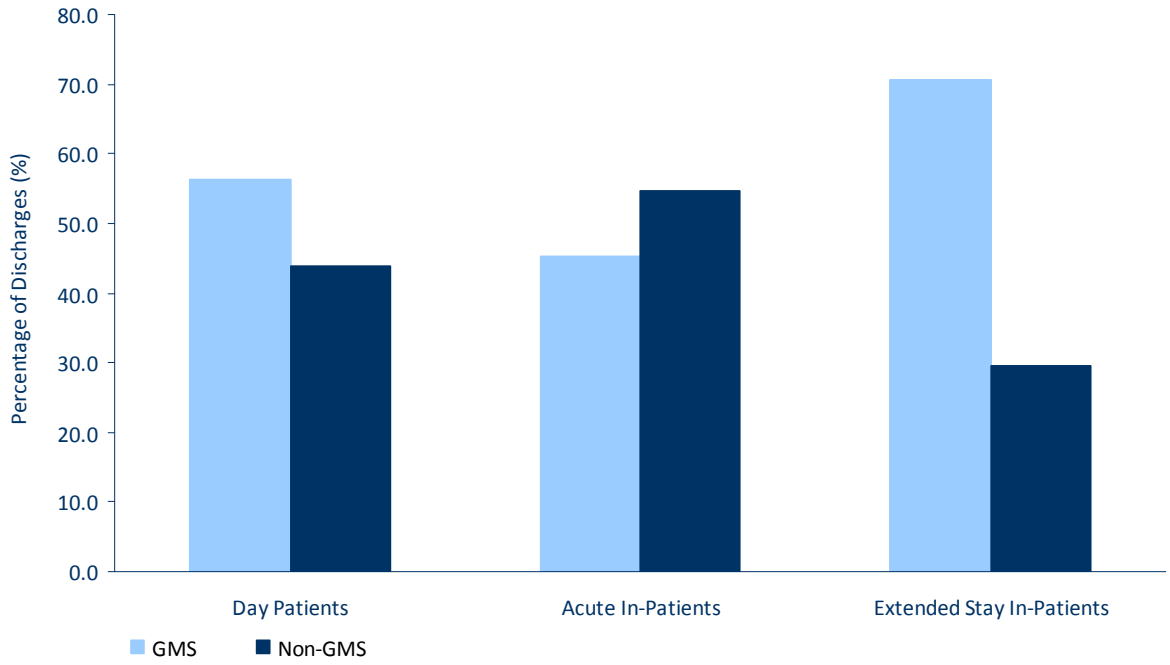
TABLE 3.7

Discharges and Average Length of Stay (Days) by GMS Status, Patient Type and Hospital Type[a]

	GMS			Non-GMS			Unknown[b]			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Patient and Hospital Types												
Day Patients	**417,900**	**54.2**	-	**325,672**	**42.2**	-	**27,573**	**3.6**	-	**771,145**	**100**	-
In-Patients												
Acute (0-30 days)	257,189	44.3	5.8	310,788	53.5	3.6	13,178	2.3	5.9	581,155	100	4.6
Extended (>30 days)	11,092	68.1	62.6	4,633	28.4	62.4	569	3.5	62.5	16,294	100	62.5
Total In-Patients	**268,281**	**44.9**	**8.1**	**315,421**	**52.8**	**4.5**	**13,747**	**2.3**	**8.2**	**597,449**	**100**	**6.2**
Total Discharges (All Patient and Hospital Types)	**686,181**	**50.1**		**641,093**	**46.8**		**41,320**	**3.0**		**1,368,594**	**100**	
General Hospitals												
Voluntary	197,997	47.4	12.0	187,419	44.9	7.3	32,434	7.8	7.6	417,850	100	9.6
Regional	207,532	58.3	7.2	145,115	40.8	4.1	3,190	0.9	4.4	355,837	100	5.6
County	220,374	52.6	6.9	197,418	47.1	3.5	1,276	0.3	9.3	419,068	100	5.2
Total (General)	**625,903**	**52.5**	**8.2**	**529,952**	**44.4**	**4.5**	**36,900**	**3.1**	**7.3**	**1,192,755**	**100**	**6.4**
Special Hospitals												
Cancer	25,133	60.9	23.1	16,113	39.1	20.2	5	0.0	-	41,251	100	22.5
Eye, Ear, Nose and Throat	3,071	43.0	2.8	4,049	56.7	3.0	16	0.2	2.7	7,136	100	2.9
Long Stay	546	47.2	20.0	598	51.7	18.0	13	1.1	16.2	1,157	100	19.0
Maternity[c]	8,629	12.8	3.0	55,904	83.1	3.2	2,780	4.1	4.8	67,313	100	3.3
Orthopaedic	7,417	38.3	10.3	10,415	53.7	11.8	1,558	8.0	21.3	19,390	100	12.5
Paediatric	14,935	39.0	5.3	23,367	61.0	4.8	34	0.1	4.6	38,336	100	5.0
Other Care[d]	547	43.6	19.1	695	55.3	11.1	14	1.1	16.9	1,256	100	14.6
Total (Special)	**60,278**	**34.3**	**7.2**	**111,141**	**63.2**	**4.3**	**4,420**	**2.5**	**10.4**	**175,839**	**100.0**	**5.2**

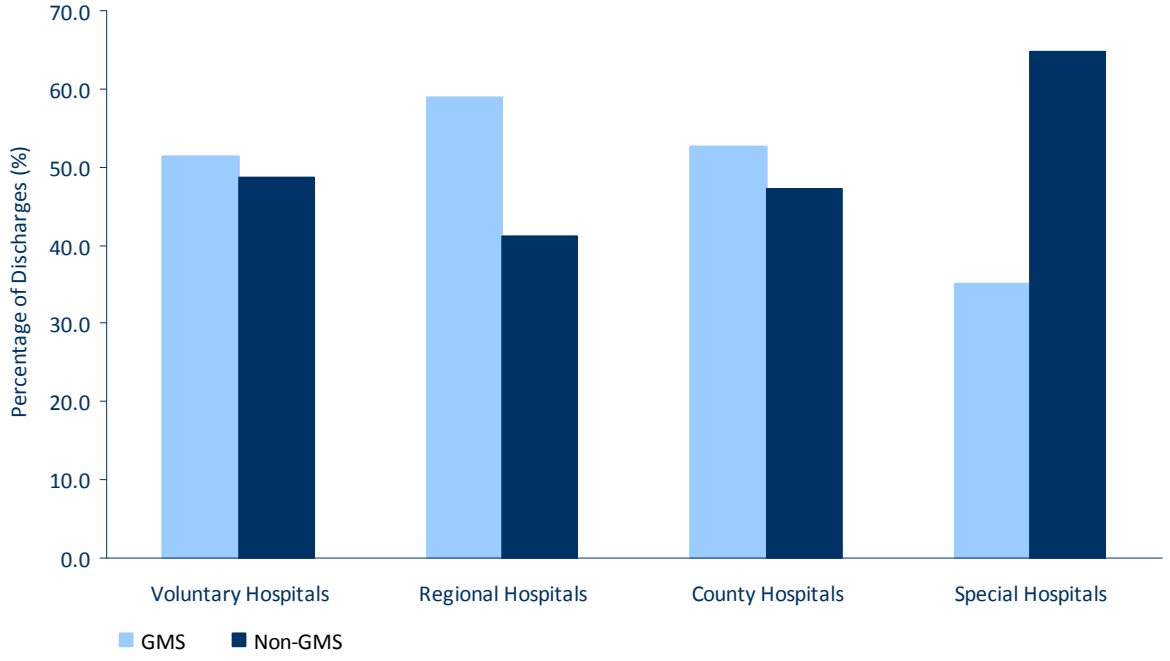
Notes:
Percentage columns subject to rounding.
[a] For general and special hospitals, average length of stay relates to total in-patients.
[b] Relates to discharges for whom GMS status was not known.
[c] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).
[d] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

FIGURE 3.12
Percentage of Discharges by GMS Status and Patient Type



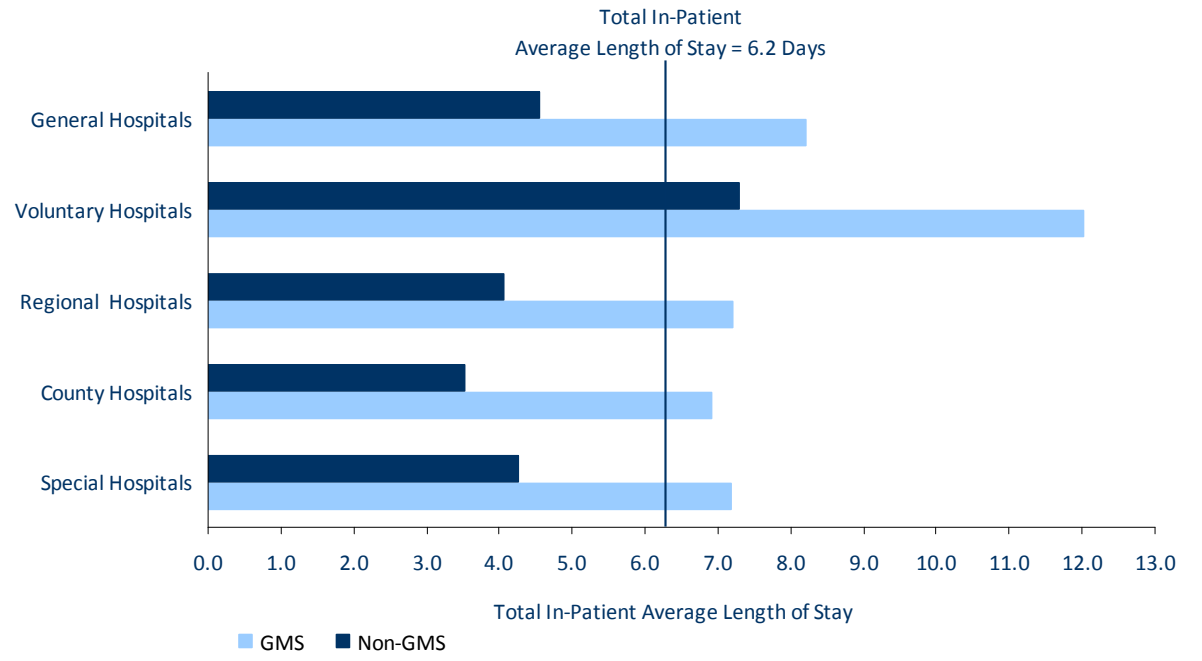
Note: Data have been recalculated to exclude those discharges for whom GMS status was unknown.

FIGURE 3.13
Percentage of Discharges by GMS Status and Hospital Type



Note: See note under Figure 3.12.

FIGURE 3.14
Total In-Patient Average Length of Stay (Days) by GMS Status and Hospital Type



Note: See note under Figure 3.12.

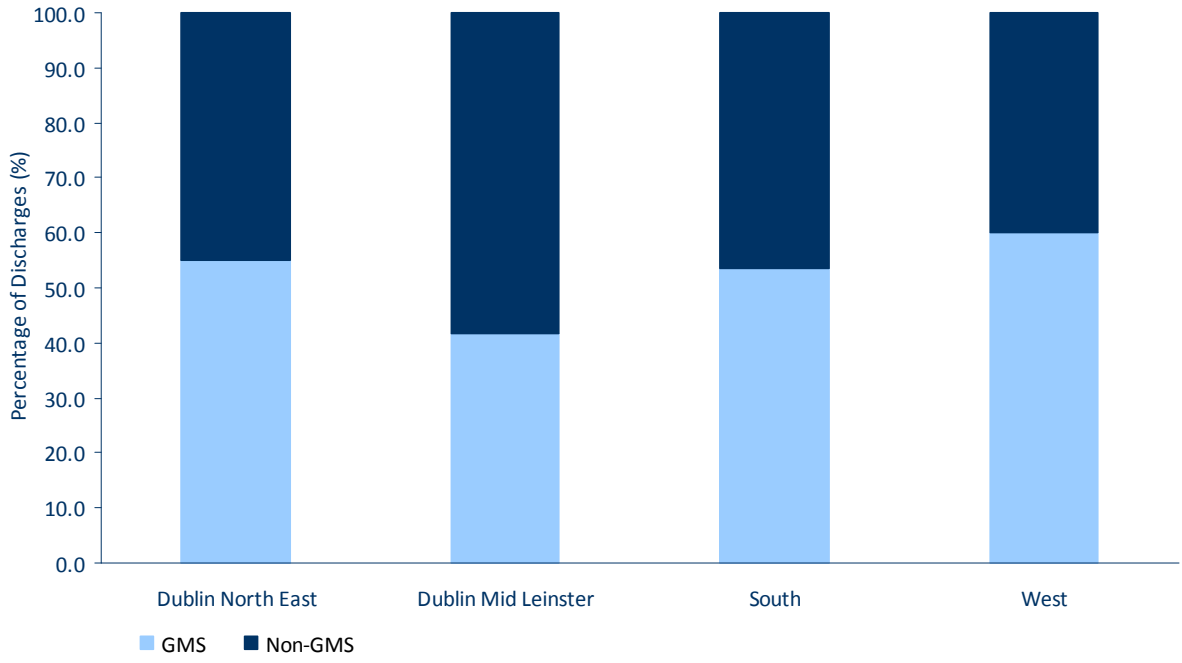
The GMS status of the discharges hospitalised in each HSE area are reported in Table 3.8 and shown in Figure 3.15. In the HSE South and HSE West areas at least half of total discharges were GMS patients. HSE Dublin North East accounted for the largest proportion of discharges with GMS status unknown. For the HSE Dublin Mid Leinster area, non-GMS discharges accounted for 57.9 per cent of total discharges.

TABLE 3.8
Total Discharges by GMS Status and HSE Area of Hospitalisation

	GMS		Non-GMS		Unknown[a]		Total	
	N	%	N	%	N	%	N	%
HSE Dublin North East	142,849	20.8	117,287	18.3	28,704	69.5	288,840	21.1
%	49.5		40.6		9.9		100	
HSE Dublin Mid Leinster	174,009	25.4	244,140	38.1	3,793	9.2	421,942	30.8
%	41.2		57.9		0.9		100	
HSE South	163,670	23.9	142,316	22.2	6,610	16.0	312,596	22.8
%	52.4		45.5		2.1		100.0	
HSE West	205,653	30.0	137,350	21.4	2,213	5.4	345,216	25.2
%	59.6		39.8		0.6		100	
Total	**686,181**	**100**	**641,093**	**100**	**41,320**	**100**	**1,368,594**	**100**
%	**50.1**		**46.8**		**3.0**		**100**	

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

FIGURE 3.15
Percentage of Total Discharges by GMS Status and HSE Area of Hospitalisation



Note: See note under Figure 3.12.

PUBLIC/PRIVATE STATUS

In HIPE, public/private status relates to whether the patient saw the consultant on a private or public basis. Private consultant care may be funded through private health insurance or out-of-pocket payment, although HIPE does not distinguish between these two methods of payment. As shown in Table 3.9, over three-quarters of total discharges were public. A higher proportion of day patients were public (81.7 per cent) compared to total in-patients (74.9 per cent). A higher proportion of extended stay in-patients were public patients compared to acute in-patients (80.8 per cent and 74.8 per cent respectively).

Over 80 per cent of discharges from general hospitals were public. Within the group of general hospitals, there were some differences in the public/private breakdown (see Figure 3.16). While voluntary and county hospitals discharged similar proportions of public patients (82.3 per cent and 81.3 per cent respectively), regional hospitals had the highest proportion of private discharges (23.4 per cent).[7]

Examining the public/private classification by patient type in general hospitals, a higher proportion of day patient than in-patient discharges were public. Of all day patients discharged by voluntary hospitals, 85.1 per cent were public compared to 75.5 per cent of in-patients. In regional hospitals, 80.1 per cent were public compared to 71.2 per cent of in-patients. County hospitals had the highest proportion of public in-patient discharges (80.3 per cent).

Compared to general hospitals, special hospitals discharged a higher proportion of private patients, regardless of patient type. The low proportion of public discharges was also evident for a number of categories of special hospital. Over a third of all discharges from maternity hospitals (34.2 per cent) were private.

The total in-patient average length of stay for public discharges was 6.4 days, which was almost one day longer than that for private discharges (5.6 days). While there was little difference between public and private discharges in their acute in-patient average lengths of stay, public extended stay in-patients had an average length of stay of 5.5 days longer than their private counterparts. As shown in Figure 3.17, the total public in-patient average length of stay was almost one day longer in general compared to special hospitals (6.5 days and 5.6 days respectively). For private in-patients, the average length of stay in general hospitals was almost 1.5 days longer compared to special hospitals (5.9 days and 4.5 days respectively).

Within the group of general hospitals, the total in-patient average length of stay for public discharges was longer than that for private discharges for all hospital types. It is worth noting that factors such as case complexity and the ratio of in-patients to day patients may contribute to the differences in average length of stay across the hospital types. For both private and public discharges, the in-patient average length of stay in voluntary hospitals was longer than that in both regional and county hospitals.

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[7] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).

For special hospitals, the average length of stay of public in-patients was longer than that for private in-patients for long stay, other care, orthopaedic, and paediatric hospitals. Where this difference was not observed, in the cancer, eye, ear, nose and throat and maternity hospitals, the average lengths of stay for private and public in-patients were broadly comparable.

TABLE 3.9

Discharges and Average Length of Stay (Days) by Public/Private Status, Patient Type and Hospital Type

	Public			Private			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Hospital and Patient Types									
Day Patients	**630,234**	**81.7**	**-**	**140,911**	**18.3**	**-**	**771,145**	**100**	**-**
In-Patients									
Acute (0-30 days)	434,510	74.8	4.7	146,645	25.2	4.5	**581,155**	100	4.6
Extended (>30 days)	13,173	80.8	63.6	3,121	19.2	58.1	16,294	100	62.5
Total In-Patients	**447,683**	**74.9**	**6.4**	**149,766**	**25.1**	**5.6**	**597,449**	**100**	**6.2**
Total Discharges (All Hospital and Patient Types)	**1,077,917**	**78.8**	**3.2**	**290,677**	**21.2**	**3.4**	**1,368,594**	**100**	**3.3**
General Hospitals									
Day Patients	573,764	82.9	-	118,335	17.1	-	692,099	100	-
In-Patients	383,344	76.6	6.5	117,312	23.4	5.9	**500,656**	100	6.4
Total Discharges (General)	**957,108**	**80.2**	**-**	**235,647**	**19.8**	**-**	**1,192,755**	**100**	**-**
Voluntary[a]	**343,846**	**82.3**	**3.3**	**74,004**	**17.7**	**4.2**	**417,850**	**100**	**3.5**
Day Patients	251,823	85.1	-	44,185	14.9	-	296,008	100	-
In-Patients	92,023	75.5	9.8	29,819	24.5	9.0	121,842	100	9.6
Regional[a]	**272,466**	**76.6**	**2.8**	**83,371**	**23.4**	**3.0**	**355,837**	**100**	**2.8**
Day Patients	173,207	80.1	-	43,142	19.9	-	216,349	100	-
In-Patients	99,259	71.2	5.8	40,229	28.8	5.1	139,488	100	5.6
County[a]	**340,796**	**81.3**	**3.5**	**78,272**	**18.7**	**3.2**	**419,068**	**100**	**3.4**
Day Patients	148,734	82.7	-	31,008	17.3	-	179,742	100	-
In-Patients	192,062	80.3	5.4	47,264	19.7	4.6	239,326	100	5.2
Special Hospitals									
Day Patients	56,470	71.4	-	22,576	28.6	-	79,046	100	-
In-Patients	64,339	66.5	5.6	32,454	33.5	4.5	96,793	100	5.2
Total Discharges (Special)	**120,809**	**68.7**	**-**	**55,030**	**31.3**	**-**	**175,839**	**100**	**-**
Cancer	32,730	79.3	22.2	8,521	20.7	23.6	41,251	100	22.5
Eye, Ear, Nose and Throat	4,365	61.2	2.8	2,771	38.8	3.1	7,136	100	2.9
Long Stay	663	57.3	19.5	494	42.7	18.2	1,157	100	19.0
Maternity[b]	44,291	65.8	3.2	23,022	34.2	3.4	67,313	100	3.3
Orthopaedic	13,369	68.9	14.8	6,021	31.1	7.5	19,390	100	12.5
Paediatric	24,378	63.6	5.3	13,958	36.4	4.3	38,336	100	5.0
Other Care[c]	1,013	80.7	17.1	243	19.3	4.5	1,256	100	14.6

Notes:

[a] Overall average lengths of stay for voluntary, regional and county hospitals includes day patients.

[b] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).

[c] 'Other care' provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

FIGURE 3.16
Total Discharges by Public/Private Status and Hospital Type

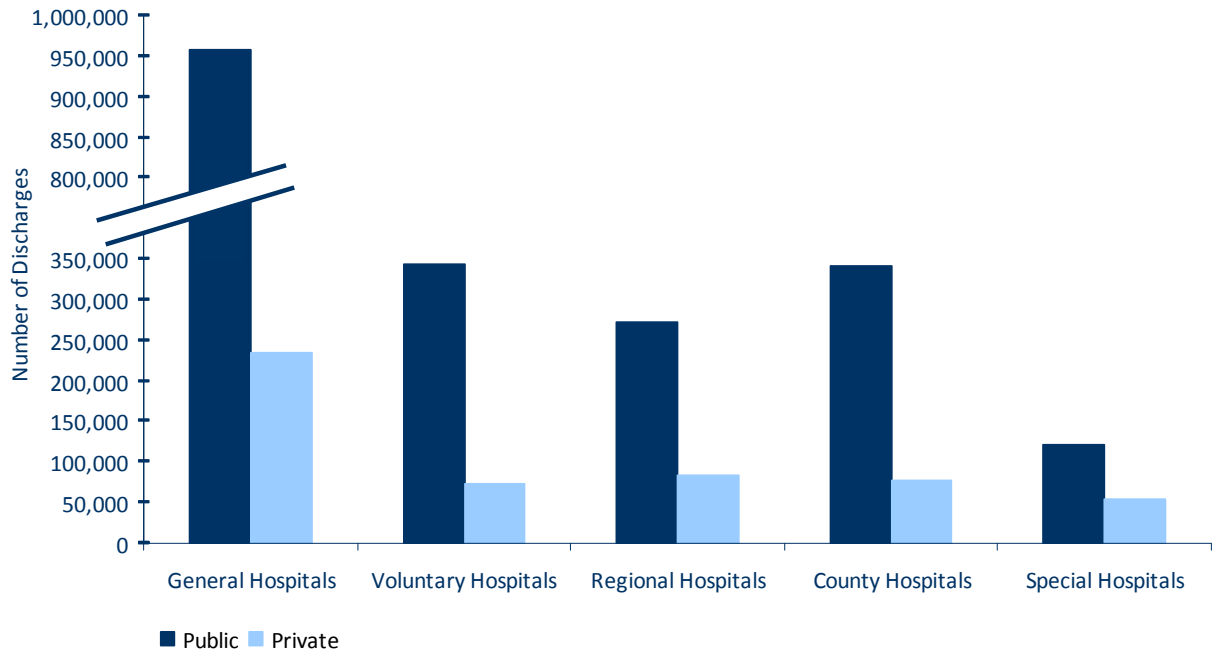
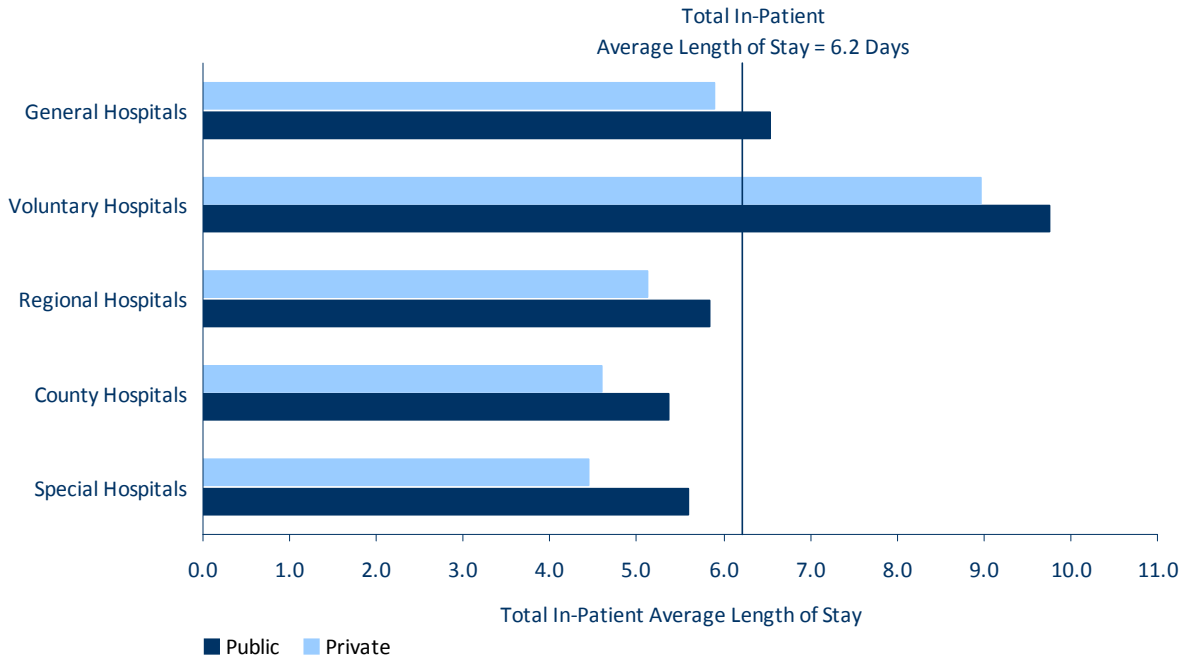


FIGURE 3.17
Total In-Patient Average Length of Stay (Days) by Public/Private Status and Hospital Type



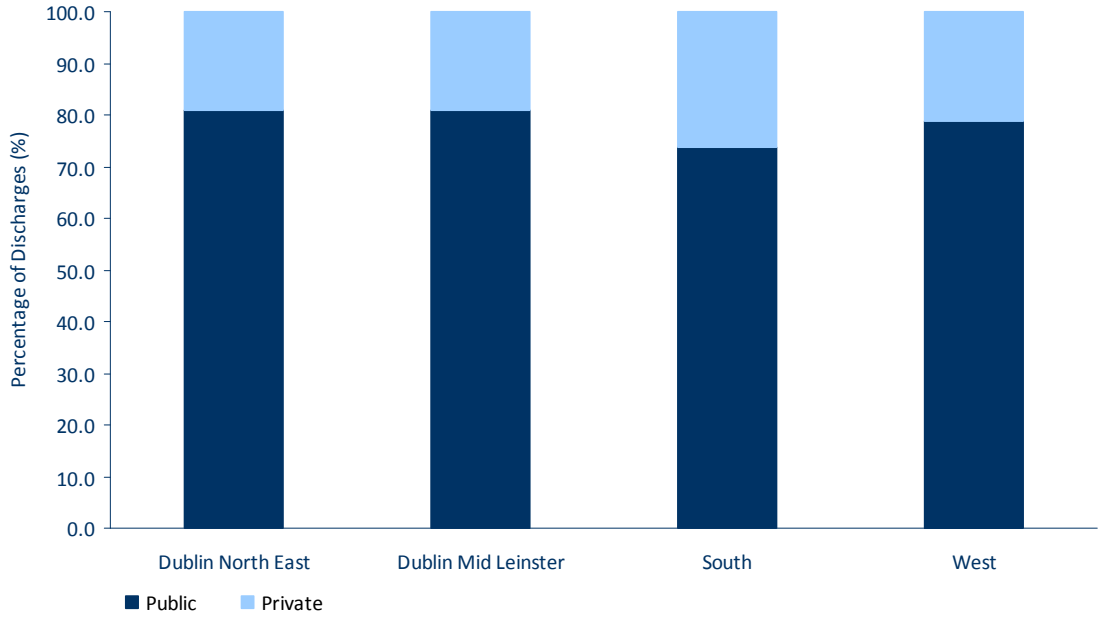
The public/private composition of discharges by HSE area of hospitalisation is represented in Table 3.10 and Figure 3.18. The HSE Dublin Mid Leinster area accounted for the largest proportion of public discharges (31.7 per cent) and HSE South accounted for the largest proportion of private discharges (28.2 per cent). Within the HSE areas there was a higher proportion of public discharges in the HSE Dublin Mid Leinster area (80.9 per cent) compared to the HSE South area which had the lowest proportion of public discharges (73.8 per cent).

TABLE 3.10
Total Discharges by Public/Private Status and HSE Area of Hospitalisation

	Public Discharges		Private Discharges		Total Discharges	
	N	%	N	%	N	%
HSE Dublin North East	233,287	21.6	55,553	19.1	288,840	21.1
%	80.8		19.2		100	
HSE Dublin Mid Leinster	341,457	31.7	80,485	27.7	421,942	30.8
%	80.9		19.1		100	
HSE South	230,661	21.4	81,935	28.2	312,596	22.8
%	73.8		26.2		100	
HSE West	272,512	25.3	72,704	25.0	345,216	25.2
%	78.9		21.1		100	
Total	**1,077,917**	**100**	**290,677**	**100**	**1,368,594**	**100**
%	**78.8**		**21.2**		**100**	

Note: Percentage columns are subject to rounding.

FIGURE 3.18
Percentage of Total Discharges by Public/Private Status and HSE Area of Hospitalisation



INTER-REGIONAL FLOW OF DISCHARGES

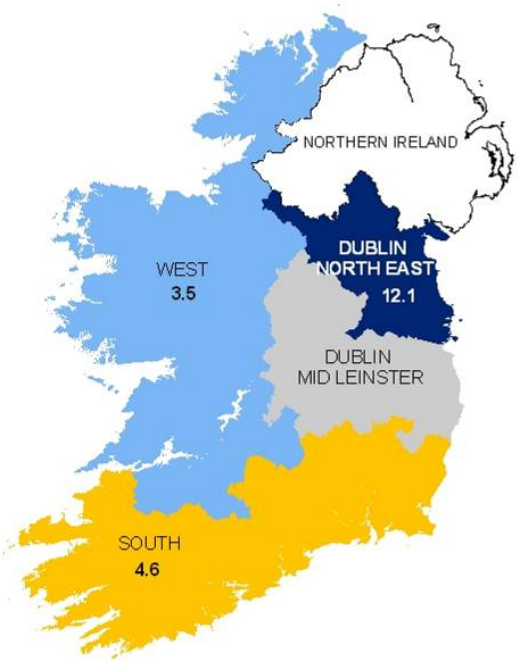
Table 3.11 reports the area of residence for patients who were hospitalised in each of the four HSE areas. Of the discharges treated in the HSE Dublin North East area, 85.7 per cent were living in that area, 10.4 per cent were from the neighbouring HSE Dublin Mid Leinster area, and the remainder were from the other two health areas. For the majority of discharges, their HSE area of residence was the same as their HSE area of hospitalisation. Figure 3.19 shows the HSE area of residence for discharges hospitalised in the HSE Dublin Mid Leinster area. Of discharges hospitalised in the HSE Dublin Mid Leinster area, 20.2 per cent were resident outside this area. Discharges were more likely to travel to the HSE Dublin Mid Leinster area for treatment if they were resident in the HSE Dublin North East area. In contrast, smaller proportions of discharges treated in the HSE Dublin Mid Leinster area were residents of the two remaining health areas.

TABLE 3.11
Percentage of Total Discharges by HSE Area of Hospitalisation and HSE Area of Residence

HSE Area of Residence	HSE Area of Hospitalisation			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	**85.7**	12.1	0.1	0.2
HSE Dublin Mid Leinster	10.4	**79.8**	0.6	2.4
HSE South	1.5	4.6	**96.8**	0.8
HSE West	2.4	3.5	2.4	**96.6**
Total	**100**	**100**	**100**	**100**

Notes: For example, 85.7 per cent of discharges treated in the HSE Dublin North East area were resident in that area, and 2.4 per cent of discharges treated in the HSE Dublin North East area were resident in the HSE West area.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes those discharges for whom HSE area of residence was unknown or not applicable.
Percentage columns are subject to rounding.

FIGURE 3.19
Percentage of Total Discharges Hospitalised in the HSE Dublin Mid Leinster Area and Resident in Other HSE Areas



The area of hospitalisation for those resident in each HSE area is shown in Table 3.12. The majority of discharges resident in each HSE area were also treated in that area. The HSE Dublin North East area was the most common area of hospitalisation for residents from the HSE Dublin Mid Leinster area treated outside their area and vice versa. Residents of the HSE South and HSE West areas were most commonly treated in the HSE Dublin Mid Leinster area when treated outside their own area.

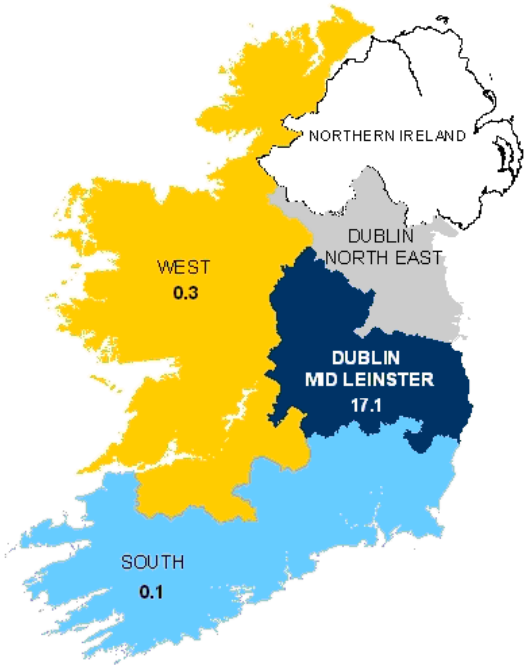
The focus of Figure 3.20 is the HSE Dublin North East area which, according to Table 3.12, had the lowest proportion of discharges treated within their residential health area (82.5 per cent). Specifically, Figure 3.20 shows the HSE area of hospitalisation in which discharges resident in the HSE Dublin North East area were treated. As observed in Figure 3.20, the flows were generally strongest from the HSE Dublin North East area to the HSE Dublin Mid Leinster area (17.1 per cent).

TABLE 3.12
Percentage of Total Discharges by HSE Area of Residence and HSE Area of Hospitalisation

HSE Area of Hospitalisation	HSE Area of Residence			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	**82.5**	8.0	1.4	1.9
HSE Dublin Mid Leinster	17.1	**89.4**	5.9	4.0
HSE South	0.1	0.5	**91.9**	2.1
HSE West	0.3	2.2	0.9	**92.0**
Total	**100**	**100**	**100**	**100**

Notes: Percentage columns are subject to rounding.
For example, 89.4 per cent of discharges resident in the HSE Dublin Mid Leinster area were treated in that area, and 8.0 per cent of HSE Dublin Mid Leinster resident discharges were treated in the HSE Dublin North East area.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes those discharges for whom HSE area of residence was unknown or not applicable.

FIGURE 3.20
Percentage of Total Discharges Resident in the HSE Dublin North East Area and Hospitalised in Other HSE Areas



SECTION

FOUR

Morbidity Analysis for Hospital Discharges in 2008

SUMMARY

Discharges by Diagnosis

- In 2008, an average of 2.6 diagnoses were recorded for each HIPE discharge.
- Total in-patients were found, on average, to have 3.5 diagnoses compared to 2.0 for day patients.
- The average number of diagnoses recorded was slightly higher for male discharges (2.7 diagnoses) than for female discharges (2.6 diagnoses).
- The average number of diagnoses generally increased with age, regardless of patient type. The average number of diagnoses for those aged under 15 years was 2.3; this increased to 3.1 for those aged 65 years and over.
- Almost 60 per cent of all day patients had one of the top 20 principal day patient diagnoses.
- 'Other medical care' (includes chemotherapy and radiotherapy encounters) was the most common principal diagnosis among day patients in 2008, accounting for 21.7 per cent of total day patient discharges.
- The top 20 most common principal diagnoses for total in-patients accounted for 29.6 per cent of total in-patient discharges.
- The most common principal diagnosis for in-patients was 'perineal laceration during delivery', which accounted for 3.2 per cent of total in-patients.

Discharges by Procedure

- Principal procedures were recorded for 79.7 per cent of total discharges in 2008, with an average of 1.8 procedures performed on these discharges.
- The top 20 principal procedure blocks for day patients accounted for 75.4 per cent of total day patients who had a principal procedure. Of total in-patients with a procedure 51.3 per cent underwent one of the top 20 principal procedures.
- For day patients, the most common principal procedure block was 'haemodialysis'. This procedure block accounted for 22.2 per cent of day patients with a principal procedure.
- For in-patients the most common principal procedure block was 'generalised allied health interventions'. This accounted for 10.8 per cent of total in-patients with a principal procedure.
- The average length of stay for acute in-patients with a principal procedure was 5.7 days.

INTRODUCTION

The analysis in this Section focuses on the diagnoses and procedures recorded for discharges reported to the Hospital In-Patient Enquiry (HIPE) scheme in 2008. The most common principal diagnoses are analysed first, followed by a detailed analysis of principal and all-listed diagnoses by sex and age. The most frequently reported procedures performed are then outlined together with a breakdown of principal and all-listed procedures by patient demographics. In 2005, for the first time, the diagnoses and procedures were coded using the 10th Revision of the International Classification of Diseases, Australian Modification, 4th Edition (ICD-10-AM) incorporating the Australian Classification for Health Interventions (ACHI).[1] In 2008, HIPE collected principal diagnosis and principal procedure (where necessary), together with up to nineteen additional diagnosis codes and nineteen additional procedure codes.[2]

DIAGNOSES

A **principal diagnosis** is defined as, '…the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility…)'.[3] An **additional diagnosis** is defined as, '…a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility…' and may be used as an indication of the level of comorbidity.[4] Additional diagnoses are interpreted as conditions that generally result in an extended length of hospital stay and require therapeutic treatment, diagnostic intervention or increased nursing care and/or monitoring. In ICD-10-AM, a condition is not routinely coded if a patient is continuing a course of medication for treatment of the condition. However, if the medication is altered or adjusted during the episode of care, the condition is coded.[5] This change in the coding of additional diagnoses should be taken into account in any comparison of discharge data reported for years prior to 2005.

On average, 2.6 diagnoses were recorded for each HIPE discharge in 2008, which is the same as that recorded in 2007. The average number of diagnoses varied for day and in-patients. Total in-patients reported 3.5 diagnoses, on average, compared to 2.0 diagnoses for day patients. The average number of all-listed diagnoses was slightly higher for total male discharges compared with female discharges, 2.7 for males and 2.6 for females, and represents a small increase from 2007. This difference between males and females was more apparent when comparing total in-patients. Total male in-patients recorded 3.8 diagnoses on

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

2 In addition to the principal diagnosis and principal procedure codes, from 1995-2001 HIPE collected five secondary diagnosis codes and three secondary procedure codes. From 2002 to 2004, HIPE collected nine secondary diagnosis codes and nine secondary procedure codes. For further information on changes in coding see our previous reports, available at www.esri.ie.

3 National Centre of Classification in Health (NCCH), 2004. *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. Volume 5: Australian Coding Standards*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. Page 6. This differs slightly to the ICD-9-CM definition of the principal diagnosis used from 1990 to 2004: '…that condition established after study to be chiefly responsible for occasioning admission to the hospital for care'.

4 NCCH (2004), p 9.

5 NCCH (2004), p 9.

average, which was 18.8 per cent higher than the 3.2 diagnoses for female in-patients. The average number of diagnoses for day patients was the same for males as for females and it generally increased with age, regardless of patient type. The positive association between age and the number of diagnoses was particularly strong among in-patients, where the average number of diagnoses recorded by the oldest age group was 4.7 diagnoses, compared with the average of 2.6 diagnoses recorded for discharges aged less than 15 years.

TABLE 4.1
Average Number of All-Listed Diagnoses by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	**2.0**	**3.5**	**2.6**
Sex			
Male	2.0	3.8	2.7
Female	2.0	3.2	2.6
Age Group			
Under 15 years	1.8	2.6	2.3
15-44 years	1.7	2.9	2.4
45-64 years	2.0	3.7	2.5
65 years and over	2.1	4.7	3.1

Top 20 Principal Diagnoses

In 2008, 771,145 principal diagnoses were recorded for day patients. The 20 most commonly reported principal diagnoses, analysed at the three-digit level, for day patients are presented in Table 4.2 and shown in Figure 4.1. Almost 60 per cent of day patients were diagnosed with one of the top 20 principal diagnoses. The principal diagnosis of 'other medical care' (includes chemotherapy and radiotherapy encounters) accounted for the largest proportion of total day patients. This diagnosis accounted for 36.4 per cent of the top 20 principal diagnoses for day patients and 21.7 per cent of total day patient discharges.

The 2008 ranking of the top 20 principal diagnoses for day patients was broadly similar to that reported in 2007. In particular, the top ten most common principal diagnoses remained unchanged over the two years, albeit in slightly different order. However, while 'chronic ischaemic heart disease' and 'follicular cysts of skin and subcutaneous tissue', were ranked among the top 20 principal diagnoses for day patients in 2007, these principal diagnoses did not appear in the 2008 listing. Instead, the diagnoses of 'special screening examination for other diseases and disorders' and 'adjustment and management of implanted device', which did not appear in the 2007 listing appeared in the 2008 ranking.

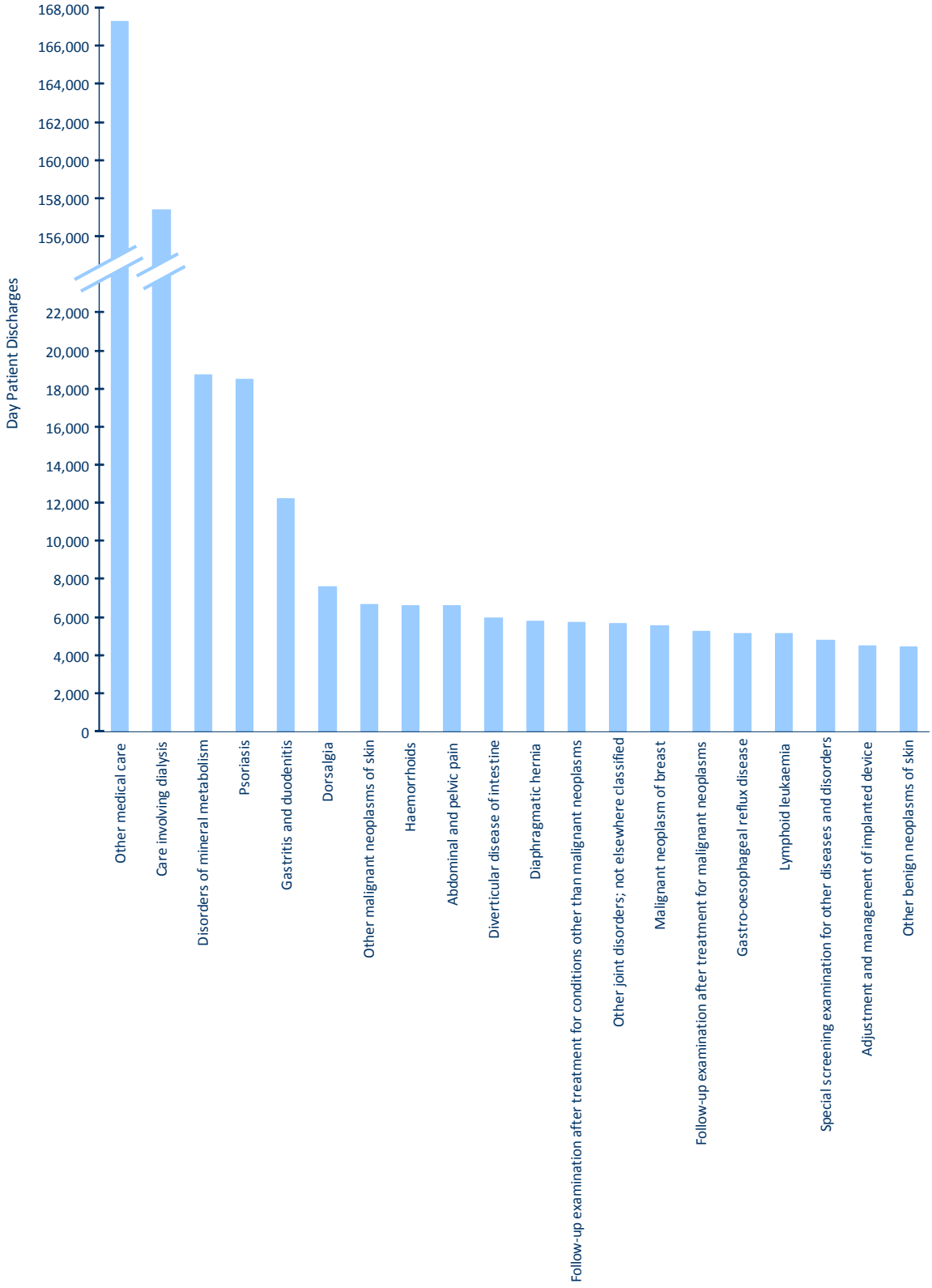
TABLE 4.2

Top 20 Principal Diagnoses for Day Patients – Number and Percentage of Day Patient Discharges

Rank	Principal Diagnosis	ICD-10-AM Code[a]	N	% of Top 20 Principal Diagnoses for Day Patients	% of Total Day Patients
1	Other medical care[b]	Z51	167,319	36.4	21.7
2	Care involving dialysis	Z49	157,383	34.2	20.4
3	Disorders of mineral metabolism	E83	18,750	4.1	2.4
4	Psoriasis[c]	L40	18,534	4.0	2.4
5	Gastritis and duodenitis	K29	12,223	2.7	1.6
6	Dorsalgia	M54	7,587	1.7	1.0
7	Other malignant neoplasms of skin	C44	6,656	1.4	0.9
8	Haemorrhoids	I84	6,617	1.4	0.9
9	Abdominal and pelvic pain	R10	6,615	1.4	0.9
10	Diverticular disease of intestine	K57	5,986	1.3	0.8
11	Diaphragmatic hernia	K44	5,811	1.3	0.8
12	Follow-up examination after treatment for conditions other than malignant neoplasms	Z09	5,720	1.2	0.7
13	Other joint disorders; not elsewhere classified	M25	5,690	1.2	0.7
14	Malignant neoplasm of breast	C50	5,568	1.2	0.7
15	Follow-up examination after treatment for malignant neoplasms	Z08	5,296	1.2	0.7
16	Gastro-oesophageal reflux disease	K21	5,149	1.1	0.7
17	Lymphoid leukaemia	C91	5,131	1.1	0.7
18	Special screening examination for other diseases and disorders	Z13	4,828	1.1	0.6
19	Adjustment and management of implanted device	Z45	4,499	1.0	0.6
20	Other benign neoplasms of skin	D23	4,446	1.0	0.6
Top 20 Principal Diagnoses for Day Patients – Total		**-**	**459,808**	**100**	**59.6**
Day Patients – Total			**771,145**		

Notes:
Percentage columns are subject to rounding.
[a] ICD-10-AM diagnosis codes analysed at three-digit level.
[b] Includes chemotherapy and radiotherapy encounters.
[c] In 2008, the HIPE scheme was expanded to record all day patient psoriasis discharges at one hospital.

FIGURE 4.1
Top 20 Principal Diagnoses for Day Patients



Note: See notes under Table 4.2.

While the top 20 principal diagnoses for day patients accounted for almost 60 per cent of discharges for this group, the equivalent proportion for total in-patients was substantially lower with 29.6 per cent of total in-patient discharges reporting one of the 20 most common principal diagnoses. As shown in Table 4.3, the most common principal diagnosis for in-patients was 'perineal laceration during delivery', which accounted for 3.2 per cent of total in-patients. The second most frequently reported principal diagnosis was also related to obstetrics, 'other maternal diseases classifiable elsewhere but complicating pregnancy; childbirth and the puerperium'. The total in-patient average length of stay for the top 20 principal diagnoses ranged from 1.3 days for 'false labour' to 12.1 days for 'heart failure'. Figure 4.2 shows the volume of in-patient activity for each of these top 20 principal diagnoses together with their total in-patient average length of stay. In addition to the two most common principal diagnoses, four other obstetrical diagnoses also ranked in the top 20 (including 'single spontaneous delivery', 'labour and delivery complicated by fetal stress [distress]', 'false labour' and 'maternal care for known or suspected abnormality of pelvic organs').

The ranking of the top 20 principal in-patient diagnoses in 2008 was generally similar to that for 2007. In particular, the top ten principal diagnoses were the same in 2007 and 2008, albeit in slightly different order. Only one principal diagnosis that was listed in the 2007 ranking was not among the top 20 in 2008. This principal diagnosis was 'Diarrhoea and gastroenteritis of presumed infectious origin'; it has been replaced in the 2008 top 20 principal in-patient diagnoses list by 'Maternal care for known or suspected abnormality of pelvic organs'.

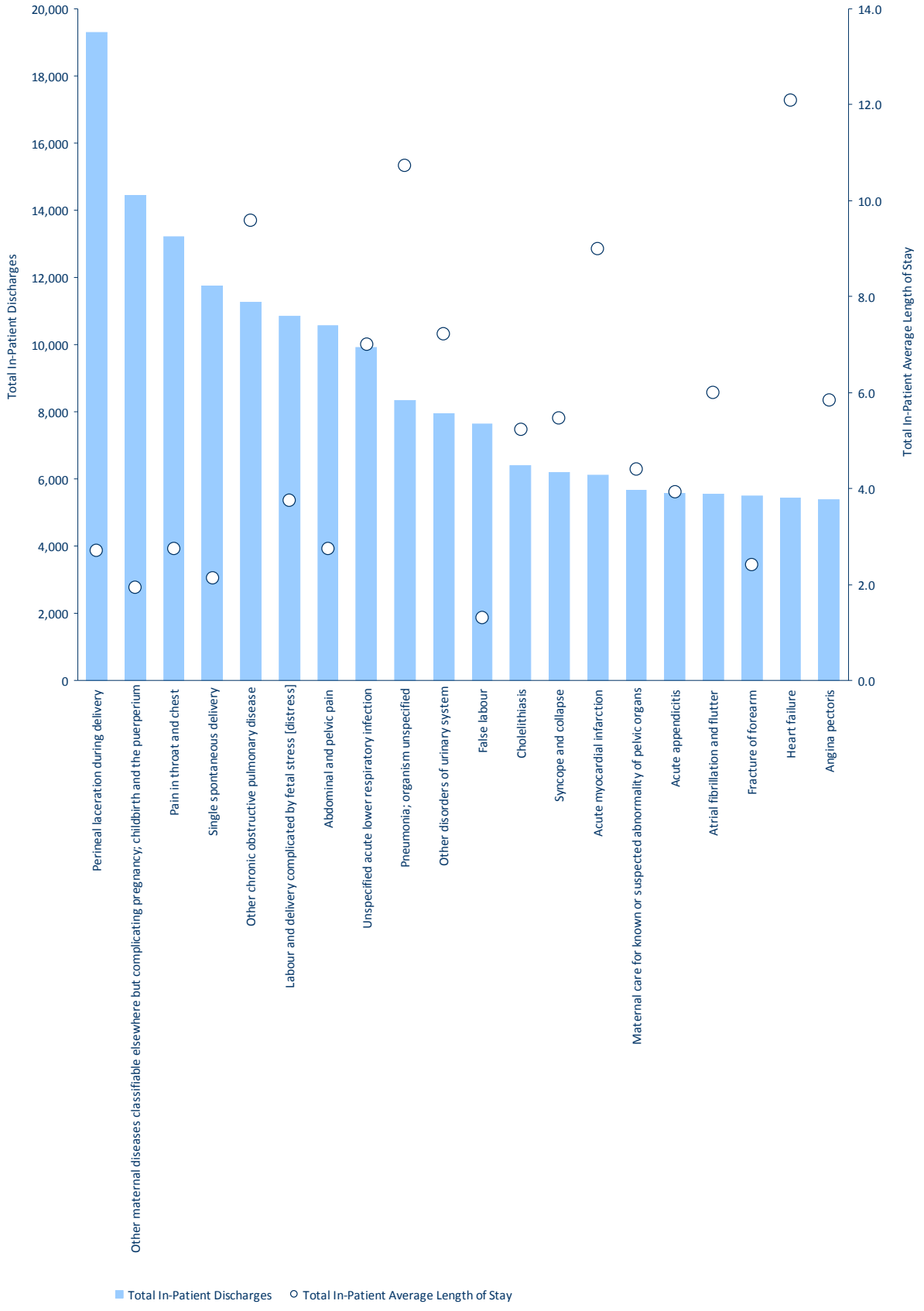
TABLE 4.3

Top 20 Principal Diagnoses for Total In-Patients – Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Principal Diagnosis	ICD-10-AM Code[a]	N	% of Top 20 Principal Diagnoses for In-Patients	% of Total In-Patients	Total In-Patient Average Length of Stay[b]
1	Perineal laceration during delivery	O70	19,295	10.9	3.2	2.7
2	Other maternal diseases classifiable elsewhere but complicating pregnancy; childbirth and the puerperium	O99	14,447	8.2	2.4	1.9
3	Pain in throat and chest	R07	13,221	7.5	2.2	2.8
4	Single spontaneous delivery	O80	11,759	6.6	2.0	2.1
5	Other chronic obstructive pulmonary disease	J44	11,267	6.4	1.9	9.6
6	Labour and delivery complicated by fetal stress [distress]	O68	10,831	6.1	1.8	3.8
7	Abdominal and pelvic pain	R10	10,565	6.0	1.8	2.8
8	Unspecified acute lower respiratory infection	J22	9,927	5.6	1.7	7.0
9	Pneumonia; organism unspecified	J18	8,334	4.7	1.4	10.7
10	Other disorders of urinary system	N39	7,956	4.5	1.3	7.2
11	False labour	O47	7,646	4.3	1.3	1.3
12	Cholelithiasis	K80	6,381	3.6	1.1	5.2
13	Syncope and collapse	R55	6,194	3.5	1.0	5.5
14	Acute myocardial infarction	I21	6,108	3.5	1.0	9.0
15	Maternal care for known or suspected abnormality of pelvic organs	O34	5,660	3.2	0.9	4.4
16	Acute appendicitis	K35	5,573	3.1	0.9	3.9
17	Atrial fibrillation and flutter	I48	5,562	3.1	0.9	6.0
18	Fracture of forearm	S52	5,489	3.1	0.9	2.4
19	Heart failure	I50	5,428	3.1	0.9	12.1
20	Angina pectoris	I20	5,388	3.0	0.9	5.8
Top 20 Principal Diagnoses for In-Patients – Total		**-**	**177,031**	**100**	**29.6**	**4.7**
In-Patients – Total		**-**	**597,449**	**-**	**-**	**6.2**

Notes:
Percentage columns are subject to rounding.
[a] ICD-10-AM diagnosis codes analysed at three-digit level.
[b] Includes acute and extended stay in-patients.

FIGURE 4.2
Top 20 Principal Diagnoses for Total In-Patients with Total In-Patient Average Length of Stay (Days)



Note: See notes under Table 4.3.

Principal and All-Listed Diagnoses

Selected principal diagnoses recorded for total male and female discharges in 2008 are listed in Table 4.4. The presentation of morbidity data here is formatted by chapter within the ICD-10-AM coding scheme, with certain specific conditions within these chapters reported separately.

Principal diagnoses within 'factors influencing health status and contact with health services' amounted to 387,464 discharges. 'Other medical care', which includes radiotherapy and chemotherapy encounters, accounted for 43.3 per cent of discharges within this category. More than 100,000 total discharges were recorded for 'neoplasms', 'diseases of the digestive system', and 'pregnancy, childbirth and the puerperium'.

Almost 54 per cent of discharges are female which is related to the high volume of diagnoses classified to the chapter 'pregnancy, childbirth and the puerperium' (9.2 per cent of total discharges).[6] There were other examples in which the principal diagnosis was more common in either males or females. Of the 72,358 discharges with a principal diagnosis related to 'diseases of the circulatory system', 58.1 per cent related to male discharges. Within this chapter, 70.5 per cent of discharges with a principal diagnosis of 'other ischaemic heart disease' were male. The majority of discharges with a principal diagnosis in the 'diseases of the genitourinary system' chapter were female (63.5 per cent). Within several of the other ICD-10-AM chapters, the division of principal diagnoses between male and female discharges was approximately equal. For instance, of the 125,442 principal diagnoses under 'diseases of the digestive system', 51.1 per cent were for female discharges.

[6] Please note that neonate and obstetric activity for 2008 was seriously underreported for one maternity hospital. For this hospital, available data were used to assign appropriate diagnosis codes to 1,771 discharges. While these data are included in the national HIPE file for 2008, the records are incomplete so caution is urged in any use of this information.

TABLE 4.4

Total Discharges by Principal Diagnosis and Sex

Principal Diagnosis	ICD-10-AM Code	Male	Female	Total Discharges
Total Discharges	–	630,950	737,644	1,368,594
Certain infectious and parasitic diseases	A00-B99	10,874	10,345	21,219
Intestinal infectious diseases including diarrhoea	A00-A09	4,108	4,161	8,269
Tuberculosis[a]	A15-A19	350	204	554
Septicaemia	A40-A41	799	786	1,585
Human immunodeficiency virus [HIV] disease	B20-B24	100	39	139
Neoplasms	C00-D48	53,612	58,371	111,983
Malignant neoplasms	C00-C96	41,909	40,628	82,537
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	5,138	3,213	8,351
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	3,550	2,805	6,355
Malignant neoplasm of skin (primary)	C43-C44	4,963	3,805	8,768
Malignant neoplasm of breast (primary)	C50	36	8,899	8,935
Malignant neoplasms of female genital organs (primary)	C51-C58	0	4,381	4,381
Malignant neoplasm of prostate (primary)	C61	2,988	0	2,988
Malignant neoplasm of bladder (primary)	C67	1,618	634	2,252
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	12,383	9,235	21,618
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	10,958	14,955	25,913
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	8,887	10,036	18,923
Endocrine, nutritional and metabolic diseases	E00-E89	23,667	13,119	36,786
Diabetes mellitus	E10-E14	5,397	3,973	9,370
Cystic fibrosis	E84	1,082	867	1,949
Mental and behavioural disorders	F00-F99	3,643	2,578	6,221
Mental and behavioural disorders due to alcohol	F10	2,151	871	3,022
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	170	97	267
Diseases of nervous system	G00-G99	10,913	12,733	23,646
Multiple sclerosis	G35	1,200	2,477	3,677
Epilepsy	G40, G41	2,169	1,818	3,987
Transient cerebral ischaemic attacks and related syndromes	G45	1,325	1,364	2,689
Diseases of the eye and adnexa	H00-H59	10,631	13,660	24,291
Diseases of the ear and mastoid process	H60-H95	5,719	5,047	10,766
Diseases of the circulatory system	I00-I99	42,051	30,307	72,358
Hypertensive diseases	I10-I15	997	1,147	2,144
Angina pectoris	I20	4,004	2,120	6,124
Acute myocardial infarction	I21-I22	4,378	2,028	6,406
Other ischaemic heart disease	I23-I25	6,706	2,808	9,514
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	691	840	1,531
Conduction disorders and cardiac arrhythmias	I44-I49	6,327	4,312	10,639
Heart failure	I50	3,156	2,413	5,569
Cerebrovascular disease	I60-I69	3,960	3,548	7,508
Atherosclerosis (non-coronary)	I70	1,072	565	1,637
Diseases of the respiratory system	J00-J99	34,128	31,059	65,187
Acute upper respiratory infections and influenza	J00-J11	4,049	3,782	7,831
Pneumonia	J12-J18	4,838	4,302	9,140
Chronic diseases of tonsils and adenoids	J35	2,338	2,820	5,158
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	7,035	6,226	13,261
Asthma	J45-J46	2,296	2,588	4,884
Diseases of the digestive system	K00-K93	61,374	64,068	125,442
Diseases of oesophagus, stomach and duodenum	K20-K31	17,628	18,210	35,838
Diseases of appendix	K35-K38	3,432	2,757	6,189
Inguinal hernia	K40	3,530	271	3,801
Noninfective enteritis and colitis	K50-K52	6,374	7,560	13,934
Alcoholic liver disease	K70	792	390	1,182
Cholelithiasis	K80	2,376	5,236	7,612
Diseases of the skin and subcutaneous tissue	L00-L99	28,438	26,317	54,755
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	3,484	2,574	6,058
Diseases of the musculoskeletal system and connective tissue	M00-M99	23,258	28,390	51,648
Rheumatoid arthritis	M05-M06	1,061	1,905	2,966
Coxarthrosis and Gonarthrosis	M16-M17	3,306	4,083	7,389
Intervertebral disc disorders	M50-M51	1,274	1,406	2,680
Dorsalgia (back pain)	M54	3,654	5,622	9,276
Diseases of the genitourinary system	N00-N99	22,638	39,442	62,080
Urolithiasis	N20-N23	3,242	1,676	4,918
Hyperplasia of prostate	N40	4,723	0	4,723
Disorders of breast[b]	N60-N64	210	2,295	2,505
Inflammatory diseases of female pelvic organs[b]	N70-N77	0	1,499	1,499
Noninflammatory disorders of female genital tract[c]	N80-N98	0	21,054	21,054
Pregnancy, childbirth and the puerperium	O00-O99	0	125,971	125,971
Pregnancy with abortive outcome	O00-O08	0	10,549	10,549
Certain conditions originating in the perinatal period	P00-P96	5,239	4,264	9,503
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	6,188	4,645	10,833
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	42,795	46,797	89,592
Abdominal and pelvic pain	R10	5,803	11,377	17,180
Injury, poisoning and certain other consequences of external causes	S00-T98	35,326	24,600	59,926
Intracranial injury	S06	2,117	919	3,036
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	6,844	2,833	9,677
Fracture of femur	S72	1,448	2,870	4,318
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1,897	2,482	4,379
Factors influencing health status and contact with health services	Z00-Z99	201,569	185,895	387,464
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	75,930	91,688	167,618

Notes:
[a] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports, which comprised of ICD-10-AM Codes A15-A19 'tuberculosis' and B90 'sequelae of tuberculosis'.
[b] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.
[c] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

The distribution of total discharges by age group and principal diagnosis is presented in Table 4.5. Discharges aged between 15 and 44 years accounted for 31.4 per cent of principal diagnoses reported. Close to 30 per cent of discharges within this age group had a principal diagnosis relating to 'pregnancy, childbirth and the puerperium', which was the chapter with the largest number of discharges aged between 15 and 44 years. Over 99 per cent of total discharges within this chapter were aged between 15 and 44 years.

For some ICD-10-AM chapters, the number of principal diagnoses increased with age. Most notably, within 'diseases of the circulatory system' the youngest discharges (under 15 years) accounted for 911 principal diagnoses compared to the 37,476 reported within this chapter for those aged 65 years and over. More than 62 per cent of discharges with a principal diagnosis of 'diseases of the eye and adnexa' were accounted for by discharges aged 65 years and over. In contrast, the number of discharges with a principal diagnosis of 'certain infectious and parasitic diseases' was highest among the under 15 years age group (55.6 per cent). The number of discharges with a principal diagnoses relating to 'injury, poisoning and certain other consequences of external causes' was similar for the youngest and oldest discharges, but diagnoses within this ICD-10-AM chapter were more common among the 15 to 44 year age group. Similarly, compared to the youngest and oldest age groups, discharges in the middle age groups were more likely to record principal diagnoses relating to 'diseases of the digestive system', with 64.9 per cent aged between 15 and 64 years.

TABLE 4.5

Total Discharges by Principal Diagnosis and Age Group

Principal Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years And Over	Total Discharges
Total Discharges	–	**127,471**	**430,068**	**389,558**	**421,497**	**1,368,594**
Certain infectious and parasitic diseases	**A00-B99**	**11,789**	**4,786**	**2,208**	**2,436**	**21,219**
Intestinal infectious diseases including diarrhoea	A00-A09	6,750	497	314	708	8,269
Tuberculosis[a]	A15-A19	18	312	147	77	554
Septicaemia	A40-A41	92	155	380	958	1,585
Human immunodeficiency virus [HIV] disease	B20-B24	22	85	30	~	139
Neoplasms	**C00-D48**	**5,234**	**21,512**	**39,760**	**45,477**	**111,983**
Malignant neoplasms	C00-C96	3,945	11,053	31,015	36,524	82,537
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	0	466	3,331	4,554	8,351
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	18	228	2,741	3,368	6,355
Malignant neoplasm of skin (primary)	C43-C44	9	706	2,087	5,966	8,768
Malignant neoplasm of breast (primary)	C50	0	1,487	5,057	2,391	8,935
Malignant neoplasms of female genital organs (primary)	C51-C58	~	752	2,072	1,552	4,381
Malignant neoplasm of prostate (primary)	C61	0	11	974	2,003	2,988
Malignant neoplasm of bladder (primary)	C67	0	61	600	1,591	2,252
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	2,101	4,555	7,553	7,409	21,618
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,286	9,240	7,962	7,425	25,913
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**2,935**	**4,897**	**4,298**	**6,793**	**18,923**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**2,949**	**9,498**	**14,435**	**9,904**	**36,786**
Diabetes mellitus	E10-E14	631	1,720	2,642	4,377	9,370
Cystic fibrosis	E84	716	1,208	25	0	1,949
Mental and behavioural disorders	**F00-F99**	**658**	**2,472**	**1,809**	**1,282**	**6,221**
Mental and behavioural disorders due to alcohol	F10	136	1,336	1,280	270	3,022
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	226	24	13	267
Diseases of nervous system	**G00-G99**	**2,246**	**8,017**	**7,308**	**6,075**	**23,646**
Multiple sclerosis	G35	~	2,452	1,139	84	3,677
Epilepsy	G40, G41	1,019	1,618	809	541	3,987
Transient cerebral ischaemic attacks and related syndromes	G45	~	121	658	1,906	2,689
Diseases of the eye and adnexa	**H00-H59**	**1,408**	**2,771**	**4,933**	**15,179**	**24,291**
Diseases of the ear and mastoid process	**H60-H95**	**4,760**	**2,646**	**2,006**	**1,354**	**10,766**
Diseases of the circulatory system	**I00-I99**	**911**	**10,072**	**23,899**	**37,476**	**72,358**
Hypertensive diseases	I10-I15	29	491	815	809	2,144
Angina pectoris	I20	0	268	2,465	3,391	6,124
Acute myocardial infarction	I21-I22	~	337	2,309	3,759	6,406
Other ischaemic heart disease	I23-I25	~	363	4,100	5,050	9,514
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	18	317	459	737	1,531
Conduction disorders and cardiac arrhythmias	I44-I49	162	1,101	3,245	6,131	10,639
Heart failure	I50	17	76	649	4,827	5,569
Cerebrovascular disease	I60-I69	70	627	1,925	4,886	7,508
Atherosclerosis (non-coronary)	I70	~	28	437	1,171	1,637
Diseases of the respiratory system	**J00-J99**	**17,129**	**11,885**	**11,694**	**24,479**	**65,187**
Acute upper respiratory infections and influenza	J00-J11	5,043	2,242	340	206	7,831
Pneumonia	J12-J18	1,512	1,097	1,464	5,067	9,140
Chronic diseases of tonsils and adenoids	J35	3,569	1,504	69	16	5,158
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	123	447	3,438	9,253	13,261
Asthma	J45-J46	1,910	1,282	1,226	466	4,884
Diseases of the digestive system	**K00-K93**	**11,007**	**41,428**	**39,968**	**33,039**	**125,442**
Diseases of oesophagus, stomach and duodenum	K20-K31	1,501	11,784	13,180	9,373	35,838
Diseases of appendix	K35-K38	1,731	3,791	514	153	6,189
Inguinal hernia	K40	625	902	1,113	1,161	3,801
Noninfective enteritis and colitis	K50-K52	324	6,841	3,793	2,976	13,934
Alcoholic liver disease	K70	0	337	715	130	1,182
Cholelithiasis	K80	14	2,689	2,418	2,491	7,612
Diseases of the skin and subcutaneous tissue	**L00-L99**	**2,788**	**24,908**	**15,544**	**11,515**	**54,755**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	675	2,012	1,556	1,815	6,058
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**2,716**	**14,033**	**19,188**	**15,711**	**51,648**
Rheumatoid arthritis	M05-M06	0	649	1,522	795	2,966
Coxarthrosis and Gonarthrosis	M16-M17	~	415	2,687	4,284	7,389
Intervertebral disc disorders	M50-M51	~	1,193	1,023	462	2,680
Dorsalgia (back pain)	M54	102	3,004	3,911	2,259	9,276
Diseases of the genitourinary system	**N00-N99**	**6,904**	**22,304**	**17,850**	**15,022**	**62,080**
Urolithiasis	N20-N23	90	2,210	1,891	727	4,918
Hyperplasia of prostate	N40	0	92	1,500	3,131	4,723
Disorders of breast[b]	N60-N64	26	1,325	928	226	2,505
Inflammatory diseases of female pelvic organs[b]	N70-N77	16	1,126	282	75	1,499
Noninflammatory disorders of female genital tract[c]	N80-N98	181	11,636	7,506	1,731	21,054
Pregnancy, childbirth and the puerperium	**O00-O99**	**21**	**125,630**	**320**	**0**	**125,971**
Pregnancy with abortive outcome	O00-O08	~	10,462	84	0	10,549
Certain conditions originating in the perinatal period	**P00-P96**	**9,503**	**0**	**0**	**0**	**9,503**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**8,809**	**1,358**	**465**	**201**	**10,833**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**10,294**	**27,893**	**26,247**	**25,158**	**89,592**
Abdominal and pelvic pain	R10	2,215	8,773	4,166	2,026	17,180
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**11,681**	**24,410**	**10,979**	**12,856**	**59,926**
Intracranial injury	S06	432	1,500	545	559	3,036
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	3,505	4,263	974	935	9,677
Fracture of femur	S72	200	244	475	3,399	4,318
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	483	2,910	759	227	4,379
Factors influencing health status and contact with health services	**Z00-Z99**	**13,729**	**69,548**	**146,647**	**157,540**	**387,464**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	4,569	19,955	79,227	63,867	167,618

Notes: ~ denotes five or less discharges reported to HIPE.

[a] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports, which comprised of ICD-10-AM Codes A15-A19 'tuberculosis' and B90 'sequelae of tuberculosis'.

[b] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.

[c] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

The average length of stay by principal diagnosis and age group is recorded in Table 4.6. The analysis presented here is limited to the average length of stay for acute in-patient discharges (with a length of stay of 30 days or less and excluding day patients) to represent the in-patient population in acute public hospitals more accurately. It should also be noted that this analysis by average length of stay does not take into account the status of the patient on discharge. For example, a patient with a length of stay of one day for a diagnosis of chronic ischaemic heart disease may in fact be transferred to another facility on discharge. Care must be taken, therefore, in interpreting the data on average length of stay presented in Table 4.6, in the absence of information on discharge status or destination on discharge.[7]

For the majority of ICD-10-AM chapters reported in Table 4.6, the acute in-patient average length of stay generally increased with age. For some conditions, there was substantial variation between the average length of stay for the youngest and oldest acute in-patients. For example, for 'certain infectious and parasitic diseases', acute in-patient discharges aged 65 years and over stayed in hospital over four times longer than those aged under 15 years. Acute in-patient average length of stay was 9.3 days for those aged 65 years and over and 2.1 days for those aged under 15 years.

The principal diagnosis, 'human immunodeficiency virus [HIV] disease', had the longest acute in-patient length of stay for the conditions presented here (12.4 days), it also had the longest length of stay for those in the 15-44 age group. Within the youngest age group, those discharges with a principal diagnosis of 'heart failure' had the longest acute in-patient length of stay of 9.1 days. 'Tuberculosis' (11.9 days) and 'fracture of femur' (12.9 days) recorded the longest average lengths of stay for discharges in the 45-64 years and 65 years and over age groups respectively.

[7] Although not presented here, information on discharge status and destination on discharge is collected through HIPE.

TABLE 4.6

Average Length of Stay (Days) for Acute In-Patient Discharges by Principal Diagnosis and Age Group[a]

Principal Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Acute In-Patient Discharges[a]	**–**	**2.9**	**3.1**	**5.3**	**7.5**	**4.6**
Certain infectious and parasitic diseases	**A00-B99**	**2.1**	**5.0**	**7.3**	**9.3**	**3.7**
Intestinal infectious diseases including diarrhoea	A00-A09	1.9	3.8	6.5	9.2	2.7
Tuberculosis[b]	A15-A19	6.3	10.8	11.9	12.8	11.2
Septicaemia	A40-A41	6.6	8.0	9.6	9.9	9.4
Human immunodeficiency virus [HIV] disease	B20-B24	7.0	12.7	11.8	~	12.4
Neoplasms	**C00-D48**	**3.6**	**6.0**	**7.3**	**8.9**	**7.7**
Malignant neoplasms	C00-C96	3.5	6.7	7.7	9.2	8.2
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	-	7.9	8.5	10.8	9.8
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	4.3	9.3	8.2	9.9	9.2
Malignant neoplasm of skin (primary)	C43-C44	2.0	5.0	5.8	6.2	6.0
Malignant neoplasm of breast (primary)	C50	-	5.6	5.5	7.5	6.1
Malignant neoplasms of female genital organs (primary)	C51-C58	~	6.1	6.9	8.1	7.2
Malignant neoplasm of prostate (primary)	C61	-	4.6	6.9	8.1	7.7
Malignant neoplasm of bladder (primary)	C67	-	9.1	5.7	7.1	6.8
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	3.7	8.0	8.3	8.4	7.7
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	3.9	4.5	5.5	6.6	5.4
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**3.3**	**5.5**	**5.4**	**6.8**	**5.6**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**4.4**	**5.6**	**5.7**	**7.3**	**6.1**
Diabetes mellitus	E10-E14	3.9	3.9	6.2	7.4	5.9
Cystic fibrosis	E84	7.5	11.2	9.5	-	10.1
Mental and behavioural disorders	**F00-F99**	**2.7**	**4.2**	**4.8**	**9.0**	**5.1**
Mental and behavioural disorders due to alcohol	F10	1.2	2.8	4.3	6.5	3.7
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	9.5	10.0	6.9	9.3
Diseases of nervous system	**G00-G99**	**3.9**	**4.0**	**4.9**	**6.9**	**5.1**
Multiple sclerosis	G35	~	5.9	7.0	9.9	6.5
Epilepsy	G40, G41	3.4	3.7	4.8	6.1	4.2
Transient cerebral ischaemic attacks and related syndromes	G45	~	3.8	4.6	5.9	5.5
Diseases of the eye and adnexa	**H00-H59**	**2.3**	**3.5**	**3.7**	**3.1**	**3.2**
Diseases of the ear and mastoid process	**H60-H95**	**2.0**	**3.1**	**3.5**	**4.4**	**2.9**
Diseases of the circulatory system	**I00-I99**	**3.3**	**4.7**	**5.7**	**7.7**	**6.7**
Hypertensive diseases	I10-I15	3.5	3.7	3.8	4.7	4.1
Angina pectoris	I20	-	3.1	4.6	5.9	5.3
Acute myocardial infarction	I21-I22	-	4.2	5.8	8.0	7.0
Other ischaemic heart disease	I23-I25	-	3.9	4.7	5.8	5.3
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	6.4	7.9	8.8	10.0	9.1
Conduction disorders and cardiac arrhythmias	I44-I49	3.5	3.2	4.3	6.0	5.2
Heart failure	I50	9.1	7.9	8.5	9.2	9.1
Cerebrovascular disease	I60-I69	8.4	8.5	8.9	10.2	9.7
Atherosclerosis (non-coronary)	I70	-	7.4	7.6	9.4	8.9
Diseases of the respiratory system	**J00-J99**	**2.4**	**3.6**	**6.2**	**8.2**	**5.4**
Acute upper respiratory infections and influenza	J00-J11	1.9	2.5	3.5	5.3	2.2
Pneumonia	J12-J18	4.2	6.1	7.7	9.3	7.8
Chronic diseases of tonsils and adenoids	J35	1.7	2.1	2.4	2.8	1.8
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	3.3	4.9	6.8	8.0	7.6
Asthma	J45-J46	1.9	3.5	5.1	6.1	3.3
Diseases of the digestive system	**K00-K93**	**2.9**	**4.0**	**5.4**	**6.9**	**5.1**
Diseases of oesophagus, stomach and duodenum	K20-K31	2.2	3.2	4.6	6.4	4.4
Diseases of appendix	K35-K38	3.7	3.5	5.6	8.6	3.9
Inguinal hernia	K40	2.2	2.0	2.4	3.8	2.9
Noninfective enteritis and colitis	K50-K52	3.1	5.6	6.1	6.8	6.1
Alcoholic liver disease	K70	-	7.9	10.4	9.4	9.5
Cholelithiasis	K80	2.7	3.5	4.6	7.0	4.9
Diseases of the skin and subcutaneous tissue	**L00-L99**	**3.0**	**3.6**	**5.6**	**7.9**	**5.0**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	3.1	3.9	5.8	7.6	5.4
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**3.1**	**3.4**	**5.3**	**7.8**	**5.6**
Rheumatoid arthritis	M05-M06	-	4.9	5.5	7.9	6.4
Coxarthrosis and Gonarthrosis	M16-M17	~	6.5	8.0	9.8	9.1
Intervertebral disc disorders	M50-M51	~	3.9	5.0	7.4	4.8
Dorsalgia (back pain)	M54	2.9	3.2	4.4	6.1	4.3
Diseases of the genitourinary system	**N00-N99**	**2.8**	**3.1**	**4.4**	**6.9**	**4.5**
Urolithiasis	N20-N23	4.0	2.8	3.4	4.3	3.3
Hyperplasia of prostate	N40	-	4.6	5.2	6.1	5.9
Disorders of breast[c]	N60-N64	2.3	2.8	2.9	5.1	3.0
Inflammatory diseases of female pelvic organs[c]	N70-N77	2.4	2.6	4.0	4.6	2.9
Noninflammatory disorders of female genital tract[d]	N80-N98	2.5	2.7	3.8	4.7	3.3
Pregnancy, childbirth and the puerperium	**O00-O99**	**2.7**	**2.7**	**3.2**	**-**	**2.7**
Pregnancy with abortive outcome	O00-O08	~	1.4	1.5	-	1.4
Certain conditions originating in the perinatal period	**P00-P96**	**6.1**	**-**	**-**	**-**	**6.1**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**4.5**	**4.8**	**6.0**	**6.1**	**4.6**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**2.2**	**2.5**	**3.4**	**5.4**	**3.5**
Abdominal and pelvic pain	R10	1.8	2.5	3.5	4.6	2.7
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**1.7**	**2.8**	**4.5**	**8.2**	**4.0**
Intracranial injury	S06	2.1	3.3	5.2	7.4	4.3
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	1.3	2.1	2.7	4.8	2.1
Fracture of femur	S72	5.5	6.9	8.9	12.9	11.7
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1.5	2.1	3.3	5.5	2.4
Factors influencing health status and contact with health services	**Z00-Z99**	**2.7**	**2.1**	**5.9**	**9.5**	**4.9**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	8.2	3.4	3.9	4.5	5.0

Notes: ~ denotes five or less discharges reported to HIPE.
- denotes no discharges reported to HIPE.
[a] Includes average length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.
[b] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports, which comprised of ICD-10-AM Code A15-A19 'tuberculosis' and B90 'sequelae of tuberculosis'.
[c] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.
[d] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

Table 4.7 provides a detailed breakdown of all-listed diagnoses for males and females. Almost 3.58 million diagnoses were recorded for total discharges reported to HIPE in 2008.[8] In absolute terms, the number of all-listed diagnoses was higher for female discharges compared to male discharges. However, as shown in Table 4.1, the average number of all-listed diagnoses for total male discharges was higher than that for total female discharges. 'Factors influencing health status and contact with health services' recorded the highest volume of all-listed diagnoses in total, for both males and females. Together, 'neoplasms', 'diseases of the circulatory system' and 'external causes of morbidity and mortality' accounted for over one quarter of all-listed diagnoses.

All-listed diagnoses are reported by age group in Table 4.8. Discharges aged 65 years and over recorded the highest number of all-listed diagnoses, accounting for over one third of all-listed diagnoses. This is consistent with the finding in Table 4.1 that this age group had the highest average number of diagnoses per discharge. The distribution of all-listed diagnoses across the age groups was similar to that identified for principal diagnoses in Table 4.5. For some chapters, there was a substantial difference in the number of all-listed diagnoses between age groups. For instance, of the 278,434 diagnoses reported for 'diseases of the circulatory system' those aged 65 years and over accounted for 64.3 per cent of all-listed diagnoses within this group.

[8] As up to twenty diagnoses in total may have been reported for each discharge in 2008, an analysis of the frequency of occurrence of all-listed diagnoses will not equal the number of discharges.

TABLE 4.7
All-Listed Diagnoses by Sex

Diagnosis	ICD-10-AM Code	Male	Female	Total
Total Discharges	-	**630,950**	**737,644**	**1,368,594**
All Conditions	**A00-Z99**	**1,679,182**	**1,897,916**	**3,577,098**
Certain infectious and parasitic diseases	**A00-B99**	**33,371**	**35,301**	**68,672**
Intestinal infectious diseases including diarrhoea	A00-A09	5,563	5,894	11,457
Tuberculosis[a]	A15-A19	604	421	1,025
Septicaemia	A40-A41	3,501	3,024	6,525
Human immunodeficiency virus [HIV] disease	B20-B24	541	237	778
Neoplasms	**C00-D48**	**197,002**	**247,510**	**444,512**
Malignant neoplasms	C00-C96	180,213	221,264	401,477
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	21,959	12,700	34,659
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	11,011	8,791	19,802
Malignant neoplasm of skin (primary)	C43-C44	8,205	5,562	13,767
Malignant neoplasm of breast (primary)	C50	237	63,280	63,517
Malignant neoplasms of female genital organs (primary)	C51-C58	0	15,762	15,762
Malignant neoplasm of prostate (primary)	C61	30,939	0	30,939
Malignant neoplasm of bladder (primary)	C67	3,502	1,239	4,741
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	26,762	18,874	45,636
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	15,667	20,564	36,231
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**28,355**	**30,706**	**59,061**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**95,250**	**74,669**	**169,919**
Diabetes mellitus	E10-E14	46,194	32,052	78,246
Cystic fibrosis	E84	1,464	1,279	2,743
Mental and behavioural disorders	**F00-F99**	**26,702**	**20,648**	**47,350**
Mental and behavioural disorders due to alcohol	F10	12,056	3,965	16,021
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	2,249	1,265	3,514
Diseases of nervous system	**G00-G99**	**26,873**	**27,854**	**54,727**
Multiple sclerosis	G35	1,681	3,308	4,989
Epilepsy	G40, G41	4,626	3,860	8,486
Transient cerebral ischaemic attacks and related syndromes	G45	1,605	1,683	3,288
Diseases of the eye and adnexa	**H00-H59**	**16,864**	**19,953**	**36,817**
Diseases of the ear and mastoid process	**H60-H95**	**8,586**	**7,804**	**16,390**
Diseases of the circulatory system	**I00-I99**	**159,781**	**118,653**	**278,434**
Hypertensive diseases	I10-I15	44,964	37,149	82,113
Angina pectoris	I20	5,901	3,403	9,304
Acute myocardial infarction	I21-I22	5,685	2,904	8,589
Other ischaemic heart disease	I23-I25	25,922	11,427	37,349
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	1,818	2,022	3,840
Conduction disorders and cardiac arrhythmias	I44-I49	26,634	19,243	45,877
Heart failure	I50	10,108	8,632	18,740
Cerebrovascular disease	I60-I69	8,122	7,192	15,314
Atherosclerosis (non-coronary)	I70	3,475	1,561	5,036
Diseases of the respiratory system	**J00-J99**	**70,555**	**63,237**	**133,792**
Acute upper respiratory infections and influenza	J00-J11	5,803	5,601	11,404
Pneumonia	J12-J18	9,155	7,922	17,077
Chronic diseases of tonsils and adenoids	J35	2,905	3,270	6,175
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	14,821	12,458	27,279
Asthma	J45-J46	4,766	5,585	10,351
Diseases of the digestive system	**K00-K93**	**115,158**	**120,208**	**235,366**
Diseases of oesophagus, stomach and duodenum	K20-K31	37,207	35,751	72,958
Diseases of appendix	K35-K38	3,561	2,951	6,512
Inguinal hernia	K40	3,966	316	4,282
Noninfective enteritis and colitis	K50-K52	10,683	13,677	24,360
Alcoholic liver disease	K70	2,220	1,042	3,262
Cholelithiasis	K80	3,600	7,114	10,714
Diseases of the skin and subcutaneous tissue	**L00-L99**	**37,460**	**35,360**	**72,820**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	6,302	4,930	11,232
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**39,053**	**51,626**	**90,679**
Rheumatoid arthritis	M05-M06	1,701	3,324	5,025
Coxarthrosis and Gonarthrosis	M16-M17	4,430	5,679	10,109
Intervertebral disc disorders	M50-M51	1,883	2,161	4,044
Dorsalgia (back pain)	M54	4,955	8,707	13,662
Diseases of the genitourinary system	**N00-N99**	**123,159**	**119,740**	**242,899**
Urolithiasis	N20-N23	3,970	2,086	6,056
Hyperplasia of prostate	N40	8,048	0	8,048
Disorders of breast[b]	N60-N64	276	2,988	3,264
Inflammatory diseases of female pelvic organs[b]	N70-N77	0	3,578	3,578
Noninflammatory disorders of female genital tract[c]	N80-N98	0	33,341	33,341
Pregnancy, childbirth and the puerperium	**O00-O99**	**0**	**200,839**	**200,839**
Pregnancy with abortive outcome	O00-O08	0	10,641	10,641
Certain conditions originating in the perinatal period	**P00-P96**	**14,772**	**11,983**	**26,755**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**19,105**	**15,666**	**34,771**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**95,965**	**109,388**	**205,353**
Abdominal and pelvic pain	R10	8,085	21,879	29,964
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**60,802**	**41,191**	**101,993**
Intracranial injury	S06	3,616	1,626	5,242
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	10,773	4,594	15,367
Fracture of femur	S72	1,931	3,812	5,743
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	3,315	4,328	7,643
External causes of morbidity and mortality	**U50-Y98**	130,084	97,152	227,236
Transport accidents	V01-V99	4,273	2,549	6,822
Factors influencing health status and contact with health services	**Z00-Z99**	**380,285**	**448,428**	**828,713**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	80,834	96,736	177,570

Notes:
[a] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports, which comprised of ICD-10-AM Codes A15-A19 'tuberculosis' and B90 'sequelae of tuberculosis'.
[b] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.
[c] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

TABLE 4.8
All-Listed Diagnoses by Age Group

Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	**127,471**	**430,068**	**389,558**	**421,497**	**1,368,594**
All Conditions	**A00-Z99**	**294,487**	**1,013,997**	**971,918**	**1,296,696**	**3,577,098**
Certain infectious and parasitic diseases	**A00-B99**	**17,968**	**16,929**	**12,390**	**21,385**	**68,672**
Intestinal infectious diseases including diarrhoea	A00-A09	7,901	810	693	2,053	11,457
Tuberculosis[a]	A15-A19	39	410	295	281	1,025
Septicaemia	A40-A41	222	790	1,683	3,830	6,525
Human immunodeficiency virus [HIV] disease	B20-B24	52	522	193	11	778
Neoplasms	**C00-D48**	**11,493**	**61,952**	**193,973**	**177,094**	**444,512**
Malignant neoplasms	C00-C96	9,718	48,672	179,894	163,193	401,477
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	0	1,864	15,783	17,012	34,659
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	19	722	9,259	9,802	19,802
Malignant neoplasm of skin (primary)	C43-C44	21	1,185	3,357	9,204	13,767
Malignant neoplasm of breast (primary)	C50	0	10,595	36,848	16,074	63,517
Malignant neoplasms of female genital organs (primary)	C51-C58	41	2,900	7,790	5,031	15,762
Malignant neoplasm of prostate (primary)	C61	0	59	10,174	20,706	30,939
Malignant neoplasm of bladder (primary)	C67	0	138	1,216	3,387	4,741
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	4,691	8,277	16,191	16,477	45,636
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,771	11,588	11,437	11,435	36,231
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**6,063**	**12,859**	**13,599**	**26,540**	**59,061**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**10,050**	**21,393**	**52,098**	**86,378**	**169,919**
Diabetes mellitus	E10-E14	990	5,823	23,541	47,892	78,246
Cystic fibrosis	E84	1,003	1,708	32	0	2,743
Mental and behavioural disorders	**F00-F99**	**2,074**	**15,545**	**13,058**	**16,673**	**47,350**
Mental and behavioural disorders due to alcohol	F10	167	6,151	6,861	2,842	16,021
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	17	3,064	328	105	3,514
Diseases of nervous system	**G00-G99**	**5,833**	**13,802**	**14,719**	**20,373**	**54,727**
Multiple sclerosis	G35	~	2,738	1,877	372	4,989
Epilepsy	G40, G41	2,232	2,932	1,823	1,499	8,486
Transient cerebral ischaemic attacks and related syndromes	G45	6	158	777	2,347	3,288
Diseases of the eye and adnexa	**H00-H59**	**2,830**	**5,073**	**7,706**	**21,208**	**36,817**
Diseases of the ear and mastoid process	**H60-H95**	**7,025**	**3,729**	**2,966**	**2,670**	**16,390**
Diseases of the circulatory system	**I00-I99**	**2,793**	**22,338**	**74,166**	**179,137**	**278,434**
Hypertensive diseases	I10-I15	471	5,523	23,168	52,951	82,113
Angina pectoris	I20	~	339	3,294	5,670	9,304
Acute myocardial infarction	I21-I22	~	404	2,809	5,372	8,589
Other ischaemic heart disease	I23-I25	~	1,011	12,325	24,010	37,349
Pulmonary heart disease & diseases of pulmonary circulation	I26-I28	226	535	1,054	2,025	3,840
Conduction disorders and cardiac arrhythmias	I44-I49	400	2,692	8,718	34,067	45,877
Heart failure	I50	124	243	2,237	16,136	18,740
Cerebrovascular disease	I60-I69	269	994	3,397	10,654	15,314
Atherosclerosis (non-coronary)	I70	~	79	1,220	3,734	5,036
Diseases of the respiratory system	**J00-J99**	**24,498**	**21,107**	**26,576**	**61,611**	**133,792**
Acute upper respiratory infections and influenza	J00-J11	7,165	3,186	609	444	11,404
Pneumonia	J12-J18	1,965	2,191	2,975	9,946	17,077
Chronic diseases of tonsils and adenoids	J35	4,446	1,619	84	26	6,175
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	248	935	6,704	19,392	27,279
Asthma	J45-J46	3,159	2,993	2,523	1,676	10,351
Diseases of the digestive system	**K00-K93**	**14,650**	**67,991**	**75,486**	**77,239**	**235,366**
Diseases of oesophagus, stomach and duodenum	K20-K31	2,468	21,253	26,609	22,628	72,958
Diseases of appendix	K35-K38	1,772	3,962	573	205	6,512
Inguinal hernia	K40	753	931	1,191	1,407	4,282
Noninfective enteritis and colitis	K50-K52	491	10,210	6,510	7,149	24,360
Alcoholic liver disease	K70	0	914	1,868	480	3,262
Cholelithiasis	K80	18	3,284	3,186	4,226	10,714
Diseases of the skin and subcutaneous tissue	**L00-L99**	**4,409**	**28,489**	**19,611**	**20,311**	**72,820**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	934	2,946	2,827	4,525	11,232
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**4,351**	**22,298**	**29,140**	**34,890**	**90,679**
Rheumatoid arthritis	M05-M06	0	796	2,214	2,015	5,025
Coxarthrosis and Gonarthrosis	M16-M17	~	548	3,272	6,286	10,109
Intervertebral disc disorders	M50-M51	~	1,407	1,554	1,079	4,044
Dorsalgia (back pain)	M54	159	5,141	4,884	3,478	13,662
Diseases of the genitourinary system	**N00-N99**	**10,485**	**57,640**	**68,496**	**106,278**	**242,899**
Urolithiasis	N20-N23	146	2,529	2,262	1,119	6,056
Hyperplasia of prostate	N40	0	112	1,981	5,955	8,048
Disorders of breast[b]	N60-N64	35	1,554	1,240	435	3,264
Inflammatory diseases of female pelvic organs[b]	N70-N77	51	2,517	728	282	3,578
Noninflammatory disorders of female genital tract[c]	N80-N98	283	18,346	11,460	3,252	33,341
Pregnancy, childbirth and the puerperium	**O00-O99**	**42**	**200,233**	**564**	**0**	**200,839**
Pregnancy with abortive outcome	O00-O08	~	10,551	87	0	10,641
Certain conditions originating in the perinatal period	**P00-P96**	**26,749**	**~**	**~**	**~**	**26,755**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**23,465**	**4,647**	**4,224**	**2,435**	**34,771**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**22,891**	**61,613**	**51,085**	**69,764**	**205,353**
Abdominal and pelvic pain	R10	2,801	18,031	5,786	3,346	29,964
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**15,509**	**41,928**	**20,202**	**24,354**	**101,993**
Intracranial injury	S06	637	2,553	1,002	1,050	5,242
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	4,190	6,932	2,001	2,244	15,367
Fracture of femur	S72	224	354	642	4,523	5,743
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	628	5,262	1,369	384	7,643
External causes of morbidity and mortality	**U50-Y98**	**37,871**	**86,959**	**43,310**	**59,096**	**227,236**
Transport accidents	V01-V99	1,306	3,875	1,047	594	6,822
Factors influencing health status and contact with health services	**Z00-Z99**	**43,438**	**24,7469**	**248,547**	**289,259**	**828,713**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	4,715	20,849	82,571	69,435	177,570

Notes:
~ denotes five or less discharges reported to HIPE.
[a] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports, which comprised of ICD-10-AM Codes A15-A19 'tuberculosis' and B90 'sequelae of tuberculosis'.
[b] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.
[c] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

PROCEDURES

The classification of procedures in ICD-10-AM uses the Australian Classification of Health Interventions (ACHI).[9] Procedures are coded in HIPE in accordance with the following hierarchy:

- procedure performed for treatment of the principal diagnosis;
- procedure performed for treatment of additional diagnoses;
- diagnostic/exploratory procedure related to the principal diagnosis; and
- diagnostic/exploratory procedure related to additional diagnoses for the episode of care.[10]

In 2008, the principal procedure and up to nineteen additional procedures could be reported to HIPE where appropriate. 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.[11] 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.[12]

Of the 1,368,594 discharges reported to HIPE in 2008, principal procedures were recorded for 1,090,687 or 79.7 per cent of these discharges. Table 4.9 reports the average number of all-listed procedures for those discharges who underwent at least a principal procedure by sex, age and patient type. On average, 1.8 procedures were recorded for those discharges who underwent a principal procedure in 2008. With the introduction of codes for anaesthesia in ICD-10-AM, many procedures also have an additional code for the anaesthesia.

The average number of procedures performed varied significantly for day and in-patients. For those discharges who underwent a procedure, total in-patients had, on average, 2.7 procedures, compared to 1.4 procedures, on average, for day patients. The average number of procedures performed remained the same between 2007 and 2008. Differences also existed between the number of procedures performed on male and female in-patients and total discharges. The average number of procedures performed on total male in-patients was slightly higher than that reported for females. The average number of procedures performed was highest among total discharges aged under 15 years who underwent a procedure. While

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9 National Centre for Classification in Health (NCCH) 2004. *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (4th Ed)*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney.

10 National Centre of Classification in Health (NCCH), 2004. *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. Volume 5: Australian Coding Standards*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. p 28.

11 National Centre of Classification in Health (NCCH), 2004. *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. Volume 3: Tabular List of Procedures*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. p viii.

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

the average number of procedures increased with age for total in-patients, the day patient pattern differed. For those undergoing a procedure, day patient discharges aged under 15 years recorded an average of 2.1 procedures, which was higher than that reported for the older age groups.

TABLE 4.9
Average Number of All-Listed Procedures by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	1.4	2.7	1.8
Sex			
Male	1.3	2.8	1.8
Female	1.4	2.7	1.9
Age Group			
Under 15 years	2.1	2.6	2.4
15-44 years	1.5	2.5	2.0
45-64 years	1.3	2.9	1.7
65 years and over	1.2	3.0	1.8

Note: Average number of procedures was calculated only for those discharges for which a procedure was performed.

Top 20 Principal Procedure Blocks

The 20 principal procedure blocks with the largest volume of day patient discharges are reported in Table 4.10 and presented in Figure 4.3. Of the 708,803 principal procedures performed on day patients in 2008, the top 20 principal procedure blocks accounted for 75.4 per cent of total day patients who had a principal procedure. The most common principal procedure block for day patients was 'haemodialysis'. This procedure block accounted for 29.4 per cent of discharges in the top 20 and 22.2 per cent of all day patient discharges with a principal procedure. Of the remaining top 20 principal procedure blocks, five were classified under 'procedures on the digestive system' ('panendoscopy with excision', 'fibreoptic colonoscopy', 'fibreoptic colonoscopy with excision', 'panendoscopy', and 'other excision procedures on oesophagus').

Eighteen of the top 20 principal procedures for day patients who underwent a procedure in 2008 were the same as those reported in 2007, albeit with slightly different ranking. Two principal procedures that appeared in the 2007 listing were not included in 2008, these were 'diagnostic tests, measures or investigations, blood and blood-forming organs' and 'examination procedures on nose'. These have been replaced by 'other assessment, consultation, interview, examination or evaluation' and 'nonsurgical removal of tooth'.

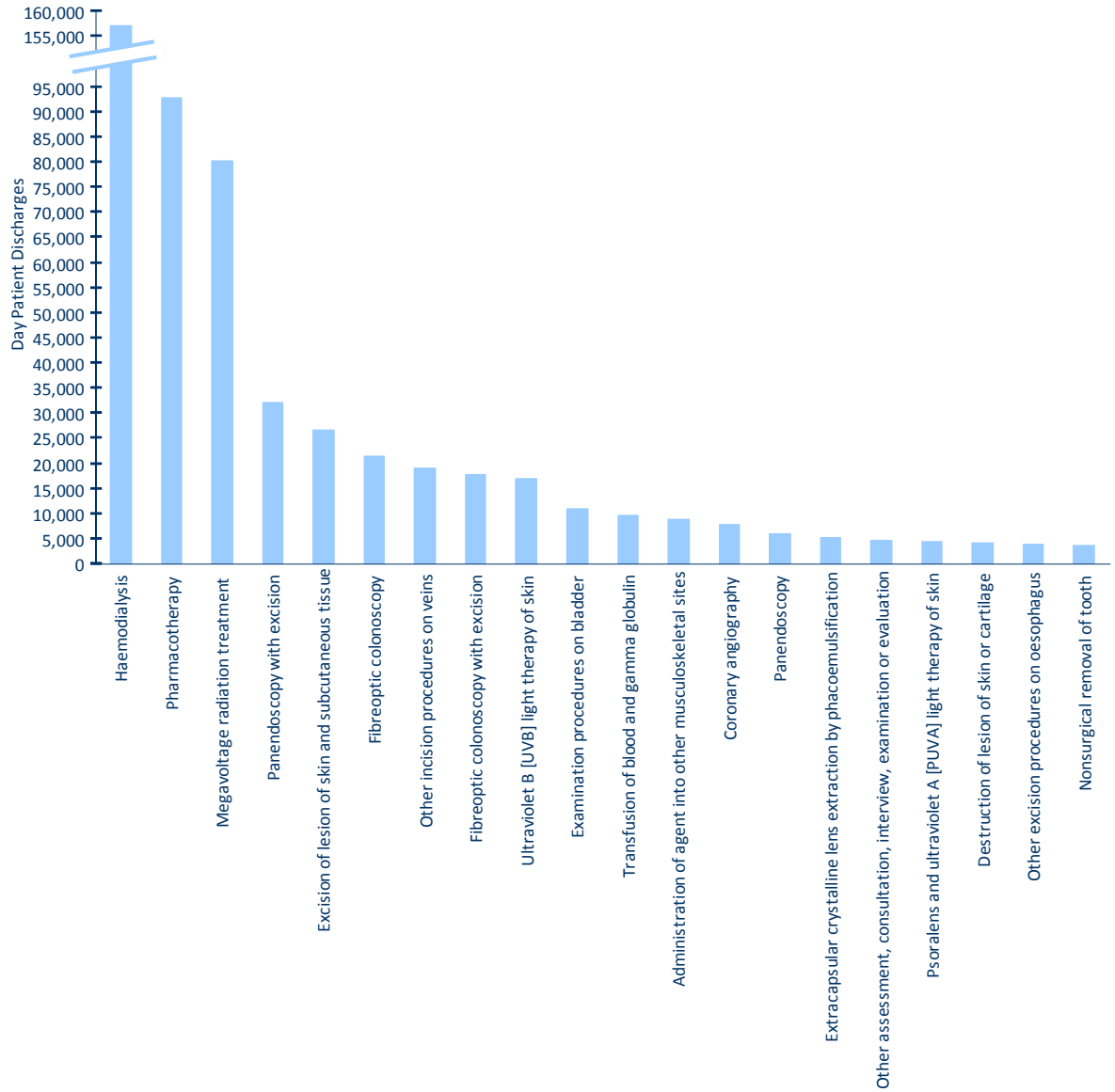
TABLE 4.10

Top 20 Principal Procedure Blocks for Day Patients – Number and Percentage of Day Patient Discharges

Rank	Procedure	Procedure Block	N	% of Top 20 Procedures	% of Day Patients with a Principal Procedure
1	Haemodialysis	1060	157,308	29.4	22.2
2	Pharmacotherapy	1920	92,931	17.4	13.1
3	Megavoltage radiation treatment	1788	80,271	15.0	11.3
4	Panendoscopy with excision	1008	32,229	6.0	4.5
5	Excision of lesion of skin and subcutaneous tissue	1620	26,731	5.0	3.8
6	Fibreoptic colonoscopy	0905	21,564	4.0	3.0
7	Other incision procedures on veins	0725	19,106	3.6	2.7
8	Fibreoptic colonoscopy with excision	0911	17,875	3.3	2.5
9	Ultraviolet B [UVB] light therapy of skin	1610	16,887	3.2	2.4
10	Examination procedures on bladder	1089	10,889	2.0	1.5
11	Transfusion of blood and gamma globulin	1893	9,583	1.8	1.4
12	Administration of agent into other musculoskeletal sites	1552	8,802	1.6	1.2
13	Coronary angiography	0668	7,715	1.4	1.1
14	Panendoscopy	1005	5,964	1.1	0.8
15	Extracapsular crystalline lens extraction by phacoemulsification	0197	5,249	1.0	0.7
16	Other assessment, consultation, interview, examination or evaluation	1824	4,739	0.9	0.7
17	Psoralens and ultraviolet A [PUVA] light therapy of skin	1609	4,359	0.8	0.6
18	Destruction of lesion of skin or cartilage	1612	4,176	0.8	0.6
19	Other excision procedures on oesophagus	0861	4,005	0.7	0.6
20	Nonsurgical removal of tooth	0457	3,782	0.7	0.5
Top 20 Principal Procedure Blocks for Day Patients – Total		**-**	**534,165**	**100**	**75.4**
Day Patients with a Principal Procedure – Total		**-**	**708,803**	**-**	**100**
Day Patients – Total (including those with and without a Principal Procedure)		**-**	**771,145**	**-**	**-**

Note: Percentage columns are subject to rounding.

FIGURE 4.3
Top 20 Principal Procedure Blocks for Day Patients



Approximately 64 per cent of total in-patient discharges underwent a procedure in 2008. As reported in Table 4.11, the top 20 principal procedure blocks accounted for 51.3 per cent of total in-patient discharges with a principal procedure. The most common principal procedure block for in-patients was 'generalised allied health interventions', which accounted for almost 11 per cent of total in-patient discharges with a principal procedure. The principal procedure block with the second highest number of in-patient discharges was 'computerised tomography of brain', which accounted for 6.1 per cent of total in-patient discharges with a principal procedure. Of the top 20 principal procedure blocks, six were related to obstetrics ('Caesarean section', 'postpartum suture', 'vacuum extraction', 'other procedures associated with delivery', 'medical or surgical induction of labour', and 'medical or surgical augmentation of labour').

The total in-patient average length of stay for the top 20 principal procedure blocks was 7.6 days and, as reported in Figure 4.4, ranged from 1.2 days for 'evacuation of gravid uterus' to 13.9 days for 'arthroplasty of hip'. The total in-patient average length of stay for 'generalised allied health interventions', the most common principal procedure block, was 11.9 days.

Similar to the top 20 principal procedures for day patients, nineteen of the top 20 principal procedures for in-patients in 2007 have remained in the top 20 in 2008. In addition, the ranking of the top six procedures, 'generalised allied health interventions', 'computerised tomography of brain', 'Caesarean section', 'postpartum suture', 'pharmacotherapy' and 'panendoscopy with excision' has remained the same as their 2007 ranking. The only procedure to appear in the top 20 in 2007 and not 2008 was 'continuous ventilatory support'. This has been replaced by 'other computerised tomography' in 2008.

TABLE 4.11

Top 20 Principal Procedure Blocks for Total In-Patients – Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Principal Procedure	Procedure Block	N	% of Top 20 Principal Procedures for In-Patients	% of Total In-Patients with a Principal Procedure	Total In-Patient Average Length of Stay[a]
1	Generalised allied health interventions[b]	1916	41,269	21.1	10.8	11.9
2	Computerised tomography of brain	1952	23,201	11.8	6.1	10.8
3	Caesarean section	1340	18,235	9.3	4.8	5.6
4	Postpartum suture	1344	17,860	9.1	4.7	2.8
5	Pharmacotherapy	1920	13,098	6.7	3.4	6.2
6	Panendoscopy with excision	1008	9,315	4.8	2.4	9.3
7	Transfusion of blood and gamma globulin	1893	6,771	3.5	1.8	8.9
8	Vacuum extraction	1338	6,619	3.4	1.7	3.3
9	Magnetic resonance imaging	2015	6,597	3.4	1.7	10.9
10	Appendicectomy	0926	6,236	3.2	1.6	3.9
11	Coronary angiography	0668	5,438	2.8	1.4	6.9
12	Other procedures associated with delivery	1343	5,357	2.7	1.4	3.2
13	Medical or surgical augmentation of labour	1335	5,054	2.6	1.3	2.3
14	Evacuation of gravid uterus[c]	1267	4,894	2.5	1.3	1.2
15	Arthroplasty of hip	1489	4,856	2.5	1.3	13.9
16	Tonsillectomy or adenoidectomy	0412	4,531	2.3	1.2	1.9
17	Medical or surgical induction of labour	1334	4,413	2.3	1.2	3.2
18	Cholecystectomy	0965	4,114	2.1	1.1	4.7
19	Other computerised tomography	1966	4,070	2.1	1.1	9.4
20	Computerised tomography of abdomen and pelvis	1963	3,976	2.0	1.0	7.7
Top 20 Principal Procedure Blocks for In-Patients		**-**	**195,904**	**100**	**51.3**	**7.6**
Total In-Patients with a Principal Procedure		**-**	**381,884**	**-**	**-**	**8.0**
Total In-Patients (including those with and without a Principal Procedure)		**-**	**597,449**	**-**	**-**	**-**

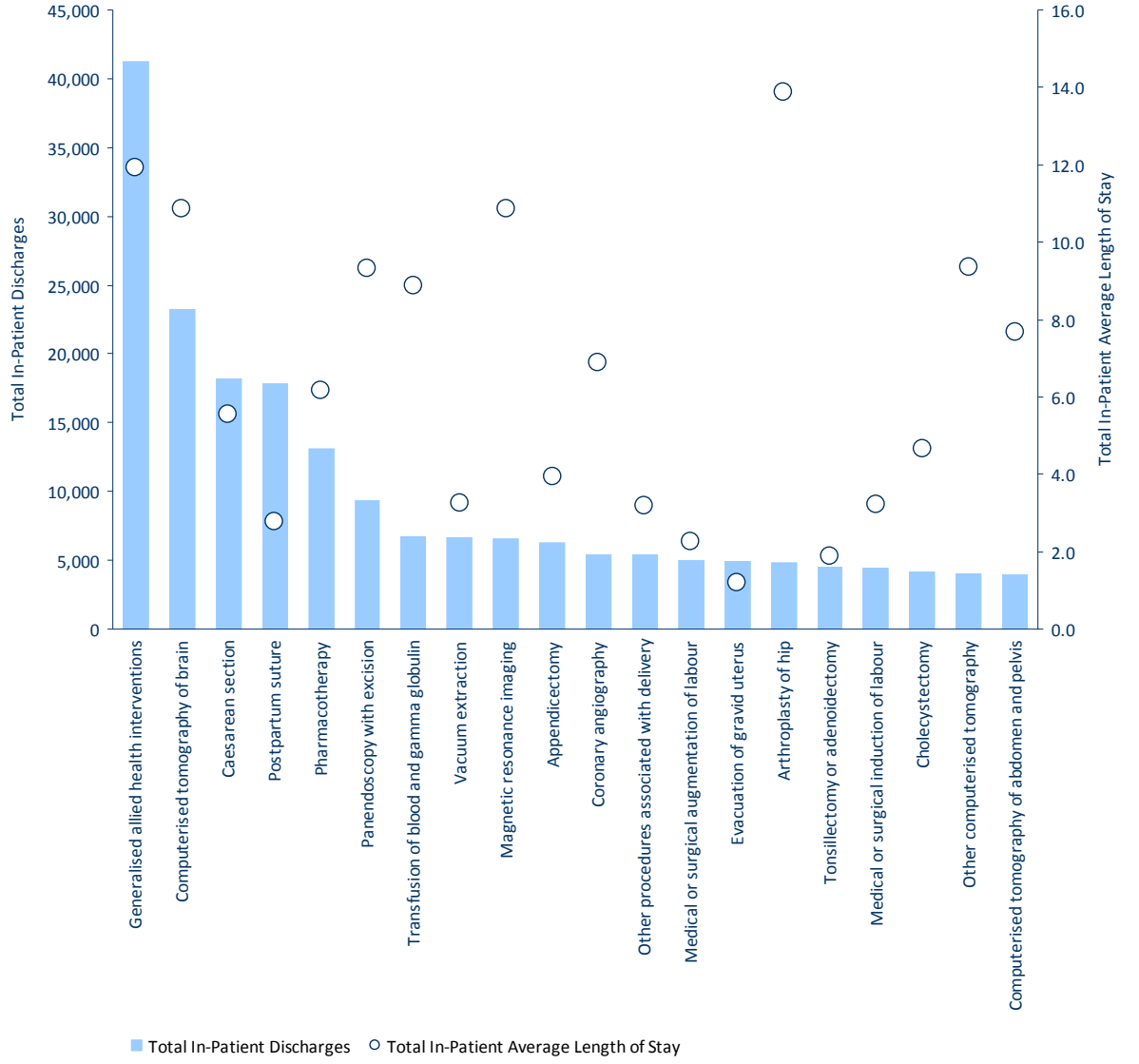
Notes: Percentage columns are subject to rounding.

[a] Includes acute and extended stay in-patients.

[b] Includes interventions such as physiotherapy, dietetics, occupational therapy and social work. Together, these account for 88.4 per cent of cases within this procedure block.

[c] Includes procedures following miscarriage.

FIGURE 4.4
Top 20 Principal Procedure Blocks for Total In-Patients with Total In-Patient Average Length of Stay (Days)



Note: See notes under Table 4.11.

Principal and All-Listed Procedures

The type and number of principal procedures recorded for male and female discharges are reported in Table 4.12. Female discharges, representing 53.9 per cent of total discharges, accounted for 52.6 per cent of all principal procedures reported to HIPE in 2008. The proportion of total male discharges undergoing a principal procedure was 81.9 per cent and was slightly higher than that for female discharges (77.8 per cent). The ICD-10-AM chapter 'non-invasive, cognitive and other interventions, not elsewhere classified' had the highest number of total discharges with a principal procedure. This chapter includes the procedure blocks 'pharmacotherapy', 'generalised allied health interventions' and 'transfusion of blood and gamma globulin'.

Almost 17 per cent of total principal procedures were 'procedures on the urinary system', which includes 'haemodialysis'. Together, 'gynaecological procedures' and 'obstetric procedures' amounted to 96,062 (16.7 per cent) of the principal procedures performed on female discharges. Generally, with the exception of sex specific chapters, the volume of male and female discharges undergoing principal procedures was comparable for most of the ICD-10-AM chapters. However, male discharges recorded almost twice as many 'procedures on cardiovascular system' compared with female discharges.

TABLE 4.12

Total Discharges by Principal Procedure Block and Sex

Principal Procedure	Procedure Block	Male	Female	Total Discharges
Total Discharges	-	**630,950**	**737,644**	**1,368,594**
All Principal Procedures	**0001-2016**	**516,748**	**573,939**	**1,090,687**
Procedures on nervous system	**0001-0086**	**8,826**	**11,068**	**19,894**
Lumbar puncture	0030	1,528	1,867	3,395
Procedures on endocrine system	**0110-0129**	**352**	**938**	**1,290**
Procedures on eye and adnexa	**0160-0256**	**10,455**	**12,193**	**22,648**
Lens extraction	0195-0202	3,730	5,174	8,904
Procedures on ear and mastoid process	**0300-0333**	**5,110**	**4,443**	**9,553**
Myringotomy	0309	2,347	1,695	4,042
Procedures on nose, mouth and pharynx	**0370-0422**	**8,153**	**7,158**	**15,311**
Tonsillectomy or adenoidectomy	0412	2,156	2,614	4,770
Dental services	**0450-0490**	**3,631**	**3,293**	**6,924**
Procedures on respiratory system	**0520-0569**	**11,361**	**8,832**	**20,193**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	3,828	3,128	6,956
Procedures on cardiovascular system	**0600-0767**	**34,405**	**19,063**	**53,468**
Coronary angiography	0668	8,289	4,864	13,153
Transluminal coronary angioplasty with/without stenting	0670-0671	2,442	884	3,326
CABG	0672-0679	736	145	881
Leg varicose vein ligation	0727-0728	772	1,527	2,299
Procedures on blood and blood-forming organs	**0800-0817**	**2,210**	**2,129**	**4,339**
Procedures on digestive system	**0850-1011**	**68,559**	**73,804**	**142,363**
Fibreoptic colonoscopy with/without excision	0905, 0911	21,733	23,788	45,521
Appendicectomy	0926	3,378	2,872	6,250
Procedures for haemorrhoids	0941	1,283	1,130	2,413
Cholecystectomy	0965	1,092	3,244	4,336
Lysis of peritoneal adhesions	0986	132	660	792
Repair of inguinal and obstructed hernia	0990, 0997	3,395	330	3,725
Panendoscopy with/without excision	1005-1008	23,492	27,011	50,503
Procedures on urinary system	**1040-1129**	**114,065**	**69,796**	**183,861**
Examination procedures on bladder (includes cystoscopy)	1089	7,926	4,378	12,304
Procedures on male genital organs	**1160-1203**	**9,498**	**0**	**9,498**
Prostatectomy	1165-1167	1,499	0	1,499
Circumcision	30653-00[1196]	3,102	0	3,102
Gynaecological procedures	**1240-1299**	**0**	**30,720**	**30,720**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	710	710
Salpingectomy	1251	0	130	130
Examination procedures on uterus	1259	0	3,222	3,222
Dilation and curettage of uterus	1265, 1267	0	10,259	10,259
Hysterectomy	1268-1269	0	2,775	2,775
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	691	691
Obstetric procedures	**1330-1347**	**0**	**65,342**	**65,342**
Induction and augmentation of labour	1334, 1335	0	9,476	9,476
Vacuum extraction	1338	0	6,619	6,619
Caesarean section	1340	0	18,235	18,235
Episiotomy associated with delivery	90472-00[1343]	0	5,242	5,242
Postpartum suture	1344	0	17,866	17,866
Procedures on musculoskeletal system	**1360-1579**	**29,522**	**26,390**	**55,912**
Arthroplasty of hip	1489	2,162	2,696	4,858
Arthroplasty of knee	1518-1519	634	1,116	1,750
Dermatological and plastic procedures	**1600-1718**	**39,469**	**38,129**	**77,598**
Excision of lesion of skin and subcutaneous tissue	1620	13,245	15,053	28,298
Other debridement of skin and subcutaneous tissue	1628	1,332	619	1,951
Skin graft	1640-1650	259	188	447
Procedures on breast	**1740-1759**	**230**	**8,205**	**8,435**
Breast biopsy	1743-1744	113	5,556	5,669
Mastectomy	1747-1748	68	1,002	1,070
Radiation oncology procedures	**1786-1799**	**41,751**	**47,132**	**88,883**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**97,822**	**114,033**	**211,855**
Transfusion of blood and gamma globulin	1893	8,908	7,446	16,354
Conduction anaesthesia	1909	53	103	156
Cerebral anaesthesia[a]	1910	62	81	143
Imaging services	**1940-2016**	**31,329**	**31,271**	**62,600**
Computerised tomography scan	1952-1966	22,627	22,099	44,726
Magnetic resonance imaging	2015	4,227	4,323	8,550

Note: [a] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

Principal procedures are further analysed by age group in Table 4.13. The proportion of discharges within each age group undergoing a principal procedure varied across the age groups. A principal procedure was performed on 58.0 per cent of those discharges aged under 15 years. This was lower than the equivalent proportions for the older age groups. Approximately 74.4 per cent of discharges aged between 15 and 44 years and 85.2 per cent of discharges aged 65 years and over had a principal procedure. The 45 to 64 year age group recorded the highest proportion of discharges with a principal procedure at 86.7 per cent.

The frequency of principal procedures varied by age group. Some principal procedures were more common among younger age groups. For instance, 75.7 per cent of all 'myringotomy' procedures were undertaken on discharges younger than 15 years of age, as were 71.4 per cent of all 'tonsillectomy or adenoidectomy' procedures. The 15 to 44 year age group recorded the highest number of 'obstetric procedures' and 'gynaecological procedures'. Over 62 per cent of 'procedures on eye and adnexa' undertaken as principal procedures were performed on discharges aged 65 years and over. Within this age group, over half of these operations involved 'lens extraction'.

The average length of stay of acute in-patient discharges for each principal procedure category and age group is reported in Table 4.14. Generally, the average length of stay for almost all principal procedures increased with age. For instance, the average length of stay for acute in-patients aged 65 years and over who underwent 'procedures of musculoskeletal system' was 9.4 days, which was over four times that for discharges aged under 15 years (2.0 days). 'Procedures on respiratory system' recorded the longest average length of stay of 9.6 days for the youngest group of acute in-patients. Acute in-patients in the three older age groups who underwent 'CABG' (coronary artery bypass graft) stayed in hospital the longest. The average length of stay for acute in-patients who underwent a principal procedure was 5.7 days.

TABLE 4.13

Total Discharges by Principal Procedure Block and Age Group

Principal Procedure	Procedure Block	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	**127,471**	**430,068**	**389,558**	**421,497**	**1,368,594**
All Principal Procedures	**0001-2016**	**73,900**	**319,936**	**337,889**	**358,962**	**1,090,687**
Procedures on nervous system	**0001-0086**	**1,555**	**6,950**	**7,169**	**4,220**	**19,894**
Lumbar puncture	0030	1,164	1,364	588	279	3,395
Procedures on endocrine system	**0110-0129**	**57**	**452**	**506**	**275**	**1,290**
Procedures on eye and adnexa	**0160-0256**	**1,351**	**2,421**	**4,755**	**14,121**	**22,648**
Lens extraction	0195-0202	89	261	1,315	7,239	8,904
Procedures on ear and mastoid process	**0300-0333**	**4,266**	**2,452**	**1,695**	**1,140**	**9,553**
Myringotomy	0309	3,061	461	305	215	4,042
Procedures on nose, mouth and pharynx	**0370-0422**	**4,858**	**5,082**	**3,201**	**2,170**	**15,311**
Tonsillectomy or adenoidectomy	0412	3,407	1,317	36	10	4,770
Dental services	**0450-0490**	**4,288**	**1,808**	**625**	**203**	**6,924**
Procedures on respiratory system	**0520-0569**	**2,840**	**3,744**	**6,333**	**7,276**	**20,193**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	311	1,280	2,608	2,757	6,956
Procedures on cardiovascular system	**0600-0767**	**1,359**	**9,954**	**24,327**	**17,828**	**53,468**
Coronary angiography	0668	85	1,010	6,119	5,939	13,153
Transluminal coronary angioplasty with/without stenting	0670-0671	10	170	1,532	1,614	3,326
CABG	0672-0679	0	13	380	488	881
Leg varicose vein ligation	0727-0728	0	1,004	1,073	222	2,299
Procedures on blood and blood-forming organs	**0800-0817**	**245**	**1,036**	**1,526**	**1,532**	**4,339**
Procedures on digestive system	**0850-1011**	**4,607**	**45,823**	**50,124**	**41,809**	**142,363**
Fibreoptic colonoscopy with/without excision	0905, 0911	104	12,417	18,332	14,668	45,521
Appendicectomy	0926	1,752	3,872	494	132	6,250
Procedures for haemorrhoids	0941	~	1,030	1,034	347	2,413
Cholecystectomy	0965	8	1,918	1,634	776	4,336
Lysis of peritoneal adhesions	0986	17	485	188	102	792
Repair of inguinal and obstructed hernia	0990, 0997	584	889	1,116	1,136	3,725
Panendoscopy with/without excision	1005-1008	472	15,955	18,385	15,691	50,503
Procedures on urinary system	**1040-1129**	**1,508**	**32,211**	**60,464**	**89,678**	**183,861**
Examination procedures on bladder (includes cystoscopy)	1089	203	1,900	4,030	6,171	12,304
Procedures on male genital organs	**1160-1203**	**4,117**	**1,471**	**1,657**	**2,253**	**9,498**
Prostatectomy	1165-1167	0	9	487	1,003	1,499
Circumcision	30653-00[1196]	2,396	458	165	83	3,102
Gynaecological procedures	**1240-1299**	**101**	**19,643**	**9,038**	**1,938**	**30,720**
Oophorectomy and salpingo-oophorectomy	1243, 1252	8	359	273	70	710
Salpingectomy	1251	~	124	~	0	130
Examination procedures on uterus	1259	~	1,257	1,689	275	3,222
Dilation and curettage of uterus	1265, 1267	~	7,291	2,571	396	10,259
Hysterectomy	1268-1269	0	672	1,605	498	2,775
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	63	382	246	691
Obstetric procedures	**1330-1347**	**8**	**65,199**	**135**	**0**	**65,342**
Induction and augmentation of labour	1334, 1335	0	9,457	19	0	9,476
Vacuum extraction	1338	~	6,614	~	0	6,619
Caesarean section	1340	0	18,157	78	0	18,235
Episiotomy associated with delivery	90472-00[1343]	~	5,236	~	0	5,242
Postpartum suture	1344	~	17,840	24	0	17,866
Procedures on musculoskeletal system	**1360-1579**	**6,666**	**18,661**	**15,222**	**15,363**	**55,912**
Arthroplasty of hip	1489	~	159	1,204	3,491	4,858
Arthroplasty of knee	1518-1519	~	25	587	1,137	1,750
Dermatological and plastic procedures	**1600-1718**	**6,922**	**32,354**	**19,707**	**18,615**	**77,598**
Excision of lesion of skin and subcutaneous tissue	1620	1,073	9,832	7,902	9,491	28,298
Other debridement of skin and subcutaneous tissue	1628	282	816	435	418	1,951
Skin graft	1640-1650	69	155	90	133	447
Procedures on breast	**1740-1759**	**18**	**3,296**	**3,764**	**1,357**	**8,435**
Breast biopsy	1743-1744	~	2,282	2,474	909	5,669
Mastectomy	1747-1748	~	254	527	286	1,070
Radiation oncology procedures	**1786-1799**	**976**	**9,436**	**42,956**	**35,515**	**88,883**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**21,645**	**43,515**	**69,003**	**77,692**	**211,855**
Transfusion of blood and gamma globulin	1893	1,789	2,044	3,832	8,689	16,354
Conduction anaesthesia	1909	0	77	49	30	156
Cerebral anaesthesia[a]	1910	26	48	30	39	143
Imaging services	**1940-2016**	**6,513**	**14,428**	**15,682**	**25,977**	**62,600**
Computerised tomography scan	1952-1966	1,589	10,463	11,633	21,041	44,726
Magnetic resonance imaging	2015	2,282	2,343	2,019	1,906	8,550

Notes: ~ denotes five or less discharges reported to HIPE.

[a] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

Table 4.14

Average Length of Stay (Days) for Acute In-Patient Discharges by Principal Procedure Block and Age Group

Principal Procedure	Procedure Block	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Acute In-Patient Discharges[a]	**-**	**2.9**	**3.1**	**5.2**	**7.5**	**4.6**
All Principal Procedures	**0001-2016**	**4.0**	**3.8**	**6.1**	**8.6**	**5.7**
Procedures on nervous system	**0001-0086**	**5.4**	**4.9**	**6.4**	**8.0**	**5.9**
Lumbar puncture	0030	4.8	4.7	6.4	11.9	5.5
Procedures on endocrine system	**0110-0129**	**3.0**	**4.6**	**4.9**	**6.4**	**5.0**
Procedures on eye and adnexa	**0160-0256**	**2.3**	**3.4**	**3.7**	**2.9**	**3.1**
Lens extraction	0195-0202	3.5	2.1	2.3	2.1	2.2
Procedures on ear and mastoid process	**0300-0333**	**1.8**	**2.7**	**3.5**	**6.4**	**2.7**
Myringotomy	0309	1.5	3.1	2.3	5.9	1.9
Procedures on nose, mouth and pharynx	**0370-0422**	**1.8**	**2.5**	**3.9**	**5.5**	**2.6**
Tonsillectomy or adenoidectomy	0412	1.7	2.1	3.3	10.1	1.9
Dental services	**0450-0490**	**2.2**	**2.5**	**2.6**	**4.2**	**2.6**
Procedures on respiratory system	**0520-0569**	**9.6**	**7.1**	**8.7**	**10.1**	**9.1**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	5.9	8.1	9.7	11.5	10.0
Procedures on cardiovascular system	**0600-0767**	**7.8**	**5.9**	**6.0**	**7.7**	**6.8**
Coronary angiography	0668	3.8	4.8	5.5	6.8	6.0
Transluminal coronary angioplasty with/without stenting	0670-0671	4.5	3.5	3.5	4.6	4.1
CABG	0672-0679	-	16.0	12.1	13.7	13.0
Leg varicose vein ligation	0727-0728	-	1.5	1.9	2.5	1.9
Procedures on blood and blood-forming organs	**0800-0817**	**6.8**	**7.9**	**8.8**	**10.3**	**9.0**
Procedures on digestive system	**0850-1011**	**4.4**	**4.4**	**6.6**	**9.0**	**6.5**
Fibreoptic colonoscopy with/without excision	0905, 0911	3.1	6.2	6.5	7.9	7.2
Appendicectomy	0926	3.7	3.5	5.6	8.3	3.8
Procedures for haemorrhoids	0941	~	2.4	2.9	4.8	3.0
Cholecystectomy	0965	3.0	3.3	4.3	6.5	4.3
Lysis of peritoneal adhesions	0986	7.4	4.5	8.3	13.2	7.0
Repair of inguinal and obstructed hernia	0990, 0997	2.3	2.1	2.4	4.2	3.0
Panendoscopy with/without excision	1005-1008	3.7	4.5	6.3	8.7	6.9
Procedures on urinary system	**1040-1129**	**5.2**	**4.9**	**5.7**	**7.5**	**6.3**
Examination procedures on bladder (includes cystoscopy)	1089	3.5	4.2	4.9	6.8	5.9
Procedures on male genital organs	**1160-1203**	**2.2**	**2.6**	**5.8**	**6.7**	**4.8**
Prostatectomy	1165-1167	-	9.1	7.0	7.1	7.1
Circumcision	30653-00[1196]	1.3	1.7	2.4	2.2	1.7
Gynaecological procedures	**1240-1299**	**4.1**	**2.2**	**4.7**	**5.8**	**3.2**
Oophorectomy and salpingo-oophorectomy	1243, 1252	5.1	5.3	6.0	8.1	5.8
Salpingectomy	1251	~	3.1	~	-	3.1
Examination procedures on uterus	1259	~	1.9	2.2	3.7	2.4
Dilation and curettage of uterus	1265, 1267	-	1.2	1.8	2.8	1.4
Hysterectomy	1268-1269	-	6.3	6.8	8.2	6.9
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	4.6	5.1	5.6	5.2
Obstetric procedures	**1330-1347**	**3.6**	**3.6**	**5.1**	**-**	**3.6**
Induction and augmentation of labour	1334, 1335	-	2.7	3.3	-	2.7
Vacuum extraction	1338	~	3.3	~	-	3.3
Caesarean section	1340	-	5.4	6.4	-	5.4
Episiotomy associated with delivery	90472-00[1343]	~	3.2	~	-	3.2
Postpartum suture	1344	~	2.7	3.0	-	2.7
Procedures on musculoskeletal system	**1360-1579**	**2.0**	**2.9**	**5.3**	**9.4**	**5.3**
Arthroplasty of hip	1489	~	8.5	8.9	11.8	10.9
Arthroplasty of knee	1518-1519	~	10.2	9.3	10.7	10.2
Dermatological and plastic procedures	**1600-1718**	**3.5**	**3.3**	**5.1**	**7.1**	**4.2**
Excision of lesion of skin and subcutaneous tissue	1620	2.1	2.4	3.2	5.1	4.1
Other debridement of skin and subcutaneous tissue	1628	1.6	3.6	6.6	10.8	5.2
Skin graft	1640-1650	9.6	7.8	10.4	9.6	9.1
Procedures on breast	**1740-1759**	**2.1**	**4.0**	**4.6**	**5.9**	**4.7**
Breast biopsy	1743-1744	-	3.2	3.2	4.8	3.6
Mastectomy	1747-1748	~	6.5	7.5	8.0	7.4
Radiation oncology procedures	**1786-1799**	**8.0**	**6.9**	**10.6**	**11.3**	**10.5**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**4.4**	**4.3**	**6.6**	**9.1**	**6.8**
Transfusion of blood and gamma globulin	1893	3.9	4.8	6.2	7.7	6.7
Conduction anaesthesia	1909	-	3.5	5.9	9.4	5.2
Cerebral anaesthesia[b]	1910	2.8	4.2	8.5	7.7	5.8
Imaging services	**1940-2016**	**3.8**	**4.3**	**6.2**	**8.9**	**6.7**
Computerised tomography scan	1952-1966	2.9	3.9	5.9	8.7	6.6
Magnetic resonance imaging	2015	4.5	6.0	7.8	10.5	7.5

Notes: ~ denotes five or less discharges reported to HIPE.
- denotes no discharges reported to HIPE.
[a] Includes average length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.
[b] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

Table 4.15 reports all-listed (principal and additional) procedures by procedure category and sex. In total, over 2.0 million procedures were recorded during 2008. Female discharges recorded a higher number of all-listed procedures and accounted for over 54 per cent of total procedures. Over 39.3 per cent of all procedures performed in 2008 were classified as 'non-invasive, cognitive and other interventions, not elsewhere classified'. The next largest category was 'procedures on urinary system', which accounted for 9.7 per cent of all-listed procedures. Apart from 'non-invasive, cognitive and other interventions, not elsewhere classified', 'procedures on the urinary system' also recorded the highest number of all-listed procedures for male discharges. In contrast, the next highest volume for female discharges after 'non-invasive, cognitive and other interventions, not elsewhere classified' was 'obstetric procedures'.

All-listed procedures are presented by age group in Table 4.16. Discharges in the 15 to 44 years and 65 years and over age groups accounted for the highest proportions of all-listed procedures at 31.0 per cent and 32.0 per cent respectively. 'Non-invasive, cognitive and other interventions, not elsewhere classified' recorded the highest number of all-listed procedures for all age groups. The next highest number of all-listed procedures for the youngest age group was 'imaging services'. For the 15 to 44 year age group, 'obstetric procedures' were the second most common principal and additional procedures. Not surprisingly, this age group accounted for the vast majority (99.8 per cent) of all listed obstetrical procedures. 'Procedures on digestive system' were the second most common type of procedure performed on discharges aged between 45 and 64 years. For those aged 65 years and over the second most common all-listed procedure was 'procedures on urinary system'.

TABLE 4.15
All-Listed Procedure Blocks by Sex

Procedure	Procedure Block	Male	Female	Total
Total Discharges	-	**630,950**	**737,644**	**1,368,594**
All Procedures	**0001-2016**	**922,684**	**1,090,290**	**2,012,974**
Procedures on nervous system	**0001-0086**	**12,262**	**14,302**	**26,564**
Lumbar puncture	0030	3,203	3,278	6,481
Procedures on endocrine system	**0110-0129**	**408**	**1,022**	**1,430**
Procedures on eye and adnexa	**0160-0256**	**12,020**	**13,614**	**25,634**
Lens extraction	0195-0202	3,818	5,283	9,101
Procedures on ear and mastoid process	**0300-0333**	**6,585**	**5,499**	**12,084**
Myringotomy	0309	2,967	2,114	5,081
Procedures on nose, mouth and pharynx	**0370-0422**	**10,393**	**8,632**	**19,025**
Tonsillectomy or adenoidectomy	0412	2,299	2,709	5,008
Dental services	**0450-0490**	**8,554**	**7,597**	**16,151**
Procedures on respiratory system	**0520-0569**	**23,423**	**16,700**	**40,123**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	4,570	3,573	8,143
Procedures on cardiovascular system	**0600-0767**	**51,832**	**28,416**	**80,248**
Coronary angiography	0668	10,828	5,889	16,717
Transluminal coronary angioplasty with/without stenting	0670-0671	3,390	1,206	4,596
CABG	0672-0679	1,656	340	1,996
Leg varicose vein ligation	0727-0728	786	1,540	2,326
Procedures on blood and blood-forming organs	**0800-0817**	**3,480**	**5,309**	**8,789**
Procedures on digestive system	**0850-1011**	**88,661**	**94,990**	**183,651**
Fibreoptic colonoscopy with/without excision	0905, 0911	28,301	31,266	59,567
Appendicectomy	0926	3,519	3,173	6,692
Procedures for haemorrhoids	0941	3,389	2,963	6,352
Cholecystectomy	0965	1,221	3,340	4,561
Lysis of peritoneal adhesions	0986	580	1,802	2,382
Repair of inguinal and obstructed hernia	0990, 0997	3,503	347	3,850
Panendoscopy with/without excision	1005-1008	26,968	30,453	57,421
Procedures on urinary system	**1040-1129**	**121,283**	**73,578**	**194,861**
Examination procedures on bladder (includes cystoscopy)	1089	8,673	4,940	13,613
Procedures on male genital organs	**1160-1203**	**10,369**	**0**	**10,369**
Prostatectomy	1165-1167	1,597	0	1,597
Circumcision	30653-00[1196]	3,232	0	3,232
Gynaecological procedures	**1240-1299**	**0**	**49,759**	**49,759**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	886	886
Salpingectomy	1251	0	362	362
Examination procedures on uterus	1259	0	7,027	7,027
Dilation and curettage of uterus	1265, 1267	0	13,860	13,860
Hysterectomy	1268-1269	0	2,911	2,911
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	1,483	1,483
Obstetric procedures	**1330-1347**	**0**	**143,941**	**143,941**
Induction and augmentation of labour	1334, 1335	0	34,916	34,916
Vacuum extraction	1338	0	9,850	9,850
Caesarean section	1340	0	18,286	18,286
Episiotomy associated with delivery	90472-00[1343]	0	12,359	12,359
Postpartum suture	1344	0	21,158	21,158
Procedures on musculoskeletal system	**1360-1579**	**36,740**	**31,821**	**68,561**
Arthroplasty of hip	1489	2,180	2,729	4,909
Arthroplasty of knee	1518-1519	637	1,123	1,760
Dermatological and plastic procedures	**1600-1718**	**51,913**	**47,452**	**99,365**
Excision of lesion of skin and subcutaneous tissue	1620	16,068	18,167	34,235
Other debridement of skin and subcutaneous tissue	1628	4,649	2,196	6,845
Skin graft	1640-1650	1,262	893	2,155
Procedures on breast	**1740-1759**	**255**	**10,344**	**10,599**
Breast biopsy	1743-1744	125	6,013	6,138
Mastectomy	1747-1748	68	1,010	1,078
Radiation oncology procedures	**1786-1799**	**44,215**	**50,997**	**95,212**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**370,838**	**420,093**	**790,931**
Transfusion of blood and gamma globulin	1893	17,978	16,550	34,528
Conduction anaesthesia	1909	7,669	20,095	27,764
Cerebral anaesthesia[a]	1910	151,592	162,257	313,849
Imaging services	**1940-2016**	**69,453**	**66,224**	**135,677**
Computerised tomography scan	1952-1966	46,213	42,573	88,786
Magnetic resonance imaging	2015	8,923	8,942	17,865

Note: [a] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

Table 4.16
All-Listed Procedure Blocks by Age Group

Procedure	Procedure Block	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	**127,471**	**430,068**	**389,558**	**421,497**	**1,368,594**
All Procedures	**0001-2016**	**174,403**	**624,961**	**569,433**	**644,177**	**2,012,974**
Procedures on nervous system	**0001-0086**	**3,047**	**9,213**	**8,875**	**5,429**	**26,564**
Lumbar puncture	0030	2,433	2,332	1,074	642	6,481
Procedures on endocrine system	**0110-0129**	**59**	**476**	**565**	**330**	**1,430**
Procedures on eye and adnexa	**0160-0256**	**1,690**	**2,963**	**5,467**	**15,514**	**25,634**
Lens extraction	0195-0202	104	285	1,351	7,361	9,101
Procedures on ear and mastoid process	**0300-0333**	**6,077**	**2,791**	**1,925**	**1,291**	**12,084**
Myringotomy	0309	4,022	506	325	228	5,081
Procedures on nose, mouth and pharynx	**0370-0422**	**5,766**	**6,257**	**4,282**	**2,720**	**19,025**
Tonsillectomy or adenoidectomy	0412	3,620	1,327	45	16	5,008
Dental services	**0450-0490**	**10,929**	**3,542**	**1,230**	**450**	**16,151**
Procedures on respiratory system	**0520-0569**	**8,472**	**6,371**	**11,345**	**13,935**	**40,123**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	469	1,435	2,995	3,244	8,143
Procedures on cardiovascular system	**0600-0767**	**3,654**	**12,728**	**34,004**	**29,862**	**80,248**
Coronary angiography	0668	249	1,247	7,634	7,587	16,717
Transluminal coronary angioplasty with/without stenting	0670-0671	13	224	2,086	2,273	4,596
CABG	0672-0679	0	29	833	1,134	1,996
Leg varicose vein ligation	0727-0728	0	1,009	1,088	229	2,326
Procedures on blood and blood-forming organs	**0800-0817**	**602**	**1,814**	**3,446**	**2,927**	**8,789**
Procedures on digestive system	**0850-1011**	**5,425**	**56,797**	**64,384**	**57,045**	**183,651**
Fibreoptic colonoscopy with/without excision	0905, 0911	239	15,912	23,231	20,185	59,567
Appendicectomy	0926	1,790	4,028	644	230	6,692
Procedures for haemorrhoids	0941	~	2,653	2,720	977	6,352
Cholecystectomy	0965	9	1,959	1,736	857	4,561
Lysis of peritoneal adhesions	0986	55	1,235	638	454	2,382
Repair of inguinal and obstructed hernia	0990, 0997	616	924	1,132	1,178	3,850
Panendoscopy with/without excision	1005-1008	509	17,232	20,654	19,026	57,421
Procedures on urinary system	**1040-1129**	**1,846**	**34,168**	**63,738**	**95,109**	**194,861**
Examination procedures on bladder (includes cystoscopy)	1089	227	2,127	4,475	6,784	13,613
Procedures on male genital organs	**1160-1203**	**4,432**	**1,609**	**1,824**	**2,504**	**10,369**
Prostatectomy	1165-1167	0	10	518	1,069	1,597
Circumcision	30653-00[1196]	2,486	471	177	98	3,232
Gynaecological procedures	**1240-1299**	**128**	**30,671**	**15,946**	**3,014**	**49,759**
Oophorectomy and salpingo-oophorectomy	1243, 1252	11	432	336	107	886
Salpingectomy	1251	~	331	28	~	362
Examination procedures on uterus	1259	~	3,075	3,431	519	7,027
Dilation and curettage of uterus	1265, 1267	~	8,924	4,299	635	13,860
Hysterectomy	1268-1269	0	709	1,654	548	2,911
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	132	850	501	1,483
Obstetric procedures	**1330-1347**	**16**	**143,702**	**223**	**0**	**143,941**
Induction and augmentation of labour	1334, 1335	~	34,863	50	0	34,916
Vacuum extraction	1338	~	9,842	~	0	9,850
Caesarean section	1340	0	18,207	79	0	18,286
Episiotomy associated with delivery	90472-00[1343]	~	12,345	10	0	12,359
Postpartum suture	1344	~	21,130	26	0	21,158
Procedures on musculoskeletal system	**1360-1579**	**8,563**	**22,984**	**18,868**	**18,146**	**68,561**
Arthroplasty of hip	1489	~	168	1,214	3,522	4,909
Arthroplasty of knee	1518-1519	~	25	588	1,146	1,760
Dermatological and plastic procedures	**1600-1718**	**10,204**	**39,598**	**24,724**	**24,839**	**99,365**
Excision of lesion of skin and subcutaneous tissue	1620	1,200	11,964	9,569	11,502	34,235
Other debridement of skin and subcutaneous tissue	1628	1,028	2,953	1,532	1,332	6,845
Skin graft	1640-1650	199	472	441	1,043	2,155
Procedures on breast	**1740-1759**	**18**	**3,929**	**4,934**	**1,718**	**10,599**
Breast biopsy	1743-1744	~	2,422	2,683	1,029	6,138
Mastectomy	1747-1748	~	255	531	289	1,078
Radiation oncology procedures	**1786-1799**	**1,101**	**10,081**	**46,310**	**37,720**	**95,212**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**91,320**	**205,938**	**219,581**	**274,092**	**790,931**
Transfusion of blood and gamma globulin	1893	3,536	5,183	8,292	17,517	34,528
Conduction anaesthesia	1909	152	13,620	4,903	9,089	27,764
Cerebral anaesthesia[a]	1910	41,240	101,610	93,470	77,529	313,849
Imaging services	**1940-2016**	**11,054**	**29,329**	**37,762**	**57,532**	**135,677**
Computerised tomography scan	1952-1966	2,551	19,263	24,473	42,499	88,786
Magnetic resonance imaging	2015	3,012	4,770	4,984	5,099	17,865

Notes: ~ denotes five or less discharges reported to HIPE.
[a] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

SECTION

FIVE

Analysis of Discharge Data by Case Mix for 2008

SUMMARY

Discharges by Major Diagnostic Category (MDC)

- The MDC with the largest number of total discharges was 'diseases and disorders of the kidney and urinary tract' (MDC 11).
- The MDC 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) had the largest number of day patient discharges. The volume of acute and total in-patient activity was highest for 'pregnancy, childbirth and the puerperium' (MDC 14).
- Excluding the pre and unassignable MDCs, MDC 19, 'mental diseases and disorders' had the longest average length of stay for total in-patient discharges at 13.7 days. Acute in-patients had the longest average length of stay of 7.3 days for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17).

Discharges by Diagnosis Related Group (AR-DRG)

- The top 20 AR-DRGs for day patients accounted for 73.2 per cent of total day patient discharges.
- The most common AR-DRG for day patients was 'admit for renal dialysis' (AR-DRG L61Z), which accounted for 27.9 per cent of day patients in the top 20 AR-DRGs and 20.4 per cent of total day patients.
- The 20 most common AR-DRGs for total in-patients accounted for 32.8 per cent of total in-patient discharges.
- The most common AR-DRG for total in-patients was 'vaginal delivery without catastrophic or severe complications and/or comorbidity' (AR-DRG O60B), which accounted for 6.4 per cent of total in-patients.

INTRODUCTION

Since 1993, a case mix adjustment has been applied when estimating the budgets for the majority of acute public hospitals in Ireland.[1] Hospital case mix may be defined as '…the proportion of cases of each disease and health problem treated in the hospital'.[2] Since the inception of the national case mix programme, the Diagnosis Related Group (DRG) classification scheme has been adopted as the national standard for Ireland.[3] The DRG scheme enables the disaggregation of patients into homogeneous groups, which are expected to undergo similar treatment processes and incur similar levels of resource use. The data required for DRG assignment include principal and secondary diagnoses, procedures performed, age, sex, and discharge status.[4]

The Ninth Revision of the DRGs produced for the US Health Care Financing Administration (HCFA) version 9.0 was used as the national standard in Ireland until 1994. This was superseded by HCFA 12.0, which was used until 1998 when HCFA 16.0 was adopted for DRG analysis until 2004. Following an extensive evaluation of the available alternative grouping methodologies in 2004, the decision was made to move to Australian Refined Diagnosis Related Group (AR-DRG) version 5.1 from 2005 onwards.[5] One of the key features of this methodology is the classification of cases into different levels of complexity within AR-DRGs. ICD-10-AM was the coding system used for AR-DRG grouping in 2008. 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, discharges are directly assigned to the AR-DRG system from this database.

The first step in AR-DRG assignment is the classification of discharges by Major Diagnostic Category (MDC). There are 24 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 MDC, there is a category entitled 'unassignable to MDC'. To deal with certain categories of high cost discharges, the second step performs a Pre-MDC analysis which can override the initial MDC assignment. Examples of discharges affected include transplants, human immunodeficiency virus (HIV) disease, and multiple significant trauma.[6]

After assignment to the appropriate MDCs, discharges are assigned to the AR-DRG level. In total, there are 665 AR-DRGs. Discharges with a surgical procedure performed are assigned to

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1 Department of Health and Children, 2004. *The Modernisation of the National Case Mix Programme in Ireland.* Dublin: Department of Health and Children.

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

3 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.

4 As DRG assignment requires information on patient-specific characteristics (age and sex), as well as those pertaining to their discharge (length of stay, diagnoses and procedures), it is extremely difficult to identify individual patients. Furthermore, confidentiality is also maintained by presenting data on the distributions of DRGs and MDCs in cross tabulations. Given these safeguards, cells in this section with small numbers have not been suppressed.

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

6 'Some discharges involving procedures that are particularly resource intensive may be assigned to the *Pre-MDC* category (AR-DRGs A01Z–A41B), irrespective of the MDC that would have been assigned on the basis of the principal diagnosis.' Australian Institute of Health and Welfare (2007) *Australian hospital statistics 2005-06*. Canberra: Australian Institute of Health and Welfare. p 258.

the surgical AR-DRGs where classification is based on the most resource intensive procedure performed. Medical discharges are assigned to an AR-DRG on the basis of principal diagnosis.

The numbering system for each AR-DRG consists of four alphanumeric characters in the form of 'ADDS'. The first character, 'A' is either a letter (indicating the broad group of the DRG) or a '9' (indicating an error DRG).[7] The second and third characters, 'DD', identify the adjacent DRG within the MDC, and the partition to which the adjacent DRG belongs.[8] Both characters are numbers indicating whether the code is surgical, medical or other. The last character, 'S' is a complexity split indicator that ranks DRGs within adjacent DRGs on the basis of their consumption of resources, it is either 'A', 'B', 'C', 'D' or 'Z' indicating level of complexity, 'A' being the most complex or 'Z' indicating that there is no complexity split.[9, 10] The complexity of the case is determined by particular variables, such as the presence of complications and/or comorbidities (cc), age, or discharge status, which influence the treatment process and/or the pattern of resource utilisation.[11, 12]

In this section, the distinction between voluntary and non-voluntary hospitals is made. The voluntary hospital grouping includes both general and special hospitals, which are operated on a voluntary basis. The non-voluntary hospital group in this section incorporates both general (at county and regional levels) and special hospitals managed by HSE areas of administration. See Appendix I for the classification of HIPE hospitals by voluntary and non-voluntary status in 2008.

ANALYSIS BY MAJOR DIAGNOSTIC CATEGORY (MDC)

In the analyses presented of Tables 5.1 and 5.2 discharges assigned to 'Pre-MDC' or 'unassignable to MDC' are excluded from the discussion.[13] Discharges are broken down by MDC and patient type in Table 5.1. The MDC with the highest number of total discharges in all hospitals was 'diseases and disorders of the kidney and urinary tract' (MDC 11). Almost 89 per cent of discharges assigned to this MDC were treated on a day patient basis, while the remainder were more likely to be acute in-patients.

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7 'Episodes that contain clinically atypical or invalid information are assigned Error DRGs.' Australian Institute of Health and Welfare (2007) *Australian hospital statistics 2005-06*. Canberra: Australian Institute of Health and Welfare. p 258

8 'An adjacent DRG (ADRG) consists of one or more DRGs generally defined by the same diagnosis or procedure code list. DRGs within an ADRG have differing levels of resource consumption, and are partitioned on the basis of several factors, including complicating diagnoses/procedures, age, and level of comorbid disease and/or clinical complication.' Commonwealth of Australia (Department of Health and Ageing) 2004, '*Australian Refined Diagnosis Related Groups, Version 5.1, Definitions Manual*', Volume 1. Canberra: Commonwealth Department of Health and Ageing. p 7.

9 For a more detailed description of how AR-DRGs are numbered see Commonwealth Department of Health and Aged Care., 2004. '*Australian Refined Diagnosis Related Groups Version 5.1 Definitions Manual*.' Canberra: Commonwealth Department of Health and Ageing. pp 4-13.

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

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

12 For a more detailed description of case mix and its application in Ireland see Wiley, M.M., 2001. 'Case Mix in Ireland: Budgeting Basis for Acute Hospital Services', in F.H. Roger France, I. Mertens, M. Closen and J. Hofdijk (eds.), *Case Mix- Global Views, Local Actions*. Amsterdam: IOS Press; and Wiley, M.M. and R.B. Fetter, 1990. *Measuring Activity and Costs in Irish Hospitals: A Study of Hospital Case Mix, General Research Series No. 147*, Dublin: The Economic and Social Research Institute.

13 'Pre MDC' and 'unassignable to MDC' are excluded from the discussion as they are so specialised that they may lead to misleading conclusions being drawn, for example, longest average length of stay for an MDC. In 2008, the 'Pre-MDC' and 'unassignable to MDC' categories accounted for 0.4 per cent of total discharges.

'Neoplastic disorders (haematological and solid neoplasms)' (MDC 17) had the second largest number of total discharges. The proportion of discharges treated as in-patients within this MDC (2.8 per cent) was the lowest of any MDC. Together, MDCs 11 and 17 accounted for over one-quarter of total discharges. The MDCs with the lowest number of total discharges included 'burns' (MDC 22), 'mental diseases and disorders' (MDC 19), and 'alcohol/drug use and alcohol/drug induced organic mental disorders' (MDC 20).[14]

Table 5.1 shows that over three-quarters of a million (792,221) or 57.9 per cent of total discharges were treated in non-voluntary hospitals and the remainder were discharged from voluntary hospitals. There were similarities in the distribution of discharges by MDC by hospital type. The top ranked MDCs, in terms of total discharges, in voluntary hospitals were MDC 17 ('neoplastic disorders (haematological and solid neoplasms)') and MDC 11 ('diseases and disorders of the kidney and urinary tract'), recording 92,327 and 74,713 discharges respectively. The MDC with the greatest number of discharges for non-voluntary hospitals was 'diseases and disorders of the kidney and urinary tract' (MDC 11). Within MDC 8 ('diseases and disorders of the musculoskeletal system and connective tissues'), the types of patients treated by voluntary and non-voluntary hospitals differed. In voluntary hospitals, 56.3 per cent of discharges were treated on a day basis while total in-patients amounted to 43.7 per cent. In contrast, in non-voluntary hospitals the number of total in-patients exceeded the number of day patients assigned to MDC 8. Diseases and disorders of the ear, nose, mouth and throat (MDC 3) was the only other MDC in which the types of patients treated by voluntary and non-voluntary hospitals differed.

The highest number of day patients was recorded for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) in voluntary and all hospitals. However, the highest number of day patients was recorded for 'diseases and disorders of the kidney and urinary tract' (MDC 11) in non-voluntary hospitals. Volumes of acute and total in-patients in the two groups of hospitals were highest for 'pregnancy, childbirth and the puerperium' (MDC 14).

[14] The National Psychiatric In-Patient Reporting Scheme, supported by the Health Research Board, reports information on all admissions to psychiatric in-patient facilities nationally.

TABLE 5.1

Discharges by MDC and Patient Type from Voluntary, Non-Voluntary and All Hospitals

MDC Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (30 days)	Extended (>30 days)	Total In-Patients	
	Pre-MDC	29	1,049	734	1,783	1,812	0	677	417	1,094	1,094	29	1,726	1,151	2,877	2,906
00	Unassignable to MDC	374	1,023	257	1,280	1,654	218	801	131	932	1,150	592	1,824	388	2,212	2,804
01	Diseases and disorders of the nervous system	8,421	12,363	1,382	13,745	22,166	4,926	25,892	1,157	27,049	31,975	13,347	38,255	2,539	40,794	54,141
02	Diseases and disorders of the eye	11,698	3,594	5	3,599	15,297	10,855	3,885	13	3,898	14,753	22,553	7,479	18	7,497	30,050
03	Diseases and disorders of the ear, nose, mouth and throat	12,781	9,685	179	9,864	22,645	12,027	16,409	50	16,459	28,486	24,808	26,094	229	26,323	51,131
04	Diseases and disorders of the respiratory system	7,483	16,752	1,014	17,766	25,249	3,757	35,901	936	36,837	40,594	11,240	52,653	1,950	54,603	65,843
05	Diseases and disorders of the circulatory system	10,736	19,725	774	20,499	31,235	7,299	43,291	700	43,991	51,290	18,035	63,016	1,474	64,490	82,525
06	Diseases and disorders of the digestive system	36,191	19,138	776	19,914	56,105	54,797	48,328	741	49,069	103,866	90,988	67,466	1,517	68,983	159,971
07	Diseases and disorders of the hepatobiliary system and pancreas	2,849	4,951	231	5,182	8,031	1,312	9,874	193	10,067	11,379	4,161	14,825	424	15,249	19,410
08	Diseases and disorders of the musculoskeletal system and connective tissue	20,168	14,964	673	15,637	35,805	17,707	33,426	849	34,275	51,982	37,875	48,390	1,522	49,912	87,787
09	Diseases and disorders of the skin, subcutaneous tissue and breast	51,694	6,477	265	6,742	58,436	24,486	11,859	206	12,065	36,551	76,180	18,336	471	18,807	94,987
10	Endocrine, nutritional and metabolic diseases and disorders	2,044	3,354	151	3,505	5,549	2,149	6,607	161	6,768	8,917	4,193	9,961	312	10,273	14,466
11	Diseases and disorders of the kidney and urinary tract	66,758	7,625	330	7,955	74,713	107,446	13,743	300	14,043	121,489	174,204	21,368	630	21,998	196,202
12	Diseases and disorders of the male reproductive system	6,138	2,152	174	2,326	8,464	5,066	3,273	46	3,319	8,385	11,204	5,425	220	5,645	16,849

Table 5.1: Discharges by MDC and Patient Type from Voluntary, Non-Voluntary and All Hospitals (contd.)

MDC Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (30 days)	Extended (>30 days)	Total In-Patients	
13	Diseases and disorders of the female reproductive system	8,727	5,763	128	5,891	14,618	11,042	8,952	49	9,001	20,043	19,769	14,715	177	14,892	34,661
14	Pregnancy, childbirth and the puerperium	813	45,446	47	45,493	46,306	4,798	80,639	90	80,729	85,527	5,611	126,085	137	126,222	131,833
15	Newborns and other neonates	139	5,829	390	6,219	6,358	188	8,223	395	8,618	8,806	327	14,052	785	14,837	15,164
16	Diseases and disorders of blood, blood forming organs, immunological disorders	13,570	1,981	47	2,028	15,598	18,287	4,150	106	4,256	22,543	31,857	6,131	153	6,284	38,141
17	Neoplastic disorders (haematological and solid neoplasms)	89,783	2,241	303	2,544	92,327	93,986	2,676	163	2,839	96,825	183,769	4,917	466	5,383	189,152
18	Infectious and parasitic diseases, systemic or unspecified sites	2,028	2,265	155	2,420	4,448	140	6,543	160	6,703	6,843	2,168	8,808	315	9,123	11,291
19	Mental diseases and disorders	290	899	207	1,106	1,396	205	822	34	856	1,061	495	1,721	241	1,962	2,457
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	10	540	17	557	567	7	2,378	14	2,392	2,399	17	2,918	31	2,949	2,966
21	Injuries, poisonings and toxic effects of drugs	628	4,750	176	4,926	5,554	193	10,271	101	10,372	10,565	821	15,021	277	15,298	16,119
22	Burns	4	316	37	353	357	1	341	14	355	356	5	657	51	708	713
23	Factors influencing health status and other contacts with health services	17,370	3,864	449	4,313	21,683	19,527	5,448	367	5,815	25,342	36,897	9,312	816	10,128	47,025
Total		370,726	196,746	8,901	205,647	576,373	400,419	384,409	7,393	391,802	792,221	771,145	581,155	16,294	597,449	1,368,594

Note: The voluntary hospital group includes both general and special hospitals that were operated on a voluntary basis. The non-voluntary hospital group incorporates general and special hospitals managed by HSE administrative areas.

The average length of stay for in-patients and total discharges by MDC and hospital type is reported in Table 5.2. Although MDCs 6, 11 and 17 recorded the highest volume of activity within both voluntary and non-voluntary hospitals, the average lengths of stay for these diagnostic categories were among the shortest. The MDC with the highest volume of total discharges in 2008, 'diseases and disorders of the kidney and urinary tract' (MDC 11), recorded an average length of stay for acute in-patients of 5.6 days and one of the lowest average lengths of stay for total discharges (1.7 days). A similar pattern emerged for the MDC with the second highest volume of total discharges and the lowest proportion of acute in-patients, 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17), which recorded the longest length of stay for acute in-patients (7.3 days) and the shortest average length of stay for total discharges (1.3 days). For MDC 11 and 17 the majority of discharges are treated on a day basis. The average length of stay for total discharges with 'diseases and disorders of the digestive system' (MDC 6) was 3.0 days, with acute in-patients spending an average of 4.7 days in hospital.

Across all hospitals, 'mental diseases and disorders' (MDC 19) had the longest average length of stay for total in-patients and total discharges (13.7 days and 11.2 days respectively). In voluntary hospitals, 'factors influencing health status and other contacts with health services' (MDC 23) recorded the longest average length of stay for acute in-patients (9.1 days), while MDC 19 ('mental diseases and disorders') recorded the longest average length of stay for total in-patients (19.2 days). In non-voluntary hospitals, the longest average length of stay for acute in-patients and one of the longest for total in-patients is recorded for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) at 6.6 days and 9.0 days respectively.

Across all MDCs the duration of the acute in-patient stay was longer in voluntary hospitals compared to non-voluntary hospitals, apart from 'diseases and disorders of the eye' (MDC 2), 'pregnancy, childbirth and the puerperium' (MDC 14), 'newborns and other neonates' (MDC 15) and 'diseases and disorders of blood, blood forming organs, immunological disorders' (MDC 16) where the acute in-patient average length of stay was similar.

TABLE 5.2

Average Length of Stay (Days) by MDC and Patient Type from Voluntary, Non-Voluntary and All Hospitals

MDC Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (30 days)	Extended (>30 days)	Total In-Patients	
	Pre-MDC	14.7	77.1	40.4	39.8	14.0	81.7	39.8	39.8	14.4	78.8	40.2	39.8
00	Unassignable to MDC	9.8	82.2	24.3	19.0	8.2	58.7	15.3	12.6	9.1	74.3	20.5	16.4
01	Diseases and disorders of the nervous system	6.5	84.5	14.3	9.3	5.1	66.1	7.7	6.7	5.5	76.1	9.9	7.7
02	Diseases and disorders of the eye	3.1	66.6	3.2	1.5	3.3	70.2	3.5	1.7	3.2	69.2	3.4	1.6
03	Diseases and disorders of the ear, nose, mouth and throat	3.0	52.4	3.9	2.3	2.4	49.7	2.6	1.9	2.6	51.8	3.1	2.1
04	Diseases and disorders of the respiratory system	7.1	64.1	10.4	7.6	6.3	49.9	7.4	6.8	6.5	57.3	8.3	7.1
05	Diseases and disorders of the circulatory system	5.9	64.5	8.1	5.6	5.0	51.4	5.7	5.1	5.3	58.3	6.5	5.3
06	Diseases and disorders of the digestive system	5.6	58.2	7.6	3.3	4.3	49.1	5.0	2.9	4.7	53.8	5.7	3.0
07	Diseases and disorders of the hepatobiliary system and pancreas	7.1	53.3	9.2	6.3	5.8	45.8	6.5	5.9	6.2	49.9	7.4	6.1
08	Diseases and disorders of the musculoskeletal system and connective tissue	5.4	68.1	8.1	4.1	5.1	53.1	6.3	4.5	5.2	59.7	6.9	4.4
09	Diseases and disorders of the skin, subcutaneous tissue and breast	5.5	50.4	7.3	1.7	4.5	55.3	5.3	2.4	4.8	52.5	6.0	2.0
10	Endocrine, nutritional and metabolic diseases and disorders	5.9	70.9	8.7	5.9	5.4	52.4	6.5	5.2	5.6	61.3	7.3	5.5
11	Diseases and disorders of the kidney and urinary tract	5.8	71.5	8.5	1.8	5.5	54.5	6.5	1.6	5.6	63.4	7.2	1.7
12	Diseases and disorders of the male reproductive system	4.9	53.0	8.5	3.1	4.3	54.8	5.0	2.6	4.6	53.4	6.5	2.8

Table 5.2: Average Length of Stay (Days) by MDC and Patient Type from Voluntary, Non-Voluntary and All Hospitals (contd.)

MDC Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges	In-Patients			Total Discharges	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (30 days)	Extended (>30 days)	Total In-Patients	
13	Diseases and disorders of the female reproductive system	4.5	51.7	5.5	2.8	3.6	41.1	3.8	2.2	3.9	48.8	4.4	2.5
14	Pregnancy, childbirth and the puerperium	2.6	45.4	2.7	2.6	2.7	44.8	2.8	2.7	2.7	45.0	2.7	2.7
15	Newborns and other neonates	4.9	64.4	8.6	8.5	5.2	52.3	7.3	7.2	5.1	58.3	7.9	7.7
16	Diseases and disorders of blood, blood forming organs, immunological disorders	5.5	59.6	6.7	1.7	5.5	50.1	6.6	2.1	5.5	53.0	6.7	1.9
17	Neoplastic disorders (haematological and solid neoplasms)	8.2	52.6	13.5	1.3	6.6	49.0	9.0	1.2	7.3	51.3	11.1	1.3
18	Infectious and parasitic diseases, systemic or unspecified sites	6.2	67.4	10.1	6.0	4.2	53.3	5.3	5.3	4.7	60.2	6.6	5.5
19	Mental diseases and disorders	6.7	73.3	19.2	15.4	3.9	73.1	6.7	5.6	5.4	73.3	13.7	11.2
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	7.2	66.4	9.0	8.8	3.2	45.8	3.4	3.4	3.9	57.1	4.5	4.4
21	Injuries, poisonings and toxic effects of drugs	3.4	63.7	5.6	5.1	2.6	62.9	3.1	3.1	2.8	63.4	3.9	3.8
22	Burns	8.1	66.6	14.2	14.1	5.1	48.6	6.8	6.8	6.5	61.6	10.5	10.4
23	Factors influencing health status and other contacts with health services	9.1	62.8	14.7	3.7	5.7	71.2	9.8	3.0	7.1	66.6	11.9	3.3
Total		5.1	67.5	7.8	3.4	4.4	56.6	5.4	3.2	4.6	62.5	6.2	3.3

Notes: The voluntary hospital group includes both general and special hospitals that were operated on a voluntary basis. The non-voluntary hospital group incorporates general and special hospitals that were managed by HSE administrative areas.

[a] Includes day and in-patients.

ANALYSIS BY AUSTRALIAN REFINED DIAGNOSIS RELATED GROUP (AR-DRG)

Top 20 AR-DRGs

In 2008, 73.2 per cent of day patient discharges were assigned to one of the top 20 AR-DRGs (ranked according to the highest volume of day patient activity, see Table 5.3). The most common AR-DRG for day patients was 'admit for renal dialysis' (AR-DRG L61Z), which accounted for 27.9 per cent of day patients in the top 20 AR-DRGs and 20.4 per cent of total day patients.

TABLE 5.3

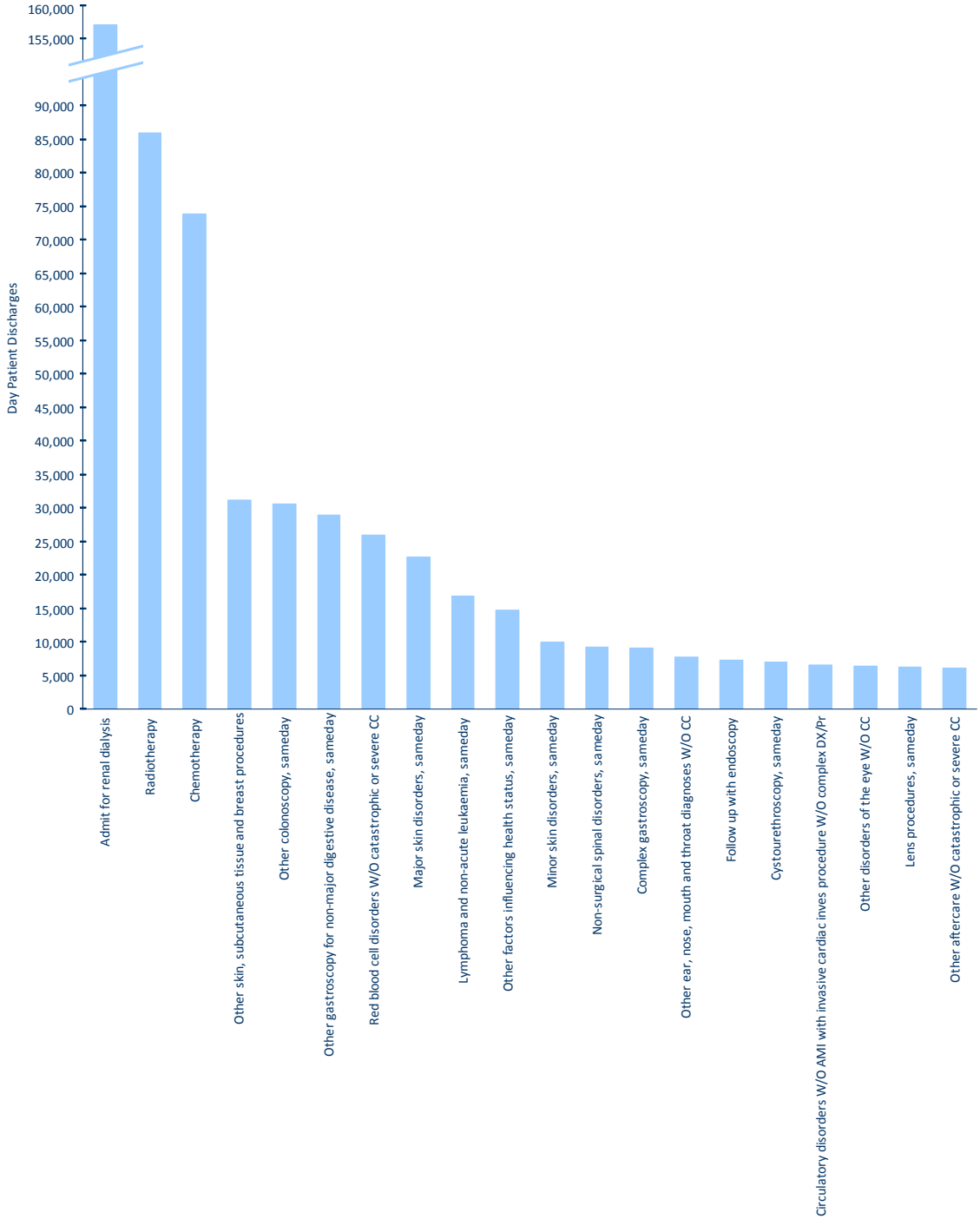
Top 20 AR-DRGs for Day Patients – Number and Percentage of Day Patient Discharges

Rank	Description	AR-DRG	N	% of Top 20 AR-DRGs for Day-Patients	% of Total Day Patients
1	Admit for renal dialysis	L61Z	157,196	27.9	20.4
2	Radiotherapy	R64Z	86,073	15.3	11.2
3	Chemotherapy	R63Z	73,876	13.1	9.6
4	Other skin, subcutaneous tissue and breast procedures	J11Z	31,226	5.5	4.0
5	Other colonoscopy, sameday	G44C	30,612	5.4	4.0
6	Other gastroscopy for non-major digestive disease, sameday	G45B	29,006	5.1	3.8
7	Red blood cell disorders W/O catastrophic or severe CC	Q61C	26,009	4.6	3.4
8	Major skin disorders, sameday	J68B	22,719	4.0	2.9
9	Lymphoma and non-acute leukaemia, sameday	R61C	16,901	3.0	2.2
10	Other factors influencing health status, sameday	Z64B	14,806	2.6	1.9
11	Minor skin disorders, sameday	J67B	9,980	1.8	1.3
12	Non-surgical spinal disorders, sameday	I68C	9,226	1.6	1.2
13	Complex gastroscopy, sameday	G46C	9,101	1.6	1.2
14	Other ear, nose, mouth and throat diagnoses W/O CC	D66B	7,722	1.4	1.0
15	Follow up with endoscopy	Z40Z	7,284	1.3	0.9
16	Cystourethroscopy, sameday	L41Z	7,025	1.2	0.9
17	Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	F42B	6,626	1.2	0.9
18	Other disorders of the eye W/O CC	C63B	6,448	1.1	0.8
19	Lens procedures, sameday	C16B	6,216	1.1	0.8
20	Other aftercare W/O catastrophic or severe CC	Z63B	6,128	1.1	0.8
Top 20 AR-DRGs for Day Patients-Total		**–**	**564,180**	**100**	**73.2**
Day Patients – Total		**–**	**771,145**	**–**	**–**

Note: Percentage columns are subject to rounding.

FIGURE 5.1

Top 20 AR-DRGs for Day Patients



While almost three-quarters of day patients were assigned to one of the 20 most common AR-DRGs, less than one-third of total in-patient discharges were classified in the top 20 AR-DRGs (see Table 5.4). The most common AR-DRG for total in-patients, 'vaginal delivery without catastrophic or severe complications and/or comorbidity' (AR-DRG O60B), accounted for 6.4 per cent of total in-patients. The total in-patient average length of stay for this AR-DRG was 2.9 days, which was less than half that of total in-patients (6.2 days). This AR-DRG was one of seven in the top 20 relating to obstetrical activity, which together accounted for 56.7 per cent of the top 20 in-patient discharges.

TABLE 5.4

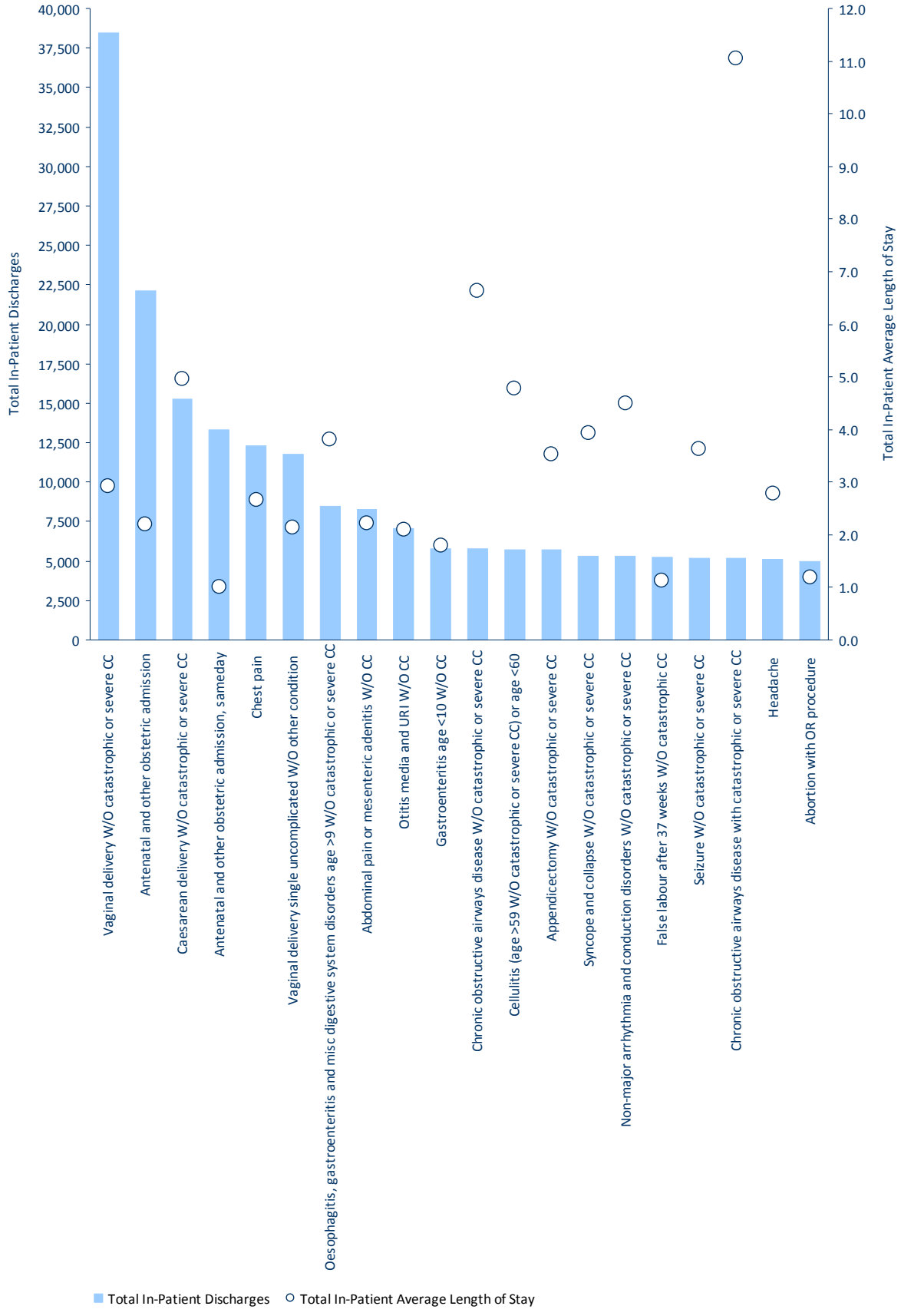
Top 20 AR-DRGs for Total In-Patients – Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Description	AR-DRG	N	% of Top 20 AR-DRGs for In-Patients	% of Total In- Patients	Total In-Patient Average Length of Stay [a]
1	Vaginal delivery W/O catastrophic or severe CC	O60B	38,478	19.6	6.4	2.9
2	Antenatal and other obstetric admission	O66A	22,146	11.3	3.7	2.2
3	Caesarean delivery W/O catastrophic or severe CC	O01C	15,294	7.8	2.6	5.0
4	Antenatal and other obstetric admission, sameday	O66B	13,330	6.8	2.2	1.0
5	Chest pain	F74Z	12,286	6.3	2.1	2.7
6	Vaginal delivery single uncomplicated W/O other condition	O60C	11,750	6.0	2.0	2.1
7	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 W/O catastrophic or severe CC	G67B	8,438	4.3	1.4	3.8
8	Abdominal pain or mesenteric adenitis W/O CC	G66B	8,238	4.2	1.4	2.2
9	Otitis media and URI W/O CC	D63B	7,038	3.6	1.2	2.1
10	Gastroenteritis age <10 W/O CC	G68B	5,790	3.0	1.0	1.8
11	Chronic obstructive airways disease W/O catastrophic or severe CC	E65B	5,768	2.9	1.0	6.6
12	Cellulitis (age >59 W/O catastrophic or severe CC) or age <60	J64B	5,709	2.9	1.0	4.8
13	Appendicectomy W/O catastrophic or severe CC	G07B	5,688	2.9	1.0	3.5
14	Syncope and collapse W/O catastrophic or severe CC	F73B	5,309	2.7	0.9	3.9
15	Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	F71B	5,306	2.7	0.9	4.5
16	False labour after 37 weeks W/O catastrophic CC	O64B	5,229	2.7	0.9	1.1
17	Seizure W/O catastrophic or severe CC	B76B	5,175	2.6	0.9	3.6
18	Chronic obstructive airways disease with catastrophic or severe CC	E65A	5,145	2.6	0.9	11.1
19	Headache	B77Z	5,134	2.6	0.9	2.8
20	Abortion with OR procedure [b]	O05Z	4,971	2.5	0.8	1.2
Top 20 AR-DRGs for In-Patients-Total		**–**	**196,222**	**100**	**32.8**	**3.1**
In-Patients – Total		**–**	**597,449**	**–**	**–**	**6.2**

Notes:
Percentage columns are subject to rounding.
[a] Includes acute and extended stay in-patients.
[b] Includes pregnancy with abortive outcome.

FIGURE 5.2

Top 20 AR-DRGs for Total In-Patients with Total In-Patient Average Length of Stay (Days)



Note: See notes under Table 5.4.

AR-DRGs by Patient and Hospital Type

Table 5.5 presents a breakdown of discharges by AR-DRG, patient type and hospital type.[15] Consistent with the analysis of the top 20 AR-DRGs, the most common AR-DRG for day patients in both voluntary and non-voluntary hospitals was 'admit for renal dialysis' (AR-DRG L61Z). For both voluntary and non-voluntary hospitals the AR-DRG which recorded the highest number of total in-patients was 'vaginal delivery without catastrophic or severe complications and/or comorbidity' (AR-DRG O60B).

Average length of stay by AR-DRG and hospital and patient types is reported in Table 5.6. The most common AR-DRG for in-patients ('vaginal delivery without catastrophic or severe complications and/or comorbidity', AR-DRG O60B) recorded an average length of stay for acute in-patient discharges of 2.8 days for voluntary hospitals, which was slightly shorter than that recorded for non-voluntary hospitals (3.0 days). In contrast, the acute in-patient average length of stay for the fifth most common AR-DRG ('other skin, subcutaneous tissue and breast procedures', AR-DRG J11Z), was 4.4 days for voluntary hospitals compared to 3.0 days for non-voluntary hospitals.

The longest average length of stay recorded for acute in-patients in both voluntary and non-voluntary hospitals was for 'neonate; admission weight 1500-1999g with significant OR procedure' (AR-DRG P04Z), at 21.8 days and 23.0 days respectively.

[15] In this section, the voluntary hospital grouping includes both general and special hospitals, which are operated on a voluntary basis. The non-voluntary hospital group incorporates both general (regional and county) and special hospitals run by HSE administrative areas. See Appendix I for the classification of HIPE hospitals by voluntary and non-voluntary status in 2008.

TABLE 5.5

Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Types

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
A01Z	Liver transplant	0	36	19	55	55	0	0	0	0	0	0	36	19	55	55
A03Z	Lung or heart/lung transplant	0	2	2	4	4	0	0	0	0	0	0	2	2	4	4
A05Z	Heart transplant	0	1	3	4	4	0	0	0	0	0	0	1	3	4	4
A06Z	Tracheostomy or ventilation >95 hours	2	620	618	1,238	1,240	0	582	410	992	992	2	1,202	1,028	2,230	2,232
A07Z	Allogeneic bone marrow transplant	3	13	51	64	67	0	0	0	0	0	3	13	51	64	67
A08A	Autologous bone marrow transplant with catastrophic CC	0	28	15	43	43	0	7	2	9	9	0	35	17	52	52
A08B	Autologous bone marrow transplant W/O catastrophic CC	23	41	2	43	66	0	12	2	14	14	23	53	4	57	80
A09A	Renal transplant with pancreas transplant or catastrophic CC	0	22	7	29	29	0	0	0	0	0	0	22	7	29	29
A09B	Renal transplant W/O pancreas transplant W/O catastrophic CC	0	115	0	115	115	0	0	0	0	0	0	115	0	115	115
A40Z	ECMO W/O cardiac surgery	0	4	3	7	7	0	1	1	2	2	0	5	4	9	9
A41A	Intubation age <16 with CC	0	103	14	117	117	0	40	2	42	42	0	143	16	159	159
A41B	Intubation age <16 W/O CC	1	64	0	64	65	0	35	0	35	35	1	99	0	99	100
B01Z	Ventricular shunt revision	0	73	0	73	73	0	22	1	23	23	0	95	1	96	96
B02A	Craniotomy with catastrophic CC	0	89	29	118	118	0	42	15	57	57	0	131	44	175	175
B02B	Craniotomy with severe or moderate CC	0	292	19	311	311	0	75	7	82	82	0	367	26	393	393
B02C	Craniotomy W/O CC	3	698	14	712	715	7	245	6	251	258	10	943	20	963	973
B03A	Spinal procedures with catastrophic or severe CC	1	15	2	17	18	0	6	0	6	6	1	21	2	23	24
B03B	Spinal procedures W/O catastrophic or severe CC	49	124	4	128	177	5	88	1	89	94	54	212	5	217	271

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B04A	Extracranial vascular procedures with catastrophic or severe CC	0	85	13	98	98	0	19	2	21	21	0	104	15	119	119
B04B	Extracranial vascular procedures W/O catastrophic or severe CC	3	175	0	175	178	0	52	3	55	55	3	227	3	230	233
B05Z	Carpal tunnel release	400	32	0	32	432	887	208	0	208	1,095	1,287	240	0	240	1,527
B06A	Procedures for cerebral palsy, muscular dystrophy, neuropathy with catastrophic or severe CC	2	18	10	28	30	0	2	10	12	12	2	20	20	40	42
B06B	Procedures for cerebral palsy, muscular dystrophy, neuropathy W/O catastrophic or severe CC	126	112	7	119	245	51	88	2	90	141	177	200	9	209	386
B07A	Peripheral and cranial nerve and other nervous system procedures with CC	1	35	9	44	45	0	19	1	20	20	1	54	10	64	65
B07B	Peripheral and cranial nerve and other nervous system procedures W/O CC	73	290	2	292	365	20	262	1	263	283	93	552	3	555	648
B40Z	Plasmapheresis with neurological disease	17	10	5	15	32	6	38	1	39	45	23	48	6	54	77
B41Z	Telemetric EEG monitoring	12	202	1	203	215	0	25	0	25	25	12	227	1	228	240
B60A	Established paraplegia/quadriplegia with or W/O OR procedures with catastrophic CC	2	30	46	76	78	0	26	14	40	40	2	56	60	116	118
B60B	Established paraplegia/quadriplegia with or W/O OR procedures W/O catastrophic CC	118	224	83	307	425	141	225	12	237	378	259	449	95	544	803
B61A	Spinal cord conditions with or W/O OR procedures with catastrophic or severe CC	1	32	10	42	43	0	19	4	23	23	1	51	14	65	66

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B61B	Spinal cord conditions with or W/O OR procedures W/O catastrophic or severe CC	8	49	8	57	65	3	52	5	57	60	11	101	13	114	125
B62Z	Admit for apheresis	244	7	0	7	251	71	1	0	1	72	315	8	0	8	323
B63Z	Dementia and other chronic disturbances of cerebral function	35	96	145	241	276	132	372	99	471	603	167	468	244	712	879
B64A	Delirium with catastrophic CC	1	39	27	66	67	0	65	15	80	80	1	104	42	146	147
B64B	Delirium W/O catastrophic CC	11	293	37	330	341	41	954	29	983	1,024	52	1,247	66	1,313	1,365
B65Z	Cerebral palsy	208	29	1	30	238	21	17	0	17	38	229	46	1	47	276
B66A	Nervous system neoplasm with catastrophic or severe CC	52	154	34	188	240	8	201	24	225	233	60	355	58	413	473
B66B	Nervous system neoplasm W/O catastrophic or severe CC	552	319	39	358	910	186	427	23	450	636	738	746	62	808	1,546
B67A	Degenerative nervous system disorders with catastrophic or severe CC	10	136	72	208	218	4	223	55	278	282	14	359	127	486	500
B67B	Degenerative nervous system disorders age >59 W/O catastrophic or severe CC	94	227	26	253	347	84	376	25	401	485	178	603	51	654	832
B67C	Degenerative nervous system disorders age <60 W/O catastrophic or severe CC	222	195	11	206	428	201	207	7	214	415	423	402	18	420	843
B68A	Multiple sclerosis and cerebellar ataxia with CC	16	76	19	95	111	35	97	13	110	145	51	173	32	205	256
B68B	Multiple sclerosis and cerebellar ataxia W/O CC	1,666	233	4	237	1,903	1,227	493	9	502	1,729	2,893	726	13	739	3,632
B69A	TIA and precerebral occlusion with catastrophic or severe CC	1	153	10	163	164	3	417	16	433	436	4	570	26	596	600

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B69B	TIA and precerebral occlusion W/O catastrophic or severe CC	24	393	9	402	426	24	1,672	4	1,676	1,700	48	2,065	13	2,078	2,126
B70A	Stroke with catastrophic CC	9	177	212	389	398	0	312	240	552	552	9	489	452	941	950
B70B	Stroke with severe CC	40	397	153	550	590	0	796	186	982	982	40	1,193	339	1,532	1,572
B70C	Stroke W/O catastrophic or severe CC	25	665	85	750	775	11	1,846	129	1,975	1,986	36	2,511	214	2,725	2,761
B70D	Stroke, died or transferred <5 days	2	182	0	182	184	2	502	0	502	504	4	684	0	684	688
B71A	Cranial and peripheral nerve disorders with CC	34	111	18	129	163	30	209	13	222	252	64	320	31	351	415
B71B	Cranial and peripheral nerve disorders W/O CC	1,239	216	7	223	1,462	853	526	8	534	1,387	2,092	742	15	757	2,849
B72A	Nervous system infection except viral meningitis with catastrophic or severe CC	71	31	13	44	115	0	35	6	41	41	71	66	19	85	156
B72B	Nervous system infection except viral meningitis W/O catastrophic or severe CC	135	98	6	104	239	7	190	3	193	200	142	288	9	297	439
B73Z	Viral meningitis	0	78	2	80	80	4	160	1	161	165	4	238	3	241	245
B74Z	Nontraumatic stupor and coma	5	41	1	42	47	5	109	3	112	117	10	150	4	154	164
B75Z	Febrile convulsions	25	337	0	337	362	14	692	0	692	706	39	1,029	0	1,029	1,068
B76A	Seizure with catastrophic or severe CC	4	293	24	317	321	1	577	22	599	600	5	870	46	916	921
B76B	Seizure W/O catastrophic or severe CC	589	1,384	14	1,398	1,987	122	3,760	17	3,777	3,899	711	5,144	31	5,175	5,886
B77Z	Headache	358	1,108	3	1,111	1,469	272	4,019	4	4,023	4,295	630	5,127	7	5,134	5,764
B78A	Intracranial injury with catastrophic or severe CC	39	84	21	105	144	0	82	23	105	105	39	166	44	210	249
B78B	Intracranial injury W/O catastrophic or severe CC	64	222	27	249	313	0	444	9	453	453	64	666	36	702	766
B79Z	Skull fractures	0	114	0	114	114	3	274	6	280	283	3	388	6	394	397
B80Z	Other head injury	8	1,102	11	1,113	1,121	12	2,703	5	2,708	2,720	20	3,805	16	3,821	3,841
B81A	Other disorders of the nervous system with catastrophic or severe CC	30	191	61	252	282	9	308	40	348	357	39	499	101	600	639

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B81B	Other disorders of the nervous system W/O catastrophic or severe CC	1,792	597	28	625	2,417	424	1,313	38	1,351	1,775	2,216	1,910	66	1,976	4,192
C01Z	Procedures for penetrating eye injury	0	61	0	61	61	1	70	0	70	71	1	131	0	131	132
C02Z	Enucleations and orbital procedures	23	114	0	114	137	7	35	0	35	42	30	149	0	149	179
C03Z	Retinal procedures	2,312	807	0	807	3,119	2,563	492	0	492	3,055	4,875	1,299	0	1,299	6,174
C04Z	Major corneal, scleral and conjunctival procedures	6	113	1	114	120	3	28	0	28	31	9	141	1	142	151
C05Z	Dacryocystorhinostomy	39	77	0	77	116	13	66	0	66	79	52	143	0	143	195
C10Z	Strabismus procedures	149	236	0	236	385	101	96	0	96	197	250	332	0	332	582
C11Z	Eyelid procedures	391	152	1	153	544	328	112	0	112	440	719	264	1	265	984
C12Z	Other corneal, scleral and conjunctival procedures	80	60	0	60	140	80	50	1	51	131	160	110	1	111	271
C13Z	Lacrimal procedures	249	15	0	15	264	319	11	0	11	330	568	26	0	26	594
C14Z	Other eye procedures	975	120	0	120	1,095	1,301	102	1	103	1,404	2,276	222	1	223	2,499
C15A	Glaucoma and complex cataract procedures	0	232	0	232	232	0	268	0	268	268	0	500	0	500	500
C15B	Glaucoma and complex cataract procedures, sameday	158	0	0	0	158	187	1	0	1	188	345	1	0	1	346
C16A	Lens procedures	0	860	0	860	860	0	1,341	0	1,341	1,341	0	2,201	0	2,201	2,201
C16B	Lens procedures, sameday	1,722	1	0	1	1,723	4,494	3	0	3	4,497	6,216	4	0	4	6,220
C60A	Acute and major eye infections age >54 or with catastrophic or severe CC	2	22	0	22	24	1	61	4	65	66	3	83	4	87	90
C60B	Acute and major eye infections age <55 W/O catastrophic or severe CC	13	37	1	38	51	9	91	0	91	100	22	128	1	129	151
C61Z	Neurological and vascular disorders of the eye	227	120	0	120	347	143	239	2	241	384	370	359	2	361	731
C62Z	Hyphema and medically managed trauma to the eye	40	199	2	201	241	33	342	2	344	377	73	541	4	545	618
C63A	Other disorders of the eye with CC	99	97	0	97	196	37	83	2	85	122	136	180	2	182	318
C63B	Other disorders of the eye W/O CC	5,213	271	0	271	5,484	1,235	394	1	395	1,630	6,448	665	1	666	7,114

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
D01Z	Cochlear implant	1	40	0	40	41	0	0	0	0	0	1	40	0	40	41
D02A	Head and neck procedures with catastrophic or severe CC	0	32	19	51	51	1	10	5	15	16	1	42	24	66	67
D02B	Head and neck procedures with malignancy or moderate CC	0	56	5	61	61	0	25	0	25	25	0	81	5	86	86
D02C	Head and neck procedures W/O malignancy W/O CC	13	68	1	69	82	14	38	0	38	52	27	106	1	107	134
D03Z	Surgical repair for cleft lip or palate diagnosis	4	153	1	154	158	4	58	0	58	62	8	211	1	212	220
D04A	Maxillo surgery with CC	0	77	0	77	77	0	27	0	27	27	0	104	0	104	104
D04B	Maxillo surgery W/O CC	18	464	1	465	483	50	255	0	255	305	68	719	1	720	788
D05Z	Parotid gland procedures	0	91	0	91	91	1	54	0	54	55	1	145	0	145	146
D06Z	Sinus, mastoid and complex middle ear procedures	44	390	0	390	434	25	259	0	259	284	69	649	0	649	718
D09Z	Miscellaneous ear, nose, mouth and throat procedures	607	420	1	421	1,028	417	372	0	372	789	1,024	792	1	793	1,817
D10Z	Nasal procedures	144	305	0	305	449	76	380	0	380	456	220	685	0	685	905
D11Z	Tonsillectomy and/or adenoidectomy	231	2,455	0	2,455	2,686	103	2,494	1	2,495	2,598	334	4,949	1	4,950	5,284
D12Z	Other ear, nose, mouth and throat procedures	149	160	3	163	312	31	246	1	247	278	180	406	4	410	590
D13Z	Myringotomy with tube insertion	1,433	85	2	87	1,520	1,337	77	0	77	1,414	2,770	162	2	164	2,934
D14Z	Mouth and salivary gland procedures	232	245	3	248	480	432	219	1	220	652	664	464	4	468	1,132
D40Z	Dental extractions and restorations	580	119	1	120	700	4,997	262	0	262	5,259	5,577	381	1	382	5,959
D60A	Ear, nose, mouth and throat malignancy with catastrophic or severe CC	21	96	72	168	189	16	41	12	53	69	37	137	84	221	258
D60B	Ear, nose, mouth and throat malignancy W/O catastrophic or severe CC	354	228	59	287	641	135	187	15	202	337	489	415	74	489	978
D61Z	Dysequilibrium	546	273	2	275	821	127	1,460	1	1,461	1,588	673	1,733	3	1,736	2,409
D62Z	Epistaxis	307	424	0	424	731	89	708	1	709	798	396	1,132	1	1,133	1,529

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
D63A	Otitis media and URI with CC	53	351	2	353	406	27	880	5	885	912	80	1,231	7	1,238	1,318
D63B	Otitis media and URI W/O CC	1,316	1,376	1	1,377	2,693	786	5,659	2	5,661	6,447	2,102	7,035	3	7,038	9,140
D64Z	Laryngotracheitis and epiglottitis	9	81	1	82	91	4	412	0	412	416	13	493	1	494	507
D65Z	Nasal trauma and deformity	457	232	0	232	689	595	352	0	352	947	1,052	584	0	584	1,636
D66A	Other ear, nose, mouth and throat diagnoses with CC	145	210	2	212	357	48	115	2	117	165	193	325	4	329	522
D66B	Other ear, nose, mouth and throat diagnoses W/O CC	5,549	809	1	810	6,359	2,173	890	0	890	3,063	7,722	1,699	1	1,700	9,422
D67A	Oral and dental disorders except extractions and restorations	0	300	2	302	302	0	738	4	742	742	0	1,038	6	1,044	1,044
D67B	Oral and dental disorders except extractions and restorations, sameday	568	145	0	145	713	539	191	0	191	730	1,107	336	0	336	1,443
E01A	Major chest procedures with catastrophic CC	0	186	48	234	234	0	52	7	59	59	0	238	55	293	293
E01B	Major chest procedures W/O catastrophic CC	4	352	8	360	364	3	122	2	124	127	7	474	10	484	491
E02A	Other respiratory system OR procedures with catastrophic CC	1	90	47	137	138	1	48	10	58	59	2	138	57	195	197
E02B	Other respiratory system OR procedures with severe CC	8	115	11	126	134	3	45	4	49	52	11	160	15	175	186
E02C	Other respiratory system OR procedures W/O catastrophic or severe CC	570	245	3	248	818	43	98	3	101	144	613	343	6	349	962
E40Z	Respiratory system diagnosis with ventilator support	0	59	15	74	74	0	133	11	144	144	0	192	26	218	218
E41Z	Respiratory system diagnosis with non-invasive ventilation	2	548	85	633	635	0	644	59	703	703	2	1,192	144	1,336	1,338

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E60A	Cystic fibrosis with catastrophic or severe CC	70	315	22	337	407	2	48	5	53	55	72	363	27	390	462
E60B	Cystic fibrosis W/O catastrophic or severe CC	661	297	1	298	959	233	462	2	464	697	894	759	3	762	1,656
E61A	Pulmonary embolism with catastrophic or severe CC	0	196	24	220	220	0	267	18	285	285	0	463	42	505	505
E61B	Pulmonary embolism W/O catastrophic or severe CC	10	294	2	296	306	12	427	8	435	447	22	721	10	731	753
E62A	Respiratory infections/inflammations with catastrophic CC	1	624	195	819	820	2	1,291	174	1,465	1,467	3	1,915	369	2,284	2,287
E62B	Respiratory infections/inflammations with severe or moderate CC	23	1,054	69	1,123	1,146	21	2,722	121	2,843	2,864	44	3,776	190	3,966	4,010
E62C	Respiratory infections/inflammations W/O CC	145	997	11	1,008	1,153	80	2,540	19	2,559	2,639	225	3,537	30	3,567	3,792
E63Z	Sleep apnoea	24	1,011	1	1,012	1,036	20	290	0	290	310	44	1,301	1	1,302	1,346
E64Z	Pulmonary oedema and respiratory failure	1	178	18	196	197	5	551	17	568	573	6	729	35	764	770
E65A	Chronic obstructive airways disease with catastrophic or severe CC	50	1,425	108	1,533	1,583	34	3,467	145	3,612	3,646	84	4,892	253	5,145	5,229
E65B	Chronic obstructive airways disease W/O catastrophic or severe CC	828	1,589	29	1,618	2,446	272	4,109	41	4,150	4,422	1,100	5,698	70	5,768	6,868
E66A	Major chest trauma age>69 with CC	0	8	5	13	13	0	61	4	65	65	0	69	9	78	78
E66B	Major chest trauma age >69 or with CC	0	28	0	28	28	0	143	0	143	143	0	171	0	171	171
E66C	Major chest trauma age <70 W/O CC	0	28	0	28	28	0	180	0	180	180	0	208	0	208	208
E67A	Respiratory signs and symptoms with catastrophic or severe CC	64	240	5	245	309	25	271	6	277	302	89	511	11	522	611
E67B	Respiratory signs and symptoms W/O catastrophic or severe CC	1,373	780	2	782	2,155	933	1,647	1	1,648	2,581	2,306	2,427	3	2,430	4,736

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E68Z	Pneumothorax	4	251	4	255	259	4	517	5	522	526	8	768	9	777	785
E69A	Bronchitis and asthma age>49 with CC	18	100	3	103	121	22	196	1	197	219	40	296	4	300	340
E69B	Bronchitis and asthma age >49 or with CC	426	292	3	295	721	215	649	1	650	865	641	941	4	945	1,586
E69C	Bronchitis and asthma age <50 W/O CC	259	761	1	762	1,021	322	2,034	0	2,034	2,356	581	2,795	1	2,796	3,377
E70A	Whooping cough and acute bronchiolitis with CC	2	103	1	104	106	2	121	1	122	124	4	224	2	226	230
E70B	Whooping cough and acute bronchiolitis W/O CC	4	505	0	505	509	9	1,326	0	1,326	1,335	13	1,831	0	1,831	1,844
E71A	Respiratory neoplasms with catastrophic CC	76	240	49	289	365	34	337	45	382	416	110	577	94	671	781
E71B	Respiratory neoplasms with severe or moderate CC	773	608	71	679	1,452	473	1,180	53	1,233	1,706	1,246	1,788	124	1,912	3,158
E71C	Respiratory neoplasms W/O CC	1,525	284	37	321	1,846	496	447	12	459	955	2,021	731	49	780	2,801
E72Z	Respiratory problems arising from neonatal period	7	41	0	41	48	0	25	1	26	26	7	66	1	67	74
E73A	Pleural effusion with catastrophic CC	4	61	12	73	77	0	98	16	114	114	4	159	28	187	191
E73B	Pleural effusion with severe CC	7	86	4	90	97	13	189	8	197	210	20	275	12	287	307
E73C	Pleural effusion W/O catastrophic or severe CC	40	120	1	121	161	61	262	4	266	327	101	382	5	387	488
E74A	Interstitial lung disease with catastrophic CC	1	40	8	48	49	0	54	4	58	58	1	94	12	106	107
E74B	Interstitial lung disease with severe CC	21	93	7	100	121	19	109	2	111	130	40	202	9	211	251
E74C	Interstitial lung disease W/O catastrophic or severe CC	184	174	6	180	364	169	283	5	288	457	353	457	11	468	821
E75A	Other respiratory system diagnosis age>64 with CC	20	736	85	821	841	15	2,841	97	2,938	2,953	35	3,577	182	3,759	3,794
E75B	Other respiratory system diagnosis age >64 or with CC	107	898	13	911	1,018	102	2,654	21	2,675	2,777	209	3,552	34	3,586	3,795

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E75C	Other respiratory system diagnosis age <65 W/O CC	170	700	0	700	870	112	2,961	3	2,964	3,076	282	3,661	3	3,664	3,946
F01A	Implantation or replacement of AICD, total system with catastrophic or severe CC	8	178	15	193	201	0	34	1	35	35	8	212	16	228	236
F01B	Implantation or replacement of AICD, total system W/O catastrophic or severe CC	76	145	0	145	221	2	37	0	37	39	78	182	0	182	260
F02Z	AICD component implantation/replacement	4	17	1	18	22	1	8	0	8	9	5	25	1	26	31
F03Z	Cardiac valve procedure with CPB pump with invasive cardiac investigation	0	22	24	46	46	0	7	8	15	15	0	29	32	61	61
F04A	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation with catastrophic CC	0	136	14	150	150	0	43	6	49	49	0	179	20	199	199
F04B	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation W/O catastrophic CC	0	119	2	121	121	0	85	1	86	86	0	204	3	207	207
F05A	Coronary bypass with invasive cardiac investigation with catastrophic CC	0	40	15	55	55	0	21	8	29	29	0	61	23	84	84
F05B	Coronary bypass with invasive cardiac investigation W/O catastrophic CC	0	31	3	34	34	0	44	2	46	46	0	75	5	80	80
F06A	Coronary bypass W/O invasive cardiac investigation with catastrophic or severe CC	0	286	17	303	303	0	151	11	162	162	0	437	28	465	465

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F06B	Coronary bypass W/O invasive cardiac investigation W/O catastrophic or severe CC	0	83	0	83	83	0	150	1	151	151	0	233	1	234	234
F07A	Other cardiothoracic/vascular procedures with CPB pump with catastrophic CC	0	43	11	54	54	0	4	1	5	5	0	47	12	59	59
F07B	Other cardiothoracic/vascular procedures with CPB pump W/O catastrophic CC	0	97	1	98	98	0	12	0	12	12	0	109	1	110	110
F08A	Major reconstruct vascular procedures W/O CPB pump with catastrophic CC	0	127	51	178	178	0	43	13	56	56	0	170	64	234	234
F08B	Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	2	388	8	396	398	0	165	13	178	178	2	553	21	574	576
F09A	Other cardiothoracic procedures W/O CPB pump with catastrophic CC	1	48	8	56	57	0	10	1	11	11	1	58	9	67	68
F09B	Other cardiothoracic procedures W/O CPB pump W/O catastrophic CC	16	90	2	92	108	0	4	0	4	4	16	94	2	96	112
F10Z	Percutaneous coronary intervention with AMI	53	836	14	850	903	68	434	5	439	507	121	1,270	19	1,289	1,410
F11A	Amputation for circulatory system except upper limb and toe with catastrophic CC	0	15	29	44	44	0	26	13	39	39	0	41	42	83	83
F11B	Amputation for circulatory system except upper limb and toe W/O catastrophic CC	0	29	11	40	40	0	22	16	38	38	0	51	27	78	78
F12Z	Cardiac pacemaker implantation	178	290	18	308	486	74	265	3	268	342	252	555	21	576	828
F13Z	Upper limb and toe amputation for circulatory system disorders	1	41	13	54	55	2	39	4	43	45	3	80	17	97	100

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F14A	Vascular procedures except major reconstruction W/O CPB pump with catastrophic CC	0	117	28	145	145	1	62	19	81	82	1	179	47	226	227
F14B	Vascular procedures except major reconstruction W/O CPB pump with severe CC	5	151	2	153	158	1	87	3	90	91	6	238	5	243	249
F14C	Vascular procedures except major reconstruction W/O CPB pump W/O catastrophic or severe CC	56	343	2	345	401	41	244	6	250	291	97	587	8	595	692
F15Z	Percutaneous coronary intervention W/O AMI with stent implantation	417	1,507	10	1,517	1,934	176	694	0	694	870	593	2,201	10	2,211	2,804
F16Z	Percutaneous coronary intervention W/O AMI W/O stent implantation	15	23	0	23	38	2	32	0	32	34	17	55	0	55	72
F17Z	Cardiac pacemaker replacement	69	123	6	129	198	42	150	3	153	195	111	273	9	282	393
F18Z	Cardiac pacemaker revision except device replacement	21	40	4	44	65	1	29	2	31	32	22	69	6	75	97
F19Z	Other trans-vascular percutaneous cardiac intervention	10	124	1	125	135	1	12	1	13	14	11	136	2	138	149
F20Z	Vein ligation and stripping	786	350	4	354	1,140	886	700	0	700	1,586	1,672	1,050	4	1,054	2,726
F21A	Other circulatory system OR procedures with catastrophic CC	1	21	15	36	37	0	20	7	27	27	1	41	22	63	64
F21B	Other circulatory system OR procedures W/O catastrophic CC	10	51	3	54	64	13	39	5	44	57	23	90	8	98	121
F40Z	Circulatory system diagnosis with ventilator support	0	46	4	50	50	0	88	3	91	91	0	134	7	141	141
F41A	Circulatory disorders with AMI with invasive cardiac inves procedure with catastrophic or severe CC	8	180	7	187	195	13	123	3	126	139	21	303	10	313	334

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F41B	Circulatory disorders with AMI with invasive cardiac inves procedure W/O catastrophic or severe CC	54	224	0	224	278	84	185	0	185	269	138	409	0	409	547
F42A	Circulatory disorders W/O AMI with invasive cardiac inves procedure with complex DX/Pr	179	696	27	723	902	249	402	10	412	661	428	1,098	37	1,135	1,563
F42B	Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	3,689	1,230	11	1,241	4,930	2,937	1,211	6	1,217	4,154	6,626	2,441	17	2,458	9,084
F60A	Circulatory disorders with AMI W/O invasive cardiac inves procedure with catastrophic or severe CC	1	218	36	254	255	1	691	50	741	742	2	909	86	995	997
F60B	Circulatory disorders with AMI W/O invasive cardiac inves procedure W/O catastrophic/severe CC	1	289	6	295	296	10	1,933	12	1,945	1,955	11	2,222	18	2,240	2,251
F60C	Circulatory disorders with AMI W/O invasive cardiac inves procedure, died	0	114	19	133	133	0	295	15	310	310	0	409	34	443	443
F61Z	Infective endocarditis	3	22	12	34	37	21	35	15	50	71	24	57	27	84	108
F62A	Heart failure and shock with catastrophic CC	1	328	77	405	406	0	639	100	739	739	1	967	177	1,144	1,145
F62B	Heart failure and shock W/O catastrophic CC	72	718	30	748	820	31	3,217	81	3,298	3,329	103	3,935	111	4,046	4,149
F63A	Venous thrombosis with catastrophic or severe CC	7	127	4	131	138	1	183	11	194	195	8	310	15	325	333
F63B	Venous thrombosis W/O catastrophic/severe CC	74	300	1	301	375	142	945	8	953	1,095	216	1,245	9	1,254	1,470
F64Z	Skin ulcers for circulatory disorders	7	50	11	61	68	8	143	4	147	155	15	193	15	208	223
F65A	Peripheral vascular disorders with catastrophic or severe CC	3	157	20	177	180	11	259	26	285	296	14	416	46	462	476

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F65B	Peripheral vascular disorders W/O catastrophic or severe CC	290	470	7	477	767	285	636	8	644	929	575	1,106	15	1,121	1,696
F66A	Coronary atherosclerosis with CC	24	240	13	253	277	30	843	23	866	896	54	1,083	36	1,119	1,173
F66B	Coronary atherosclerosis W/O CC	133	279	1	280	413	116	1,447	4	1,451	1,567	249	1,726	5	1,731	1,980
F67A	Hypertension with CC	26	97	4	101	127	8	244	6	250	258	34	341	10	351	385
F67B	Hypertension W/O CC	284	195	0	195	479	72	881	0	881	953	356	1,076	0	1,076	1,432
F68Z	Congenital heart disease	531	197	2	199	730	53	39	2	41	94	584	236	4	240	824
F69A	Valvular disorders with catastrophic/severe CC	14	81	8	89	103	9	125	5	130	139	23	206	13	219	242
F69B	Valvular disorders W/O catastrophic or severe CC	265	261	1	262	527	181	1,229	3	1,232	1,413	446	1,490	4	1,494	1,940
F70A	Major arrhythmia and cardiac arrest with catastrophic or severe CC	0	61	8	69	69	0	182	10	192	192	0	243	18	261	261
F70B	Major arrhythmia and cardiac arrest W/O catastrophic or severe CC	13	109	1	110	123	18	388	4	392	410	31	497	5	502	533
F71A	Non-major arrhythmia and conduction disorders with catastrophic or severe CC	25	359	21	380	405	17	832	35	867	884	42	1,191	56	1,247	1,289
F71B	Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	714	1,326	9	1,335	2,049	897	3,957	14	3,971	4,868	1,611	5,283	23	5,306	6,917
F72A	Unstable angina with catastrophic or severe CC	2	86	10	96	98	1	327	10	337	338	3	413	20	433	436
F72B	Unstable angina W/O catastrophic or severe CC	10	325	2	327	337	25	2,188	8	2,196	2,221	35	2,513	10	2,523	2,558
F73A	Syncope and collapse with catastrophic or severe CC	23	418	45	463	486	5	976	29	1,005	1,010	28	1,394	74	1,468	1,496
F73B	Syncope and collapse W/O catastrophic or severe CC	1,410	1,110	13	1,123	2,533	198	4,172	14	4,186	4,384	1,608	5,282	27	5,309	6,917
F74Z	Chest pain	949	2,852	4	2,856	3,805	463	9,426	4	9,430	9,893	1,412	12,278	8	12,286	13,698
F75A	Other circulatory system diagnoses with catastrophic CC	4	75	16	91	95	0	88	9	97	97	4	163	25	188	192

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F75B	Other circulatory system diagnoses with severe CC	10	191	5	196	206	11	311	7	318	329	21	502	12	514	535
F75C	Other circulatory system diagnoses W/O catastrophic or severe CC	181	383	7	390	571	91	978	8	986	1,077	272	1,361	15	1,376	1,648
G01A	Rectal resection with catastrophic CC	0	77	41	118	118	0	93	47	140	140	0	170	88	258	258
G01B	Rectal resection W/O catastrophic CC	0	224	15	239	239	0	324	23	347	347	0	548	38	586	586
G02A	Major small and large bowel procedures with catastrophic CC	2	238	140	378	380	1	313	110	423	424	3	551	250	801	804
G02B	Major small and large bowel procedures W/O catastrophic CC	14	630	41	671	685	16	837	54	891	907	30	1,467	95	1,562	1,592
G03A	Stomach, oesophageal and duodenal procedures with malignancy	7	141	52	193	200	2	66	17	83	85	9	207	69	276	285
G03B	Stomach, oesophageal and duodenal procedures W/O malignancy with catastrophic or severe CC	2	83	14	97	99	0	61	13	74	74	2	144	27	171	173
G03C	Stomach, oesophageal and duodenal procedures W/O malignancy W/O catastrophic or severe CC	26	159	2	161	187	10	142	1	143	153	36	301	3	304	340
G04A	Peritoneal adhesiolysis age >49 with CC	0	49	5	54	54	1	61	13	74	75	1	110	18	128	129
G04B	Peritoneal adhesiolysis age >49 or with CC	5	67	1	68	73	4	160	5	165	169	9	227	6	233	242
G04C	Peritoneal adhesiolysis age <50 W/O CC	14	96	2	98	112	17	196	0	196	213	31	292	2	294	325
G05A	Minor small and large bowel procedures with CC	1	53	8	61	62	1	42	11	53	54	2	95	19	114	116
G05B	Minor small and large bowel procedures W/O CC	10	112	0	112	122	13	118	0	118	131	23	230	0	230	253
G06Z	Pyloromyotomy procedure	0	93	0	93	93	0	13	0	13	13	0	106	0	106	106
G07A	Appendicectomy with catastrophic or severe CC	0	108	2	110	110	0	224	2	226	226	0	332	4	336	336

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G07B	Appendicectomy W/O catastrophic or severe CC	12	1,493	0	1,493	1,505	2	4,195	0	4,195	4,197	14	5,688	0	5,688	5,702
G08A	Abdominal and other hernia procedures age >59 or with catastrophic or severe CC	15	198	8	206	221	38	375	3	378	416	53	573	11	584	637
G08B	Abdominal and other hernia procedures age 1 to 59 W/O catastrophic or severe CC	189	186	2	188	377	198	503	0	503	701	387	689	2	691	1,078
G09Z	Inguinal and femoral hernia procedures age >0	433	530	1	531	964	632	1,682	2	1,684	2,316	1,065	2,212	3	2,215	3,280
G10Z	Hernia procedures age <1	63	139	0	139	202	17	15	0	15	32	80	154	0	154	234
G11A	Anal and stomal procedures with catastrophic or severe CC	8	67	7	74	82	8	83	4	87	95	16	150	11	161	177
G11B	Anal and stomal procedures W/O catastrophic or severe CC	690	497	1	498	1,188	1,747	1,046	1	1,047	2,794	2,437	1,543	2	1,545	3,982
G12A	Other digestive system OR procedures with catastrophic or severe CC	12	163	32	195	207	10	114	24	138	148	22	277	56	333	355
G12B	Other digestive system OR procedures W/O catastrophic or severe CC	85	269	2	271	356	97	419	7	426	523	182	688	9	697	879
G42A	Other gastroscopy for major digestive disease	0	855	39	894	894	0	1,430	35	1,465	1,465	0	2,285	74	2,359	2,359
G42B	Other gastroscopy for major digestive disease, sameday	1,484	35	0	35	1,519	1,815	31	0	31	1,846	3,299	66	0	66	3,365
G43Z	Complex colonoscopy	50	7	0	7	57	43	11	0	11	54	93	18	0	18	111
G44A	Other colonoscopy with catastrophic or severe CC	0	249	39	288	288	0	309	31	340	340	0	558	70	628	628
G44B	Other colonoscopy W/O catastrophic or severe CC	0	1,011	7	1,018	1,018	0	2,543	16	2,559	2,559	0	3,554	23	3,577	3,577
G44C	Other colonoscopy, sameday	10,623	20	0	20	10,643	19,989	27	0	27	20,016	30,612	47	0	47	30,659
G45A	Other gastroscopy for non-major digestive disease	0	1,367	20	1,387	1,387	0	3,262	29	3,291	3,291	0	4,629	49	4,678	4,678

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G45B	Other gastroscopy for non-major digestive disease, sameday	10,204	85	0	85	10,289	18,802	138	0	138	18,940	29,006	223	0	223	29,229
G46A	Complex gastroscopy with catastrophic or severe CC	0	338	67	405	405	0	364	57	421	421	0	702	124	826	826
G46B	Complex gastroscopy W/O catastrophic or severe CC	0	743	12	755	755	0	1,281	18	1,299	1,299	0	2,024	30	2,054	2,054
G46C	Complex gastroscopy, sameday	3,633	7	0	7	3,640	5,468	13	0	13	5,481	9,101	20	0	20	9,121
G60A	Digestive malignancy with catastrophic or severe CC	672	342	54	396	1,068	535	608	39	647	1,182	1,207	950	93	1,043	2,250
G60B	Digestive malignancy W/O catastrophic or severe CC	2,749	465	70	535	3,284	1,333	938	22	960	2,293	4,082	1,403	92	1,495	5,577
G61A	GI Haemorrhage age >64 or with catastrophic or severe CC	14	144	3	147	161	27	671	16	687	714	41	815	19	834	875
G61B	GI Haemorrhage age <65 W/O catastrophic or severe CC	59	183	0	183	242	79	442	0	442	521	138	625	0	625	763
G62Z	Complicated peptic ulcer	33	18	0	18	51	9	49	2	51	60	42	67	2	69	111
G63Z	Uncomplicated peptic ulcer	17	14	0	14	31	6	68	1	69	75	23	82	1	83	106
G64Z	Inflammatory bowel disease	1,301	291	6	297	1,598	1,350	674	5	679	2,029	2,651	965	11	976	3,627
G65A	GI Obstruction with CC	1	137	7	144	145	0	288	19	307	307	1	425	26	451	452
G65B	GI Obstruction W/O CC	8	194	1	195	203	6	471	2	473	479	14	665	3	668	682
G66A	Abdominal pain or mesenteric adenitis with CC	39	341	1	342	381	30	691	4	695	725	69	1,032	5	1,037	1,106
G66B	Abdominal pain or mesenteric adenitis W/O CC	258	1,716	2	1,718	1,976	323	6,519	1	6,520	6,843	581	8,235	3	8,238	8,819
G67A	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 with catastrophic or severe CC	65	582	42	624	689	22	1,599	63	1,662	1,684	87	2,181	105	2,286	2,373

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G67B	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 W/O catastrophic or severe CC	2,556	1,442	9	1,451	4,007	632	6,964	23	6,987	7,619	3,188	8,406	32	8,438	11,626
G68A	Gastroenteritis age<10 with CC	3	216	0	216	219	1	313	0	313	314	4	529	0	529	533
G68B	Gastroenteritis age <10 W/O CC	15	1,348	1	1,349	1,364	18	4,441	0	4,441	4,459	33	5,789	1	5,790	5,823
G69Z	Oesophagitis and misc digestive system disorders age <10	145	550	2	552	697	54	1,499	1	1,500	1,554	199	2,049	3	2,052	2,251
G70A	Other digestive system diagnoses with CC	77	268	15	283	360	88	451	16	467	555	165	719	31	750	915
G70B	Other digestive system diagnoses W/O CC	597	498	3	501	1,098	1,353	1,151	4	1,155	2,508	1,950	1,649	7	1,656	3,606
H01A	Pancreas, liver and shunt procedures with catastrophic CC	0	82	33	115	115	0	9	6	15	15	0	91	39	130	130
H01B	Pancreas, liver and shunt procedures W/O catastrophic CC	21	184	14	198	219	0	39	10	49	49	21	223	24	247	268
H02A	Major biliary tract procedures with malignancy or catastrophic CC	1	36	10	46	47	1	10	3	13	14	2	46	13	59	61
H02B	Major biliary tract procedures W/O malignancy with severe or moderate CC	1	45	3	48	49	5	21	0	21	26	6	66	3	69	75
H02C	Major biliary tract procedures W/O malignancy W/O CC	36	70	0	70	106	13	38	2	40	53	49	108	2	110	159
H05A	Hepatobiliary diagnostic procedures with catastrophic or severe CC	2	44	7	51	53	0	16	6	22	22	2	60	13	73	75
H05B	Hepatobiliary diagnostic procedures W/O catastrophic or severe CC	38	56	2	58	96	0	25	0	25	25	38	81	2	83	121

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H06Z	Other hepatobiliary and pancreas OR procedures	14	81	10	91	105	3	20	3	23	26	17	101	13	114	131
H07A	Open cholecystectomy with closed CDE or with catastrophic CC	0	27	5	32	32	0	21	3	24	24	0	48	8	56	56
H07B	Open cholecystectomy W/O closed CDE W/O catastrophic CC	2	66	2	68	70	1	205	2	207	208	3	271	4	275	278
H08A	Laparoscopic cholecystectomy with closed CDE or with catastrophic or severe CC	1	143	4	147	148	0	232	3	235	235	1	375	7	382	383
H08B	Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC	112	771	0	771	883	101	2,541	0	2,541	2,642	213	3,312	0	3,312	3,525
H40Z	Endoscopic procedures for bleeding oesophageal varices	0	31	6	37	37	0	9	1	10	10	0	40	7	47	47
H41A	ERCP complex therapeutic procedure with catastrophic or severe CC	8	77	8	85	93	12	40	5	45	57	20	117	13	130	150
H41B	ERCP complex therapeutic procedure W/O catastrophic or severe CC	233	156	0	156	389	154	91	2	93	247	387	247	2	249	636
H42A	ERCP other therapeutic procedure with catastrophic or severe CC	4	104	10	114	118	10	40	3	43	53	14	144	13	157	171
H42B	ERCP other therapeutic procedure with moderate CC	19	69	2	71	90	77	60	2	62	139	96	129	4	133	229
H42C	ERCP other therapeutic procedure W/O CC	461	230	0	230	691	151	158	0	158	309	612	388	0	388	1,000
H60A	Cirrhosis and alcoholic hepatitis with catastrophic CC	4	137	37	174	178	2	97	27	124	126	6	234	64	298	304
H60B	Cirrhosis and alcoholic hepatitis with severe CC	14	164	13	177	191	4	180	13	193	197	18	344	26	370	388

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H60C	Cirrhosis and alcoholic hepatitis W/O catastrophic or severe CC	83	201	3	204	287	99	230	8	238	337	182	431	11	442	624
H61A	Malignancy of hepatobiliary system, pancreas (age>69 with catastrophic or severe CC) or with catastrophic CC	49	156	15	171	220	28	224	25	249	277	77	380	40	420	497
H61B	Malignancy of hepatobiliary system, pancreas (age>69 W/O catastrophic or severe CC) or W/O catastrophic CC	639	285	13	298	937	280	498	13	511	791	919	783	26	809	1,728
H62A	Disorders of pancreas except for malignancy with catastrophic or severe CC	7	138	4	142	149	0	181	16	197	197	7	319	20	339	346
H62B	Disorders of pancreas except for malignancy W/O catastrophic or severe CC	164	381	2	383	547	7	869	8	877	884	171	1,250	10	1,260	1,431
H63A	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with catastrophic or severe CC	16	163	19	182	198	29	156	15	171	200	45	319	34	353	398
H63B	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis W/O catastrophic or severe CC	676	437	1	438	1,114	194	615	5	620	814	870	1,052	6	1,058	1,928
H64A	Disorders of the biliary tract with CC	25	200	7	207	232	13	770	12	782	795	38	970	19	989	1,027
H64B	Disorders of the biliary tract W/O CC	219	417	1	418	637	128	2,479	0	2,479	2,607	347	2,896	1	2,897	3,244
I01Z	Bilateral or multiple major joint procedures of lower extremity	0	10	6	16	16	0	42	14	56	56	0	52	20	72	72
I02A	Microvascular tissue transfer or (skin graft with catastrophic or severe CC), excluding hand	0	14	23	37	37	0	12	13	25	25	0	26	36	62	62

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I02B	Skin graft W/O catastrophic or severe CC, excluding hand	7	46	8	54	61	5	45	5	50	55	12	91	13	104	116
I03A	Hip revision with catastrophic or severe CC	0	26	9	35	35	0	80	19	99	99	0	106	28	134	134
I03B	Hip replacement with catastrophic or severe CC or hip revision W/O catastrophic or severe CC	0	330	94	424	424	0	715	113	828	828	0	1,045	207	1,252	1,252
I03C	Hip replacement W/O catastrophic or severe CC	0	937	12	949	949	1	2,784	37	2,821	2,822	1	3,721	49	3,770	3,771
I04Z	Knee replacement and reattachment	1	580	12	592	593	1	1,261	9	1,270	1,271	2	1,841	21	1,862	1,864
I05Z	Other major joint replacement and limb reattachment procedures	0	68	3	71	71	0	102	3	105	105	0	170	6	176	176
I06Z	Spinal fusion with deformity	0	79	0	79	79	0	3	0	3	3	0	82	0	82	82
I07Z	Amputation	0	17	7	24	24	0	9	5	14	14	0	26	12	38	38
I08A	Other hip and femur procedures with catastrophic or severe CC	0	252	102	354	354	0	360	124	484	484	0	612	226	838	838
I08B	Other hip and femur procedures W/O catastrophic or severe CC	17	558	27	585	602	4	1,160	49	1,209	1,213	21	1,718	76	1,794	1,815
I09A	Spinal fusion with catastrophic or severe CC	0	56	12	68	68	0	12	0	12	12	0	68	12	80	80
I09B	Spinal fusion W/O catastrophic or severe CC	0	242	1	243	243	1	92	5	97	98	1	334	6	340	341
I10A	Other back and neck procedures with catastrophic or severe CC	3	61	14	75	78	0	19	6	25	25	3	80	20	100	103
I10B	Other back and neck procedures W/O catastrophic or severe CC	607	572	6	578	1,185	151	789	3	792	943	758	1,361	9	1,370	2,128
I11Z	Limb lengthening procedures	3	24	0	24	27	1	15	0	15	16	4	39	0	39	43

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I12A	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with catastrophic CC	0	23	10	33	33	0	10	10	20	20	0	33	20	53	53
I12B	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with severe CC	0	30	3	33	33	1	24	7	31	32	1	54	10	64	65
I12C	Infect/inflam bone and joint with misc muscle system and connective tissue procedures W/O catastrophic or severe CC	35	166	7	173	208	23	192	5	197	220	58	358	12	370	428
I13A	Humerus, tibia, fibula and ankle procedures with catastrophic or severe CC	0	89	18	107	107	0	108	13	121	121	0	197	31	228	228
I13B	Humerus, tibia, fibula and ankle procedures age >59 W/O catastrophic or severe CC	1	229	4	233	234	0	517	6	523	523	1	746	10	756	757
I13C	Humerus, tibia, fibula and ankle procedures age <60 W/O catastrophic or severe CC	36	1,129	1	1,130	1,166	35	2,282	0	2,282	2,317	71	3,411	1	3,412	3,483
I14Z	Stump revision	0	5	1	6	6	6	8	0	8	14	6	13	1	14	20
I15Z	Cranio-facial surgery	0	17	1	18	18	0	5	1	6	6	0	22	2	24	24
I16Z	Other shoulder procedures	89	243	0	243	332	13	517	1	518	531	102	760	1	761	863
I17Z	Maxillo-facial surgery	1	41	0	41	42	2	32	0	32	34	3	73	0	73	76
I18Z	Other knee procedures	780	206	4	210	990	1,562	789	1	790	2,352	2,342	995	5	1,000	3,342
I19Z	Other elbow or forearm procedures	101	1,033	9	1,042	1,143	102	2,248	9	2,257	2,359	203	3,281	18	3,299	3,502
I20Z	Other foot procedures	110	422	0	422	532	131	898	3	901	1,032	241	1,320	3	1,323	1,564
I21Z	Local excision and removal of internal fixation devices of hip and femur	21	31	2	33	54	57	78	2	80	137	78	109	4	113	191

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I23Z	Local excision and removal of internal fixation devices excluding hip and femur	1,075	195	3	198	1,273	1,565	432	1	433	1,998	2,640	627	4	631	3,271
I24Z	Arthroscopy	480	96	1	97	577	557	302	0	302	859	1,037	398	1	399	1,436
I25Z	Bone and joint diagnostic procedures including biopsy	57	40	6	46	103	24	57	2	59	83	81	97	8	105	186
I27A	Soft tissue procedures with catastrophic or severe CC	11	41	8	49	60	1	35	9	44	45	12	76	17	93	105
I27B	Soft tissue procedures W/O catastrophic or severe CC	353	237	0	237	590	212	460	3	463	675	565	697	3	700	1,265
I28A	Other connective tissue procedures with CC	7	43	9	52	59	3	53	5	58	61	10	96	14	110	120
I28B	Other connective tissue procedures W/O CC	172	206	4	210	382	81	447	8	455	536	253	653	12	665	918
I29Z	Knee reconstruction or revision	4	205	0	205	209	5	253	0	253	258	9	458	0	458	467
I30Z	Hand procedures	591	956	0	956	1,547	669	1,933	0	1,933	2,602	1,260	2,889	0	2,889	4,149
I60Z	Femoral shaft fractures	0	29	0	29	29	0	57	4	61	61	0	86	4	90	90
I61Z	Distal femoral fractures	0	38	3	41	41	0	72	3	75	75	0	110	6	116	116
I63Z	Sprains, strains and dislocations of hip, pelvis and thigh	0	45	2	47	47	0	149	4	153	153	0	194	6	200	200
I64A	Osteomyelitis with CC	9	56	9	65	74	1	48	8	56	57	10	104	17	121	131
I64B	Osteomyelitis W/O CC	27	51	2	53	80	21	73	6	79	100	48	124	8	132	180
I65A	Connective tissue malignancy, including pathological Fx with catastrophic or severe CC	103	178	19	197	300	45	184	21	205	250	148	362	40	402	550
I65B	Connective tissue malignancy, including pathological Fx W/O catastrophic or severe CC	538	417	11	428	966	120	228	15	243	363	658	645	26	671	1,329
I66A	Inflammatory musculoskeletal disorders with catastrophic or severe CC	22	62	10	72	94	26	89	8	97	123	48	151	18	169	217

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I66B	Inflammatory musculoskeletal disorders W/O catastrophic or severe CC	1,465	277	4	281	1,746	2,240	432	2	434	2,674	3,705	709	6	715	4,420
I67A	Septic arthritis with catastrophic or severe CC	0	7	1	8	8	0	19	3	22	22	0	26	4	30	30
I67B	Septic arthritis W/O catastrophic or severe CC	9	36	1	37	46	5	59	2	61	66	14	95	3	98	112
I68A	Non-surgical spinal disorders with CC	0	269	38	307	307	0	560	39	599	599	0	829	77	906	906
I68B	Non-surgical spinal disorders W/O CC	0	553	8	561	561	0	1,873	18	1,891	1,891	0	2,426	26	2,452	2,452
I68C	Non-surgical spinal disorders, sameday	5,202	59	0	59	5,261	4,024	314	0	314	4,338	9,226	373	0	373	9,599
I69A	Bone diseases and specific arthropathies age >74 with catastrophic or severe CC	1	32	16	48	49	3	103	9	112	115	4	135	25	160	164
I69B	Bone diseases and specific arthropathies age >74 or with catastrophic or severe CC	204	96	12	108	312	356	360	5	365	721	560	456	17	473	1,033
I69C	Bone diseases and spec arthropathies age <75 W/O catastrophic or severe CC	694	135	0	135	829	1,137	351	2	353	1,490	1,831	486	2	488	2,319
I70Z	Non-specific arthropathies	57	38	0	38	95	77	97	2	99	176	134	135	2	137	271
I71A	Other musculotendinous disorders age >69 with CC	20	69	3	72	92	12	161	6	167	179	32	230	9	239	271
I71B	Other musculotendinous disorders age >69 or with CC	831	225	7	232	1,063	572	576	4	580	1,152	1,403	801	11	812	2,215
I71C	Other musculotendinous disorders age <70 W/O CC	2,638	384	1	385	3,023	1,690	1,127	1	1,128	2,818	4,328	1,511	2	1,513	5,841
I72A	Specific musculotendinous disorders age >79 or with catastrophic or severe CC	51	43	3	46	97	40	84	3	87	127	91	127	6	133	224
I72B	Specific musculotendinous disorders age <80 W/O catastrophic or severe CC	951	163	2	165	1,116	1,236	580	1	581	1,817	2,187	743	3	746	2,933

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I73A	Aftercare of musculoskeletal implants/prostheses age >59 with catastrophic or severe CC	2	16	5	21	23	4	301	59	360	364	6	317	64	381	387
I73B	Aftercare of musculoskeletal implants/prostheses age >59 or with catastrophic or severe CC	462	73	5	78	540	33	495	35	530	563	495	568	40	608	1,103
I73C	Aftercare of musculoskeletal implants/prostheses age <60 W/O catastrophic or severe CC	879	65	0	65	944	221	225	7	232	453	1,100	290	7	297	1,397
I74A	Injury to forearm, wrist, hand or foot age >74 with CC	0	24	7	31	31	0	65	2	67	67	0	89	9	98	98
I74B	Injury to forearm, wrist, hand or foot age >74 or with CC	2	91	5	96	98	6	217	1	218	224	8	308	6	314	322
I74C	Injury to forearm, wrist, hand or foot age <75 W/O CC	84	760	1	761	845	155	1,948	0	1,948	2,103	239	2,708	1	2,709	2,948
I75A	Injury to shoulder, arm, elbow, knee, leg or ankle age >64 with CC	0	67	21	88	88	0	164	26	190	190	0	231	47	278	278
I75B	Injury to shoulder, arm, elbow, knee, leg or ankle age >64 or with CC	13	125	7	132	145	6	425	5	430	436	19	550	12	562	581
I75C	Injury to shoulder, arm, elbow, knee, leg or ankle age <65 W/O CC	55	412	0	412	467	66	1,300	2	1,302	1,368	121	1,712	2	1,714	1,835
I76A	Other musculoskeletal disorders age >69 with CC	2	16	5	21	23	2	53	6	59	61	4	69	11	80	84
I76B	Other musculoskeletal disorders age >69 or with CC	91	110	4	114	205	47	170	3	173	220	138	280	7	287	425

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I76C	Other musculoskeletal disorders age <70 W/O CC	1,192	233	1	234	1,426	348	584	1	585	933	1,540	817	2	819	2,359
I77A	Fractures of pelvis with catastrophic or severe CC	0	40	19	59	59	0	96	19	115	115	0	136	38	174	174
I77B	Fractures of pelvis W/O catastrophic or severe CC	0	62	6	68	68	0	298	8	306	306	0	360	14	374	374
I78A	Fractures of neck of femur with catastrophic or severe CC	0	15	5	20	20	1	75	12	87	88	1	90	17	107	108
I78B	Fractures of neck of femur W/O catastrophic or severe CC	2	38	3	41	43	0	234	6	240	240	2	272	9	281	283
J01Z	Microvascular tissue transfer for skin, subcutaneous tissue and breast disorder	0	19	3	22	22	0	9	0	9	9	0	28	3	31	31
J06A	Major procedures for malignant breast conditions	82	1,012	0	1,012	1,094	47	810	3	813	860	129	1,822	3	1,825	1,954
J06B	Major procedures for non-malignant breast conditions	70	193	0	193	263	48	160	0	160	208	118	353	0	353	471
J07A	Minor procedures for malignant breast conditions	237	222	1	223	460	111	240	0	240	351	348	462	1	463	811
J07B	Minor procedures for non-malignant breast conditions	647	103	0	103	750	623	155	0	155	778	1,270	258	0	258	1,528
J08A	Other skin graft and/or debridement procedures with catastrophic or severe CC	2	45	13	58	60	6	44	1	45	51	8	89	14	103	111
J08B	Other skin graft and/or debridement procedures W/O catastrophic or severe CC	406	208	3	211	617	166	223	4	227	393	572	431	7	438	1,010
J09Z	Perianal and pilonidal procedures	140	93	0	93	233	160	392	0	392	552	300	485	0	485	785

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	537	155	4	159	696	290	127	2	129	419	827	282	6	288	1,115
J11Z	Other skin, subcutaneous tissue and breast procedures	15,169	492	8	500	15,669	16,057	753	11	764	16,821	31,226	1,245	19	1,264	32,490
J12A	Lower limb procedures with ulcer/cellulitis with catastrophic CC	0	9	5	14	14	0	10	20	30	30	0	19	25	44	44
J12B	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC with skin graft/flap repair	0	10	3	13	13	0	27	8	35	35	0	37	11	48	48
J12C	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC W/O skin graft/flap repair	7	36	7	43	50	8	46	10	56	64	15	82	17	99	114
J13A	Lower limb procedures W/O ulcer/cellulitis with skin graft with catastrophic or severe CC	0	12	0	12	12	1	16	2	18	19	1	28	2	30	31
J13B	Lower limb procedures W/O ulcer/cellulitis W/O (skin graft and catastrophic or severe CC)	37	69	1	70	107	26	103	3	106	132	63	172	4	176	239
J14Z	Major breast reconstructions	1	87	0	87	88	10	124	0	124	134	11	211	0	211	222
J60A	Skin ulcers	0	151	16	167	167	0	297	45	342	342	0	448	61	509	509
J60B	Skin ulcers, sameday	406	7	0	7	413	40	13	0	13	53	446	20	0	20	466
J62A	Malignant breast disorders (age >69 with CC) or with catastrophic or severe CC	735	226	30	256	991	383	353	19	372	755	1,118	579	49	628	1,746
J62B	Malignant breast disorders (age >69 W/O CC) or W/O catastrophic or severe CC	2,721	140	113	253	2,974	1,452	217	5	222	1,674	4,173	357	118	475	4,648
J63Z	Non-malignant breast disorders	1,491	160	0	160	1,651	921	257	0	257	1,178	2,412	417	0	417	2,829
J64A	Cellulitis age >59 with catastrophic or severe CC	5	145	20	165	170	3	330	22	352	355	8	475	42	517	525

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J64B	Cellulitis (age >59 W/O catastrophic or severe CC) or age <60	199	1,776	13	1,789	1,988	179	3,910	10	3,920	4,099	378	5,686	23	5,709	6,087
J65A	Trauma to the skin, subcutaneous tissue and breast age >69	1	49	2	51	52	3	229	9	238	241	4	278	11	289	293
J65B	Trauma to the skin, subcutaneous tissue and breast age <70	33	223	1	224	257	21	942	2	944	965	54	1,165	3	1,168	1,222
J67A	Minor skin disorders	0	448	15	463	463	0	1,055	22	1,077	1,077	0	1,503	37	1,540	1,540
J67B	Minor skin disorders, sameday	6,408	48	0	48	6,456	3,572	244	0	244	3,816	9,980	292	0	292	10,272
J68A	Major skin disorders	0	325	7	332	332	0	695	8	703	703	0	1,020	15	1,035	1,035
J68B	Major skin disorders, sameday	22,360	14	0	14	22,374	359	78	0	78	437	22,719	92	0	92	22,811
K01Z	Diabetic foot procedures	3	83	26	109	112	2	106	43	149	151	5	189	69	258	263
K02Z	Pituitary procedures	0	72	1	73	73	0	22	0	22	22	0	94	1	95	95
K03Z	Adrenal procedures	0	25	1	26	26	0	5	0	5	5	0	30	1	31	31
K04Z	Major procedures for obesity	0	2	0	2	2	0	40	1	41	41	0	42	1	43	43
K05Z	Parathyroid procedures	0	78	1	79	79	0	92	0	92	92	0	170	1	171	171
K06Z	Thyroid procedures	2	310	5	315	317	16	330	0	330	346	18	640	5	645	663
K07Z	Obesity procedures	11	30	0	30	41	0	19	0	19	19	11	49	0	49	60
K08Z	Thyroglossal procedures	6	50	0	50	56	4	25	0	25	29	10	75	0	75	85
K09Z	Other endocrine, nutritional and metabolic OR procedures	16	104	9	113	129	1	32	4	36	37	17	136	13	149	166
K40Z	Endoscopic or investigative procedure for metabolic disorders W/O CC	169	58	3	61	230	434	128	3	131	565	603	186	6	192	795
K60A	Diabetes with catastrophic or severe CC	8	188	22	210	218	2	493	28	521	523	10	681	50	731	741
K60B	Diabetes W/O catastrophic or severe CC	74	792	9	801	875	89	2,729	24	2,753	2,842	163	3,521	33	3,554	3,717
K61Z	Severe nutritional disturbance	2	9	6	15	17	1	12	3	15	16	3	21	9	30	33
K62A	Miscellaneous metabolic disorders with catastrophic CC	4	98	18	116	120	0	177	24	201	201	4	275	42	317	321

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
K62B	Miscellaneous metabolic disorders age >74 or with severe CC	38	297	14	311	349	66	826	18	844	910	104	1,123	32	1,155	1,259
K62C	Miscellaneous metabolic disorders age <75 W/O catastrophic or severe CC	415	499	8	507	922	372	950	3	953	1,325	787	1,449	11	1,460	2,247
K63Z	Inborn errors of metabolism	536	162	5	167	703	678	130	1	131	809	1,214	292	6	298	1,512
K64A	Endocrine disorders with catastrophic or severe CC	30	93	8	101	131	6	82	5	87	93	36	175	13	188	224
K64B	Endocrine disorders W/O catastrophic or severe CC	730	404	15	419	1,149	478	409	4	413	891	1,208	813	19	832	2,040
L02A	Operative insertion of peritoneal catheter for dialysis with catastrophic or severe CC	0	16	5	21	21	0	6	0	6	6	0	22	5	27	27
L02B	Operative insertion of peritoneal catheter for dialysis W/O catastrophic or severe CC	0	44	2	46	46	1	3	0	3	4	1	47	2	49	50
L03A	Kidney, ureter and major bladder procedures for neoplasm with catastrophic or severe CC	0	133	23	156	156	1	25	8	33	34	1	158	31	189	190
L03B	Kidney, ureter and major bladder procedures for neoplasm W/O catastrophic or severe CC	4	171	2	173	177	2	82	0	82	84	6	253	2	255	261
L04A	Kidney, ureter and major bladder procedures for non-neoplasm with catastrophic CC	2	52	18	70	72	1	29	8	37	38	3	81	26	107	110
L04B	Kidney, ureter and major bladder procedures for non-neoplasm with severe or moderate CC	18	163	5	168	186	11	71	3	74	85	29	234	8	242	271
L04C	Kidney, ureter and major bladder procedures for non-neoplasm W/O CC	58	305	0	305	363	53	162	1	163	216	111	467	1	468	579

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L05A	Transurethral prostatectomy with catastrophic or severe CC	0	21	3	24	24	1	20	1	21	22	1	41	4	45	46
L05B	Transurethral prostatectomy W/O catastrophic or severe CC	0	41	0	41	41	4	108	1	109	113	4	149	1	150	154
L06A	Minor bladder procedures with catastrophic or severe CC	10	52	5	57	67	1	27	3	30	31	11	79	8	87	98
L06B	Minor bladder procedures W/O catastrophic or severe CC	653	134	1	135	788	62	159	3	162	224	715	293	4	297	1,012
L07A	Transurethral procedures except prostatectomy with catastrophic or severe CC	3	103	9	112	115	4	66	4	70	74	7	169	13	182	189
L07B	Transurethral procedures except prostatectomy W/O catastrophic or severe CC	292	565	1	566	858	211	397	1	398	609	503	962	2	964	1,467
L08A	Urethral procedures with CC	1	27	0	27	28	1	11	0	11	12	2	38	0	38	40
L08B	Urethral procedures W/O CC	27	76	0	76	103	37	42	0	42	79	64	118	0	118	182
L09A	Other procedures for kidney and urinary tract disorders with catastrophic CC	0	28	8	36	36	0	15	5	20	20	0	43	13	56	56
L09B	Other procedures for kidney and urinary tract disorders with severe CC	1	45	7	52	53	1	12	2	14	15	2	57	9	66	68
L09C	Other procedures for kidney and urinary tract disorders W/O catastrophic or severe CC	19	143	1	144	163	23	44	2	46	69	42	187	3	190	232
L40Z	Ureteroscopy	49	84	0	84	133	37	88	1	89	126	86	172	1	173	259
L41Z	Cystourethroscopy, sameday	3,684	7	0	7	3,691	3,341	7	0	7	3,348	7,025	14	0	14	7,039
L42Z	ESW Lithotripsy for urinary stones	617	37	0	37	654	408	50	0	50	458	1,025	87	0	87	1,112

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L60A	Renal failure with catastrophic CC	0	134	46	180	180	1	177	36	213	214	1	311	82	393	394
L60B	Renal failure with severe CC	14	238	14	252	266	42	395	23	418	460	56	633	37	670	726
L60C	Renal failure W/O catastrophic or severe CC	178	418	11	429	607	259	668	11	679	938	437	1,086	22	1,108	1,545
L61Z	Admit for renal dialysis	57,061	6	1	7	57,068	100,135	6	0	6	100,141	157,196	12	1	13	157,209
L62A	Kidney and urinary tract neoplasms with catastrophic or severe CC	149	128	14	142	291	128	202	14	216	344	277	330	28	358	635
L62B	Kidney and urinary tract neoplasms W/O catastrophic or severe CC	551	141	9	150	701	159	266	12	278	437	710	407	21	428	1,138
L63A	Kidney and urinary tract infections with catastrophic CC	0	113	30	143	143	0	265	32	297	297	0	378	62	440	440
L63B	Kidney and urinary tract infections age >69 or with severe CC	80	693	66	759	839	48	2,556	78	2,634	2,682	128	3,249	144	3,393	3,521
L63C	Kidney and urinary tract infections age <70 W/O catastrophic or severe CC	614	1,143	3	1,146	1,760	368	2,885	3	2,888	3,256	982	4,028	6	4,034	5,016
L64Z	Urinary stones and obstruction	255	902	4	906	1,161	118	2,147	5	2,152	2,270	373	3,049	9	3,058	3,431
L65A	Kidney and urinary tract signs and symptoms with catastrophic or severe CC	11	123	2	125	136	8	224	7	231	239	19	347	9	356	375
L65B	Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	492	442	3	445	937	580	1,152	2	1,154	1,734	1,072	1,594	5	1,599	2,671
L66Z	Urethral stricture	48	49	1	50	98	69	47	1	48	117	117	96	2	98	215
L67A	Other kidney and urinary tract diagnoses with catastrophic CC	3	40	20	60	63	5	65	12	77	82	8	105	32	137	145
L67B	Other kidney and urinary tract diagnoses with severe CC	60	165	9	174	234	134	232	14	246	380	194	397	23	420	614

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L67C	Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	1,804	643	7	650	2,454	1,192	1,032	7	1,039	2,231	2,996	1,675	14	1,689	4,685
M01Z	Major male pelvic procedures	0	219	0	219	219	0	51	1	52	52	0	270	1	271	271
M02A	Transurethral prostatectomy with catastrophic or severe CC	1	81	5	86	87	0	72	9	81	81	1	153	14	167	168
M02B	Transurethral prostatectomy W/O catastrophic or severe CC	1	343	1	344	345	3	536	2	538	541	4	879	3	882	886
M03A	Penis procedures with CC	2	23	0	23	25	1	6	0	6	7	3	29	0	29	32
M03B	Penis procedures W/O CC	422	221	0	221	643	84	43	0	43	127	506	264	0	264	770
M04A	Testes procedures with CC	9	37	3	40	49	6	29	1	30	36	15	66	4	70	85
M04B	Testes procedures W/O CC	604	262	0	262	866	405	467	1	468	873	1,009	729	1	730	1,739
M05Z	Circumcision	1,502	93	0	93	1,595	1,187	240	0	240	1,427	2,689	333	0	333	3,022
M06A	Other male reproductive system OR procedures for malignancy	35	14	1	15	50	15	21	2	23	38	50	35	3	38	88
M06B	Other male reproductive system OR procedures except for malignancy	313	22	1	23	336	41	32	0	32	73	354	54	1	55	409
M40Z	Cystourethroscopy W/O CC	585	23	0	23	608	1,225	65	0	65	1,290	1,810	88	0	88	1,898
M60A	Malignancy, male reproductive system with catastrophic or severe CC	114	119	20	139	253	60	224	22	246	306	174	343	42	385	559
M60B	Malignancy, male reproductive system W/O catastrophic or severe CC	791	275	141	416	1,207	834	295	3	298	1,132	1,625	570	144	714	2,339
M61A	Benign prostatic hypertrophy with catastrophic or severe CC	6	16	0	16	22	6	20	1	21	27	12	36	1	37	49
M61B	Benign prostatic hypertrophy W/O catastrophic or severe CC	1,217	35	0	35	1,252	661	146	0	146	807	1,878	181	0	181	2,059
M62A	Inflammation of the male reproductive system with CC	11	54	0	54	65	7	68	3	71	78	18	122	3	125	143

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
M62B	Inflammation of the male reproductive system W/O CC	317	165	0	165	482	159	544	0	544	703	476	709	0	709	1,185
M63Z	Sterilisation, male	37	1	0	1	38	222	7	0	7	229	259	8	0	8	267
M64Z	Other male reproductive system diagnoses	171	149	2	151	322	150	407	1	408	558	321	556	3	559	880
N01Z	Pelvic evisceration and radical vulvectomy	0	30	3	33	33	0	5	0	5	5	0	35	3	38	38
N02A	Uterine, adnexa procedure for ovarian or adnexal malignancy with CC	0	90	8	98	98	0	44	5	49	49	0	134	13	147	147
N02B	Uterine, adnexa procedure for ovarian or adnexal malignancy W/O CC	2	73	0	73	75	1	66	0	66	67	3	139	0	139	142
N03A	Uterine, adnexa procedure for non-ovarian or adnexal malignancy with CC	1	87	5	92	93	0	36	2	38	38	1	123	7	130	131
N03B	Uterine, adnexa procedure for non-ovarian or adnexal malignancy W/O CC	3	150	0	150	153	2	105	0	105	107	5	255	0	255	260
N04Z	Hysterectomy for non-malignancy	10	934	2	936	946	1	1,276	3	1,279	1,280	11	2,210	5	2,215	2,226
N05A	Oophorectomies and complex fallopian tube procedures for non-malignancy with catastrophic or severe CC	0	29	1	30	30	0	26	0	26	26	0	55	1	56	56
N05B	Oophorectomies and complex fallopian tube procedures for non-malignancy W/O catastrophic or severe CC	34	277	0	277	311	3	272	0	272	275	37	549	0	549	586
N06Z	Female reproductive system reconstructive procedures	18	468	0	468	486	84	926	1	927	1,011	102	1,394	1	1,395	1,497
N07Z	Other uterine and adnexa procedures for non-malignancy	986	824	1	825	1,811	781	978	0	978	1,759	1,767	1,802	1	1,803	3,570

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
N08Z	Endoscopic and laparoscopic procedures for female reproductive system	1,162	439	1	440	1,602	747	739	3	742	1,489	1,909	1,178	4	1,182	3,091
N09Z	Conisation, vagina, cervix and vulva procedures	1,599	642	19	661	2,260	2,725	665	4	669	3,394	4,324	1,307	23	1,330	5,654
N10Z	Diagnostic curettage or diagnostic hysteroscopy	2,136	525	2	527	2,663	3,310	1,036	0	1,036	4,346	5,446	1,561	2	1,563	7,009
N11A	Other female reproductive system OR procedures age >64 or with malignancy or with CC	10	41	5	46	56	3	18	3	21	24	13	59	8	67	80
N11B	Other female reproductive system OR procedures age <65 W/O malignancy W/O CC	13	20	0	20	33	110	44	0	44	154	123	64	0	64	187
N60A	Malignancy, female reproductive system with catastrophic or severe CC	112	141	29	170	282	113	205	19	224	337	225	346	48	394	619
N60B	Malignancy, female reproductive system W/O catastrophic or severe CC	1,345	209	51	260	1,605	528	244	8	252	780	1,873	453	59	512	2,385
N61Z	Infections, female reproductive system	128	75	1	76	204	48	238	0	238	286	176	313	1	314	490
N62A	Menstrual and other female reproductive system disorders with CC	32	110	0	110	142	36	176	0	176	212	68	286	0	286	354
N62B	Menstrual and other female reproductive system disorders W/O CC	1,136	599	0	599	1,735	2,550	1,853	1	1,854	4,404	3,686	2,452	1	2,453	6,139
O01A	Caesarean delivery with catastrophic CC	0	250	15	265	265	0	275	33	308	308	0	525	48	573	573
O01B	Caesarean delivery with severe CC	0	1,033	13	1,046	1,046	0	1,335	29	1,364	1,364	0	2,368	42	2,410	2,410
O01C	Caesarean delivery W/O catastrophic or severe CC	0	4,645	1	4,646	4,646	0	10,644	4	10,648	10,648	0	15,289	5	15,294	15,294
O02A	Vaginal delivery with OR procedure with catastrophic or severe CC	0	143	0	143	143	0	152	0	152	152	0	295	0	295	295

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
O02B	Vaginal delivery with OR procedure W/O catastrophic or severe CC	0	249	0	249	249	0	402	0	402	402	0	651	0	651	651
O03Z	Ectopic pregnancy	1	302	0	302	303	3	377	0	377	380	4	679	0	679	683
O04Z	Postpartum and post abortion with OR procedure[a]	1	76	0	76	77	9	143	0	143	152	10	219	0	219	229
O05Z	Abortion with OR procedure[a]	5	1,776	0	1,776	1,781	468	3,195	0	3,195	3,663	473	4,971	0	4,971	5,444
O60A	Vaginal delivery with catastrophic or severe CC	0	1,243	6	1,249	1,249	0	1,374	11	1,385	1,385	0	2,617	17	2,634	2,634
O60B	Vaginal delivery W/O catastrophic or severe CC	0	14,340	1	14,341	14,341	0	24,135	2	24,137	24,137	0	38,475	3	38,478	38,478
O60C	Vaginal delivery single uncomplicated W/O other condition	0	3,797	0	3,797	3,797	0	7,953	0	7,953	7,953	0	11,750	0	11,750	11,750
O61Z	Postpartum and post abortion W/O OR procedure[a]	5	737	1	738	743	29	1,137	0	1,137	1,166	34	1,874	1	1,875	1,909
O63Z	Abortion W/O OR procedure[a]	8	803	0	803	811	667	2,489	0	2,489	3,156	675	3,292	0	3,292	3,967
O64A	False labour before 37 weeks or with catastrophic CC	1	1,111	0	1,111	1,112	20	1,281	4	1,285	1,305	21	2,392	4	2,396	2,417
O64B	False labour after 37 weeks W/O catastrophic CC	7	2,851	0	2,851	2,858	156	2,378	0	2,378	2,534	163	5,229	0	5,229	5,392
O66A	Antenatal and other obstetric admission	0	7,369	10	7,379	7,379	0	14,760	7	14,767	14,767	0	22,129	17	22,146	22,146
O66B	Antenatal and other obstetric admission, sameday	785	4,721	0	4,721	5,506	3,446	8,609	0	8,609	12,055	4,231	13,330	0	13,330	17,561
P01Z	Neonate, died or transferred <5 days of admission with significant OR procedure	0	43	0	43	43	0	0	0	0	0	0	43	0	43	43
P02Z	Cardiothoracic/vascular procedures for neonates	0	29	10	39	39	0	0	0	0	0	0	29	10	39	39

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P03Z	Neonate, admwt 1000-1499 g with significant OR procedure	0	21	46	67	67	0	8	29	37	37	0	29	75	104	104
P04Z	Neonate, admwt 1500-1999 g with significant OR procedure	0	13	16	29	29	0	4	11	15	15	0	17	27	44	44
P05Z	Neonate, admwt 2000-2499 g with significant OR procedure	0	27	13	40	40	0	5	1	6	6	0	32	14	46	46
P06A	Neonate, admwt >2499 g with significant OR procedure with multi major problems	0	84	18	102	102	0	4	2	6	6	0	88	20	108	108
P06B	Neonate, admwt >2499 g with significant OR procedure W/O multi major problems	2	77	5	82	84	0	16	1	17	17	2	93	6	99	101
P60A	Neonate, died or transf <5 days of adm, W/O significant OR procedure, Newborn	0	170	0	170	170	0	251	0	251	251	0	421	0	421	421
P60B	Neonate, died/transferred <5 days of adm, W/O significant OR procedure, not newborn	2	85	0	85	87	0	100	0	100	100	2	185	0	185	187
P61Z	Neonate, admwt <750 g	0	18	33	51	51	0	19	11	30	30	0	37	44	81	81
P62Z	Neonate, admwt 750-999 g	0	27	76	103	103	0	6	38	44	44	0	33	114	147	147
P63Z	Neonate, admwt 1000-1249 g W/O significant OR procedure	0	27	49	76	76	1	20	51	71	72	1	47	100	147	148
P64Z	Neonate, admwt 1250-1499 g W/O significant OR procedure	0	56	57	113	113	0	38	72	110	110	0	94	129	223	223
P65A	Neonate, admwt 1500-1999 g W/O significant OR procedure with multi major problems	0	38	14	52	52	0	30	28	58	58	0	68	42	110	110

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P65B	Neonate, admwt 1500-1999 g W/O significant OR procedure with major problem	0	103	19	122	122	0	110	60	170	170	0	213	79	292	292
P65C	Neonate, admwt 1500-1999 g W/O significant OR procedure with other problem	0	127	2	129	129	0	141	16	157	157	0	268	18	286	286
P65D	Neonate, admwt 1500-1999 g W/O significant OR procedure W/O problem	0	45	0	45	45	0	130	17	147	147	0	175	17	192	192
P66A	Neonate, admwt 2000-2499 g W/O significant OR procedure with multi major problems	1	30	5	35	36	0	29	2	31	31	1	59	7	66	67
P66B	Neonate, admwt 2000-2499 g W/O significant OR procedure with major problem	0	124	1	125	125	1	195	13	208	209	1	319	14	333	334
P66C	Neonate, admwt 2000-2499 g W/O significant OR procedure with other problem	0	260	0	260	260	0	458	3	461	461	0	718	3	721	721
P66D	Neonate, admwt 2000-2499 g W/O significant OR procedure W/O problem	4	181	0	181	185	9	349	4	353	362	13	530	4	534	547
P67A	Neonate, admwt >2499 g W/O significant OR procedure with multi major problems	5	148	12	160	165	0	88	7	95	95	5	236	19	255	260
P67B	Neonate, admwt >2499 g W/O significant OR procedure with major problem	27	610	12	622	649	13	788	7	795	808	40	1,398	19	1,417	1,457
P67C	Neonate, admwt > 2499 g W/O significant OR procedure with other problem	2	2,056	2	2,058	2,060	3	2,042	0	2,042	2,045	5	4,098	2	4,100	4,105

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P67D	Neonate, admwt >2499 g W/O significant OR procedure W/O problem	96	1,430	0	1,430	1,526	161	3,392	22	3,414	3,575	257	4,822	22	4,844	5,101
Q01Z	Splenectomy	0	23	3	26	26	0	20	0	20	20	0	43	3	46	46
Q02A	Other OR procedure of blood and blood forming organs with catastrophic or severe CC	3	40	9	49	52	4	30	8	38	42	7	70	17	87	94
Q02B	Other OR procedure of blood and blood forming organs W/O catastrophic or severe CC	149	131	2	133	282	135	132	2	134	269	284	263	4	267	551
Q60A	Reticuloendothelial and immunity disorders with catastrophic or severe CC	74	293	7	300	374	69	304	8	312	381	143	597	15	612	755
Q60B	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC with malignancy	16	126	0	126	142	98	222	1	223	321	114	348	1	349	463
Q60C	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC W/O malignancy	1,126	176	3	179	1,305	1,183	471	33	504	1,687	2,309	647	36	683	2,992
Q61A	Red blood cell disorders with catastrophic CC	12	66	10	76	88	13	190	21	211	224	25	256	31	287	312
Q61B	Red blood cell disorders with severe CC	110	131	4	135	245	97	384	11	395	492	207	515	15	530	737
Q61C	Red blood cell disorders W/O catastrophic or severe CC	10,077	600	5	605	10,682	15,932	1,560	8	1,568	17,500	26,009	2,160	13	2,173	28,182
Q62Z	Coagulation disorders	2,003	395	4	399	2,402	756	837	14	851	1,607	2,759	1,232	18	1,250	4,009
R01A	Lymphoma and leukaemia with major OR procedures with catastrophic or severe CC	0	28	22	50	50	0	20	3	23	23	0	48	25	73	73
R01B	Lymphoma and leukaemia with major OR procedures W/O catastrophic or severe CC	6	45	4	49	55	6	31	2	33	39	12	76	6	82	94

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
R02A	Other neoplastic disorders with major OR procedures with catastrophic or severe CC	0	27	8	35	35	1	19	1	20	21	1	46	9	55	56
R02B	Other neoplastic disorders with major OR procedures W/O catastrophic or severe CC	21	86	2	88	109	4	62	1	63	67	25	148	3	151	176
R03A	Lymphoma and leukaemia with other OR procedures with catastrophic or severe CC	0	47	27	74	74	2	48	14	62	64	2	95	41	136	138
R03B	Lymphoma and leukaemia with other OR procedures W/O catastrophic or severe CC	49	78	6	84	133	58	89	2	91	149	107	167	8	175	282
R04A	Other neoplastic disorders with other OR procedures with catastrophic or severe CC	10	26	10	36	46	6	37	1	38	44	16	63	11	74	90
R04B	Other neoplastic disorders with other OR procedures W/O catastrophic or severe CC	261	55	3	58	319	310	35	0	35	345	571	90	3	93	664
R60A	Acute leukaemia with catastrophic CC	18	99	60	159	177	10	50	31	81	91	28	149	91	240	268
R60B	Acute leukaemia with severe CC	135	120	19	139	274	117	83	7	90	207	252	203	26	229	481
R60C	Acute leukaemia W/O catastrophic or severe CC	4,131	304	6	310	4,441	693	189	8	197	890	4,824	493	14	507	5,331
R61A	Lymphoma and non-acute leukaemia with catastrophic CC	0	205	60	265	265	0	187	41	228	228	0	392	101	493	493
R61B	Lymphoma and non-acute leukaemia W/O catastrophic CC	0	924	52	976	976	0	1,530	41	1,571	1,571	0	2,454	93	2,547	2,547
R61C	Lymphoma and non-acute leukaemia, sameday	12,214	30	0	30	12,244	4,687	54	0	54	4,741	16,901	84	0	84	16,985

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
R62A	Other neoplastic disorders with CC	242	80	17	97	339	63	124	10	134	197	305	204	27	231	536
R62B	Other neoplastic disorders W/O CC	507	87	7	94	601	269	118	1	119	388	776	205	8	213	989
R63Z	Chemotherapy	35,303	0	0	0	35,303	38,573	0	0	0	38,573	73,876	0	0	0	73,876
R64Z	Radiotherapy	36,886	0	0	0	36,886	49,187	0	0	0	49,187	86,073	0	0	0	86,073
S60Z	HIV, sameday	35	10	0	10	45	5	1	0	1	6	40	11	0	11	51
S65A	HIV-related diseases with catastrophic CC	0	71	17	88	88	0	5	5	10	10	0	76	22	98	98
S65B	HIV-related diseases with severe CC	0	66	6	72	72	0	10	0	10	10	0	76	6	82	82
S65C	HIV-related diseases W/O catastrophic or severe CC	0	61	3	64	64	0	60	14	74	74	0	121	17	138	138
T01A	OR procedures for infectious and parasitic diseases with catastrophic CC	3	41	21	62	65	0	23	18	41	41	3	64	39	103	106
T01B	OR procedures for infectious and parasitic diseases with severe or moderate CC	3	61	5	66	69	0	52	13	65	65	3	113	18	131	134
T01C	OR procedures for infectious and parasitic diseases W/O CC	29	104	12	116	145	11	151	8	159	170	40	255	20	275	315
T60A	Septicaemia with catastrophic or severe CC	76	256	58	314	390	3	707	62	769	772	79	963	120	1,083	1,162
T60B	Septicaemia W/O catastrophic or severe CC	7	91	3	94	101	3	308	9	317	320	10	399	12	411	421
T61A	Post-operative and post-traumatic infections age >54 or with catastrophic or severe CC	22	183	10	193	215	16	324	15	339	355	38	507	25	532	570
T61B	Post-operative and post-traumatic infections age <55 W/O catastrophic or severe CC	17	181	4	185	202	13	374	1	375	388	30	555	5	560	590
T62A	Fever of unknown origin with CC	14	91	0	91	105	1	117	3	120	121	15	208	3	211	226

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
T62B	Fever of unknown origin W/O CC	11	119	2	121	132	9	227	0	227	236	20	346	2	348	368
T63A	Viral illness age >59 or with CC	46	147	3	150	196	10	508	4	512	522	56	655	7	662	718
T63B	Viral illness age <60 W/O CC	1,644	647	1	648	2,292	40	3,440	1	3,441	3,481	1,684	4,087	2	4,089	5,773
T64A	Other infectious and parasitic diseases with catastrophic or severe CC	3	51	10	61	64	1	59	7	66	67	4	110	17	127	131
T64B	Other infectious and parasitic diseases W/O catastrophic or severe CC	118	85	0	85	203	28	177	0	177	205	146	262	0	262	408
U40Z	Mental health treatment, sameday, with ECT	4	2	0	2	6	69	0	0	0	69	73	2	0	2	75
U60Z	Mental health treatment, sameday, W/O ECT	286	208	0	208	494	136	195	0	195	331	422	403	0	403	825
U61A	Schizophrenia disorders with mental health legal status	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
U61B	Schizophrenia disorders W/O mental health legal status	0	87	74	161	161	0	12	2	14	14	0	99	76	175	175
U62A	Paranoia and acute psychotic disorder with catastrophic or severe CC or with mental health legal status	0	5	4	9	9	0	2	0	2	2	0	7	4	11	11
U62B	Paranoia and acute psychotic disorder W/O catastrophic or severe CC W/O mental health legal status	0	32	6	38	38	0	30	0	30	30	0	62	6	68	68
U63A	Major affective disorders age >69 or with catastrophic or severe CC	0	38	19	57	57	0	14	2	16	16	0	52	21	73	73
U63B	Major affective disorders age <70 W/O catastrophic or severe CC	0	117	58	175	175	0	28	1	29	29	0	145	59	204	204

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
U64Z	Other affective and somatoform disorders	0	76	5	81	81	0	139	1	140	140	0	215	6	221	221
U65Z	Anxiety disorders	0	147	6	153	153	0	239	3	242	242	0	386	9	395	395
U66Z	Eating and obsessive-compulsive disorders	0	57	26	83	83	0	58	16	74	74	0	115	42	157	157
U67Z	Personality disorders and acute reactions	0	94	7	101	101	0	75	7	82	82	0	169	14	183	183
U68Z	Childhood mental disorders	0	36	2	38	38	0	30	2	32	32	0	66	4	70	70
V60A	Alcohol intoxication and withdrawal with CC	1	85	5	90	91	1	260	5	265	266	2	345	10	355	357
V60B	Alcohol intoxication and withdrawal W/O CC	1	225	0	225	226	3	1,147	1	1,148	1,151	4	1,372	1	1,373	1,377
V61Z	Drug intoxication and withdrawal	3	6	0	6	9	0	34	0	34	34	3	40	0	40	43
V62A	Alcohol use disorder and dependence	0	84	3	87	87	0	758	7	765	765	0	842	10	852	852
V62B	Alcohol use disorder and dependence, sameday	3	6	0	6	9	2	109	0	109	111	5	115	0	115	120
V63A	Opioid use disorder and dependence	1	35	4	39	40	0	13	0	13	13	1	48	4	52	53
V63B	Opioid use disorder and dependence, left against medical advice	0	4	0	4	4	0	6	0	6	6	0	10	0	10	10
V64Z	Other drug use disorder and dependence	1	95	5	100	101	1	51	1	52	53	2	146	6	152	154
W01Z	Ventilation or craniotomy procedures for multiple significant trauma	0	25	26	51	51	0	33	18	51	51	0	58	44	102	102
W02Z	Hip, femur and limb procedures for multiple significant trauma, incl implantation	0	18	6	24	24	0	43	13	56	56	0	61	19	80	80
W03Z	Abdominal procedures for multiple significant trauma	0	11	1	12	12	0	17	0	17	17	0	28	1	29	29
W04Z	Other OR procedures for multiple significant trauma	0	20	7	27	27	0	22	7	29	29	0	42	14	56	56

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
W60Z	Multiple trauma, died or transferred to another acute care facility LOS <5 days	0	17	0	17	17	0	56	0	56	56	0	73	0	73	73
W61Z	Multiple trauma W/O significant procedures	4	46	19	65	69	0	105	13	118	118	4	151	32	183	187
X02Z	Microvascular tissue transfer or skin grafts for injuries to hand	3	59	2	61	64	0	112	0	112	112	3	171	2	173	176
X04A	Other procedures for injuries to lower limb age >59 or with CC	1	12	3	15	16	0	24	6	30	30	1	36	9	45	46
X04B	Other procedures for injuries to lower limb age <60 W/O CC	6	35	1	36	42	3	81	0	81	84	9	116	1	117	126
X05Z	Other procedures for injuries to hand	89	584	0	584	673	5	776	0	776	781	94	1,360	0	1,360	1,454
X06A	Other procedures for other injuries with catastrophic or severe CC	1	88	10	98	99	0	68	6	74	74	1	156	16	172	173
X06B	Other procedures for other injuries W/O catastrophic or severe CC	56	389	3	392	448	31	858	6	864	895	87	1,247	9	1,256	1,343
X07A	Skin graft for injuries excluding hand with microvascular tissue transfer or with catastrophic or severe CC	0	27	2	29	29	0	20	5	25	25	0	47	7	54	54
X07B	Skin graft for injuries excluding hand W/O microvascular tissue transfer W/O catastrophic or severe CC	5	61	2	63	68	1	74	3	77	78	6	135	5	140	146
X60A	Injuries age >64 with CC	1	80	39	119	120	0	197	10	207	207	1	277	49	326	327
X60B	Injuries age >64 W/O CC	4	75	1	76	80	1	301	1	302	303	5	376	2	378	383
X60C	Injuries age <65	233	1,279	29	1,308	1,541	25	2,507	1	2,508	2,533	258	3,786	30	3,816	4,074
X61Z	Allergic reactions	40	93	0	93	133	1	195	0	195	196	41	288	0	288	329

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
X62A	Poisoning/toxic effects of drugs and other substances age >59 or with CC	1	380	9	389	390	1	1,052	5	1,057	1,058	2	1,432	14	1,446	1,448
X62B	Poisoning/toxic effects of drugs and other substances age <60 W/O CC	11	575	1	576	587	58	2,436	0	2,436	2,494	69	3,011	1	3,012	3,081
X63A	Sequelae of treatment with catastrophic or severe CC	1	144	10	154	155	7	123	5	128	135	8	267	15	282	290
X63B	Sequelae of treatment W/O catastrophic or severe CC	168	636	1	637	805	56	769	2	771	827	224	1,405	3	1,408	1,632
X64A	Other injury, poisoning and toxic effect diagnosis age >59 or with CC	1	30	4	34	35	1	69	0	69	70	2	99	4	103	105
X64B	Other injury, poisoning and toxic effect diagnosis age <60 W/O CC	3	66	0	66	69	3	333	0	333	336	6	399	0	399	405
Y01Z	Severe full thickness burns	0	11	16	27	27	0	3	2	5	5	0	14	18	32	32
Y02A	Other burns with skin graft age >64 or with catastrophic or severe CC or with complicating procedure	0	23	9	32	32	0	17	10	27	27	0	40	19	59	59
Y02B	Other burns with skin graft age <65 W/O catastrophic or severe CC W/O complicating procedure	3	43	6	49	52	0	56	0	56	56	3	99	6	105	108
Y03Z	Other OR procedures for other burns	0	21	3	24	24	0	21	0	21	21	0	42	3	45	45
Y60Z	Burns, transferred to another acute care facility <5 days	0	7	0	7	7	0	63	0	63	63	0	70	0	70	70
Y61Z	Severe burns	0	48	1	49	49	0	18	0	18	18	0	66	1	67	67
Y62A	Other burns age >64 or with catastrophic or severe CC or with complicating procedure	0	6	2	8	8	0	16	1	17	17	0	22	3	25	25

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Y62B	Other burns age <65 W/O catastrophic or severe CC W/O complicating procedure	1	157	0	157	158	1	147	1	148	149	2	304	1	305	307
Z01A	OR procedures with diagnoses of other contacts with health services with catastrophic or severe CC	36	79	2	81	117	73	94	4	98	171	109	173	6	179	288
Z01B	OR procedures with diagnoses other contacts with health services W/O catastrophic or severe CC	488	249	0	249	737	368	166	0	166	534	856	415	0	415	1,271
Z40Z	Follow up with endoscopy	3,308	83	0	83	3,391	3,976	156	0	156	4,132	7,284	239	0	239	7,523
Z60A	Rehabilitation with catastrophic or severe CC	0	409	189	598	598	0	432	203	635	635	0	841	392	1,233	1,233
Z60B	Rehabilitation W/O catastrophic or severe CC	0	1,544	212	1,756	1,756	0	316	44	360	360	0	1,860	256	2,116	2,116
Z60C	Rehabilitation, sameday	23	1	0	1	24	1	6	0	6	7	24	7	0	7	31
Z61Z	Signs and symptoms	354	440	24	464	818	556	1,038	10	1,048	1,604	910	1,478	34	1,512	2,422
Z62Z	Follow up W/O endoscopy	4,155	115	1	116	4,271	1,335	139	2	141	1,476	5,490	254	3	257	5,747
Z63A	Other aftercare with catastrophic or severe CC	105	175	10	185	290	1,147	719	58	777	1,924	1,252	894	68	962	2,214
Z63B	Other aftercare W/O catastrophic or severe CC	923	318	0	318	1,241	5,205	794	10	804	6,009	6,128	1,112	10	1,122	7,250
Z64A	Other factors influencing health status	0	378	11	389	389	0	1,335	35	1,370	1,370	0	1,713	46	1,759	1,759
Z64B	Other factors influencing health status, sameday	7,953	47	0	47	8,000	6,853	238	0	238	7,091	14,806	285	0	285	15,091
Z65Z	Multiple, other and unspecified congenital anomalies	25	26	0	26	51	13	15	1	16	29	38	41	1	42	80
901Z	Extensive OR procedure unrelated to principal diagnosis	248	764	215	979	1,227	131	605	103	708	839	379	1,369	318	1,687	2,066
902Z	Non-extensive OR procedure unrelated to principal diagnosis	103	218	39	257	360	71	134	17	151	222	174	352	56	408	582

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
903Z	Prostatic OR procedure unrelated to principal diagnosis	1	2	3	5	6	0	7	2	9	9	1	9	5	14	15
960Z	Ungroupable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
961Z	Unacceptable principal diagnosis	0	0	0	0	0	0	0	1	1	1	0	0	1	1	1
963Z	Neonatal diagnosis not consistent with age/weight	22	39	0	39	61	16	55	8	63	79	38	94	8	102	140
Total		**370,726**	**196,746**	**8,901**	**205,647**	**576,373**	**400,419**	**384,409**	**7,393**	**391,802**	**792,221**	**771,145**	**581,155**	**16,294**	**597,449**	**1,368,594**

Notes: The voluntary hospital group includes both general and special hospitals that were operated on a voluntary basis. The non-voluntary hospital group incorporates general and special hospitals that were managed by HSE administrative areas.

[a] This includes pregnancy with abortive outcome.

TABLE 5.6

Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
A01Z	Liver transplant	19.8	69.9	37.1	37.1	-	-	-	-	19.8	69.9	37.1	37.1
A03Z	Lung or heart/lung transplant	20.0	47.0	33.5	33.5	-	-	-	-	20.0	47.0	33.5	33.5
A05Z	Heart transplant	14.0	122.7	95.5	95.5	-	-	-	-	14.0	122.7	95.5	95.5
A06Z	Tracheostomy or ventilation >95 hours	16.6	81.0	48.8	48.7	15.2	82.3	42.9	42.9	15.9	81.5	46.2	46.1
A07Z	Allogeneic bone marrow transplant	20.6	47.5	42.1	40.2	-	-	-	-	20.6	47.5	42.1	40.2
A08A	Autologous bone marrow transplant with catastrophic CC	21.1	65.3	36.5	36.5	22.0	46.5	27.4	27.4	21.3	63.1	34.9	34.9
A08B	Autologous bone marrow transplant W/O catastrophic CC	14.5	40.0	15.7	10.6	19.8	35.0	21.9	21.9	15.7	37.5	17.2	12.6
A09A	Renal transplant with pancreas transplant or catastrophic CC	16.8	53.4	25.6	25.6	-	-	-	-	16.8	53.4	25.6	25.6
A09B	Renal transplant W/O pancreas transplant W/O catastrophic CC	10.5	-	10.5	10.5	-	-	-	-	10.5	-	10.5	10.5
A40Z	ECMO W/O cardiac surgery	14.0	44.3	27.0	27.0	14.0	31.0	22.5	22.5	14.0	41.0	26.0	26.0
A41A	Intubation age <16 with CC	9.1	53.8	14.5	14.5	2.9	73.0	6.3	6.3	7.4	56.2	12.3	12.3
A41B	Intubation age <16 W/O CC	5.4	-	5.4	5.3	3.1	-	3.1	3.1	4.6	-	4.6	4.5
B01Z	Ventricular shunt revision	6.5	-	6.5	6.5	4.4	41.0	6.0	6.0	6.0	41.0	6.4	6.4
B02A	Craniotomy with catastrophic CC	13.0	60.5	24.7	24.7	11.5	50.5	21.8	21.8	12.5	57.1	23.7	23.7
B02B	Craniotomy with severe or moderate CC	11.2	41.6	13.1	13.1	10.2	70.4	15.4	15.4	11.0	49.3	13.5	13.5
B02C	Craniotomy W/O CC	9.1	39.4	9.7	9.7	7.4	55.0	8.6	8.4	8.7	44.1	9.4	9.3
B03A	Spinal procedures with catastrophic or severe CC	12.9	62.5	18.8	17.8	4.8	-	4.8	4.8	10.6	62.5	15.1	14.5
B03B	Spinal procedures W/O catastrophic or severe CC	6.4	37.3	7.4	5.6	4.1	35.0	4.4	4.2	5.4	36.8	6.2	5.1
B04A	Extracranial vascular procedures with catastrophic or severe CC	13.1	76.5	21.5	21.5	8.5	40.5	11.6	11.6	12.2	71.7	19.7	19.7
B04B	Extracranial vascular procedures W/O catastrophic or severe CC	7.7	-	7.7	7.5	6.6	34.7	8.1	8.1	7.4	34.7	7.8	7.7
B05Z	Carpal tunnel release	1.8	-	1.8	1.1	1.6	-	1.6	1.1	1.6	-	1.6	1.1
B06A	Procedures for cerebral palsy, muscular dystrophy, neuropathy with catastrophic or severe CC	13.9	55.0	28.6	26.8	13.0	132.5	112.6	112.6	13.9	93.8	53.8	51.3
B06B	Procedures for cerebral palsy, muscular dystrophy, neuropathy W/O catastrophic or severe CC	5.0	43.4	7.3	4.1	3.0	59.0	4.2	3.1	4.1	46.9	6.0	3.7
B07A	Peripheral and cranial nerve and other nervous system procedures with CC	5.8	86.6	22.3	21.9	7.7	35.0	9.1	9.1	6.5	81.4	18.2	17.9
B07B	Peripheral and cranial nerve and other nervous system procedures W/O CC	2.1	49.0	2.4	2.1	2.3	54.0	2.5	2.4	2.2	50.7	2.5	2.3

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B40Z	Plasmapheresis with neurological disease	6.4	58.6	23.8	11.7	3.8	31.0	4.5	4.0	4.3	54.0	9.8	7.2
B41Z	Telemetric EEG monitoring	6.6	59.0	6.9	6.6	5.1	-	5.1	5.1	6.5	59.0	6.7	6.4
B60A	Established paraplegia/quadriplegia with or W/O OR procedures with catastrophic CC	9.6	119.8	76.3	74.4	12.0	89.1	39.0	39.0	10.7	112.7	63.4	62.4
B60B	Established paraplegia/quadriplegia with or W/O OR procedures W/O catastrophic CC	8.6	101.8	33.8	24.7	6.9	48.1	9.0	6.0	7.8	95.0	23.0	15.9
B61A	Spinal cord conditions with or W/O OR procedures with catastrophic or severe CC	11.7	70.4	25.7	25.1	8.2	51.8	15.7	15.7	10.4	65.1	22.2	21.8
B61B	Spinal cord conditions with or W/O OR procedures W/O catastrophic or severe CC	10.0	58.8	16.9	14.9	4.4	39.0	7.4	7.1	7.1	51.2	12.1	11.2
B62Z	Admit for apheresis	2.3	-	2.3	1.0	1.0	-	1.0	1.0	2.1	-	2.1	1.0
B63Z	Dementia and other chronic disturbances of cerebral function	11.8	119.5	76.6	67.0	11.1	81.6	25.9	20.5	11.2	104.1	43.1	35.1
B64A	Delirium with catastrophic CC	12.1	96.9	46.7	46.1	10.3	72.4	21.9	21.9	11.0	88.1	33.2	32.9
B64B	Delirium W/O catastrophic CC	7.9	65.0	14.3	13.9	6.5	53.5	7.9	7.6	6.8	60.0	9.5	9.2
B65Z	Cerebral palsy	4.8	101.0	8.0	1.9	4.2	-	4.2	2.4	4.6	101.0	6.7	2.0
B66A	Nervous system neoplasm with catastrophic or severe CC	11.1	62.8	20.5	16.2	11.1	53.9	15.6	15.1	11.1	59.1	17.8	15.7
B66B	Nervous system neoplasm W/O catastrophic or severe CC	6.8	50.2	11.5	5.1	6.7	44.2	8.6	6.4	6.7	48.0	9.9	5.7
B67A	Degenerative nervous system disorders with catastrophic or severe CC	11.4	96.1	40.8	38.9	11.2	82.7	25.3	25.0	11.3	90.3	31.9	31.1
B67B	Degenerative nervous system disorders age >59 W/O catastrophic or severe CC	9.6	67.1	15.5	11.6	9.2	81.4	13.7	11.5	9.3	74.1	14.4	11.5
B67C	Degenerative nervous system disorders age <60 W/O catastrophic or severe CC	7.0	107.3	12.4	6.5	5.5	54.0	7.1	4.2	6.3	86.6	9.7	5.3
B68A	Multiple sclerosis and cerebellar ataxia with CC	11.6	73.9	24.1	20.7	8.0	117.2	20.9	16.1	9.6	91.5	22.4	18.1
B68B	Multiple sclerosis and cerebellar ataxia W/O CC	6.0	45.3	6.6	1.7	5.4	53.7	6.3	2.5	5.6	51.1	6.4	2.1
B69A	TIA and precerebral occlusion with catastrophic or severe CC	8.9	58.0	11.9	11.9	7.7	51.0	9.3	9.2	8.0	53.7	10.0	9.9
B69B	TIA and precerebral occlusion W/O catastrophic or severe CC	5.4	80.2	7.1	6.8	4.8	44.5	4.9	4.8	4.9	69.2	5.3	5.2
B70A	Stroke with catastrophic CC	14.8	100.3	61.4	60.0	15.1	69.0	38.5	38.5	15.0	83.7	48.0	47.5
B70B	Stroke with severe CC	11.9	70.4	28.1	26.3	13.0	63.2	22.5	22.5	12.6	66.4	24.5	23.9
B70C	Stroke W/O catastrophic or severe CC	9.9	59.3	15.5	15.1	9.3	54.0	12.2	12.2	9.5	56.1	13.1	13.0
B70D	Stroke, died or transferred <5 days	1.8	-	1.8	1.8	1.8	-	1.8	1.8	1.8	-	1.8	1.8
B71A	Cranial and peripheral nerve disorders with CC	8.2	67.0	16.4	13.2	6.5	48.6	8.9	8.0	7.1	59.3	11.7	10.1
B71B	Cranial and peripheral nerve disorders W/O CC	6.1	109.9	9.3	2.3	4.8	70.8	5.8	2.9	5.2	89.0	6.9	2.6

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B72A	Nervous system infection except viral meningitis with catastrophic or severe CC	11.4	108.1	39.9	15.9	13.0	64.7	20.6	20.6	12.2	94.4	30.6	17.1
B72B	Nervous system infection except viral meningitis W/O catastrophic or severe CC	9.6	56.2	12.2	5.9	8.4	43.3	8.9	8.7	8.8	51.9	10.1	7.2
B73Z	Viral meningitis	6.1	35.0	6.8	6.8	5.6	32.0	5.7	5.6	5.7	34.0	6.1	6.0
B74Z	Nontraumatic stupor and coma	5.1	50.0	6.2	5.6	5.3	60.0	6.8	6.5	5.3	57.5	6.6	6.3
B75Z	Febrile convulsions	2.0	-	2.0	1.9	1.7	-	1.7	1.7	1.8	-	1.8	1.8
B76A	Seizure with catastrophic or severe CC	7.7	80.4	13.2	13.1	6.7	78.0	9.4	9.3	7.1	79.2	10.7	10.6
B76B	Seizure W/O catastrophic or severe CC	4.2	52.2	4.7	3.6	3.0	47.3	3.2	3.2	3.4	49.5	3.6	3.3
B77Z	Headache	3.3	37.3	3.4	2.8	2.6	42.3	2.6	2.5	2.7	40.1	2.8	2.6
B78A	Intracranial injury with catastrophic or severe CC	11.4	86.6	26.4	19.5	9.5	70.9	22.9	22.9	10.4	78.4	24.7	21.0
B78B	Intracranial injury W/O catastrophic or severe CC	5.9	60.0	11.8	9.6	5.2	76.9	6.6	6.6	5.5	64.2	8.5	7.8
B79Z	Skull fractures	4.0	-	4.0	4.0	4.1	42.2	5.0	4.9	4.1	42.2	4.7	4.6
B80Z	Other head injury	1.7	69.6	2.4	2.4	1.7	65.2	1.9	1.9	1.7	68.3	2.0	2.0
B81A	Other disorders of the nervous system with catastrophic or severe CC	9.3	102.6	31.9	28.6	9.9	77.7	17.7	17.2	9.7	92.7	23.6	22.3
B81B	Other disorders of the nervous system W/O catastrophic or severe CC	5.6	64.9	8.2	2.9	5.2	52.4	6.5	5.2	5.3	57.7	7.1	3.9
C01Z	Procedures for penetrating eye injury	4.5	-	4.5	4.5	4.9	-	4.9	4.8	4.7	-	4.7	4.7
C02Z	Enucleations and orbital procedures	2.8	-	2.8	2.5	4.9	-	4.9	4.3	3.3	-	3.3	2.9
C03Z	Retinal procedures	4.0	-	4.0	1.8	5.0	-	5.0	1.6	4.4	-	4.4	1.7
C04Z	Major corneal, scleral and conjunctival procedures	4.6	32.0	4.9	4.7	5.3	-	5.3	4.9	4.8	32.0	5.0	4.7
C05Z	Dacryocystorhinostomy	2.2	-	2.2	1.8	1.7	-	1.7	1.6	1.9	-	1.9	1.7
C10Z	Strabismus procedures	1.7	-	1.7	1.4	1.3	-	1.3	1.2	1.6	-	1.6	1.3
C11Z	Eyelid procedures	2.9	40.0	3.1	1.6	2.1	-	2.1	1.3	2.5	40.0	2.7	1.5
C12Z	Other corneal, scleral and conjunctival procedures	3.9	-	3.9	2.2	5.6	50.0	6.5	3.1	4.7	50.0	5.1	2.7
C13Z	Lacrimal procedures	3.1	-	3.1	1.1	2.0	-	2.0	1.0	2.7	-	2.7	1.1
C14Z	Other eye procedures	4.4	-	4.4	1.4	4.1	51.0	4.6	1.3	4.3	51.0	4.5	1.3
C15A	Glaucoma and complex cataract procedures	2.6	-	2.6	2.6	4.6	-	4.6	4.6	3.7	-	3.7	3.7
C15B	Glaucoma and complex cataract procedures, sameday	-	-	-	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
C16A	Lens procedures	2.2	-	2.2	2.2	1.9	-	1.9	1.9	2.0	-	2.0	2.0
C16B	Lens procedures, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
C60A	Acute and major eye infections age >54 or with catastrophic or severe CC	7.0	-	7.0	6.5	8.5	93.8	13.7	13.5	8.1	93.8	12.0	11.6
C60B	Acute and major eye infections age <55 W/O catastrophic or severe CC	4.4	52.0	5.7	4.5	4.7	-	4.7	4.4	4.6	52.0	5.0	4.4

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
C61Z	Neurological and vascular disorders of the eye	4.6	-	4.6	2.3	4.6	44.0	4.9	3.5	4.6	44.0	4.8	2.9
C62Z	Hyphema and medically managed trauma to the eye	2.3	104.5	3.3	3.0	2.7	116.5	3.4	3.2	2.6	110.5	3.4	3.1
C63A	Other disorders of the eye with CC	3.5	-	3.5	2.2	5.5	41.0	6.3	4.7	4.4	41.0	4.8	3.2
C63B	Other disorders of the eye W/O CC	2.8	-	2.8	1.1	3.4	33.0	3.5	1.6	3.1	33.0	3.2	1.2
D01Z	Cochlear implant	6.1	-	6.1	6.0	-	-	-	-	6.1	-	6.1	6.0
D02A	Head and neck procedures with catastrophic or severe CC	16.8	51.6	29.7	29.7	16.4	53.2	28.7	26.9	16.7	52.0	29.5	29.1
D02B	Head and neck procedures with malignancy or moderate CC	11.7	40.4	14.0	14.0	8.4	-	8.4	8.4	10.7	40.4	12.4	12.4
D02C	Head and neck procedures W/O malignancy W/O CC	4.7	35.0	5.1	4.5	4.1	-	4.1	3.3	4.5	35.0	4.7	4.0
D03Z	Surgical repair for cleft lip or palate diagnosis	3.9	40.0	4.1	4.0	2.9	-	2.9	2.7	3.6	40.0	3.8	3.7
D04A	Maxillo surgery with CC	4.4	-	4.4	4.4	4.3	-	4.3	4.3	4.4	-	4.4	4.4
D04B	Maxillo surgery W/O CC	2.3	41.0	2.4	2.3	3.1	-	3.1	2.7	2.6	41.0	2.6	2.5
D05Z	Parotid gland procedures	5.2	-	5.2	5.2	4.3	-	4.3	4.2	4.9	-	4.9	4.8
D06Z	Sinus, mastoid and complex middle ear procedures	3.2	-	3.2	3.0	2.5	-	2.5	2.3	2.9	-	2.9	2.7
D09Z	Miscellaneous ear, nose, mouth and throat procedures	2.8	42.0	2.9	1.8	2.3	-	2.3	1.6	2.6	42.0	2.6	1.7
D10Z	Nasal procedures	2.2	-	2.2	1.8	2.1	-	2.1	1.9	2.2	-	2.2	1.9
D11Z	Tonsillectomy and/or adenoidectomy	2.0	-	2.0	1.9	1.9	39.0	1.9	1.9	1.9	39.0	2.0	1.9
D12Z	Other ear, nose, mouth and throat procedures	5.3	37.3	5.9	3.6	1.8	45.0	2.0	1.9	3.2	39.3	3.6	2.8
D13Z	Myringotomy with tube insertion	2.1	62.5	3.5	1.1	1.9	-	1.9	1.0	2.0	62.5	2.7	1.1
D14Z	Mouth and salivary gland procedures	4.8	71.0	5.6	3.4	3.0	91.0	3.4	1.8	3.9	76.0	4.6	2.5
D40Z	Dental extractions and restorations	2.3	48.0	2.7	1.3	1.8	-	1.8	1.0	1.9	48.0	2.1	1.1
D60A	Ear, nose, mouth and throat malignancy with catastrophic or severe CC	11.9	55.9	30.8	27.5	9.9	59.4	21.1	16.4	11.3	56.4	28.4	24.5
D60B	Ear, nose, mouth and throat malignancy W/O catastrophic or severe CC	7.9	48.9	16.4	7.9	4.5	41.3	7.2	4.7	6.4	47.4	12.6	6.8
D61Z	Dysequilibrium	4.8	32.5	5.0	2.3	3.7	44.0	3.7	3.5	3.8	36.3	3.9	3.1
D62Z	Epistaxis	4.2	-	4.2	2.8	3.4	43.0	3.5	3.2	3.7	43.0	3.7	3.0
D63A	Otitis media and URI with CC	3.6	45.0	3.8	3.4	2.8	52.0	3.1	3.1	3.0	50.0	3.3	3.2
D63B	Otitis media and URI W/O CC	2.3	31.0	2.3	1.7	2.0	39.0	2.0	1.9	2.1	36.3	2.1	1.8
D64Z	Laryngotracheitis and epiglottitis	2.0	31.0	2.4	2.3	1.4	-	1.4	1.4	1.5	31.0	1.6	1.6
D65Z	Nasal trauma and deformity	1.5	-	1.5	1.2	1.6	-	1.6	1.2	1.6	-	1.6	1.2
D66A	Other ear, nose, mouth and throat diagnoses with CC	4.5	47.0	4.9	3.3	4.6	63.0	5.6	4.2	4.5	55.0	5.2	3.6
D66B	Other ear, nose, mouth and throat diagnoses W/O CC	2.2	50.0	2.3	1.2	2.3	-	2.3	1.4	2.3	50.0	2.3	1.2
D67A	Oral and dental disorders except extractions and restorations	3.1	130.5	3.9	3.9	2.8	40.3	3.0	3.0	2.9	70.3	3.3	3.3

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
D67B	Oral and dental disorders except extractions and restorations, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
E01A	Major chest procedures with catastrophic CC	14.7	55.0	22.9	22.9	14.8	55.6	19.6	19.6	14.7	55.1	22.3	22.3
E01B	Major chest procedures W/O catastrophic CC	9.8	50.4	10.7	10.6	9.8	40.0	10.3	10.1	9.8	48.3	10.6	10.5
E02A	Other respiratory system OR procedures with catastrophic CC	15.1	72.2	34.7	34.4	13.5	47.2	19.3	19.0	14.5	67.8	30.1	29.8
E02B	Other respiratory system OR procedures with severe CC	10.9	49.5	14.3	13.5	11.3	42.8	13.9	13.2	11.1	47.7	14.2	13.4
E02C	Other respiratory system OR procedures W/O catastrophic or severe CC	6.7	40.7	7.1	2.8	7.6	32.0	8.3	6.1	6.9	36.3	7.4	3.3
E40Z	Respiratory system diagnosis with ventilator support	7.9	57.5	17.9	17.9	8.4	87.8	14.5	14.5	8.2	70.3	15.7	15.7
E41Z	Respiratory system diagnosis with non-invasive ventilation	11.6	63.2	18.6	18.5	10.4	46.9	13.5	13.5	11.0	56.6	15.9	15.9
E60A	Cystic fibrosis with catastrophic or severe CC	13.1	44.2	15.1	12.7	11.1	41.0	13.9	13.5	12.8	43.6	15.0	12.8
E60B	Cystic fibrosis W/O catastrophic or severe CC	8.6	31.0	8.7	3.4	8.1	36.0	8.2	5.8	8.3	34.3	8.4	4.4
E61A	Pulmonary embolism with catastrophic or severe CC	10.6	57.2	15.6	15.6	10.8	46.8	13.1	13.1	10.7	52.7	14.2	14.2
E61B	Pulmonary embolism W/O catastrophic or severe CC	7.8	37.5	8.0	7.8	7.7	36.3	8.2	8.0	7.7	36.5	8.1	7.9
E62A	Respiratory infections/inflammations with catastrophic CC	11.8	75.8	27.0	27.0	11.0	58.8	16.7	16.7	11.3	67.8	20.4	20.4
E62B	Respiratory infections/inflammations with severe or moderate CC	8.6	60.5	11.8	11.6	8.6	46.8	10.3	10.2	8.6	51.8	10.7	10.6
E62C	Respiratory infections/inflammations W/O CC	5.1	69.5	5.8	5.2	5.2	48.9	5.5	5.3	5.1	56.5	5.6	5.3
E63Z	Sleep apnoea	1.6	56.0	1.7	1.7	1.8	-	1.8	1.8	1.7	56.0	1.7	1.7
E64Z	Pulmonary oedema and respiratory failure	8.0	98.8	16.3	16.3	8.1	45.1	9.2	9.1	8.1	72.7	11.0	10.9
E65A	Chronic obstructive airways disease with catastrophic or severe CC	9.2	67.9	13.4	13.0	8.5	47.7	10.1	10.0	8.7	56.3	11.1	10.9
E65B	Chronic obstructive airways disease W/O catastrophic or severe CC	6.5	49.3	7.3	5.1	6.0	46.7	6.4	6.1	6.1	47.8	6.6	5.7
E66A	Major chest trauma age>69 with CC	8.5	61.2	28.8	28.8	9.3	49.3	11.8	11.8	9.2	55.9	14.6	14.6
E66B	Major chest trauma age >69 or with CC	4.5	-	4.5	4.5	5.5	-	5.5	5.5	5.3	-	5.3	5.3
E66C	Major chest trauma age <70 W/O CC	2.5	-	2.5	2.5	2.2	-	2.2	2.2	2.2	-	2.2	2.2
E67A	Respiratory signs and symptoms with catastrophic or severe CC	6.1	40.2	6.8	5.6	5.7	50.5	6.7	6.2	5.9	45.8	6.7	5.9
E67B	Respiratory signs and symptoms W/O catastrophic or severe CC	3.0	39.5	3.1	1.8	2.4	32.0	2.4	1.9	2.6	37.0	2.6	1.8
E68Z	Pneumothorax	6.0	53.5	6.7	6.6	5.9	39.2	6.2	6.2	5.9	45.6	6.4	6.3
E69A	Bronchitis and asthma age>49 with CC	8.1	125.7	11.5	10.0	6.9	52.0	7.1	6.5	7.3	107.3	8.6	7.7
E69B	Bronchitis and asthma age >49 or with CC	5.4	48.0	5.8	3.0	4.3	33.0	4.3	3.5	4.6	44.3	4.8	3.3

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E69C	Bronchitis and asthma age <50 W/O CC	2.5	33.0	2.6	2.2	2.3	-	2.3	2.1	2.3	33.0	2.3	2.1
E70A	Whooping cough and acute bronchiolitis with CC	6.1	147.0	7.4	7.3	5.2	42.0	5.5	5.5	5.6	94.5	6.4	6.3
E70B	Whooping cough and acute bronchiolitis W/O CC	3.5	-	3.5	3.5	2.9	-	2.9	2.9	3.1	-	3.1	3.0
E71A	Respiratory neoplasms with catastrophic CC	12.8	58.7	20.6	16.5	10.8	49.4	15.3	14.2	11.6	54.3	17.6	15.3
E71B	Respiratory neoplasms with severe or moderate CC	9.9	43.1	13.4	6.8	8.0	41.3	9.4	7.1	8.7	42.3	10.8	7.0
E71C	Respiratory neoplasms W/O CC	7.3	50.3	12.3	3.0	6.3	47.6	7.4	4.1	6.7	49.6	9.4	3.3
E72Z	Respiratory problems arising from neonatal period	5.2	-	5.2	4.6	2.5	52.0	4.4	4.4	4.2	52.0	4.9	4.5
E73A	Pleural effusion with catastrophic CC	11.3	80.3	22.6	21.5	12.7	58.4	19.1	19.1	12.2	67.8	20.5	20.1
E73B	Pleural effusion with severe CC	9.1	34.3	10.2	9.6	9.5	40.3	10.7	10.1	9.4	38.3	10.6	10.0
E73C	Pleural effusion W/O catastrophic or severe CC	7.8	35.0	8.0	6.3	6.6	43.3	7.2	6.0	7.0	41.6	7.4	6.1
E74A	Interstitial lung disease with catastrophic CC	12.6	85.9	24.8	24.3	10.3	40.5	12.3	12.3	11.2	70.8	18.0	17.8
E74B	Interstitial lung disease with severe CC	8.2	55.1	11.5	9.7	8.0	35.0	8.5	7.4	8.1	50.7	9.9	8.5
E74C	Interstitial lung disease W/O catastrophic or severe CC	6.7	45.0	8.0	4.5	5.7	37.8	6.2	4.3	6.1	41.7	6.9	4.4
E75A	Other respiratory system diagnosis age>64 with CC	8.8	74.6	15.6	15.3	8.0	52.5	9.5	9.4	8.2	62.8	10.8	10.7
E75B	Other respiratory system diagnosis age >64 or with CC	6.0	57.5	6.7	6.1	5.4	48.1	5.8	5.6	5.6	51.7	6.0	5.7
E75C	Other respiratory system diagnosis age <65 W/O CC	3.2	-	3.2	2.8	2.8	38.0	2.9	2.8	2.9	38.0	2.9	2.8
F01A	Implantation or replacement of AICD, total system with catastrophic or severe CC	7.2	45.9	10.2	9.9	6.6	37.0	7.5	7.5	7.1	45.4	9.8	9.5
F01B	Implantation or replacement of AICD, total system W/O catastrophic or severe CC	4.4	-	4.4	3.2	2.1	-	2.1	2.0	3.9	-	3.9	3.1
F02Z	AICD component implantation/replacement	6.2	52.0	8.7	7.3	2.6	-	2.6	2.4	5.0	52.0	6.8	5.9
F03Z	Cardiac valve procedure with CPB pump with invasive cardiac investigation	19.5	50.1	35.5	35.5	16.7	51.3	35.1	35.1	18.8	50.4	35.4	35.4
F04A	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation with catastrophic CC	14.3	54.7	18.1	18.1	15.6	46.0	19.3	19.3	14.6	52.1	18.4	18.4
F04B	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation W/O catastrophic CC	10.9	40.5	11.4	11.4	12.1	50.0	12.5	12.5	11.4	43.7	11.9	11.9
F05A	Coronary bypass with invasive cardiac investigation with catastrophic CC	18.7	42.7	25.3	25.3	17.0	46.4	25.1	25.1	18.1	44.0	25.2	25.2
F05B	Coronary bypass with invasive cardiac investigation W/O catastrophic CC	14.3	41.3	16.7	16.7	18.0	37.0	18.8	18.8	16.4	39.6	17.9	17.9
F06A	Coronary bypass W/O invasive cardiac investigation with catastrophic or severe CC	11.9	49.8	14.0	14.0	14.2	43.1	16.1	16.1	12.7	47.1	14.8	14.8
F06B	Coronary bypass W/O invasive cardiac investigation W/O catastrophic or severe CC	9.0	-	9.0	9.0	10.7	35.0	10.8	10.8	10.1	35.0	10.2	10.2

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F07A	Other cardiothoracic/vascular procedures with CPB pump with catastrophic CC	16.4	67.9	26.9	26.9	16.8	32.0	19.8	19.8	16.4	64.9	26.3	26.3
F07B	Other cardiothoracic/vascular procedures with CPB pump W/O catastrophic CC	9.9	50.0	10.3	10.3	10.2	-	10.2	10.2	10.0	50.0	10.3	10.3
F08A	Major reconstruct vascular procedures W/O CPB pump with catastrophic CC	14.8	71.3	31.0	31.0	13.5	66.1	25.7	25.7	14.5	70.2	29.7	29.7
F08B	Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	11.4	39.6	11.9	11.9	10.4	49.8	13.3	13.3	11.1	45.9	12.3	12.3
F09A	Other cardiothoracic procedures W/O CPB pump with catastrophic CC	10.5	37.3	14.3	14.1	13.2	42.0	15.8	15.8	11.0	37.8	14.6	14.4
F09B	Other cardiothoracic procedures W/O CPB pump W/O catastrophic CC	6.4	47.0	7.2	6.3	7.5	-	7.5	7.5	6.4	47.0	7.3	6.4
F10Z	Percutaneous coronary intervention with AMI	5.1	55.2	5.9	5.6	5.1	42.0	5.5	4.9	5.1	51.7	5.8	5.4
F11A	Amputation for circulatory system except upper limb and toe with catastrophic CC	20.9	89.6	66.2	66.2	18.7	72.0	36.5	36.5	19.5	84.1	52.2	52.2
F11B	Amputation for circulatory system except upper limb and toe W/O catastrophic CC	13.9	69.5	29.2	29.2	15.3	48.4	29.2	29.2	14.5	57.0	29.2	29.2
F12Z	Cardiac pacemaker implantation	7.1	45.0	9.3	6.2	5.6	36.7	6.0	4.9	6.4	43.8	7.7	5.7
F13Z	Upper limb and toe amputation for circulatory system disorders	15.5	63.0	26.9	26.4	12.4	45.5	15.4	14.8	14.0	58.9	21.8	21.2
F14A	Vascular procedures except major reconstruction W/O CPB pump with catastrophic CC	12.8	62.9	22.4	22.4	10.8	47.8	19.5	19.3	12.1	56.8	21.4	21.3
F14B	Vascular procedures except major reconstruction W/O CPB pump with severe CC	9.0	34.0	9.3	9.1	9.0	39.0	10.0	9.9	9.0	37.0	9.6	9.4
F14C	Vascular procedures except major reconstruction W/O CPB pump W/O catastrophic or severe CC	6.9	34.5	7.0	6.2	5.0	43.2	6.0	5.3	6.1	41.0	6.6	5.8
F15Z	Percutaneous coronary intervention W/O AMI with stent implantation	3.5	42.2	3.7	3.1	3.2	-	3.2	2.7	3.4	42.2	3.5	3.0
F16Z	Percutaneous coronary intervention W/O AMI W/O stent implantation	5.6	-	5.6	3.8	3.5	-	3.5	3.4	4.4	-	4.4	3.6
F17Z	Cardiac pacemaker replacement	5.7	53.0	7.9	5.5	5.2	47.0	6.0	4.9	5.4	51.0	6.9	5.2
F18Z	Cardiac pacemaker revision except device replacement	5.7	89.5	13.3	9.3	5.7	53.0	8.7	8.5	5.7	77.3	11.4	9.0
F19Z	Other trans-vascular percutaneous cardiac intervention	2.8	41.0	3.1	2.9	5.5	77.0	11.0	10.3	3.0	59.0	3.8	3.6
F20Z	Vein ligation and stripping	2.1	51.5	2.6	1.5	1.8	-	1.8	1.4	1.9	51.5	2.1	1.4
F21A	Other circulatory system OR procedures with catastrophic CC	13.1	84.1	42.7	41.6	11.6	61.6	24.6	24.6	12.4	76.9	34.9	34.4

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F21B	Other circulatory system OR procedures W/O catastrophic CC	9.3	66.3	12.5	10.7	8.3	37.6	11.6	9.2	8.9	48.4	12.1	10.0
F40Z	Circulatory system diagnosis with ventilator support	8.2	158.5	20.2	20.2	5.9	47.7	7.2	7.2	6.7	111.0	11.8	11.8
F41A	Circulatory disorders with AMI with invasive cardiac inves procedure with catastrophic or severe CC	8.9	67.6	11.1	10.7	9.6	64.3	10.9	10.0	9.2	66.6	11.0	10.4
F41B	Circulatory disorders with AMI with invasive cardiac inves procedure W/O catastrophic or severe CC	5.0	-	5.0	4.3	6.9	-	6.9	5.1	5.9	-	5.9	4.7
F42A	Circulatory disorders W/O AMI with invasive cardiac inves procedure with complex DX/Pr	7.6	51.5	9.2	7.6	7.2	39.5	7.9	5.3	7.4	48.3	8.8	6.6
F42B	Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	5.4	40.2	5.7	2.2	4.6	35.5	4.7	2.1	5.0	38.5	5.2	2.1
F60A	Circulatory disorders with AMI W/O invasive cardiac inves procedure with catastrophic or severe CC	10.6	81.6	20.7	20.6	10.3	42.7	12.5	12.5	10.4	59.0	14.6	14.6
F60B	Circulatory disorders with AMI W/O invasive cardiac inves procedure W/O catastrophic/severe CC	6.4	47.0	7.2	7.2	6.0	46.3	6.2	6.2	6.0	46.5	6.3	6.3
F60C	Circulatory disorders with AMI W/O invasive cardiac inves procedure, died	7.3	98.9	20.4	20.4	5.6	46.4	7.5	7.5	6.0	75.7	11.4	11.4
F61Z	Infective endocarditis	16.3	44.3	26.2	24.1	11.2	47.9	22.2	15.9	13.2	46.3	23.8	18.8
F62A	Heart failure and shock with catastrophic CC	12.8	69.6	23.6	23.5	11.9	51.2	17.2	17.2	12.2	59.2	19.5	19.5
F62B	Heart failure and shock W/O catastrophic CC	8.5	55.1	10.4	9.6	8.0	45.7	9.0	8.9	8.1	48.3	9.2	9.0
F63A	Venous thrombosis with catastrophic or severe CC	7.9	87.0	10.3	9.9	9.7	96.4	14.6	14.5	9.0	93.9	12.9	12.6
F63B	Venous thrombosis W/O catastrophic/severe CC	5.7	43.0	5.9	4.9	5.8	35.0	6.0	5.4	5.8	35.9	6.0	5.2
F64Z	Skin ulcers for circulatory disorders	10.3	80.6	23.0	20.8	9.4	43.0	10.3	9.8	9.6	70.6	14.0	13.2
F65A	Peripheral vascular disorders with catastrophic or severe CC	8.7	68.4	15.4	15.2	8.3	65.3	13.5	13.1	8.5	66.6	14.3	13.9
F65B	Peripheral vascular disorders W/O catastrophic or severe CC	5.3	38.6	5.8	4.0	6.1	49.1	6.6	4.9	5.8	44.2	6.3	4.5
F66A	Coronary atherosclerosis with CC	6.8	92.5	11.2	10.3	6.4	46.0	7.5	7.3	6.5	62.8	8.3	8.0
F66B	Coronary atherosclerosis W/O CC	3.1	42.0	3.3	2.5	4.2	40.3	4.3	4.1	4.0	40.6	4.1	3.8
F67A	Hypertension with CC	6.5	56.3	8.5	7.0	5.2	52.7	6.3	6.2	5.6	54.1	6.9	6.4
F67B	Hypertension W/O CC	3.4	-	3.4	2.0	2.9	-	2.9	2.8	3.0	-	3.0	2.5
F68Z	Congenital heart disease	3.0	162.5	4.6	2.0	4.2	35.5	5.8	3.1	3.2	99.0	4.8	2.1
F69A	Valvular disorders with catastrophic/severe CC	8.9	75.4	14.9	13.0	7.8	40.0	9.0	8.5	8.2	61.8	11.4	10.4
F69B	Valvular disorders W/O catastrophic or severe CC	3.1	41.0	3.2	2.1	3.1	45.3	3.2	2.9	3.1	44.3	3.2	2.7
F70A	Major arrhythmia and cardiac arrest with catastrophic or severe CC	8.0	47.3	12.6	12.6	8.0	61.6	10.8	10.8	8.0	55.2	11.3	11.3
F70B	Major arrhythmia and cardiac arrest W/O catastrophic or severe CC	3.9	39.0	4.2	3.9	4.8	49.0	5.2	5.0	4.6	47.0	5.0	4.8

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F71A	Non-major arrhythmia and conduction disorders with catastrophic or severe CC	7.6	48.9	9.9	9.3	7.8	66.6	10.2	10.0	7.8	59.9	10.1	9.8
F71B	Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	4.1	43.7	4.4	3.2	4.4	53.6	4.5	3.9	4.3	49.7	4.5	3.7
F72A	Unstable angina with catastrophic or severe CC	7.4	48.8	11.7	11.5	7.8	48.4	9.0	9.0	7.7	48.6	9.6	9.6
F72B	Unstable angina W/O catastrophic or severe CC	4.7	96.0	5.3	5.2	4.7	43.0	4.8	4.7	4.7	53.6	4.9	4.8
F73A	Syncope and collapse with catastrophic or severe CC	8.2	89.3	16.1	15.4	6.8	69.2	8.6	8.6	7.2	81.4	11.0	10.8
F73B	Syncope and collapse W/O catastrophic or severe CC	4.0	69.6	4.8	2.7	3.5	55.9	3.7	3.6	3.6	62.5	3.9	3.2
F74Z	Chest pain	2.6	47.3	2.7	2.3	2.6	32.8	2.6	2.6	2.6	40.0	2.7	2.5
F75A	Other circulatory system diagnoses with catastrophic CC	11.8	47.8	18.1	17.4	9.5	39.8	12.3	12.3	10.6	44.9	15.1	14.8
F75B	Other circulatory system diagnoses with severe CC	7.7	56.8	8.9	8.5	7.5	64.0	8.7	8.5	7.5	61.0	8.8	8.5
F75C	Other circulatory system diagnoses W/O catastrophic or severe CC	5.2	39.4	5.8	4.3	4.6	46.4	4.9	4.6	4.8	43.1	5.2	4.5
G01A	Rectal resection with catastrophic CC	17.2	66.5	34.4	34.4	17.0	53.3	29.2	29.2	17.1	59.4	31.5	31.5
G01B	Rectal resection W/O catastrophic CC	12.9	48.3	15.1	15.1	13.7	42.8	15.6	15.6	13.4	45.0	15.4	15.4
G02A	Major small and large bowel procedures with catastrophic CC	16.1	66.4	34.7	34.5	16.6	51.6	25.7	25.7	16.4	59.9	30.0	29.9
G02B	Major small and large bowel procedures W/O catastrophic CC	12.0	46.3	14.1	13.9	12.6	47.9	14.7	14.5	12.3	47.2	14.5	14.2
G03A	Stomach, oesophageal and duodenal procedures with malignancy	16.3	43.3	23.5	22.8	17.0	40.2	21.8	21.3	16.5	42.6	23.0	22.3
G03B	Stomach, oesophageal and duodenal procedures W/O malignancy with catastrophic or severe CC	13.8	44.9	18.3	18.0	12.9	80.0	24.7	24.7	13.4	61.8	21.1	20.8
G03C	Stomach, oesophageal and duodenal procedures W/O malignancy W/O catastrophic or severe CC	6.0	38.5	6.4	5.7	6.3	39.0	6.5	6.2	6.2	38.7	6.5	5.9
G04A	Peritoneal adhesiolysis age >49 with CC	14.0	35.8	16.0	16.0	13.9	46.3	19.6	19.3	13.9	43.4	18.1	17.9
G04B	Peritoneal adhesiolysis age >49 or with CC	9.4	37.0	9.8	9.2	8.0	61.4	9.6	9.4	8.4	57.3	9.6	9.3
G04C	Peritoneal adhesiolysis age <50 W/O CC	5.1	43.5	5.9	5.3	5.0	-	5.0	4.7	5.1	43.5	5.3	4.9
G05A	Minor small and large bowel procedures with CC	12.6	45.4	16.9	16.7	11.2	48.2	18.8	18.5	12.0	47.0	17.8	17.5
G05B	Minor small and large bowel procedures W/O CC	8.0	-	8.0	7.5	8.6	-	8.6	7.8	8.3	-	8.3	7.7
G06Z	Pyloromyotomy procedure	4.0	-	4.0	4.0	5.7	-	5.7	5.7	4.2	-	4.2	4.2
G07A	Appendicectomy with catastrophic or severe CC	8.6	47.0	9.3	9.3	8.5	33.0	8.7	8.7	8.5	40.0	8.9	8.9
G07B	Appendicectomy W/O catastrophic or severe CC	3.7	-	3.7	3.7	3.5	-	3.5	3.5	3.5	-	3.5	3.5
G08A	Abdominal and other hernia procedures age >59 or with catastrophic or severe CC	7.3	83.0	10.2	9.6	5.6	48.7	6.0	5.5	6.2	73.6	7.5	6.9
G08B	Abdominal and other hernia procedures age 1 to 59 W/O catastrophic or severe CC	3.5	34.5	3.8	2.4	3.1	-	3.1	2.5	3.2	34.5	3.3	2.5

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G09Z	Inguinal and femoral hernia procedures age >0	2.9	44.0	3.0	2.1	2.7	35.5	2.7	2.2	2.7	38.3	2.8	2.2
G10Z	Hernia procedures age <1	2.5	-	2.5	2.0	2.0	-	2.0	1.5	2.4	-	2.4	2.0
G11A	Anal and stomal procedures with catastrophic or severe CC	7.9	56.3	12.4	11.3	8.3	49.3	10.2	9.4	8.1	53.7	11.2	10.3
G11B	Anal and stomal procedures W/O catastrophic or severe CC	3.7	74.0	3.9	2.2	3.2	36.0	3.2	1.8	3.4	55.0	3.4	1.9
G12A	Other digestive system OR procedures with catastrophic or severe CC	11.7	58.3	19.3	18.3	12.5	53.0	19.6	18.3	12.0	56.0	19.4	18.3
G12B	Other digestive system OR procedures W/O catastrophic or severe CC	7.0	67.5	7.4	5.9	6.0	41.7	6.6	5.6	6.4	47.4	6.9	5.7
G42A	Other gastroscopy for major digestive disease	6.9	58.9	9.2	9.2	6.4	44.9	7.3	7.3	6.6	52.3	8.0	8.0
G42B	Other gastroscopy for major digestive disease, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
G43Z	Complex colonoscopy	3.9	-	3.9	1.4	7.6	-	7.6	2.4	6.2	-	6.2	1.8
G44A	Other colonoscopy with catastrophic or severe CC	10.1	72.3	18.5	18.5	10.5	47.7	13.9	13.9	10.3	61.4	16.0	16.0
G44B	Other colonoscopy W/O catastrophic or severe CC	6.4	37.1	6.6	6.6	5.3	41.1	5.5	5.5	5.6	39.9	5.8	5.8
G44C	Other colonoscopy, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
G45A	Other gastroscopy for non-major digestive disease	5.0	59.4	5.7	5.7	4.3	44.9	4.7	4.7	4.5	50.8	5.0	5.0
G45B	Other gastroscopy for non-major digestive disease, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
G46A	Complex gastroscopy with catastrophic or severe CC	11.5	62.9	20.0	20.0	12.2	53.7	17.8	17.8	11.9	58.7	18.9	18.9
G46B	Complex gastroscopy W/O catastrophic or severe CC	7.4	46.8	8.0	8.0	6.4	44.2	6.9	6.9	6.8	45.2	7.3	7.3
G46C	Complex gastroscopy, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
G60A	Digestive malignancy with catastrophic or severe CC	8.4	44.6	13.4	5.6	7.2	45.6	9.6	5.7	7.7	45.1	11.0	5.6
G60B	Digestive malignancy W/O catastrophic or severe CC	7.1	49.1	12.6	2.9	4.6	43.7	5.5	2.9	5.5	47.8	8.1	2.9
G61A	GI Haemorrhage age >64 or with catastrophic or severe CC	5.2	71.7	6.5	6.1	5.4	54.0	6.5	6.3	5.3	56.8	6.5	6.3
G61B	GI Haemorrhage age <65 W/O catastrophic or severe CC	2.3	-	2.3	2.0	2.6	-	2.6	2.3	2.5	-	2.5	2.2
G62Z	Complicated peptic ulcer	5.9	-	5.9	2.7	7.0	35.5	8.2	7.1	6.7	35.5	7.6	5.1
G63Z	Uncomplicated peptic ulcer	3.0	-	3.0	1.9	2.7	37.0	3.2	3.0	2.8	37.0	3.2	2.7
G64Z	Inflammatory bowel disease	5.0	93.3	6.8	2.1	5.6	42.8	5.9	2.6	5.4	70.4	6.1	2.4
G65A	GI Obstruction with CC	9.0	100.6	13.5	13.4	7.5	51.4	10.2	10.2	8.0	64.7	11.3	11.2
G65B	GI Obstruction W/O CC	4.9	78.0	5.3	5.1	4.5	39.5	4.6	4.6	4.6	52.3	4.8	4.8
G66A	Abdominal pain or mesenteric adenitis with CC	4.0	69.0	4.2	3.8	3.9	41.3	4.1	4.0	3.9	46.8	4.1	3.9
G66B	Abdominal pain or mesenteric adenitis W/O CC	2.3	33.0	2.4	2.2	2.2	31.0	2.2	2.1	2.2	32.3	2.2	2.1

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G67A	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 with catastrophic or severe CC	7.5	75.4	12.1	11.0	7.1	55.2	9.0	8.9	7.2	63.3	9.8	9.5
G67B	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 W/O catastrophic or severe CC	4.0	43.1	4.2	2.2	3.6	39.9	3.7	3.5	3.7	40.8	3.8	3.0
G68A	Gastroenteritis age<10 with CC	2.9	-	2.9	2.9	2.5	-	2.5	2.5	2.7	-	2.7	2.7
G68B	Gastroenteritis age <10 W/O CC	1.8	35.0	1.9	1.9	1.8	-	1.8	1.8	1.8	35.0	1.8	1.8
G69Z	Oesophagitis and misc digestive system disorders age <10	3.0	34.0	3.1	2.6	2.0	49.0	2.0	2.0	2.3	39.0	2.3	2.2
G70A	Other digestive system diagnoses with CC	6.8	62.7	9.8	7.9	5.4	45.9	6.8	5.8	5.9	54.0	7.9	6.7
G70B	Other digestive system diagnoses W/O CC	3.4	39.0	3.6	2.2	2.9	37.5	3.0	1.9	3.0	38.1	3.2	2.0
H01A	Pancreas, liver and shunt procedures with catastrophic CC	16.7	55.4	27.8	27.8	18.3	58.5	34.4	34.4	16.9	55.9	28.6	28.6
H01B	Pancreas, liver and shunt procedures W/O catastrophic CC	12.7	39.4	14.6	13.3	12.0	47.5	19.2	19.2	12.6	42.8	15.5	14.4
H02A	Major biliary tract procedures with malignancy or catastrophic CC	16.6	49.1	23.7	23.2	16.6	34.3	20.7	19.3	16.6	45.7	23.0	22.3
H02B	Major biliary tract procedures W/O malignancy with severe or moderate CC	10.8	149.0	19.4	19.0	10.4	-	10.4	8.6	10.7	149.0	16.7	15.4
H02C	Major biliary tract procedures W/O malignancy W/O CC	7.4	-	7.4	5.2	7.5	42.5	9.2	7.2	7.4	42.5	8.0	5.9
H05A	Hepatobiliary diagnostic procedures with catastrophic or severe CC	14.3	50.3	19.3	18.6	10.1	46.8	20.1	20.1	13.2	48.7	19.5	19.0
H05B	Hepatobiliary diagnostic procedures W/O catastrophic or severe CC	9.0	37.0	9.9	6.4	6.2	-	6.2	6.2	8.1	37.0	8.8	6.4
H06Z	Other hepatobiliary and pancreas OR procedures	7.7	47.6	12.1	10.6	12.2	34.3	15.1	13.5	8.6	44.5	12.7	11.2
H07A	Open cholecystectomy with closed CDE or with catastrophic CC	14.9	47.0	19.9	19.9	15.5	66.7	21.9	21.9	15.2	54.4	20.8	20.8
H07B	Open cholecystectomy W/O closed CDE W/O catastrophic CC	7.9	34.5	8.7	8.5	8.5	42.0	8.9	8.8	8.4	38.3	8.8	8.7
H08A	Laparoscopic cholecystectomy with closed CDE or with catastrophic or severe CC	8.2	43.5	9.2	9.1	6.1	51.7	6.7	6.7	6.9	47.0	7.7	7.6
H08B	Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC	3.8	-	3.8	3.5	3.2	-	3.2	3.1	3.3	-	3.3	3.2
H40Z	Endoscopic procedures for bleeding oesophageal varices	8.4	37.8	13.2	13.2	8.9	38.0	11.8	11.8	8.5	37.9	12.9	12.9
H41A	ERCP complex therapeutic procedure with catastrophic or severe CC	13.0	44.1	15.9	14.6	9.4	44.6	13.3	10.7	11.8	44.3	15.0	13.1

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H41B	ERCP complex therapeutic procedure W/O catastrophic or severe CC	8.0	-	8.0	3.8	6.4	48.0	7.3	3.4	7.4	48.0	7.7	3.6
H42A	ERCP other therapeutic procedure with catastrophic or severe CC	10.3	48.4	13.6	13.2	11.8	44.3	14.1	11.6	10.7	47.5	13.8	12.7
H42B	ERCP other therapeutic procedure with moderate CC	7.6	40.5	8.5	6.9	7.5	53.5	8.9	4.5	7.5	47.0	8.7	5.5
H42C	ERCP other therapeutic procedure W/O CC	5.2	-	5.2	2.4	6.1	-	6.1	3.6	5.6	-	5.6	2.8
H60A	Cirrhosis and alcoholic hepatitis with catastrophic CC	11.3	64.5	22.6	22.2	13.7	58.1	23.3	23.0	12.3	61.8	22.9	22.5
H60B	Cirrhosis and alcoholic hepatitis with severe CC	8.3	63.5	12.4	11.5	10.3	42.1	12.4	12.2	9.3	52.8	12.4	11.9
H60C	Cirrhosis and alcoholic hepatitis W/O catastrophic or severe CC	6.0	39.3	6.5	4.9	6.9	40.0	8.0	5.9	6.5	39.8	7.3	5.5
H61A	Malignancy of hepatobiliary system, pancreas (age>69 with catastrophic or severe CC) or with catastrophic CC	10.0	43.3	13.0	10.3	11.1	38.5	13.8	12.5	10.6	40.3	13.5	11.5
H61B	Malignancy of hepatobiliary system, pancreas (age>69 W/O catastrophic or severe CC) or W/O catastrophic CC	7.1	43.1	8.7	3.4	8.0	38.4	8.8	6.0	7.7	40.7	8.8	4.6
H62A	Disorders of pancreas except for malignancy with catastrophic or severe CC	8.7	49.3	9.8	9.4	10.3	41.6	12.9	12.9	9.6	43.2	11.6	11.4
H62B	Disorders of pancreas except for malignancy W/O catastrophic or severe CC	5.3	34.0	5.5	4.1	6.1	41.1	6.4	6.3	5.8	39.7	6.1	5.5
H63A	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with catastrophic or severe CC	7.7	55.9	12.7	11.8	8.9	53.8	12.8	11.1	8.3	55.0	12.8	11.5
H63B	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis W/O catastrophic or severe CC	4.1	31.0	4.1	2.2	4.6	36.4	4.8	3.9	4.4	35.5	4.5	2.9
H64A	Disorders of the biliary tract with CC	8.6	75.9	10.9	9.8	8.3	43.8	8.8	8.7	8.3	55.6	9.3	8.9
H64B	Disorders of the biliary tract W/O CC	4.9	52.0	5.0	3.6	4.7	-	4.7	4.5	4.7	52.0	4.7	4.3
I01Z	Bilateral or multiple major joint procedures of lower extremity	16.1	85.7	42.2	42.2	13.2	59.5	24.8	24.8	13.8	67.4	28.7	28.7
I02A	Microvascular tissue transfer or (skin graft with catastrophic or severe CC), excluding hand	15.4	64.9	46.2	46.2	14.1	57.9	36.9	36.9	14.8	62.4	42.4	42.4
I02B	Skin graft W/O catastrophic or severe CC, excluding hand	10.4	65.5	18.6	16.6	7.0	47.2	11.0	10.1	8.7	58.5	14.9	13.5
I03A	Hip revision with catastrophic or severe CC	15.6	58.2	26.6	26.6	13.7	64.7	23.5	23.5	14.1	62.6	24.3	24.3
I03B	Hip replacement with catastrophic or severe CC or hip revision W/O catastrophic or severe CC	13.6	70.3	26.2	26.2	13.9	50.7	19.0	19.0	13.8	59.6	21.4	21.4
I03C	Hip replacement W/O catastrophic or severe CC	9.5	55.1	10.1	10.1	10.3	51.2	10.8	10.8	10.1	52.1	10.6	10.6
I04Z	Knee replacement and reattachment	9.8	52.2	10.7	10.7	10.5	61.9	10.9	10.9	10.3	56.3	10.8	10.8

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I05Z	Other major joint replacement and limb reattachment procedures	6.2	131.3	11.5	11.5	6.7	67.0	8.4	8.4	6.5	99.2	9.7	9.7
I06Z	Spinal fusion with deformity	7.7	-	7.7	7.7	10.7	-	10.7	10.7	7.8	-	7.8	7.8
I07Z	Amputation	12.6	92.9	36.0	36.0	18.3	53.6	30.9	30.9	14.6	76.5	34.2	34.2
I08A	Other hip and femur procedures with catastrophic or severe CC	15.3	80.3	34.0	34.0	16.3	53.7	25.9	25.9	15.9	65.7	29.3	29.3
I08B	Other hip and femur procedures W/O catastrophic or severe CC	8.2	57.1	10.5	10.2	9.8	49.4	11.4	11.4	9.3	52.1	11.1	11.0
I09A	Spinal fusion with catastrophic or severe CC	12.2	48.6	18.6	18.6	12.0	-	12.0	12.0	12.2	48.6	17.6	17.6
I09B	Spinal fusion W/O catastrophic or severe CC	7.4	35.0	7.5	7.5	6.9	48.6	9.0	8.9	7.2	46.3	7.9	7.9
I10A	Other back and neck procedures with catastrophic or severe CC	10.8	54.5	19.0	18.3	10.2	42.8	18.0	18.0	10.7	51.0	18.7	18.2
I10B	Other back and neck procedures W/O catastrophic or severe CC	4.4	35.8	4.7	2.8	3.6	53.0	3.8	3.3	3.9	41.6	4.2	3.0
I11Z	Limb lengthening procedures	6.5	-	6.5	5.9	6.5	-	6.5	6.1	6.5	-	6.5	6.0
I12A	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with catastrophic CC	14.8	57.8	27.8	27.8	15.5	48.2	31.9	31.9	15.0	53.0	29.3	29.3
I12B	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with severe CC	11.3	55.3	15.3	15.3	10.9	36.4	16.6	16.2	11.1	42.1	16.0	15.7
I12C	Infect/inflam bone and joint with misc muscle system and connective tissue procedures W/O catastrophic or severe CC	7.0	44.9	8.5	7.3	7.2	40.4	8.0	7.3	7.1	43.0	8.2	7.3
I13A	Humerus, tibia, fibula and ankle procedures with catastrophic or severe CC	10.8	67.4	20.4	20.4	11.8	48.0	15.7	15.7	11.4	59.3	17.9	17.9
I13B	Humerus, tibia, fibula and ankle procedures age >59 W/O catastrophic or severe CC	5.9	55.8	6.7	6.7	5.9	49.3	6.4	6.4	5.9	51.9	6.5	6.5
I13C	Humerus, tibia, fibula and ankle procedures age <60 W/O catastrophic or severe CC	3.5	49.0	3.5	3.5	3.1	-	3.1	3.1	3.2	49.0	3.3	3.2
I14Z	Stump revision	12.2	41.0	17.0	17.0	5.4	-	5.4	3.5	8.0	41.0	10.4	7.6
I15Z	Cranio-facial surgery	6.1	54.0	8.7	8.7	3.4	36.0	8.8	8.8	5.5	45.0	8.8	8.8
I16Z	Other shoulder procedures	3.0	-	3.0	2.5	2.1	32.0	2.1	2.1	2.4	32.0	2.4	2.3
I17Z	Maxillo-facial surgery	4.1	-	4.1	4.0	5.3	-	5.3	5.1	4.6	-	4.6	4.5
I18Z	Other knee procedures	3.4	89.3	5.1	1.9	2.1	86.0	2.2	1.4	2.4	88.6	2.8	1.5
I19Z	Other elbow or forearm procedures	2.4	65.8	2.9	2.8	2.1	45.3	2.2	2.2	2.2	55.6	2.5	2.4
I20Z	Other foot procedures	3.0	-	3.0	2.6	2.4	62.7	2.6	2.4	2.6	62.7	2.7	2.5

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I21Z	Local excision and removal of internal fixation devices of hip and femur	3.2	43.0	5.6	3.8	2.8	37.5	3.7	2.6	2.9	40.3	4.2	2.9
I23Z	Local excision and removal of internal fixation devices excluding hip and femur	3.0	37.7	3.6	1.4	2.0	39.0	2.0	1.2	2.3	38.0	2.5	1.3
I24Z	Arthroscopy	2.7	36.0	3.1	1.4	1.6	-	1.6	1.2	1.9	36.0	2.0	1.3
I25Z	Bone and joint diagnostic procedures including biopsy	8.0	71.3	16.3	7.8	6.2	50.5	7.7	5.8	7.0	66.1	11.5	6.9
I27A	Soft tissue procedures with catastrophic or severe CC	8.4	56.5	16.3	13.5	11.1	70.4	23.3	22.8	9.7	63.9	19.6	17.5
I27B	Soft tissue procedures W/O catastrophic or severe CC	4.0	-	4.0	2.2	3.4	41.3	3.6	2.8	3.6	41.3	3.7	2.5
I28A	Other connective tissue procedures with CC	7.5	58.3	16.3	14.5	9.7	75.0	15.3	14.6	8.7	64.3	15.8	14.5
I28B	Other connective tissue procedures W/O CC	3.9	49.8	4.8	3.1	3.1	44.1	3.8	3.4	3.4	46.0	4.1	3.3
I29Z	Knee reconstruction or revision	2.9	-	2.9	2.9	2.2	-	2.2	2.2	2.5	-	2.5	2.5
I30Z	Hand procedures	1.9	-	1.9	1.5	1.6	-	1.6	1.4	1.7	-	1.7	1.5
I60Z	Femoral shaft fractures	2.7	-	2.7	2.7	7.0	88.8	12.4	12.4	5.6	88.8	9.3	9.3
I61Z	Distal femoral fractures	5.1	108.3	12.7	12.7	5.7	36.7	6.9	6.9	5.5	72.5	8.9	8.9
I63Z	Sprains, strains and dislocations of hip, pelvis and thigh	3.4	61.5	5.9	5.9	3.7	43.3	4.8	4.8	3.7	49.3	5.0	5.0
I64A	Osteomyelitis with CC	10.8	75.9	19.8	17.6	11.2	42.5	15.7	15.4	11.0	60.2	17.9	16.6
I64B	Osteomyelitis W/O CC	9.2	33.0	10.1	7.0	8.3	42.3	10.9	8.8	8.7	40.0	10.6	8.0
I65A	Connective tissue malignancy, including pathological Fx with catastrophic or severe CC	8.8	68.5	14.5	9.9	9.7	48.3	13.7	11.4	9.3	57.9	14.1	10.6
I65B	Connective tissue malignancy, including pathological Fx W/O catastrophic or severe CC	5.3	41.0	6.3	3.3	6.7	50.8	9.5	6.7	5.8	46.7	7.4	4.2
I66A	Inflammatory musculoskeletal disorders with catastrophic or severe CC	13.1	64.4	20.2	15.7	9.4	50.4	12.8	10.3	10.9	58.2	16.0	12.7
I66B	Inflammatory musculoskeletal disorders W/O catastrophic or severe CC	4.7	47.5	5.3	1.7	5.8	40.5	6.0	1.8	5.4	45.2	5.7	1.8
I67A	Septic arthritis with catastrophic or severe CC	14.3	160.0	32.5	32.5	10.7	35.3	14.1	14.1	11.7	66.5	19.0	19.0
I67B	Septic arthritis W/O catastrophic or severe CC	9.1	55.0	10.3	8.5	6.2	45.5	7.5	7.0	7.3	48.7	8.5	7.6
I68A	Non-surgical spinal disorders with CC	8.4	64.8	15.4	15.4	8.5	51.8	11.3	11.3	8.5	58.2	12.7	12.7
I68B	Non-surgical spinal disorders W/O CC	4.6	121.0	6.3	6.3	4.4	44.7	4.8	4.8	4.5	68.2	5.1	5.1
I68C	Non-surgical spinal disorders, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
I69A	Bone diseases and specific arthropathies age >74 with catastrophic or severe CC	12.3	52.5	25.7	25.2	11.4	53.7	14.8	14.5	11.6	52.9	18.1	17.7
I69B	Bone diseases and specific arthropathies age >74 or with catastrophic or severe CC	8.4	82.9	16.7	6.4	6.6	46.6	7.2	4.1	7.0	72.2	9.4	4.8
I69C	Bone diseases and spec arthropathies age <75 W/O catastrophic or severe CC	4.3	-	4.3	1.5	3.6	69.0	4.0	1.7	3.8	69.0	4.1	1.7

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I70Z	Non-specific arthropathies	5.5	-	5.5	2.8	5.4	56.0	6.4	4.0	5.4	56.0	6.2	3.6
I71A	Other musculotendinous disorders age >69 with CC	8.4	113.0	12.8	10.2	5.6	51.3	7.3	6.8	6.5	71.9	8.9	8.0
I71B	Other musculotendinous disorders age >69 or with CC	4.3	43.4	5.5	2.0	3.7	55.8	4.0	2.5	3.8	47.9	4.4	2.3
I71C	Other musculotendinous disorders age <70 W/O CC	2.8	39.0	2.9	1.2	2.2	44.0	2.3	1.5	2.4	41.5	2.4	1.4
I72A	Specific musculotendinous disorders age >79 or with catastrophic or severe CC	8.5	47.7	11.0	5.8	6.8	62.3	8.7	6.3	7.3	55.0	9.5	6.0
I72B	Specific musculotendinous disorders age <80 W/O catastrophic or severe CC	3.6	41.0	4.0	1.4	3.2	32.0	3.3	1.7	3.3	38.0	3.4	1.6
I73A	Aftercare of musculoskeletal implants/prostheses age >59 with catastrophic or severe CC	12.9	59.4	24.0	22.0	12.7	63.5	21.0	20.8	12.7	63.2	21.2	20.9
I73B	Aftercare of musculoskeletal implants/prostheses age >59 or with catastrophic or severe CC	7.3	47.2	9.9	2.3	7.4	57.9	10.8	10.2	7.4	56.6	10.7	6.3
I73C	Aftercare of musculoskeletal implants/prostheses age <60 W/O catastrophic or severe CC	4.1	-	4.1	1.2	6.0	48.1	7.3	4.2	5.6	48.1	6.6	2.2
I74A	Injury to forearm, wrist, hand or foot age >74 with CC	10.0	82.0	26.3	26.3	8.5	43.0	9.5	9.5	8.9	73.3	14.8	14.8
I74B	Injury to forearm, wrist, hand or foot age >74 or with CC	3.7	66.0	7.0	6.9	3.5	85.0	3.8	3.8	3.6	69.2	4.8	4.7
I74C	Injury to forearm, wrist, hand or foot age <75 W/O CC	1.3	32.0	1.3	1.3	1.3	-	1.3	1.3	1.3	32.0	1.3	1.3
I75A	Injury to shoulder, arm, elbow, knee, leg or ankle age >64 with CC	9.7	76.5	25.6	25.6	9.2	53.5	15.2	15.2	9.3	63.8	18.5	18.5
I75B	Injury to shoulder, arm, elbow, knee, leg or ankle age >64 or with CC	5.6	43.4	7.6	7.0	4.8	37.8	5.2	5.1	4.9	41.1	5.7	5.6
I75C	Injury to shoulder, arm, elbow, knee, leg or ankle age <65 W/O CC	2.0	-	2.0	1.9	1.9	55.5	2.0	1.9	1.9	55.5	2.0	1.9
I76A	Other musculoskeletal disorders age >69 with CC	11.6	67.2	24.9	22.8	7.7	44.2	11.4	11.1	8.6	54.6	15.0	14.3
I76B	Other musculoskeletal disorders age >69 or with CC	5.6	66.0	7.8	4.8	4.9	45.0	5.6	4.6	5.2	57.0	6.4	4.7
I76C	Other musculoskeletal disorders age <70 W/O CC	2.6	31.0	2.7	1.3	2.4	52.0	2.5	1.9	2.4	41.5	2.5	1.5
I77A	Fractures of pelvis with catastrophic or severe CC	13.9	96.4	40.4	40.4	12.2	49.7	18.4	18.4	12.7	73.1	25.8	25.8
I77B	Fractures of pelvis W/O catastrophic or severe CC	12.1	40.5	14.6	14.6	6.9	55.3	8.2	8.2	7.8	48.9	9.4	9.4
I78A	Fractures of neck of femur with catastrophic or severe CC	9.7	136.2	41.4	41.4	10.4	77.6	19.7	19.5	10.3	94.8	23.7	23.5
I78B	Fractures of neck of femur W/O catastrophic or severe CC	5.7	56.3	9.4	9.0	6.3	50.0	7.4	7.4	6.2	52.1	7.7	7.6
J01Z	Microvascular tissue transfer for skin, subcutaneous tissue and breast disorder	12.5	36.3	15.7	15.7	9.9	-	9.9	9.9	11.6	36.3	14.0	14.0
J06A	Major procedures for malignant breast conditions	5.5	-	5.5	5.1	5.8	52.7	6.0	5.7	5.6	52.7	5.7	5.4
J06B	Major procedures for non-malignant breast conditions	3.1	-	3.1	2.6	3.1	-	3.1	2.6	3.1	-	3.1	2.6

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J07A	Minor procedures for malignant breast conditions	3.0	34.0	3.1	2.0	2.9	-	2.9	2.3	2.9	34.0	3.0	2.1
J07B	Minor procedures for non-malignant breast conditions	1.9	-	1.9	1.1	1.6	-	1.6	1.1	1.7	-	1.7	1.1
J08A	Other skin graft and/or debridement procedures with catastrophic or severe CC	12.0	55.7	21.8	21.1	8.3	63.0	9.5	8.5	10.1	56.2	16.4	15.3
J08B	Other skin graft and/or debridement procedures W/O catastrophic or severe CC	5.7	41.7	6.2	2.8	3.4	34.8	4.0	2.7	4.5	37.7	5.0	2.8
J09Z	Perianal and pilonidal procedures	2.6	-	2.6	1.6	2.6	-	2.6	2.1	2.6	-	2.6	2.0
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	5.4	91.3	7.6	2.5	3.0	34.5	3.5	1.8	4.3	72.3	5.8	2.2
J11Z	Other skin, subcutaneous tissue and breast procedures	4.4	43.5	5.0	1.1	3.0	53.3	3.7	1.1	3.5	49.2	4.2	1.1
J12A	Lower limb procedures with ulcer/cellulitis with catastrophic CC	17.3	40.4	25.6	25.6	12.3	64.5	47.1	47.1	14.7	59.7	40.3	40.3
J12B	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC with skin graft/flap repair	12.4	44.3	19.8	19.8	13.4	50.4	21.9	21.9	13.2	48.7	21.3	21.3
J12C	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC W/O skin graft/flap repair	9.5	93.6	23.2	20.1	11.1	59.5	19.7	17.4	10.4	73.5	21.2	18.6
J13A	Lower limb procedures W/O ulcer/cellulitis with skin graft with catastrophic or severe CC	13.3	-	13.3	13.3	13.6	48.5	17.5	16.6	13.5	48.5	15.8	15.3
J13B	Lower limb procedures W/O ulcer/cellulitis W/O (skin graft and catastrophic or severe CC)	6.3	33.0	6.6	4.7	5.6	75.0	7.6	6.3	5.9	64.5	7.2	5.6
J14Z	Major breast reconstructions	8.4	-	8.4	8.3	7.0	-	7.0	6.5	7.5	-	7.5	7.2
J60A	Skin ulcers	10.7	67.8	16.1	16.1	9.9	50.3	15.2	15.2	10.2	54.9	15.5	15.5
J60B	Skin ulcers, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
J62A	Malignant breast disorders (age >69 with CC) or with catastrophic or severe CC	10.5	48.5	15.0	4.6	7.5	77.9	11.1	6.0	8.7	59.9	12.7	5.2
J62B	Malignant breast disorders (age >69 W/O CC) or W/O catastrophic or severe CC	11.4	40.2	24.3	3.0	3.4	36.0	4.1	1.4	6.5	40.0	14.9	2.4
J63Z	Non-malignant breast disorders	4.0	-	4.0	1.3	2.6	-	2.6	1.3	3.1	-	3.1	1.3
J64A	Cellulitis age >59 with catastrophic or severe CC	9.6	80.6	18.2	17.7	9.8	61.4	13.0	12.9	9.7	70.5	14.7	14.5
J64B	Cellulitis (age >59 W/O catastrophic or severe CC) or age <60	4.8	46.9	5.1	4.7	4.6	43.3	4.7	4.5	4.6	45.3	4.8	4.6
J65A	Trauma to the skin, subcutaneous tissue and breast age >69	5.8	39.0	7.1	7.0	6.2	48.7	7.8	7.7	6.1	46.9	7.7	7.6
J65B	Trauma to the skin, subcutaneous tissue and breast age <70	2.6	98.0	3.0	2.7	2.2	42.5	2.3	2.2	2.2	61.0	2.4	2.3
J67A	Minor skin disorders	5.2	51.1	6.6	6.6	3.8	48.4	4.8	4.8	4.2	49.5	5.3	5.3

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J67B	Minor skin disorders, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
J68A	Major skin disorders	6.6	55.4	7.6	7.6	5.1	58.0	5.7	5.7	5.6	56.8	6.3	6.3
J68B	Major skin disorders, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
K01Z	Diabetic foot procedures	13.3	84.9	30.3	29.6	13.7	61.6	27.5	27.2	13.5	70.4	28.7	28.2
K02Z	Pituitary procedures	8.7	82.0	9.7	9.7	5.2	-	5.2	5.2	7.9	82.0	8.7	8.7
K03Z	Adrenal procedures	9.8	57.0	11.7	11.7	7.4	-	7.4	7.4	9.4	57.0	11.0	11.0
K04Z	Major procedures for obesity	7.0	-	7.0	7.0	3.4	49.0	4.5	4.5	3.5	49.0	4.6	4.6
K05Z	Parathyroid procedures	5.7	52.0	6.3	6.3	3.3	-	3.3	3.3	4.4	52.0	4.7	4.7
K06Z	Thyroid procedures	5.1	39.8	5.7	5.6	3.7	-	3.7	3.6	4.4	39.8	4.7	4.6
K07Z	Obesity procedures	3.6	-	3.6	2.9	4.5	-	4.5	4.5	4.0	-	4.0	3.4
K08Z	Thyroglossal procedures	2.9	-	2.9	2.7	2.4	-	2.4	2.2	2.7	-	2.7	2.5
K09Z	Other endocrine, nutritional and metabolic OR procedures	6.4	48.1	9.7	8.6	7.6	38.8	11.1	10.8	6.7	45.2	10.0	9.1
K40Z	Endoscopic or investigative procedure for metabolic disorders W/O CC	9.0	43.3	10.7	3.6	8.5	39.3	9.2	2.9	8.7	41.3	9.7	3.1
K60A	Diabetes with catastrophic or severe CC	9.8	73.2	16.4	15.9	8.6	51.7	11.0	10.9	9.0	61.1	12.5	12.4
K60B	Diabetes W/O catastrophic or severe CC	4.6	101.9	5.7	5.3	4.7	46.7	5.1	4.9	4.7	61.8	5.2	5.0
K61Z	Severe nutritional disturbance	14.7	156.8	71.5	63.2	13.2	64.0	23.3	21.9	13.8	125.9	47.4	43.2
K62A	Miscellaneous metabolic disorders with catastrophic CC	10.6	83.8	22.0	21.3	10.7	47.3	15.1	15.1	10.7	63.0	17.6	17.4
K62B	Miscellaneous metabolic disorders age >74 or with severe CC	7.4	41.2	8.9	8.0	6.6	49.3	7.5	7.0	6.8	45.8	7.9	7.3
K62C	Miscellaneous metabolic disorders age <75 W/O catastrophic or severe CC	4.8	52.6	5.6	3.5	3.5	49.3	3.6	2.9	3.9	51.7	4.3	3.1
K63Z	Inborn errors of metabolism	4.1	78.6	6.3	2.3	3.7	36.0	3.9	1.5	3.9	71.5	5.3	1.8
K64A	Endocrine disorders with catastrophic or severe CC	9.2	60.4	13.3	10.5	9.3	71.2	12.8	12.1	9.3	64.5	13.1	11.1
K64B	Endocrine disorders W/O catastrophic or severe CC	3.9	45.9	5.4	2.6	4.6	35.3	4.9	2.8	4.3	43.6	5.2	2.7
L02A	Operative insertion of peritoneal catheter for dialysis with catastrophic or severe CC	10.3	62.4	22.7	22.7	13.7	-	13.7	13.7	11.2	62.4	20.7	20.7
L02B	Operative insertion of peritoneal catheter for dialysis W/O catastrophic or severe CC	8.9	42.0	10.4	10.4	5.0	-	5.0	4.0	8.7	42.0	10.0	9.9
L03A	Kidney, ureter and major bladder procedures for neoplasm with catastrophic or severe CC	14.0	53.6	19.8	19.8	12.3	43.6	19.9	19.4	13.7	51.0	19.8	19.7
L03B	Kidney, ureter and major bladder procedures for neoplasm W/O catastrophic or severe CC	9.4	42.0	9.7	9.5	11.7	-	11.7	11.5	10.1	42.0	10.4	10.2
L04A	Kidney, ureter and major bladder procedures for non-neoplasm with catastrophic CC	12.6	46.8	21.4	20.8	14.1	75.8	27.4	26.7	13.1	55.7	23.5	22.9

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L04B	Kidney, ureter and major bladder procedures for non-neoplasm with severe or moderate CC	8.6	40.2	9.5	8.7	7.8	47.3	9.4	8.3	8.3	42.9	9.5	8.6
L04C	Kidney, ureter and major bladder procedures for non-neoplasm W/O CC	6.4	-	6.4	5.5	6.6	42.0	6.8	5.4	6.5	42.0	6.5	5.5
L05A	Transurethral prostatectomy with catastrophic or severe CC	13.0	93.0	23.0	23.0	14.6	37.0	15.6	15.0	13.7	79.0	19.5	19.1
L05B	Transurethral prostatectomy W/O catastrophic or severe CC	7.2	-	7.2	7.2	7.3	80.0	7.9	7.7	7.2	80.0	7.7	7.6
L06A	Minor bladder procedures with catastrophic or severe CC	9.7	72.4	15.2	13.0	9.3	49.7	13.3	12.9	9.5	63.9	14.5	13.0
L06B	Minor bladder procedures W/O catastrophic or severe CC	4.6	37.0	4.9	1.7	5.8	43.7	6.5	5.0	5.3	42.0	5.8	2.4
L07A	Transurethral procedures except prostatectomy with catastrophic or severe CC	7.8	49.1	11.1	10.8	11.6	63.8	14.6	13.9	9.3	53.6	12.4	12.0
L07B	Transurethral procedures except prostatectomy W/O catastrophic or severe CC	3.7	33.0	3.8	2.8	4.8	32.0	4.9	3.5	4.2	32.5	4.2	3.1
L08A	Urethral procedures with CC	6.3	-	6.3	6.1	3.2	-	3.2	3.0	5.4	-	5.4	5.2
L08B	Urethral procedures W/O CC	4.3	-	4.3	3.4	3.5	-	3.5	2.3	4.0	-	4.0	2.9
L09A	Other procedures for kidney and urinary tract disorders with catastrophic CC	13.4	60.1	23.8	23.8	17.3	64.8	29.2	29.2	14.8	61.9	25.7	25.7
L09B	Other procedures for kidney and urinary tract disorders with severe CC	9.2	72.1	17.7	17.4	9.9	74.5	19.1	17.9	9.4	72.7	18.0	17.5
L09C	Other procedures for kidney and urinary tract disorders W/O catastrophic or severe CC	5.2	57.0	5.5	5.0	5.9	46.0	7.7	5.4	5.4	49.7	6.1	5.1
L40Z	Ureteroscopy	3.7	-	3.7	2.7	3.8	89.0	4.7	3.6	3.7	89.0	4.2	3.1
L41Z	Cystourethroscopy, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
L42Z	ESW Lithotripsy for urinary stones	3.5	-	3.5	1.1	4.1	-	4.1	1.3	3.9	-	3.9	1.2
L60A	Renal failure with catastrophic CC	12.0	81.3	29.7	29.7	11.3	57.7	19.2	19.1	11.6	70.9	24.0	23.9
L60B	Renal failure with severe CC	9.2	102.6	14.4	13.7	8.6	59.6	11.4	10.5	8.8	75.9	12.5	11.6
L60C	Renal failure W/O catastrophic or severe CC	5.5	55.8	6.8	5.1	6.7	50.1	7.4	5.6	6.3	53.0	7.2	5.4
L61Z	Admit for renal dialysis	1.5	103.0	16.0	1.0	8.8	-	8.8	1.0	5.2	103.0	12.7	1.0
L62A	Kidney and urinary tract neoplasms with catastrophic or severe CC	11.3	58.1	15.9	8.3	10.2	50.2	12.8	8.4	10.6	54.1	14.0	8.3
L62B	Kidney and urinary tract neoplasms W/O catastrophic or severe CC	5.7	53.1	8.6	2.6	5.5	43.8	7.2	4.9	5.6	47.8	7.7	3.5
L63A	Kidney and urinary tract infections with catastrophic CC	11.6	98.0	29.7	29.7	12.2	52.4	16.5	16.5	12.0	74.5	20.8	20.8

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L63B	Kidney and urinary tract infections age >69 or with severe CC	7.6	78.7	13.8	12.6	7.2	57.7	8.7	8.6	7.3	67.3	9.9	9.6
L63C	Kidney and urinary tract infections age <70 W/O catastrophic or severe CC	4.0	49.7	4.1	3.0	3.3	43.7	3.4	3.1	3.5	46.7	3.6	3.1
L64Z	Urinary stones and obstruction	3.1	39.5	3.2	2.8	3.2	45.4	3.3	3.2	3.2	42.8	3.3	3.1
L65A	Kidney and urinary tract signs and symptoms with catastrophic or severe CC	7.2	100.5	8.7	8.1	6.7	39.9	7.7	7.5	6.9	53.3	8.1	7.7
L65B	Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	3.8	49.0	4.1	2.5	4.1	89.5	4.2	3.2	4.0	65.2	4.2	2.9
L66Z	Urethral stricture	3.7	60.0	4.8	2.9	3.8	48.0	4.7	2.5	3.7	54.0	4.7	2.7
L67A	Other kidney and urinary tract diagnoses with catastrophic CC	11.7	64.3	29.2	27.9	11.9	54.7	18.6	17.5	11.8	60.7	23.2	22.0
L67B	Other kidney and urinary tract diagnoses with severe CC	7.6	87.9	11.7	9.0	7.3	43.9	9.4	6.4	7.4	61.1	10.4	7.4
L67C	Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	3.9	75.1	4.7	2.0	4.5	46.1	4.8	2.8	4.3	60.6	4.8	2.4
M01Z	Major male pelvic procedures	7.8	-	7.8	7.8	9.5	31.0	10.0	10.0	8.1	31.0	8.2	8.2
M02A	Transurethral prostatectomy with catastrophic or severe CC	9.6	58.4	12.5	12.3	9.7	45.0	13.6	13.6	9.7	49.8	13.0	13.0
M02B	Transurethral prostatectomy W/O catastrophic or severe CC	5.3	33.0	5.4	5.4	6.4	37.5	6.5	6.4	5.9	36.0	6.0	6.0
M03A	Penis procedures with CC	4.9	-	4.9	4.6	4.7	-	4.7	4.1	4.9	-	4.9	4.5
M03B	Penis procedures W/O CC	3.9	-	3.9	2.0	3.6	-	3.6	1.9	3.8	-	3.8	2.0
M04A	Testes procedures with CC	4.7	40.7	7.4	6.2	3.8	63.0	5.7	4.9	4.3	46.3	6.7	5.7
M04B	Testes procedures W/O CC	2.1	-	2.1	1.3	2.1	63.0	2.3	1.7	2.1	63.0	2.2	1.5
M05Z	Circumcision	1.8	-	1.8	1.0	1.6	-	1.6	1.1	1.7	-	1.7	1.1
M06A	Other male reproductive system OR procedures for malignancy	7.7	52.0	10.7	3.9	7.5	60.5	12.1	7.7	7.6	57.7	11.6	5.6
M06B	Other male reproductive system OR procedures except for malignancy	4.0	65.0	6.7	1.4	5.3	-	5.3	2.9	4.8	65.0	5.9	1.7
M40Z	Cystourethroscopy W/O CC	4.4	-	4.4	1.1	4.4	-	4.4	1.2	4.4	-	4.4	1.2
M60A	Malignancy, male reproductive system with catastrophic or severe CC	8.7	73.6	18.0	10.4	9.0	48.8	12.6	10.3	8.9	60.6	14.6	10.3
M60B	Malignancy, male reproductive system W/O catastrophic or severe CC	6.7	50.3	21.5	8.1	5.6	43.3	6.0	2.3	6.1	50.1	15.0	5.3
M61A	Benign prostatic hypertrophy with catastrophic or severe CC	6.6	-	6.6	5.0	9.1	81.0	12.5	10.0	8.0	81.0	9.9	7.8

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
M61B	Benign prostatic hypertrophy W/O catastrophic or severe CC	2.9	-	2.9	1.1	4.5	-	4.5	1.6	4.2	-	4.2	1.3
M62A	Inflammation of the male reproductive system with CC	5.4	-	5.4	4.6	5.7	144.3	11.6	10.6	5.6	144.3	8.9	7.9
M62B	Inflammation of the male reproductive system W/O CC	2.8	-	2.8	1.6	2.6	-	2.6	2.3	2.7	-	2.7	2.0
M63Z	Sterilisation, male	2.0	-	2.0	1.0	1.3	-	1.3	1.0	1.4	-	1.4	1.0
M64Z	Other male reproductive system diagnoses	2.1	53.0	2.8	1.8	2.1	45.0	2.2	1.9	2.1	50.3	2.4	1.9
N01Z	Pelvic evisceration and radical vulvectomy	13.5	34.3	15.4	15.4	8.2	-	8.2	8.2	12.7	34.3	14.4	14.4
N02A	Uterine, adnexa procedure for ovarian or adnexal malignancy with CC	12.3	43.0	14.8	14.8	11.8	38.2	14.5	14.5	12.2	41.2	14.7	14.7
N02B	Uterine, adnexa procedure for ovarian or adnexal malignancy W/O CC	8.4	-	8.4	8.2	7.4	-	7.4	7.3	7.9	-	7.9	7.7
N03A	Uterine, adnexa procedure for non-ovarian or adnexal malignancy with CC	10.4	44.2	12.3	12.2	10.3	39.5	11.9	11.9	10.4	42.9	12.2	12.1
N03B	Uterine, adnexa procedure for non-ovarian or adnexal malignancy W/O CC	8.0	-	8.0	7.9	6.8	-	6.8	6.7	7.5	-	7.5	7.4
N04Z	Hysterectomy for non-malignancy	6.5	31.5	6.5	6.5	6.3	45.0	6.4	6.4	6.4	39.6	6.5	6.4
N05A	Oophorectomies and complex fallopian tube procedures for non-malignancy with catastrophic or severe CC	8.8	88.0	11.5	11.5	9.2	-	9.2	9.2	9.0	88.0	10.4	10.4
N05B	Oophorectomies and complex fallopian tube procedures for non-malignancy W/O catastrophic or severe CC	5.1	-	5.1	4.7	4.9	-	4.9	4.8	5.0	-	5.0	4.7
N06Z	Female reproductive system reconstructive procedures	4.4	-	4.4	4.3	3.9	47.0	4.0	3.7	4.1	47.0	4.1	3.9
N07Z	Other uterine and adnexa procedures for non-malignancy	2.9	43.0	3.0	1.9	2.9	-	2.9	2.1	2.9	43.0	2.9	2.0
N08Z	Endoscopic and laparoscopic procedures for female reproductive system	2.4	106.0	2.6	1.5	2.3	43.3	2.5	1.7	2.4	59.0	2.6	1.6
N09Z	Conisation, vagina, cervix and vulva procedures	3.0	54.7	4.5	2.0	2.1	42.8	2.4	1.3	2.6	52.7	3.4	1.6
N10Z	Diagnostic curettage or diagnostic hysteroscopy	2.2	36.0	2.3	1.3	1.9	-	1.9	1.2	2.0	36.0	2.1	1.2
N11A	Other female reproductive system OR procedures age >64 or with malignancy or with CC	11.1	45.4	14.8	12.4	11.1	48.7	16.4	14.5	11.1	46.6	15.3	13.0
N11B	Other female reproductive system OR procedures age <65 W/O malignancy W/O CC	4.6	-	4.6	3.2	3.2	-	3.2	1.6	3.7	-	3.7	1.9
N60A	Malignancy, female reproductive system with catastrophic or severe CC	8.9	46.7	15.3	9.6	8.0	40.4	10.7	7.5	8.3	44.2	12.7	8.4

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
N60B	Malignancy, female reproductive system W/O catastrophic or severe CC	6.3	56.4	16.2	3.5	4.9	39.8	6.1	2.6	5.6	54.1	11.2	3.2
N61Z	Infections, female reproductive system	3.7	85.0	4.7	2.4	3.0	-	3.0	2.6	3.1	85.0	3.4	2.5
N62A	Menstrual and other female reproductive system disorders with CC	4.1	-	4.1	3.4	4.9	-	4.9	4.2	4.6	-	4.6	3.9
N62B	Menstrual and other female reproductive system disorders W/O CC	2.1	-	2.1	1.4	2.0	31.0	2.0	1.4	2.0	31.0	2.0	1.4
O01A	Caesarean delivery with catastrophic CC	9.5	43.9	11.5	11.5	9.8	45.6	13.6	13.6	9.7	45.1	12.6	12.6
O01B	Caesarean delivery with severe CC	7.3	45.8	7.8	7.8	7.0	43.0	7.8	7.8	7.1	43.9	7.8	7.8
O01C	Caesarean delivery W/O catastrophic or severe CC	4.9	34.0	4.9	4.9	5.0	42.3	5.0	5.0	4.9	40.6	5.0	5.0
O02A	Vaginal delivery with OR procedure with catastrophic or severe CC	4.4	-	4.4	4.4	4.6	-	4.6	4.6	4.5	-	4.5	4.5
O02B	Vaginal delivery with OR procedure W/O catastrophic or severe CC	3.0	-	3.0	3.0	3.4	-	3.4	3.4	3.3	-	3.3	3.3
O03Z	Ectopic pregnancy	2.3	-	2.3	2.3	3.3	-	3.3	3.3	2.8	-	2.8	2.8
O04Z	Postpartum and post abortion with OR procedure[b]	2.7	-	2.7	2.6	2.8	-	2.8	2.7	2.7	-	2.7	2.7
O05Z	Abortion with OR procedure[b]	1.1	-	1.1	1.1	1.3	-	1.3	1.2	1.2	-	1.2	1.2
O60A	Vaginal delivery with catastrophic or severe CC	4.7	48.7	4.9	4.9	4.7	42.3	5.0	5.0	4.7	44.5	4.9	4.9
O60B	Vaginal delivery W/O catastrophic or severe CC	2.8	74.0	2.8	2.8	3.0	59.0	3.0	3.0	2.9	64.0	2.9	2.9
O60C	Vaginal delivery single uncomplicated W/O other condition	2.0	-	2.0	2.0	2.2	-	2.2	2.2	2.1	-	2.1	2.1
O61Z	Postpartum and post abortion W/O OR procedure[b]	2.6	40.0	2.6	2.6	2.3	-	2.3	2.3	2.4	40.0	2.4	2.4
O63Z	Abortion W/O OR procedure[b]	1.3	-	1.3	1.3	1.2	-	1.2	1.2	1.2	-	1.2	1.2
O64A	False labour before 37 weeks or with catastrophic CC	1.6	-	1.6	1.6	1.6	50.8	1.8	1.7	1.6	50.8	1.7	1.7
O64B	False labour after 37 weeks W/O catastrophic CC	1.1	-	1.1	1.1	1.2	-	1.2	1.2	1.1	-	1.1	1.1
O66A	Antenatal and other obstetric admission	2.2	43.7	2.3	2.3	2.1	46.1	2.2	2.2	2.2	44.7	2.2	2.2
O66B	Antenatal and other obstetric admission, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
P01Z	Neonate, died or transferred <5 days of admission with significant OR procedure	2.0	-	2.0	2.0	-	-	-	-	2.0	-	2.0	2.0
P02Z	Cardiothoracic/vascular procedures for neonates	15.7	138.3	47.1	47.1	-	-	-	-	15.7	138.3	47.1	47.1
P03Z	Neonate, admwt 1000-1499 g with significant OR procedure	15.2	70.6	53.3	53.3	15.6	59.2	49.8	49.8	15.3	66.2	52.0	52.0
P04Z	Neonate, admwt 1500-1999 g with significant OR procedure	21.8	58.8	42.2	42.2	23.0	40.1	35.5	35.5	22.1	51.2	39.9	39.9
P05Z	Neonate, admwt 2000-2499 g with significant OR procedure	19.1	86.8	41.1	41.1	15.8	36.0	19.2	19.2	18.6	83.2	38.3	38.3
P06A	Neonate, admwt >2499 g with significant OR procedure with multi major problems	15.0	114.4	32.5	32.5	18.8	45.5	27.7	27.7	15.2	107.5	32.3	32.3

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P06B	Neonate, admwt >2499 g with significant OR procedure W/O multi major problems	10.8	43.6	12.8	12.5	14.8	40.0	16.3	16.3	11.5	43.0	13.4	13.2
P60A	Neonate, died or transf <5 days of adm, W/O significant OR procedure, Newborn	1.5	-	1.5	1.5	1.3	-	1.3	1.3	1.4	-	1.4	1.4
P60B	Neonate, died/transferred <5 days of adm, W/O significant OR procedure, not newborn	1.7	-	1.7	1.7	1.6	-	1.6	1.6	1.6	-	1.6	1.6
P61Z	Neonate, admwt <750 g	14.6	89.1	62.8	62.8	11.8	96.9	43.0	43.0	13.1	91.1	55.5	55.5
P62Z	Neonate, admwt 750-999 g	15.9	68.5	54.7	54.7	13.3	77.4	68.6	68.6	15.4	71.4	58.9	58.9
P63Z	Neonate, admwt 1000-1249 g W/O significant OR procedure	18.4	45.7	36.0	36.0	13.1	55.8	43.7	43.2	16.1	50.8	39.7	39.5
P64Z	Neonate, admwt 1250-1499 g W/O significant OR procedure	20.0	42.1	31.2	31.2	20.9	44.6	36.4	36.4	20.4	43.5	33.8	33.8
P65A	Neonate, admwt 1500-1999 g W/O significant OR procedure with multi major problems	20.1	39.8	25.4	25.4	22.1	43.5	32.4	32.4	21.0	42.3	29.1	29.1
P65B	Neonate, admwt 1500-1999 g W/O significant OR procedure with major problem	18.3	38.4	21.4	21.4	20.0	38.6	26.6	26.6	19.2	38.6	24.4	24.4
P65C	Neonate, admwt 1500-1999 g W/O significant OR procedure with other problem	14.1	36.5	14.4	14.4	17.0	36.6	19.0	19.0	15.6	36.6	16.9	16.9
P65D	Neonate, admwt 1500-1999 g W/O significant OR procedure W/O problem	8.6	-	8.6	8.6	15.5	48.4	19.3	19.3	13.8	48.4	16.8	16.8
P66A	Neonate, admwt 2000-2499 g W/O significant OR procedure with multi major problems	13.2	47.0	18.1	17.6	12.9	40.5	14.7	14.7	13.1	45.1	16.5	16.3
P66B	Neonate, admwt 2000-2499 g W/O significant OR procedure with major problem	11.5	76.0	12.0	12.0	14.0	48.5	16.2	16.1	13.0	50.4	14.6	14.6
P66C	Neonate, admwt 2000-2499 g W/O significant OR procedure with other problem	6.0	-	6.0	6.0	10.7	41.0	10.9	10.9	9.0	41.0	9.1	9.1
P66D	Neonate, admwt 2000-2499 g W/O significant OR procedure W/O problem	2.9	-	2.9	2.9	6.3	31.3	6.5	6.4	5.1	31.3	5.3	5.2
P67A	Neonate, admwt >2499 g W/O significant OR procedure with multi major problems	8.7	69.1	13.2	12.8	9.3	147.3	19.5	19.5	8.9	97.9	15.5	15.3
P67B	Neonate, admwt >2499 g W/O significant OR procedure with major problem	6.1	57.6	7.1	6.9	5.9	41.1	6.2	6.1	6.0	51.5	6.6	6.5
P67C	Neonate, admwt > 2499 g W/O significant OR procedure with other problem	2.5	75.5	2.5	2.5	3.7	-	3.7	3.7	3.1	75.5	3.1	3.1
P67D	Neonate, admwt >2499 g W/O significant OR procedure W/O problem	2.4	-	2.4	2.3	2.8	47.3	3.1	3.0	2.6	47.3	2.9	2.8
Q01Z	Splenectomy	8.4	73.3	15.9	15.9	10.7	-	10.7	10.7	9.4	73.3	13.6	13.6
Q02A	Other OR procedure of blood and blood forming organs with catastrophic or severe CC	9.4	80.4	22.4	21.2	10.2	52.4	19.1	17.4	9.8	67.2	21.0	19.5

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Q02B	Other OR procedure of blood and blood forming organs W/O catastrophic or severe CC	5.4	108.5	7.0	3.8	3.9	32.5	4.3	2.6	4.6	70.5	5.6	3.2
Q60A	Reticuloendothelial and immunity disorders with catastrophic or severe CC	7.5	51.0	8.5	7.0	6.6	69.0	8.2	6.9	7.0	60.6	8.3	7.0
Q60B	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC with malignancy	4.8	-	4.8	4.4	4.4	39.0	4.5	3.4	4.5	39.0	4.6	3.7
Q60C	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC W/O malignancy	4.4	60.0	5.3	1.6	6.0	41.5	8.4	3.2	5.6	43.0	7.6	2.5
Q61A	Red blood cell disorders with catastrophic CC	11.6	60.3	18.0	15.7	10.6	63.4	15.8	15.0	10.8	62.4	16.4	15.2
Q61B	Red blood cell disorders with severe CC	8.3	34.0	9.0	5.4	8.1	47.1	9.2	7.6	8.2	43.6	9.2	6.9
Q61C	Red blood cell disorders W/O catastrophic or severe CC	4.4	38.0	4.7	1.2	4.8	46.6	5.0	1.4	4.7	43.3	4.9	1.3
Q62Z	Coagulation disorders	3.7	43.3	4.1	1.5	4.1	46.1	4.8	3.0	4.0	45.5	4.6	2.1
R01A	Lymphoma and leukaemia with major OR procedures with catastrophic or severe CC	14.6	61.1	35.1	35.1	16.9	44.0	20.4	20.4	15.6	59.1	30.5	30.5
R01B	Lymphoma and leukaemia with major OR procedures W/O catastrophic or severe CC	9.5	40.3	12.0	10.8	8.3	40.5	10.2	8.8	9.0	40.3	11.3	10.0
R02A	Other neoplastic disorders with major OR procedures with catastrophic or severe CC	13.9	42.6	20.5	20.5	15.1	71.0	17.9	17.1	14.4	45.8	19.5	19.2
R02B	Other neoplastic disorders with major OR procedures W/O catastrophic or severe CC	10.0	40.0	10.7	8.8	6.7	39.0	7.2	6.8	8.6	39.7	9.2	8.1
R03A	Lymphoma and leukaemia with other OR procedures with catastrophic or severe CC	14.3	64.9	32.8	32.8	14.4	58.9	24.5	23.8	14.4	62.8	29.0	28.6
R03B	Lymphoma and leukaemia with other OR procedures W/O catastrophic or severe CC	7.6	52.7	10.8	7.2	5.9	40.5	6.7	4.5	6.7	49.6	8.7	5.8
R04A	Other neoplastic disorders with other OR procedures with catastrophic or severe CC	13.2	43.2	21.5	17.0	8.0	70.0	9.7	8.5	10.1	45.6	15.4	12.9
R04B	Other neoplastic disorders with other OR procedures W/O catastrophic or severe CC	7.3	46.0	9.3	2.5	6.1	-	6.1	1.5	6.8	46.0	8.1	2.0
R60A	Acute leukaemia with catastrophic CC	15.2	51.1	28.8	26.0	11.2	53.0	27.2	24.3	13.9	51.8	28.2	25.4
R60B	Acute leukaemia with severe CC	9.8	44.4	14.6	7.9	5.9	43.4	8.8	4.4	8.2	44.2	12.3	6.4
R60C	Acute leukaemia W/O catastrophic or severe CC	4.3	43.3	5.0	1.3	4.5	41.3	6.0	2.1	4.4	42.1	5.4	1.4
R61A	Lymphoma and non-acute leukaemia with catastrophic CC	12.1	55.9	22.0	22.0	12.3	46.8	18.5	18.5	12.2	52.2	20.4	20.4
R61B	Lymphoma and non-acute leukaemia W/O catastrophic CC	7.3	52.1	9.7	9.7	5.6	47.9	6.7	6.7	6.3	50.2	7.9	7.9
R61C	Lymphoma and non-acute leukaemia, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
R62A	Other neoplastic disorders with CC	7.3	47.0	14.2	4.8	8.6	48.7	11.6	8.2	8.1	47.6	12.7	6.0

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
R62B	Other neoplastic disorders W/O CC	5.7	46.7	8.7	2.2	5.9	43.0	6.2	2.6	5.8	46.3	7.3	2.4
R63Z	Chemotherapy	-	-	-	1.0	-	-	-	1.0	-	-	-	1.0
R64Z	Radiotherapy	-	-	-	1.0	-	-	-	1.0	-	-	-	1.0
S60Z	HIV, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
S65A	HIV-related diseases with catastrophic CC	11.1	71.7	22.8	22.8	7.2	44.4	25.8	25.8	10.9	65.5	23.1	23.1
S65B	HIV-related diseases with severe CC	8.6	59.5	12.9	12.9	12.6	-	12.6	12.6	9.2	59.5	12.8	12.8
S65C	HIV-related diseases W/O catastrophic or severe CC	6.6	43.3	8.3	8.3	15.6	44.4	21.0	21.0	11.0	44.2	15.1	15.1
T01A	OR procedures for infectious and parasitic diseases with catastrophic CC	16.6	71.5	35.2	33.6	17.2	57.4	34.9	34.9	16.8	65.0	35.1	34.1
T01B	OR procedures for infectious and parasitic diseases with severe or moderate CC	12.9	57.6	16.3	15.7	10.3	52.0	18.6	18.6	11.7	53.6	17.5	17.1
T01C	OR procedures for infectious and parasitic diseases W/O CC	9.2	44.0	12.8	10.4	8.3	40.1	9.9	9.4	8.7	42.5	11.1	9.9
T60A	Septicaemia with catastrophic or severe CC	10.6	80.4	23.5	19.1	9.5	52.7	13.0	12.9	9.8	66.1	16.0	15.0
T60B	Septicaemia W/O catastrophic or severe CC	6.1	56.7	7.8	7.3	7.2	53.1	8.5	8.4	6.9	54.0	8.3	8.1
T61A	Post-operative and post-traumatic infections age >54 or with catastrophic or severe CC	7.5	47.1	9.5	8.7	7.7	43.5	9.3	8.9	7.6	45.0	9.4	8.8
T61B	Post-operative and post-traumatic infections age <55 W/O catastrophic or severe CC	5.1	40.8	5.9	5.5	4.2	38.0	4.3	4.2	4.5	40.2	4.8	4.6
T62A	Fever of unknown origin with CC	5.9	-	5.9	5.2	4.4	53.7	5.7	5.6	5.1	53.7	5.8	5.4
T62B	Fever of unknown origin W/O CC	3.0	49.5	3.8	3.5	2.9	-	2.9	2.8	2.9	49.5	3.2	3.1
T63A	Viral illness age >59 or with CC	4.9	84.3	6.5	5.2	3.4	81.3	4.0	4.0	3.7	82.6	4.6	4.3
T63B	Viral illness age <60 W/O CC	2.5	42.0	2.5	1.4	2.0	369.0	2.1	2.1	2.1	205.5	2.2	1.8
T64A	Other infectious and parasitic diseases with catastrophic or severe CC	11.9	55.6	19.0	18.2	8.6	50.9	13.1	12.9	10.1	53.6	15.9	15.5
T64B	Other infectious and parasitic diseases W/O catastrophic or severe CC	5.0	-	5.0	2.7	4.2	-	4.2	3.7	4.4	-	4.4	3.2
U40Z	Mental health treatment, sameday, with ECT	1.0	-	1.0	1.0	-	-	-	1.0	1.0	-	1.0	1.0
U60Z	Mental health treatment, sameday, W/O ECT	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
U61A	Schizophrenia disorders with mental health legal status	-	-	-	-	-	-	-	-	-	-	-	-
U61B	Schizophrenia disorders W/O mental health legal status	11.6	73.7	40.1	40.1	4.8	55.5	12.1	12.1	10.8	73.2	37.9	37.9
U62A	Paranoia and acute psychotic disorder with catastrophic or severe CC or with mental health legal status	12.6	73.0	39.4	39.4	4.5	-	4.5	4.5	10.3	73.0	33.1	33.1

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
U62B	Paranoia and acute psychotic disorder W/O catastrophic or severe CC W/O mental health legal status	8.3	53.0	15.3	15.3	5.6	-	5.6	5.6	7.0	53.0	11.1	11.1
U63A	Major affective disorders age >69 or with catastrophic or severe CC	12.4	54.3	26.3	26.3	10.6	38.0	14.0	14.0	11.9	52.7	23.6	23.6
U63B	Major affective disorders age <70 W/O catastrophic or severe CC	11.3	68.9	30.4	30.4	3.6	75.0	6.0	6.0	9.8	69.0	26.9	26.9
U64Z	Other affective and somatoform disorders	9.2	53.8	12.0	12.0	4.9	34.0	5.1	5.1	6.4	50.5	7.6	7.6
U65Z	Anxiety disorders	5.7	52.8	7.5	7.5	3.9	49.7	4.5	4.5	4.6	51.8	5.7	5.7
U66Z	Eating and obsessive-compulsive disorders	6.6	88.5	32.2	32.2	7.3	56.0	17.8	17.8	6.9	76.1	25.4	25.4
U67Z	Personality disorders and acute reactions	7.0	86.9	12.6	12.6	5.4	61.7	10.2	10.2	6.3	74.3	11.5	11.5
U68Z	Childhood mental disorders	3.1	296.5	18.5	18.5	3.5	356.0	25.6	25.6	3.3	326.3	21.7	21.7
V60A	Alcohol intoxication and withdrawal with CC	6.2	128.6	13.0	12.9	4.4	46.8	5.2	5.2	4.8	87.7	7.2	7.1
V60B	Alcohol intoxication and withdrawal W/O CC	2.7	-	2.7	2.7	2.6	40.0	2.7	2.7	2.7	40.0	2.7	2.7
V61Z	Drug intoxication and withdrawal	5.8	-	5.8	4.2	2.3	-	2.3	2.3	2.8	-	2.8	2.7
V62A	Alcohol use disorder and dependence	8.2	52.0	9.7	9.7	4.0	42.6	4.3	4.3	4.4	45.4	4.9	4.9
V62B	Alcohol use disorder and dependence, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
V63A	Opioid use disorder and dependence	13.2	35.3	15.4	15.1	3.9	-	3.9	3.9	10.7	35.3	12.6	12.3
V63B	Opioid use disorder and dependence, left against medical advice	3.3	-	3.3	3.3	1.2	-	1.2	1.2	2.0	-	2.0	2.0
V64Z	Other drug use disorder and dependence	15.9	37.8	17.0	16.9	2.2	69.0	3.5	3.4	11.1	43.0	12.4	12.2
W01Z	Ventilation or craniotomy procedures for multiple significant trauma	14.9	80.6	48.4	48.4	13.9	95.9	42.8	42.8	14.3	86.8	45.6	45.6
W02Z	Hip, femur and limb procedures for multiple significant trauma, incl implantation	15.8	47.3	23.7	23.7	12.8	67.2	25.4	25.4	13.7	60.9	24.9	24.9
W03Z	Abdominal procedures for multiple significant trauma	15.5	39.0	17.4	17.4	13.2	-	13.2	13.2	14.1	39.0	14.9	14.9
W04Z	Other OR procedures for multiple significant trauma	13.4	58.3	25.0	25.0	11.0	47.9	19.9	19.9	12.1	53.1	22.4	22.4
W60Z	Multiple trauma, died or transferred to another acute care facility LOS <5 days	1.5	-	1.5	1.5	1.6	-	1.6	1.6	1.6	-	1.6	1.6
W61Z	Multiple trauma W/O significant procedures	9.9	84.3	31.6	29.8	9.9	43.4	13.6	13.6	9.9	67.7	20.0	19.6
X02Z	Microvascular tissue transfer or skin grafts for injuries to hand	4.4	34.5	5.4	5.2	3.1	-	3.1	3.1	3.6	34.5	3.9	3.9
X04A	Other procedures for injuries to lower limb age >59 or with CC	6.6	54.0	16.1	15.1	8.5	55.8	17.9	17.9	7.8	55.2	17.3	17.0
X04B	Other procedures for injuries to lower limb age <60 W/O CC	2.2	46.0	3.4	3.1	2.4	-	2.4	2.3	2.3	46.0	2.7	2.6
X05Z	Other procedures for injuries to hand	1.5	-	1.5	1.5	1.5	-	1.5	1.5	1.5	-	1.5	1.5

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
X06A	Other procedures for other injuries with catastrophic or severe CC	10.4	46.4	14.0	13.9	8.4	57.7	12.4	12.4	9.5	50.6	13.3	13.3
X06B	Other procedures for other injuries W/O catastrophic or severe CC	3.6	44.3	3.9	3.6	2.4	43.2	2.7	2.6	2.8	43.6	3.1	2.9
X07A	Skin graft for injuries excluding hand with microvascular tissue transfer or with catastrophic or severe CC	12.7	39.5	14.6	14.6	11.5	44.4	18.1	18.1	12.2	43.0	16.2	16.2
X07B	Skin graft for injuries excluding hand W/O microvascular tissue transfer W/O catastrophic or severe CC	8.4	31.5	9.1	8.5	7.3	37.3	8.4	8.3	7.8	35.0	8.7	8.4
X60A	Injuries age >64 with CC	10.7	62.9	27.8	27.5	6.5	81.7	10.1	10.1	7.7	66.7	16.6	16.5
X60B	Injuries age >64 W/O CC	5.4	63.0	6.2	5.9	3.6	47.0	3.7	3.7	3.9	55.0	4.2	4.2
X60C	Injuries age <65	2.0	61.9	3.3	3.0	1.7	41.0	1.7	1.7	1.8	61.2	2.3	2.2
X61Z	Allergic reactions	2.1	-	2.1	1.8	2.3	-	2.3	2.3	2.2	-	2.2	2.1
X62A	Poisoning/toxic effects of drugs and other substances age >59 or with CC	4.6	43.4	5.5	5.5	3.0	71.2	3.4	3.4	3.5	53.4	3.9	3.9
X62B	Poisoning/toxic effects of drugs and other substances age <60 W/O CC	2.0	44.0	2.1	2.1	1.6	-	1.6	1.6	1.7	44.0	1.7	1.7
X63A	Sequelae of treatment with catastrophic or severe CC	7.0	66.6	10.8	10.8	7.2	48.6	8.8	8.4	7.1	60.6	9.9	9.7
X63B	Sequelae of treatment W/O catastrophic or severe CC	3.0	33.0	3.1	2.6	3.2	38.0	3.3	3.2	3.1	36.3	3.2	2.9
X64A	Other injury, poisoning and toxic effect diagnosis age >59 or with CC	6.7	82.5	15.6	15.2	5.3	-	5.3	5.2	5.7	82.5	8.7	8.5
X64B	Other injury, poisoning and toxic effect diagnosis age <60 W/O CC	2.5	-	2.5	2.4	1.3	-	1.3	1.3	1.5	-	1.5	1.5
Y01Z	Severe full thickness burns	18.5	78.9	54.3	54.3	5.3	75.5	33.4	33.4	15.6	78.6	51.0	51.0
Y02A	Other burns with skin graft age >64 or with catastrophic or severe CC or with complicating procedure	15.7	58.6	27.7	27.7	16.5	46.3	27.5	27.5	16.0	52.1	27.6	27.6
Y02B	Other burns with skin graft age <65 W/O catastrophic or severe CC W/O complicating procedure	12.7	42.2	16.3	15.4	11.0	-	11.0	11.0	11.7	42.2	13.4	13.1
Y03Z	Other OR procedures for other burns	9.7	59.7	15.9	15.9	6.0	-	6.0	6.0	7.9	59.7	11.3	11.3
Y60Z	Burns, transferred to another acute care facility <5 days	1.9	-	1.9	1.9	1.2	-	1.2	1.2	1.3	-	1.3	1.3
Y61Z	Severe burns	7.7	36.0	8.2	8.2	4.7	-	4.7	4.7	6.8	36.0	7.3	7.3
Y62A	Other burns age >64 or with catastrophic or severe CC or with complicating procedure	9.2	102.5	32.5	32.5	9.2	35.0	10.7	10.7	9.2	80.0	17.7	17.7
Y62B	Other burns age <65 W/O catastrophic or severe CC W/O complicating procedure	5.2	-	5.2	5.1	2.6	31.0	2.8	2.8	3.9	31.0	4.0	4.0

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

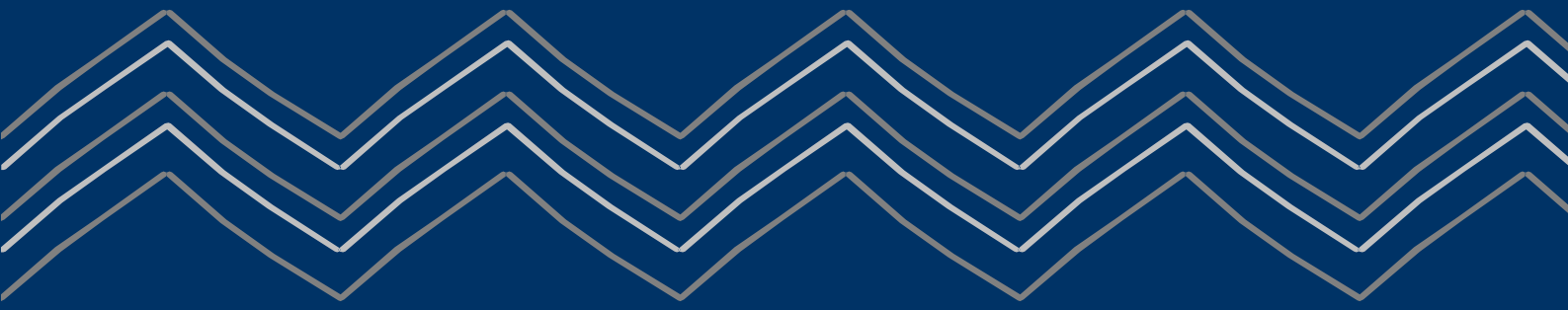
AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Z01A	OR procedures with diagnoses of other contacts with health services with catastrophic or severe CC	6.2	61.0	7.6	5.6	7.0	216.5	15.6	9.3	6.6	164.7	11.9	7.8
Z01B	OR procedures with diagnoses other contacts with health services W/O catastrophic or severe CC	2.8	-	2.8	1.6	3.5	-	3.5	1.8	3.1	-	3.1	1.7
Z40Z	Follow up with endoscopy	2.1	-	2.1	1.0	2.3	-	2.3	1.0	2.2	-	2.2	1.0
Z60A	Rehabilitation with catastrophic or severe CC	16.9	62.7	31.4	31.4	12.0	75.0	32.1	32.1	14.4	69.1	31.8	31.8
Z60B	Rehabilitation W/O catastrophic or severe CC	13.3	55.8	18.5	18.5	8.5	65.6	15.4	15.4	12.5	57.5	18.0	18.0
Z60C	Rehabilitation, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
Z61Z	Signs and symptoms	5.8	108.4	11.1	6.7	4.6	64.9	5.2	3.7	5.0	95.6	7.0	4.7
Z62Z	Follow up W/O endoscopy	3.3	43.0	3.7	1.1	2.5	54.5	3.2	1.2	2.9	50.7	3.4	1.1
Z63A	Other aftercare with catastrophic or severe CC	3.4	108.2	9.1	6.1	6.7	62.3	10.9	5.0	6.1	69.1	10.5	5.1
Z63B	Other aftercare W/O catastrophic or severe CC	2.1	-	2.1	1.3	3.7	46.3	4.2	1.4	3.3	46.3	3.6	1.4
Z64A	Other factors influencing health status	5.6	60.7	7.2	7.2	6.2	65.8	7.7	7.7	6.1	64.6	7.6	7.6
Z64B	Other factors influencing health status, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
Z65Z	Multiple, other and unspecified congenital anomalies	1.7	-	1.7	1.4	2.7	35.0	4.8	3.1	2.1	35.0	2.9	2.0
901Z	Extensive OR procedure unrelated to principal diagnosis	9.7	79.3	25.0	20.2	8.4	60.0	15.9	13.6	9.2	73.1	21.2	17.5
902Z	Non-extensive OR procedure unrelated to principal diagnosis	10.6	96.3	23.6	17.1	7.5	48.6	12.1	8.5	9.4	81.8	19.3	13.9
903Z	Prostatic OR procedure unrelated to principal diagnosis	20.5	102.7	69.8	58.3	18.3	108.5	38.3	38.3	18.8	105.0	49.6	46.3
960Z	Ungroupable	-	-	-	-	-	-	-	-	-	-	-	-
961Z	Unacceptable principal diagnosis	-	-	-	-	-	57.0	57.0	57.0	-	57.0	57.0	57.0
963Z	Neonatal diagnosis not consistent with age/weight	5.0	-	5.0	3.6	5.7	51.5	11.5	9.4	5.4	51.5	9.0	6.9
Total		**5.1**	**67.5**	**7.8**	**3.4**	**4.4**	**56.6**	**5.4**	**3.2**	**4.6**	**62.5**	**6.2**	**3.3**

Notes: The voluntary hospital group includes both general and special hospitals that were operated on a voluntary basis. The non-voluntary hospital group incorporates general and special hospitals that were managed by HSE administrative areas.

\- denotes no discharges reported to HIPE.

[a] Includes day and in-patients.

[b] This includes pregnancy with abortive outcome.



Glossary and Abbreviations

GLOSSARY

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

Additional diagnosis A condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility (NCCH, 2004).

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.

Bed designation The designation of beds in public hospitals may be public, semi-private or private.

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 a planned (rather than an emergency) basis and who is discharged alive, as scheduled, on the same day (Department of Health and Children, 2001). Births are not included.

Diagnosis Related Group (DRG) DRGs are clusters of cases with similar clinical attributes and resource requirements. In Ireland, the decision was made to move to Australian Refined Diagnosis Related Group (AR-DRG) version 5.1 from 2005 onwards.

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

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

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

Emergency admission An emergency admission is unforeseen and requires urgent care (Department of Health and Children, 2001). This term is used to refer to in-patient discharges.

General hospital A general hospital provides a broad range of services, and includes voluntary and non-voluntary (county and regional) hospitals.

Glossary (contd.)

GMS status Refers to whether a patient holds a medical card. Up to 2004, the General Medical Services (Payments) Board was responsible for making payments on behalf of the health boards/regional authorities for national schemes (including GP services and prescriptions used by medical card holders). At the end of 2004, the GMS (Payments) Board was replaced by the Primary Care Reimbursement Service.

HSE area of hospitalisation Refers to the HSE area in which the patient was treated.

HSE area of residence Refers to the HSE area in which the patient resides.

Hospital In-Patient Enquiry (HIPE) HIPE is a computer-based health information system that collates data on discharges from, and deaths in, acute hospitals in Ireland.

Hospital type Relates to health board/regional authority hospitals and voluntary hospitals. It is also used to distinguish between general and special hospitals.

In-patient An in-patient is admitted to hospital for treatment or investigation on a planned or emergency basis (Department of Health and Children, 2001). While a planned in-patient would stay for at least one night, in the case of emergency admissions the date of admission and discharge may be the same.

Integrated Management Return (IMR) A set of management reports is submitted to the Department of Health and Children on a monthly basis by health boards/regional authorities and hospitals. Each report contains financial data, hospital activity data and employment control data, and is accompanied by a covering summary note which is signed off by the Chief Executive Officer or Secretary Manager of the relevant health board and/or hospital. The format of the IMRs changed when the health boards/regional authorities were replaced by the Health Service Executive on 01 January 2005.

Length of stay Length of stay refers to the time, expressed in days, between admission to, and discharge from, hospital. For a day patient, length of stay is set equal to 1 day.

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 5.1, there are 23 MDCs.

Non-Voluntary A non-voluntary hospital is owned and funded by the Health Service Executive (also known as a HSE hospital) (Citizen's Information, 2008).

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.

Planned admission 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 terms elective admission or procedure may also be used.

Principal diagnosis The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care. The phrase *after study* in the definition means evaluation of findings to establish the condition that was chiefly responsible for occasioning the episode of care (NCCH, 2004).

Glossary (contd.)

Principal and additional procedure

A procedure is defined as a clinical intervention that:

- is surgical in nature; and/or
- carries a procedural risk; and/or
- carries an anaesthetic risk; and/or
- requires specialised training; and/or
- requires special facilities or equipment only available in an acute care setting.

The order of codes should be determined using the following hierarchy:

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

(NCCH, 2004)

Public/Private status

Refers to whether the patient is a public or private patient of the consultant.

Special hospital

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

Voluntary hospital

Management authorities for this group of hospitals vary widely. Some are owned and operated by religious orders, others are incorporated by charter or statute and work under lay boards of governors. These are financed to a large extent by State funds (Citizen's Information, 2008). For the purposes of this report, joint board hospitals are categorised as voluntary hospitals.

W-HIPE

The data entry and reporting system used in HIPE.

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: 20 April 2010.
www.citizensinformation.ie/categories/health/hospital-services/hospital_services_introduction
For further information on the definitions of diagnoses see NCCH ICD-10-AM, July 2004, General Standards for Diseases.
For further information on the definitions of procedures see NCCH ICD-10-AM, July 2004, General Standards for Procedures.

ABBREVIATIONS

Adm	Admission
Admwt	Admission Weight
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AICD	Automatic Implantable Cardioverter-Defibrillator
AMI	Acute Myocardial Infarction
ALOS	Average Length of Stay
AR-DRG	Australian Refined Diagnosis Related Group
CABG	Coronary Artery Bypass Graft
CC	Complication and/or Comorbidity
CDE	Common Bile Duct Exploration
CSO	Central Statistics Office
D&C	Dilation and Curettage
CPB pump	Cardiopulmonary bypass pump
DoH&C	Department of Health and Children
DRG	Diagnosis Related Group
DX/Pr	Diagnosis and Procedure
EEG	Electroencephalography
ECMO	Extra corporeal membrane oxygenation
ECT	Electroconvulsive therapy
ENT	Ear, Nose and Throat
ERCP	Endoscopic Retrograde Cholangio Pancreatography
ESRI	Economic and Social Research Institute
ESW	Extracorporeal Shock Waves
GI	Gastro-intestinal
Fx	Fracture
g	Grams
GMS	General Medical Services
GP	General Practitioner
HCFA	Health Care Financing Administration
HIPE	Hospital In-Patient Enquiry
HIV	Human Immunodeficiency Virus
hr	Hour
HSE	Health Service Executive
ICD-9-CM	Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998
ICD-10-AM	Tenth Revision of the International Classification of Diseases, Australian Modification, 4th Edition
Incl	Including
IHD	Ischaemic Heart Disease

Abbreviations (contd.)

IMR	Integrated Management Return
Infect/inflam	Infection/inflammation
Inhal	Inhalation
Inves	Investigative
IT	Information Technology
LHO	Local Health Office
LOS	Length of Stay
MBS	Medicare Benefits Schedule
MDC	Major Diagnostic Category
misc	Miscellaneous
n/a	Not applicable
NCCH	National Centre for Classification in Health
N	Number of Observations/Discharges
Non-malig	Non-malignant
NPRS	National Perinatal Reporting System
NTPF	National Treatment Purchase Fund
OR	Operating Room
PHIS	Public Health Information System
PMU	Performance Management Unit
PTCA	Percutaneous Transluminal Coronary Angioplasty
TIA	Transient Ischaemic Attack
URI	Upper Respiratory Infection
WHO	World Health Organisation
W/O	Without

Appendices

APPENDIX I

Listing of Hospitals Participating in the HIPE Scheme

Hospital Name	County	Hospital Type	
HSE Dublin North East			
Beaumont Hospital	Dublin	Voluntary	General
The Children's University Hospital, Temple Street	Dublin	Voluntary	Paediatric
Connolly Hospital, Blanchardstown	Dublin	Non-Voluntary	County
Incorporated Orthopaedic Hospital, Clontarf	Dublin	Voluntary	Orthopaedic
Mater Misericordiae University Hospital	Dublin	Voluntary	General
Rotunda Hospital	Dublin	Voluntary	Maternity
National Orthopaedic Hospital, Cappagh	Dublin	Voluntary	Orthopaedic
Cavan General Hospital	Cavan	Non-Voluntary	County
Louth County Hospital, Dundalk	Louth	Non-Voluntary	County
Monaghan General Hospital	Monaghan	Non-Voluntary	County
Our Lady of Lourdes Hospital, Drogheda	Louth	Non-Voluntary	County
Our Lady's Hospital, Navan	Meath	Non-Voluntary	County
HSE Dublin Mid Leinster			
Coombe Women's Hospital	Dublin	Voluntary	Maternity
Naas General Hospital	Kildare	Non-Voluntary	County
National Maternity Hospital, Holles Street	Dublin	Voluntary	Maternity
National Rehabilitation Hospital (NRH), Dun Laoghaire	Dublin	Voluntary	Orthopaedic
Our Lady's Children's Hospital, Crumlin	Dublin	Voluntary	Paediatric
Peamount Hospital, Newcastle	Dublin	Voluntary	Other Care
Royal Victoria Eye and Ear Hospital	Dublin	Voluntary	ENT
St. Columcille's Hospital, Loughlinstown	Dublin	Non-Voluntary	County
St. James's Hospital	Dublin	Voluntary	General
St. Luke's & St. Anne's Hospital	Dublin	Voluntary	Cancer
St. Michael's Hospital, Dun Laoghaire	Dublin	Voluntary	General
St. Vincent's University Hospital, Elm Park	Dublin	Voluntary	General
Adelaide, Meath Incorporating National Children's Hospital (AMNCH), Tallaght	Dublin	Voluntary	General
Our Lady's Hospice, Harold's Cross	Dublin	Voluntary	Long Stay
Midland Regional Hospital, Mullingar	Westmeath	Non-Voluntary	County
Midland Regional Hospital, Portlaoise	Laois	Non-Voluntary	County
Midland Regional Hospital, Tullamore	Offaly	Non-Voluntary	County
Cherry Orchard Hospital, Ballyfermot	Dublin	Non-Voluntary	Other Care

Appendix I: Listing of Hospitals Participating in the HIPE Scheme (contd.)

Hospital Name	County	Hospital Type	
HSE West			
Midwestern Regional Hospital, Ennis	Clare	Non-Voluntary	County
Midwestern Regional Hospital, Nenagh	Tipperary	Non-Voluntary	County
Midwestern Regional Hospital, Dooradoyle	Limerick	Non-Voluntary	Regional
Midwestern Regional Maternity Hospital	Limerick	Non-Voluntary	Maternity
Midwestern Regional Orthopaedic Hospital, Croom	Limerick	Non-Voluntary	Orthopaedic
St. John's Hospital	Limerick	Voluntary	General
Letterkenny General Hospital	Donegal	Non-Voluntary	County
Sligo General Hospital	Sligo	Non-Voluntary	Regional
Mayo General Hospital, Castlebar	Mayo	Non-Voluntary	County
Merlin Park Regional Hospital	Galway	Non-Voluntary	Regional
Portiuncula Hospital, Ballinasloe	Galway	Non-Voluntary	County
Roscommon County Hospital	Roscommon	Non-Voluntary	County
University College Hospital Galway	Galway	Non-Voluntary	Regional
HSE South			
Lourdes Orthopaedic Hospital, Kilcreene	Kilkenny	Non-Voluntary	Orthopaedic
St. Luke's General Hospital	Kilkenny	Non-Voluntary	County
South Tipperary General Hospital, Clonmel [a]	Tipperary	Non-Voluntary	County
Waterford Regional Hospital, Ardkeen	Waterford	Non-Voluntary	Regional
Wexford General Hospital	Wexford	Non-Voluntary	County
Cork University Hospital[b]	Cork	Non-Voluntary	Regional
Kerry General Hospital, Tralee	Kerry	Non-Voluntary	County
Mallow General Hospital	Cork	Non-Voluntary	County
Mercy University Hospital	Cork	Voluntary	General
South Infirmary Victoria Hospital	Cork	Voluntary	General
St. Finbarr's Hospital[b]	Cork	Non-Voluntary	County
St. Mary's Orthopaedic Hospital, Gurranebraher	Cork	Non-Voluntary	Orthopaedic

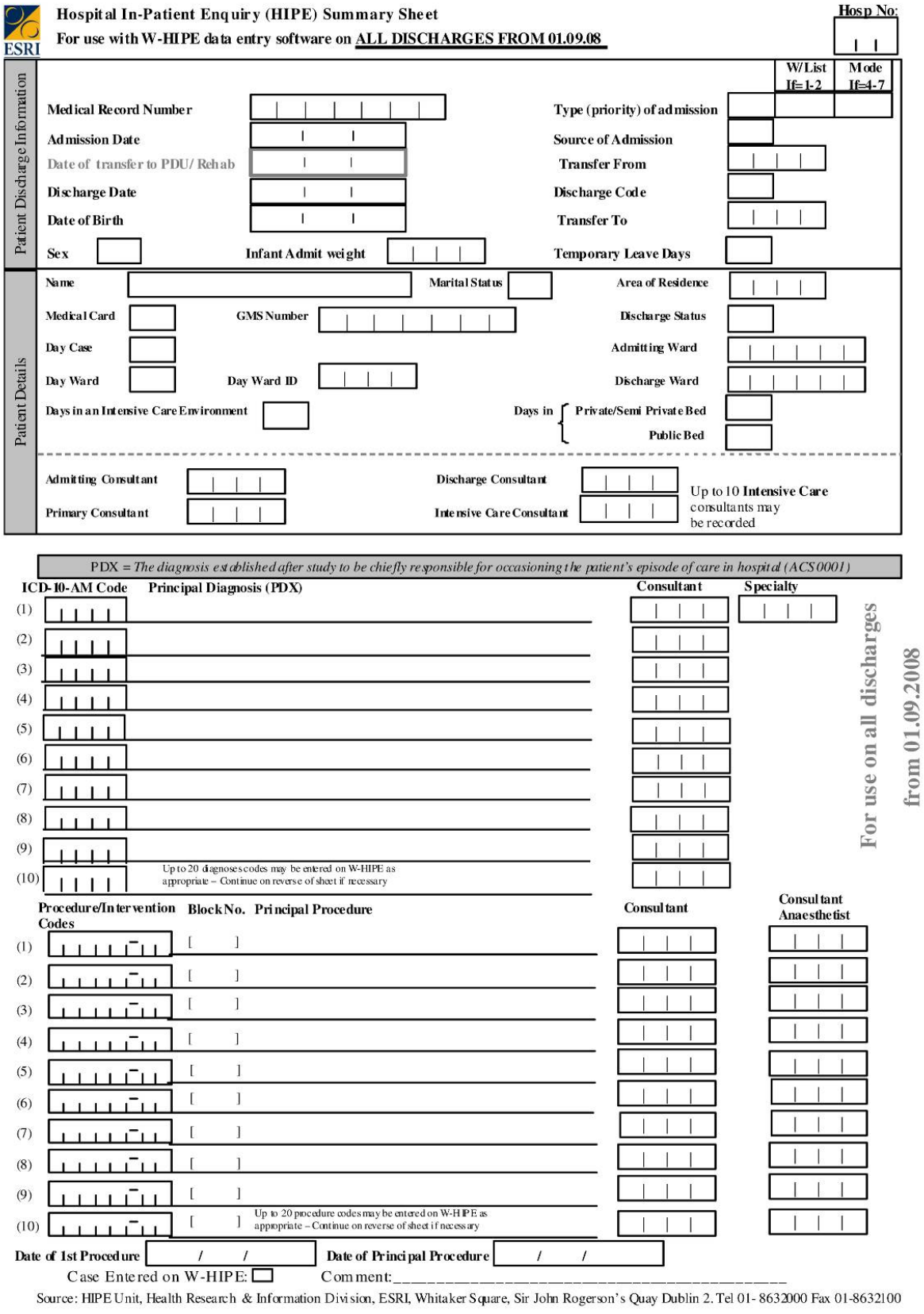
Notes: Total number of hospitals participating in 2008: 55.
Two private hospitals began to participate in HIPE in 2000. Data relating to these two hospitals are not contained in this report.

[a] Acute hospital services from Our Lady's Hospital, Cashel were transferred to South Tipperary General Hospital on 12 January 2007.

[b] Maternity services from St. Finbarr's Hospital, Erinville Hospital and the Bons Secours Maternity Hospital (private) Cork transferred to Cork University Maternity Hospital in March 2007. As a consequence, activity in CUMH is reported as Regional Hospital activity through Cork University Hospital (Regional) and no longer as 'Maternity Hospital' activity from 01 January 2008. Activity from the Bons Secours Maternity Hospital (private) was not reported to HIPE prior to March 2007.

APPENDIX II

HIPE Data Entry Form, September 2008



ESRI

Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with W-HIPE data entry software on ALL DISCHARGES FROM 01.09.08

Hosp No:

Patient Discharge Information

			W/List If=1-2	Mode If=4-7
Medical Record Number		Type (priority) of admission		
Admission Date		Source of Admission		
Date of transfer to PDU/ Rehab		Transfer From		
Discharge Date		Discharge Code		
Date of Birth		Transfer To		
Sex		Infant Admit weight		Temporary Leave Days

Patient Details

Name		Marital Status	Area of Residence
Medical Card		GMS Number	Discharge Status
Day Case			Admitting Ward
Day Ward		Day Ward ID	Discharge Ward
Days in an Intensive Care Environment		Days in Private/Semi Private Bed	
		Days in Public Bed	
Admitting Consultant		Discharge Consultant	Up to 10 **Intensive Care** consultants may be recorded
Primary Consultant		Intensive Care 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)	Consultant	Specialty
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		Up to 20 diagnoses codes may be entered on W-HIPE as appropriate – Continue on reverse of sheet if necessary		

	Procedure/Intervention Codes	Block No.	Principal Procedure	Consultant	Consultant Anaesthetist
(1)		[ ]			
(2)		[ ]			
(3)		[ ]			
(4)		[ ]			
(5)		[ ]			
(6)		[ ]			
(7)		[ ]			
(8)		[ ]			
(9)		[ ]			
(10)		[ ]	Up to 20 procedure codes may be entered on W-HIPE as appropriate – Continue on reverse of sheet if necessary		

Date of 1st Procedure / / **Date of Principal Procedure** / /

Case Entered on W-HIPE: ☐ Comment:_____

Source: HIPE Unit, Health Research & Information Division, ESRI, Whitaker Square, Sir John Rogerson's Quay Dublin 2. Tel 01- 8632000 Fax 01-8632100

For use on all discharges from 01.09.2008

APPENDIX III

2008 Population Data by Age, Sex and HSE Area of Residence

Tables III.1 to III.3 contain the distribution of the total, male, and female population by age group and HSE area of residence.

TABLE III.1

Total Population Estimates by HSE Area of Residence, 2008

	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
0-4 years	71,899	94,963	80,256	73,968	321,087
5-9 years	65,608	85,925	76,338	71,319	299,191
10-14 years	59,531	77,756	73,313	68,803	279,403
15-19 years	60,296	78,772	75,434	71,954	286,457
20-24 years	74,770	98,271	81,383	80,356	334,780
25-29 years	97,519	126,339	91,003	83,461	398,322
30-34 years	90,018	115,255	87,870	79,249	372,393
35-39 years	79,749	103,286	85,192	77,194	345,421
40-44 years	69,339	90,550	81,143	73,637	314,668
45-49 years	61,953	81,846	75,362	68,799	287,960
50-54 years	54,324	71,623	67,507	64,249	257,703
55-59 years	48,741	64,226	61,824	59,368	234,159
60-64 years	41,674	54,135	54,828	51,394	202,031
65-69 years	31,125	40,252	41,851	39,080	152,308
70-74 years	25,288	32,353	34,478	31,984	124,104
75-79 years	19,568	24,666	26,819	25,626	96,680
80-84 years	13,608	17,063	18,242	18,348	67,261
85 years and over	10,649	13,148	14,449	15,354	53,600
All Ages	**975,658**	**1,270,430**	**1,127,295**	**1,054,145**	**4,427,527**

Note: These population estimates were constructed by age, sex and county with counties Dublin and Tipperary split into north and south components as per the HSE area definitions. The estimates were derived using a cohort component model, and then applying the same mortality rates used by the CSO for their population projections, the CSO F2 fertility assumption along with published international migration data.

Source: The population data were obtained from the Economic and Social Research Institute.

TABLE III.2

Male Population Estimates by HSE Area of Residence, 2008

	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
0-4 years	36,931	48,584	41,112	38,181	164,808
5-9 years	33,726	44,189	39,211	36,142	153,268
10-14 years	30,626	40,007	37,458	35,590	143,681
15-19 years	30,935	40,518	38,649	36,860	146,961
20-24 years	37,825	49,481	41,572	41,292	170,170
25-29 years	49,014	63,519	46,672	43,117	202,322
30-34 years	45,474	58,500	45,185	40,606	189,765
35-39 years	40,651	52,469	43,442	39,368	175,930
40-44 years	34,942	45,402	41,184	37,417	158,945
45-49 years	30,933	40,916	38,035	34,723	144,606
50-54 years	27,068	35,444	34,508	32,659	129,680
55-59 years	24,167	31,982	31,451	30,418	118,017
60-64 years	20,798	26,990	27,791	26,515	102,094
65-69 years	15,187	19,608	20,972	19,924	75,691
70-74 years	11,790	15,058	16,652	15,779	59,279
75-79 years	8,450	10,681	12,089	11,993	43,213
80-84 years	5,087	6,451	7,180	7,343	26,061
85 years and over	3,188	3,973	4,684	5,136	16,981
Male (All Ages)	**486,792**	**633,771**	**567,846**	**533,064**	**2,221,473**

Note: See note under Table III.1.

Source: See source under Table III.1

TABLE III.3
Female Population Estimates by HSE Area of Residence, 2008

	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
0-4 years	34,968	46,379	39,145	35,788	156,279
5-9 years	31,882	41,736	37,127	35,178	145,923
10-14 years	28,905	37,749	35,855	33,213	135,723
15-19 years	29,361	38,255	36,786	35,094	139,496
20-24 years	36,945	48,789	39,811	39,064	164,609
25-29 years	48,505	62,820	44,330	40,344	196,000
30-34 years	44,544	56,755	42,686	38,644	182,628
35-39 years	39,098	50,817	41,750	37,826	169,491
40-44 years	34,397	45,148	39,959	36,219	155,723
45-49 years	31,020	40,930	37,328	34,076	143,354
50-54 years	27,256	36,179	32,998	31,590	128,023
55-59 years	24,574	32,244	30,374	28,950	116,142
60-64 years	20,876	27,145	27,037	24,879	99,937
65-69 years	15,938	20,644	20,879	19,156	76,617
70-74 years	13,498	17,295	17,826	16,205	64,825
75-79 years	11,118	13,985	14,730	13,633	53,466
80-84 years	8,520	10,613	11,062	11,005	41,200
85 years and over	7,462	9,175	9,765	10,217	36,619
Female (All Ages)	**488,866**	**636,659**	**559,448**	**521,081**	**2,206,054**

Note: See note under Table III.1.

Source: See source under Table III.1

APPENDIX IV

Irish Coding Standard 0042 Procedures not Normally Coded[1]

Australian Coding Standard (ACS) 0042 *Procedures normally not coded* states:

These procedures are normally not coded because they are usually routine in nature, performed for most patients and/or can occur multiple times during an episode. Most importantly, the resources used to perform these procedures are often reflected in the diagnosis or in an associated procedure. For example:

- X-ray and application of plaster is expected with a diagnosis of Colles fracture
- Intravenous antibiotics are expected with a diagnosis of septicaemia
- Cardioplegia in cardiac surgery

That is, for a particular diagnosis or procedure there is a standard treatment which is unnecessary to code.

1. ***Application of plaster***

2. ***Cardioplegia***
   Code only when not associated with cardiac surgery, e.g. neurosurgery

3. ***Cardiotocography (CTG)***
   Code if fetal scalp electrodes are applied

4. ***Dressings***

5. ***Drug treatment***
   Drug treatment should not be coded unless the substance is given as the principal treatment in same-day episodes of care (e.g. chemotherapy for neoplasm or HIV) or is specifically addressed in a coding standard (see ACS 1316 *Cement spacer/beads* and ACS 1615 *Specific interventions for the sick neonate*)

6. ***Echocardiogram***
   Code transoesophageal echocardiogram

7. ***Electrocardiography (ECG)***
   Code patient activated implantable cardiac event monitoring (loop recorder)

8. ***Electromyography (EMG)***

9. ***Hypothermia***
   Code only when not associated with cardiac surgery

10. ***Insertion of pacing wires***
    Code only when not associated with cardiac surgery

11. ***Monitoring: cardiac, electroencephalography (EEG), vascular pressure***

12. ***Nasogastric intubation***

[1] Extracted from Irish Coding Standards V1.2 (ICS), November 2006, Economic and Social Research Institute.

13. ***Perfusion***
Code only when not associated with cardiac surgery

14. ***Postprocedural urinary catheterisation***
- Code if patient discharged with catheter in situ
- Code suprapubic catheterisation (see ACS 0016 *General procedure guidelines*)

15. ***Primary suture of surgical and traumatic wounds***
Code only for traumatic wounds which are not associated with an underlying injury (e.g. suture of lacerated forearm would be coded if there is no other associated injury)

16. ***Procedure components***

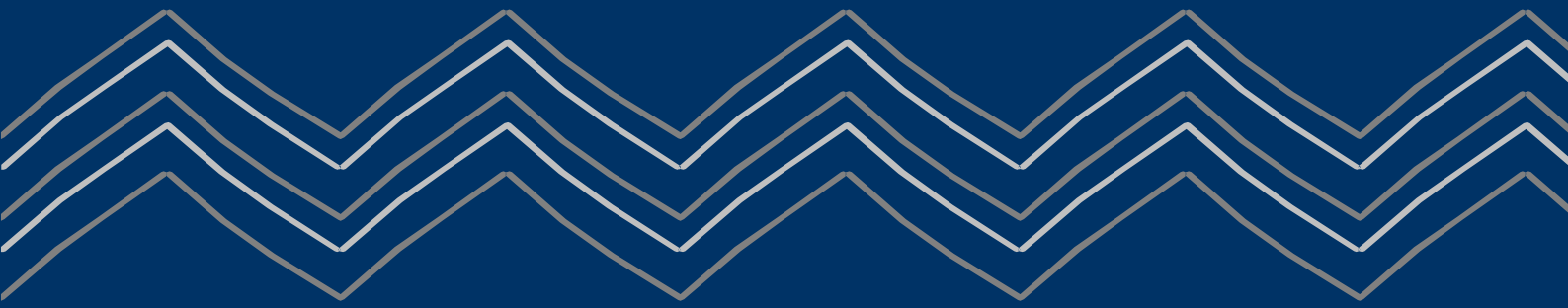
17. ***Stress test***

18. ***Traction***
Code if traction is the only procedure performed

19. ***Ultrasound***

20. ***X-rays without contrast (plain)***

21. ***Collection of blood for diagnostic purposes***
Collection of blood for diagnostic purposes, is added by ICS 0042 to the list of procedures not normally coded and provided in this standard.



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ISBN 978 0 7070 0301 6