

Activity in Acute Public Hospitals in Ireland

2014
ANNUAL REPORT

Healthcare Pricing Office
December 2015



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HEALTHCARE
PRICING
OFFICE

METADATA

Title

Activity in Acute Public Hospitals in Ireland Annual Report, 2014

Creator

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

Subject

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

Summary Description

This is a report on in-patient and day patient discharges from acute public hospitals participating in the Hospital In-Patient Enquiry (HIPE) scheme in 2014. Discharge activity is examined by type of patient and hospital, and by demographic parameters (such as age and sex). Particular issues of relevance to the Irish health care system covered in the report relate to the composition of discharges by medical card and public/private status. Discharges are also analysed by diagnoses, procedures, major diagnostic categories, and diagnosis related groups. *Maternity* discharges are examined separately from other discharges. The analysis is presented at the national level.

Publisher

Health Service Executive

Contributors

Healthcare Pricing Office, Health Service Executive

Date

First published December 2015

Type

Report

Identifier

978-1-78602-009-3

Citation

Healthcare Pricing Office (2015) Activity in Acute Public Hospitals in Ireland Annual Report, 2014. Dublin. Health Service Executive.

Language

en – English

Coverage

National

Rights

Downloadable from www.hpo.ie

Version

1.0 (December 2015) File 2014_ASOF_0615_V19_CLOSE

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

ACKNOWLEDGEMENTS

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

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

We would also like to thank, specifically, Sheelagh Bonham, Lorna Collins, Maureen Cronin, Brian McCarthy and Deirdre Murphy for reviewing and commenting on earlier drafts of this report.

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

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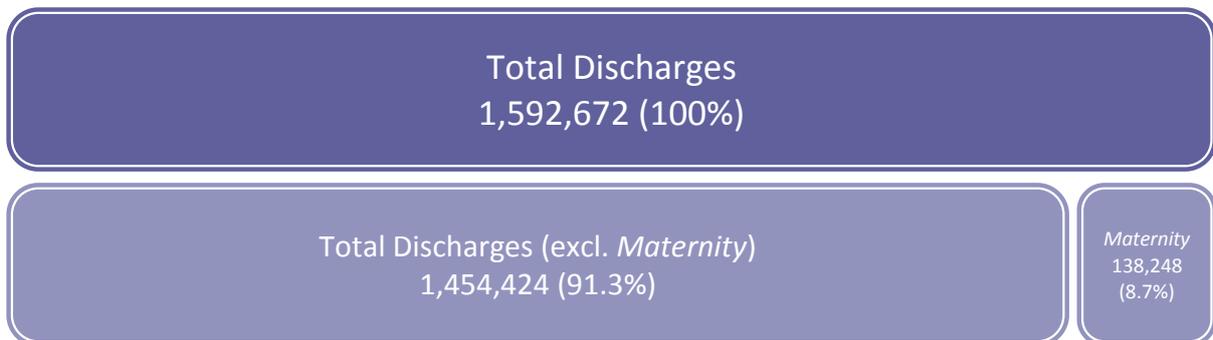
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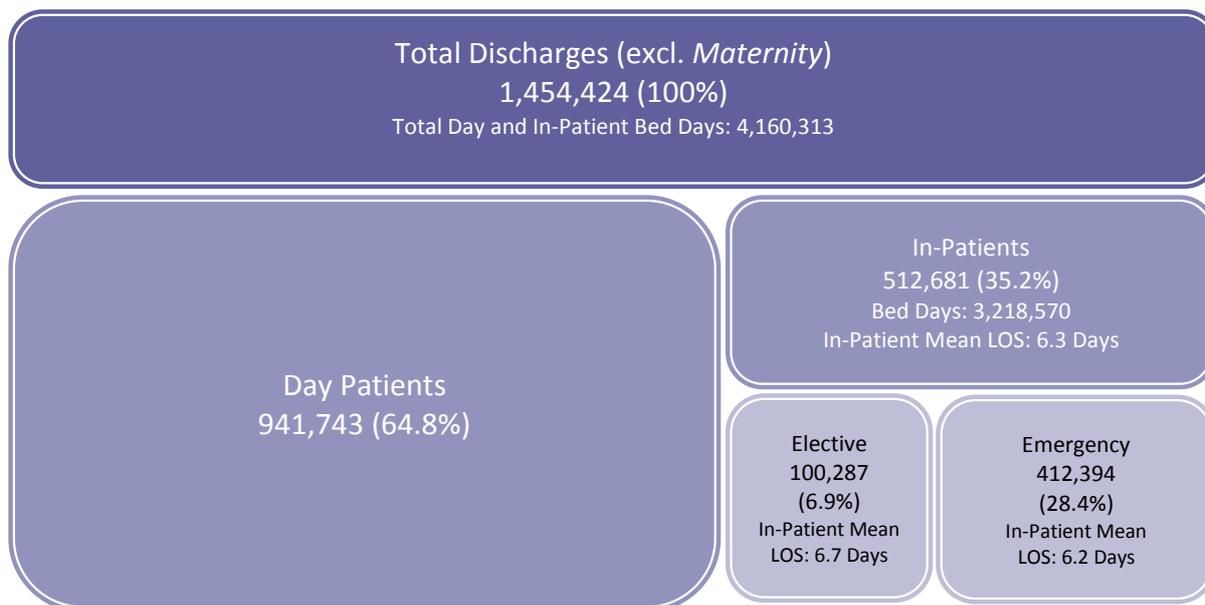
EXECUTIVE SUMMARY

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

This report relates to discharges that occurred in the 2014 calendar year. The aim is to present an overview of discharge activity in acute public hospitals in Ireland. The demographic and morbidity analysis for *Maternity* discharges are presented separately in specified sections of the *Activity in Acute Public Hospitals in Ireland Annual Report 2014* to enable a comprehensive overview of trends in this area.



TOTAL DISCHARGES (EXCL. MATERNITY), 2014



Sex

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

Age

- The 65–74 years age group accounted for the largest proportion of both male and female discharges, 21.3 per cent and 17.2 per cent respectively.

Marital/Civil Status

- Married discharges accounted for 47.1 per cent of total discharges (excl. *Maternity*).

Public/Private Status

- Almost 84 per cent of total discharges (excl. *Maternity*) were treated on a public basis with 16.1 per cent treated on a private basis.
- The 25-34 years age group had the largest proportion of total discharges (excl. *Maternity*) treated publicly (88.8 per cent) with only 11.2 per cent treated on a private basis.

General Medical Service (GMS) Status

- Of total discharges (excl. *Maternity*), 56.5 per cent were GMS discharges.
- Of discharges in the 85 years and over age group 82.6 per cent were GMS discharges compared to just 16.1 per cent of the less than 1 years age group.

Admission Source

- The majority of total discharges (excl. *Maternity*) were admitted from home (96.3 per cent).

Discharge Destination

- The majority of in-patient discharges (excl. *Maternity*) were discharged home (86.7 per cent).

Day of Admission

- The proportion of in-patient discharges (excl. *Maternity*) admitted on an elective basis decreased throughout the week, with 62.5 per cent of elective in-patients admitted between Monday and Wednesday, falling to 6.8 per cent at the weekend.

Day of Discharge

- The proportion of elective in-patients discharged increased throughout the week, from 10.5 per cent on Monday to 22.6 per cent on Friday, falling to 10.4 per cent on Saturday and 4.8 per cent on Sunday.

Month of Admission

- The largest number of emergency in-patients (37,077 discharges) was admitted in January.

MORBIDITY ANALYSIS

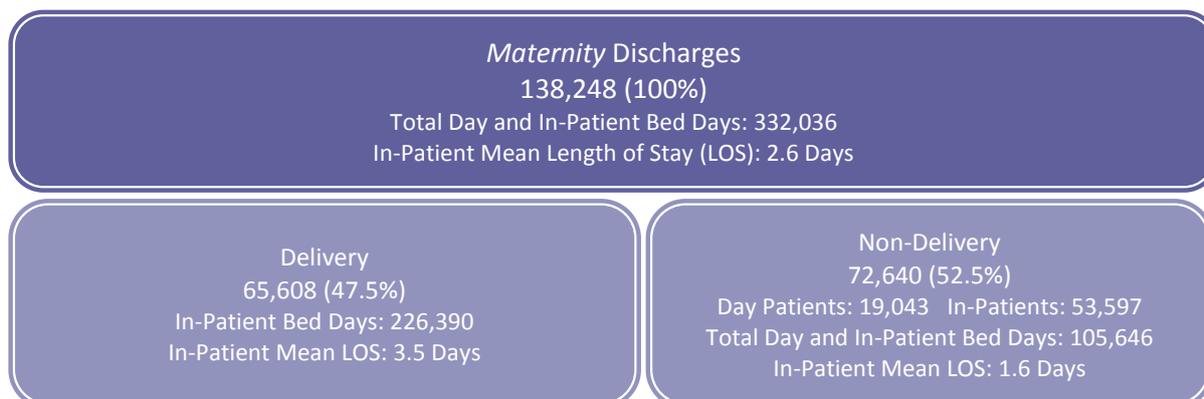
Day Patients

- Day patients with a principal diagnosis of *other medical care* (includes *chemotherapy* and *radiotherapy* encounters) and day patients with a principal diagnosis of *care involving dialysis* accounted for 18.2 and 18.1 per cent of day patient discharges respectively.
- At least one procedure was recorded for 94.5 per cent of day patient discharges.
- Procedures from the block *haemodialysis* were reported as a principal procedure for 19.1 per cent of day patients with at least one procedure.

In-Patients

- In-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 3.9 per cent of in-patients.
- At least one procedure was recorded for 64.2 per cent of in-patient discharges.
- Procedures from the block *generalised allied health interventions* were reported as the principal procedure for 16.6 per cent of in-patient discharges with at least one procedure. This category includes interventions such as physiotherapy, dietetics, occupational therapy, pharmacy, social work, and speech pathology.

MATERNITY DISCHARGES, 2014



DELIVERY

- Over 56 per cent of *Delivery* discharges were in the 25–34 years age group.
- Non-instrumental deliveries accounted for the largest proportion of *Delivery* discharges (55.1 per cent), followed by Caesarean section at 29.8 per cent. Instrumental deliveries accounted for 15.2 per cent.
- Non-instrumental deliveries accounted for 39.7 per cent of primiparous *Delivery* discharges compared to 64.6 per cent for multiparous discharges. Instrumental deliveries accounted for 29.1 per cent of primiparous *Delivery* discharges compared to 6.5 per cent for multiparous *Delivery* discharges.
- Elective Caesarean section deliveries accounted for 8.4 per cent of total primiparous *Delivery* discharges compared to 20.9 per cent for multiparous *Delivery* discharges.
- Emergency Caesarean section deliveries accounted for 22.8 per cent of total primiparous *Delivery* discharges compared to 8.0 per cent for multiparous *Delivery* discharges.
- Of *Delivery* discharges, 80.7 per cent were treated on a public basis and 19.3 per cent on a private basis. 27.4 per cent of *Delivery* discharges treated on a public basis had a Caesarean section compared to 39.6 per cent of those treated privately.
- At least one procedure was recorded for 97.9 per cent of primiparous *Delivery* discharges and 91.3 per cent of multiparous *Delivery* discharges.

CASE MIX ANALYSIS

Total Discharges
1,592,672 (100%)

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

- The MDC with the largest proportion of day patients reported was *Diseases and Disorders of the Kidney and Urinary Tract* (MDC 11), which accounted for 20.4 per cent of day patients.
 - * *Haemodialysis* (AR-DRG L61Z) accounted for 86.6 per cent of day patients within this MDC and 17.7 per cent of total day patients.
- The MDC with the largest proportion of in-patient discharges (18.8 per cent) was *Pregnancy, Childbirth and the Puerperium* (MDC 14).
 - * *Vaginal Delivery* (AR-DRG O60Z) accounted for 37.9 per cent of in-patients within this MDC and 7.1 per cent of total in-patient discharges.

Overview SECTION

ONE

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1.1 INTRODUCTION

This report aims to present an overview of discharge activity in acute public hospitals in Ireland during 2014 using data from the Hospital In-Patient Enquiry (HIPE) scheme. HIPE collects information on day patient and in-patient activity from participating hospitals.¹ A HIPE discharge record is created when a patient is discharged from (or dies in) hospital. This record contains administrative, demographic and clinical information for an episode of care. An episode of care begins at admission to hospital, as a day patient or an in-patient, and ends at discharge from (or death in) that hospital.

Section One provides an overview of the 2014 report. It outlines briefly the background of the HIPE scheme which is the principal data source for the report, and highlights other data sources used throughout the report. This is followed by an outline of the structure of the 2014 report. In addition, the scope of the HIPE data and the methods used in the report are outlined. Finally, an analysis of the trends in the main HIPE variables is undertaken using data from the period 2010–2014.

1.2 BACKGROUND

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

Given the comprehensive coverage achieved by this information system, the data gathered by HIPE are used by policymakers, clinical teams and researchers. In addition to responding to requests for HIPE information, the HPO also manages the HIPE Statistics Reporter which is available online.⁶

¹ See Appendix I for a list of hospitals participating in HIPE in 2014.

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

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

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

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

⁶ Available at www.hpo.ie

1.3 DATA SOURCES FOR ANNUAL REPORT 2014

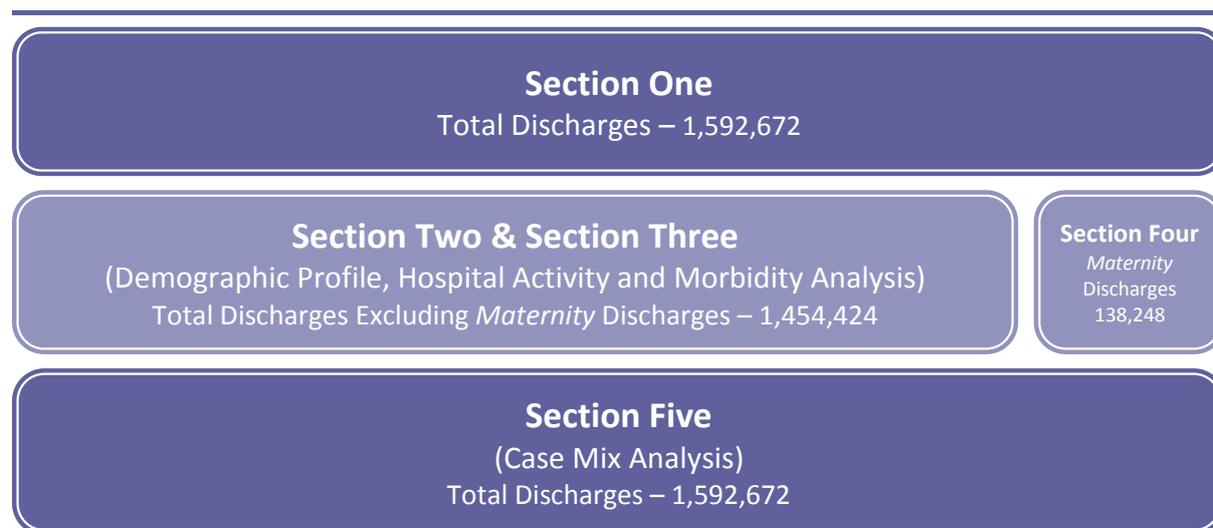
HIPE: The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland.^{7,8} In 2014, 54 public hospitals in Ireland participated in HIPE (see Appendix I).⁹

Population Estimates: Population estimates for 2010–2014 are based on Census 2011 data published by the Central Statistics Office.

1.4 STRUCTURE OF ANNUAL REPORT 2014

Figure 1.1 outlines the structure of the Annual Report 2014. It presents the number of discharges included in each of the five sections of the report. The report follows the same structure as *Activity in Acute Public Hospitals in Ireland Annual Reports 2010-2013*.¹⁰

FIGURE 1.1 Structure of the Activity in Acute Public Hospitals in Ireland Annual Report, 2014



⁷ See Appendix II for details of data collected by HIPE, see also the HIPE Data Dictionary 2014 Version 6.0 available at www.hpo.ie

⁸ A copy of the HIPE data entry form for 2014 is contained in Appendix III.

⁹ For historical reasons, a small number of non-acute hospitals also reported to HIPE in 2014. Discharges from these hospitals have been included in this report.

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

The remainder of the report is structured as follows:

Section Two

In Section Two the report is concerned with providing a demographic (**WHO**), regional (**WHERE**) and temporal (**WHEN**) profile of discharges reported to HIPE in 2014. Section Two excludes *Maternity* discharges, which are reported separately in Section Four. Section Two includes many of the administrative variables reported to HIPE, including age, sex, marital/civil status, GMS status, and discharge status. The regional analysis uses Hospital Group to see where discharges are being hospitalised, while the temporal analysis looks at day of admission, day of discharge, and month of admission.

Section Three

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

Section Four

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

Section Five

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

Annex

The annex is designed to highlight particular topics of interest that merit further analysis. This year's topic of interest is discharges aged 65 years and over.

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

Glossary and Abbreviations

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

1.5 SCOPE OF HIPE DATA

- *Each HIPE discharge record represents one episode of care.* Patients may be admitted to hospital more than once in any given time period with the same or different diagnoses. In the absence of a unique health identifier, therefore, the data reported to HIPE facilitate analysis of hospital discharge activity but do not permit analysis of certain parameters, such as the number of hospital encounters per patient; or estimate the incidence or prevalence of a particular disease.
- *Emergency In-Patient Admissions:* HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.
- *Coverage of data:* Coverage of the HIPE system is calculated using the discharges returned as 'coded' as a proportion of total discharges reported within each hospital. The data available from participating hospitals for 2014 indicate that for day patient and in-patient discharges appropriate for inclusion in the HIPE data set, 99.7 per cent of the discharges reported from hospital systems were coded and returned for inclusion in the national HIPE data set.^{12,13}
- *Hospital factors:* Restructuring of the hospital system is reflected in the analysis presented in this report. From April 2011 St. Luke's Radiation Oncology Network commenced providing services at centres in Beaumont and St. James's Hospitals, as well as continuing to provide services at St. Luke's Hospital, Rathgar. HIPE activity data from St. Luke's Hospital, Rathgar are returned to the HPO. For 2014, it is estimated that approximately 53,000 day cases received radiotherapy from St. Luke's Radiation Oncology Network at Beaumont and St. James's Hospitals. Data on these discharges were not returned to HIPE in 2014. Work is underway to return 2015 activity from all centres to HIPE.

¹² This method of calculating coverage does not capture the under-reporting of data in particular hospitals as it cannot make any comparison for cases that were not downloaded within the hospital. Hospitals known to have underreported data in 2014 include; Connolly Hospital, Blanchardstown (coded and returned 92.3 per cent of their discharges), Mallow General Hospital (coded and returned 96.7 per cent of their discharges), and University Hospital Limerick (coded and returned 97.2 per cent of their discharges).

¹³ Our Lady's Hospice Harold's Cross ceased reporting hospital activity to HIPE in early 2014.

1.6 METHODS AND DEFINITIONS

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

- *Maternity Discharges:* *Maternity* discharges in HIPE are those who were admitted in relation to their obstetrical experience (from conception to 6 weeks post-delivery); that is, they were allocated to Admission Type *Maternity*.¹⁴
- *Hospital Type:* Data are presented at the aggregated hospital category groupings of 'General' and 'Other' hospitals. General hospitals comprise voluntary, regional and county hospitals, while 'Other' hospitals specialise in the treatment of particular conditions or patient groupings.¹⁵
- *Derived Variables:* For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. These derivations are presented in Appendix IV for admission type, admission source, and discharge destination.
- *Length of Stay:* In addition to the in-patient mean length of stay, the in-patient median length of stay is provided to highlight the effect of outlier cases.
- *Reporting of small numbers:* The Healthcare Pricing Office (HPO) does not report cells where the number of discharges reported to HIPE is 5 or fewer. The tables contained in this report have been suppressed in this manner by replacing such cells with ~. Where further suppression is necessary to ensure that cells with 5 or fewer discharges are not disclosed, the cell with the next lowest number of discharges has been replaced with *. Where cells containing 5 or fewer discharges have been suppressed, the associated mean in-patient length of stay figures have been suppressed using ^. In Section 3, the symbol † is used to denote where the sex and/or age group breakdown for a particular diagnosis or procedure has not been provided, as the numbers reported would result in suppression across the majority of categories.

¹⁴ See Appendix II for details of data collected by HIPE and the HIPE Data Dictionary 2014 Version 6.0 available at www.hpo.ie

¹⁵ See Appendix I for a list of hospitals and their associated categories participating in HIPE in 2014.

1.7 DISCHARGES REPORTED TO HIPE, 2010-2014

In 2014, 1,592,672 discharges were reported to HIPE by participating acute public hospitals, representing an increase of 10.1 per cent over the period 2010-2014 and an increase of 2.5 per cent over the period 2013-2014.

Table 1.1 and Figures 1.2 to 1.3 show the distribution of discharges over the period 2010-2014 by selected variables. The following points provide a summary of changes over the period 2010-2014:

- The number of day patients has increased from 855,618 in 2010 to 960,786 in 2014, an increase of 12.3 per cent, with an increase of 3.1 per cent between 2013 and 2014.
- The number of in-patients has increased from 591,490 in 2010 to 631,886 in 2014, an increase of 6.8 per cent, with an increase of 1.6 per cent between 2013 and 2014.
- Emergency in-patient discharges comprised 76.6 per cent of total in-patient discharges in 2010, which has increased to 80.4 per cent in 2014.
- *Maternity* discharges had an increase of 1.2 per cent over the period 2010-2014 from 136,581 to 138,248 discharges. Between 2013 and 2014 there was a 4.2 per cent increase in the proportion of *Maternity* discharges reported to HIPE.
- The male-female split in 2014 has remained consistent with previous years, with a larger proportion of female discharges (54.1 per cent).
- The 65 years and over age group accounted for the largest proportion of total discharges in 2014 (34.7 per cent), this represents an increase of 16.7 per cent for this age group between 2010 and 2014.
- Between 2010 and 2014 there was a decrease of 7.1 per cent for private discharges.
- The number of GMS discharges increased by 10.4 per cent between 2010 and 2014, from 773,622 to 854,249 discharges.
- Total and acute in-patient mean lengths of stay have fallen over the period 2010-2014, reporting a decrease of 6.7 and 6.8 per cent respectively.
- General hospitals continued to account for the largest proportion of total discharges (89.0 per cent) in 2014, with the remainder accounted for by 'other' hospitals (11.0 per cent). Voluntary and county hospitals accounted for the largest proportions of total discharges (32.3 and 31.1 per cent, respectively) in the general hospital category in 2014 (see Figure 1.3).

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2010-2014

	2010	2011	2012	2013	2014	% Change	% Change
	N (%)	2010–2014 ^a	2013–2014				
Total Discharges	1,447,108 (100)	1,470,778 (100)	1,541,084 (100)	1,554,290 (100)	1,592,672 (100)	10.1	2.5
Patient Type							
Day Patients	855,618 (59.1)	879,140 (59.8)	916,018 (59.4)	932,073 (60.0)	960,786 (60.3)	12.3	3.1
In-Patients	591,490 (40.9)	591,638 (40.2)	625,066 (40.6)	622,217 (40.0)	631,886 (39.7)	6.8	1.6
Total Discharges (excl. Maternity)	1,310,527 (90.6)	1,332,680 (90.6)	1,403,562 (91.1)	1,421,668 (91.5)	1,454,424 (91.3)	11.0	2.3
Day Patients	845,331 (58.4)	868,369 (59.0)	905,687 (58.8)	918,159 (59.1)	941,743 (59.1)	11.4	2.6
Dialysis/Radiotherapy /Chemotherapy ^b	341,722 (23.6)	336,788 (22.9)	332,360 (21.6)	327,249 (21.1)	339,480 (21.3)	-0.7	-1.5
Other Day Patients	503,609 (34.8)	531,581 (36.1)	573,327 (37.2)	590,910 (38.0)	602,263 (37.8)	19.6	3.1
In-Patients	465,196 (32.1)	464,311 (31.6)	497,875 (32.3)	503,509 (32.4)	512,681 (32.2)	10.2	1.8
Elective	108,825 (7.5)	104,604 (7.1)	106,807 (6.9)	103,237 (6.6)	100,287 (6.3)	-7.8	-2.9
Emergency ^{c,d}	356,371 (24.6)	359,707 (24.5)	391,068 (25.4)	400,272 (25.8)	412,394 (25.9)	15.7	3.0
Maternity Discharges	136,581 (9.4)	138,098 (9.4)	137,522 (8.9)	132,622 (8.5)	138,248 (8.7)	1.2	4.2
Day Patients ^e	10,287 (0.7)	10,771 (0.7)	10,331 (0.7)	13,914 (0.9)	19,043 (1.2)	85.1	36.9
In-Patients	126,294 (8.7)	127,327 (8.7)	127,191 (8.3)	118,708 (7.6)	119,205 (7.5)	-5.6	0.4
Patient Characteristics							
Sex							
Males	674,978 (46.6)	678,845 (46.2)	706,179 (45.8)	713,652 (45.9)	730,361 (45.9)	8.2	2.3
Females	772,130 (53.4)	791,933 (53.8)	834,905 (54.2)	840,638 (54.1)	862,311 (54.1)	11.7	2.6
Age Group							
Under 15 years	128,551 (8.9)	135,221 (9.2)	137,766 (8.9)	131,439 (8.5)	132,608 (8.3)	3.2	0.9
15–44 years	439,317 (30.4)	442,830 (30.1)	459,680 (29.8)	459,158 (29.5)	465,626 (29.2)	6.0	1.4
45–64 years	406,013 (28.1)	412,461 (28.0)	432,493 (28.1)	433,535 (27.9)	442,054 (27.8)	8.9	2.0
65 years and over	473,227 (32.7)	480,266 (32.7)	511,145 (33.2)	530,158 (34.1)	552,384 (34.7)	16.7	4.2
Public/Private Status^f							
Public Discharges	1,171,066 (80.9)	1,215,522 (82.6)	1,282,656 (83.2)	1,301,481 (83.7)	1,336,317 (83.9)	14.1	2.7
Private Discharges	276,042 (19.1)	255,256 (17.4)	258,428 (16.8)	252,809 (16.3)	256,355 (16.1)	-7.1	1.4
GMS Status							
GMS (Medical card holders)	773,622 (53.5)	784,021 (53.3)	827,738 (53.7)	843,727 (54.3)	854,249 (53.6)	10.4	1.2
Non-GMS (Non-medical card holders)	657,214 (45.4)	668,332 (45.4)	692,992 (45.0)	699,003 (45.0)	726,530 (45.6)	10.5	3.9
Unknown ^g	16,272 (1.1)	18,425 (1.3)	20,354 (1.3)	11,560 (0.7)	11,893 (0.7)	-26.9	2.9
Mean Length of Stay							
Total In-Patients	6.0	5.8	5.6	5.6	5.6	-6.7	-0.1
Acute ^h	4.4	4.3	4.1	4.1	4.1	-6.8	-0.5
Extended ⁱ	65.1	65.3	64.7	63.2	62.4	-4.1	-1.2
Discharge Rate Per 1,000 Population^{j,k}	317.7	321.5	336.1	338.4	345.5	8.8	0.7

Contd. overleaf

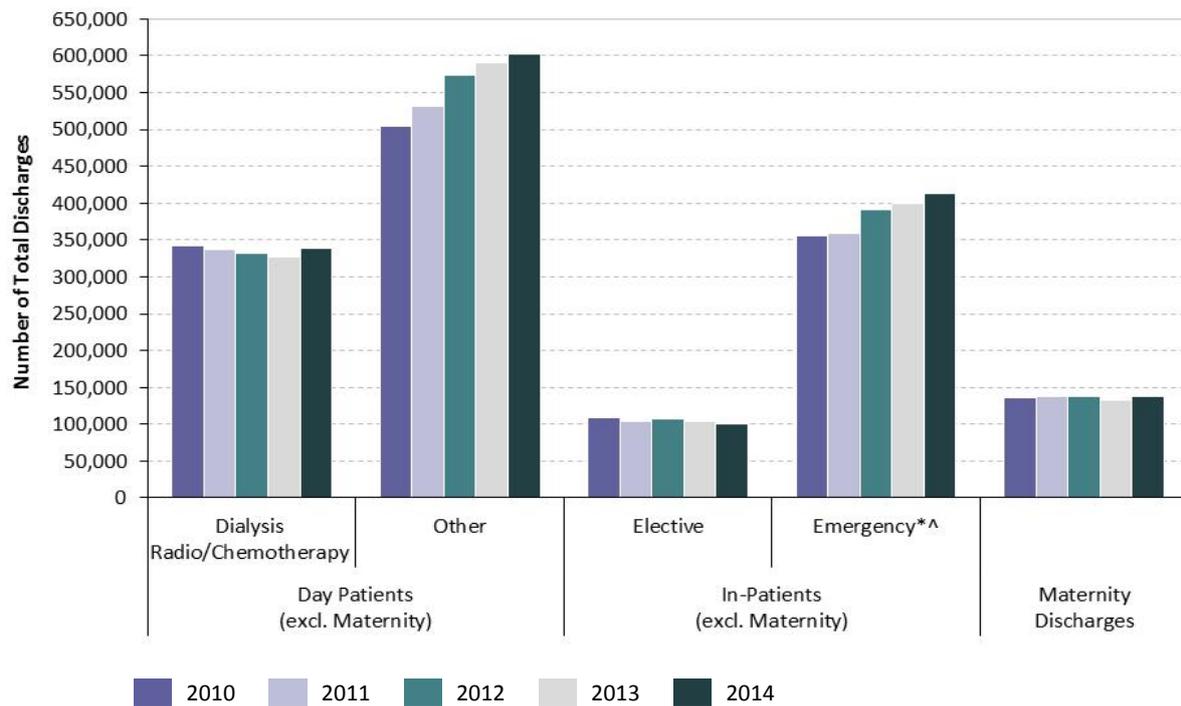
TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2010–2014 (contd.)

Hospital Type	2010	2011	2012	2013	2014	% Change	% Change
	N (%)	2010–2014 ^a	2013–2014				
General Hospitals	1,252,454 (86.5)	1,278,909 (87.0)	1,355,898 (88.0)	1,383,274 (89.0)	1,416,769 (89.0)	13.1	2.4
Voluntary Hospitals	437,638 (30.2)	450,860 (30.7)	478,779 (31.1)	505,350 (32.5)	515,061 (32.3)	17.7	1.9
Regional Hospitals	379,846 (26.2)	383,902 (26.1)	399,049 (25.9)	397,349 (25.6)	405,640 (25.5)	6.8	2.1
County Hospitals	434,970 (30.1)	444,147 (30.2)	478,070 (31.0)	480,575 (30.9)	496,068 (31.1)	14.0	3.2
'Other' Hospitals ^l	194,654 (13.5)	191,869 (13.0)	185,186 (12.0)	171,016 (11.0)	175,903 (11.0)	-9.6	2.9
Total Bed Days	4,426,574	4,339,510	4,395,949	4,412,875	4,492,349	1.5	1.8
Day Patients	855,618 (19.3)	879,140 (20.3)	916,018 (20.8)	932,073 (21.1)	960,786 (21.4)	12.3	3.1
In-Patients	3,570,956 (80.7)	3,460,370 (79.7)	3,479,931 (79.2)	3,480,802 (78.9)	3,531,563 (78.6)	-1.1	1.5
Under 15 Years	295,262 (6.7)	302,237 (7.0)	300,415 (6.8)	294,238 (6.7)	293,387 (6.5)	-0.6	-0.3
15 to 44 Years	785,964 (17.8)	752,480 (17.3)	756,925 (17.2)	718,445 (16.3)	722,104 (16.1)	-8.1	0.5
45 to 64 Years	714,472 (16.1)	683,008 (15.7)	678,050 (15.4)	672,759 (15.2)	672,162 (15.0)	-5.9	-0.1
65 Years and Over	1,775,258 (40.1)	1,722,645 (39.7)	1,744,541 (39.7)	1,795,360 (40.7)	1,843,910 (41.0)	3.9	2.7

Notes: Percentage columns are subject to rounding.

- a The percentage change from 2010 to 2014 is reported here, this is a departure from previous Annual Reports (2006–2013) in which mean annual percentage change was reported.
- b The dialysis category above includes day patient discharges with a principal procedure of *haemodialysis* (ACHI procedure block 1060), the chemotherapy category includes day patient discharges with a principal diagnosis of *pharmacotherapy session for neoplasm* (ICD-10-AM diagnosis code Z51.1), the radiotherapy category includes day patient discharges with a principal diagnosis of *radiotherapy session* (ICD-10-AM diagnosis code Z51.0).
- c HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.
- d HIPE collects Mode of Emergency Admission to indicate where the emergency in-patient was treated prior to being admitted, for example in an Emergency Department or in a registered Acute Medical Assessment Unit (AMU/AMAU/MAU). In 2012, the National Clinical Programme for Acute Medicine released national guidelines for AMU/AMAU/MAU's. There was a subsequent increase in the number of these units operating between 2011 and 2012 and this has led to an increase in the number of emergency in-patient admissions from 2012 onwards.
- e Caution should be exercised when analysing the increase in *Maternity* day patients reported between 2012 and 2014. The increase from 2012 to 2013 is as a result of one hospital reclassifying activity previously reported as same-day in-patient activity to day patient activity in 2013; this reclassification is in line with how other hospitals would report this activity for *Maternity* discharges. A large proportion of the increase from 2013 to 2014 can be attributed to a reorganisation of beds in one hospital, with a number of in-patient beds being converted to day beds.
- f Public/Private status refers to whether the patient saw the consultant on a private or public basis. It does not relate to the type of bed occupied nor is it an indicator of private health insurance.
- g Includes discharges for which GMS status was not known.
- h Relates to lengths of stay for in-patients between 0 and 30 days (inclusive).
- i Relates to lengths of stay of more than 30 days.
- j Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland are excluded, the crude discharge rate is 344.7 per 1,000 population.
- k These rates are based on population estimates published by the CSO which are based on the 'usual residence' concept.
- l 'Other' hospitals include Maternity; Cancer; Orthopaedic; Paediatric; Eye, Ear, Nose and Throat and 'Other Care' (covering a range of specialist services including infectious disease, palliative medicine, rheumatology, elderly care, and care of the young disabled). See Appendix I for the list of hospitals participating in HIPE in 2014.

Sources: Data on discharges and bed days for 2010–2014 were obtained from HIPE. Population estimates for 2010–2014 were obtained from the Central Statistics Office. (<http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/Define.asp?maintable=PEA01&PLanguage=0> – Accessed 4th August 2015.)

FIGURE 1.2 Total Discharges by Patient Type and Admission Type (N), 2010–2014**Notes:**

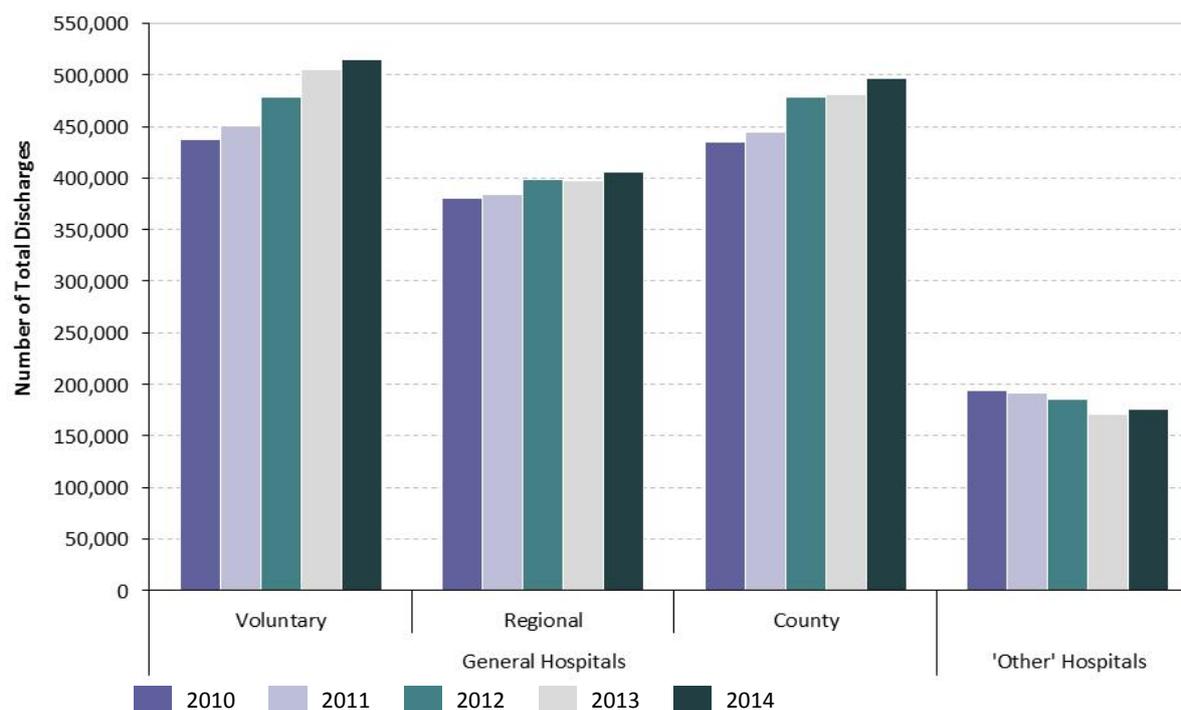
See Appendix I for a list of hospitals that participated in HIPE in 2014.

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

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

Source:

Data for 2010–2014 were obtained from HIPE.

FIGURE 1.3 Total Discharges by Hospital Type (N), 2010–2014

Note: See Appendix I for a list of hospitals that participated in HIPE in 2014.

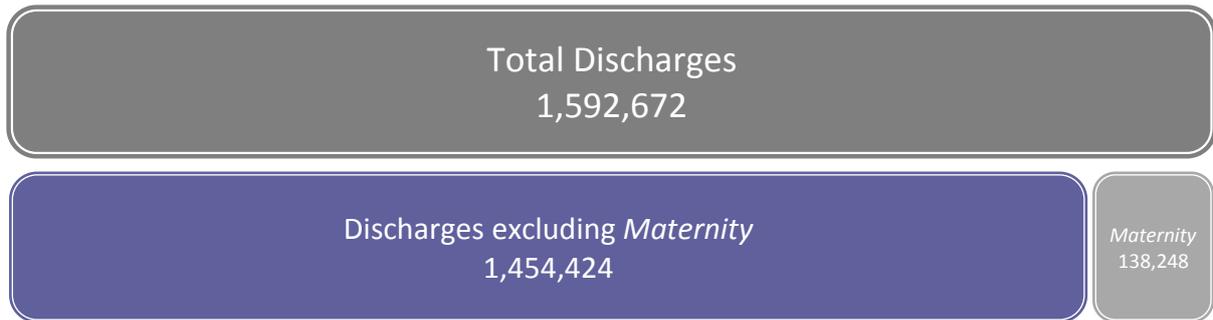
Source: Data for 2010–2014 were obtained from HIPE.

Discharge Overview SECTION
2014

TWO

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2.1 INTRODUCTION

Section Two provides an overview of the demographic and temporal distribution of day patient and in-patient discharges. The discharges reported in this section relate to total discharges excluding those with Admission Type *Maternity*.¹ Section Two therefore provides an analysis of 1,454,424 discharges and is divided into three sections.

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

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

2.2 WHO

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

A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and is discharged alive, as scheduled, on the same day. In 2014, day patient discharges accounted for 64.8 per cent of total discharges (excl. *Maternity*). In-patient discharges accounted for the remaining 35.2 per cent of total discharges (excl. *Maternity*) with 80.4 per cent of in-patients admitted on an emergency basis and 19.6 per cent admitted on an elective basis.

2.2.1 Age

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

Discharges

- The largest proportion of total discharges (excl. *Maternity*) was in the 65–74 years age group (19.3 per cent). They accounted for the largest proportion of day patient discharges (21.3 per cent) and acute in-patient discharges (15.3 per cent).
- Discharges in the older age groups accounted for a relatively large proportion of bed days; those aged 65 years and older accounted for 37.2 per cent of in-patient discharges and 57.3 per cent of in-patient bed days.
- The 75–84 years age group accounted for the largest proportion of extended stay in-patient discharges (29.0 per cent).
- The 1–14 years age group accounted for 11.1 per cent of in-patient discharges and 4.1 per cent of in-patient bed days.

Length of Stay

- Apart from those aged less than one year, mean length of stay increased with age for acute in-patient discharges rising from 2.2 days for discharges aged 1–14 years to 7.8 days for discharges aged 85 years and over.
- Across all age groups, median length of stay for extended stay in-patient discharges ranged from 45 to 49 days.

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

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Discharges (excl. <i>Maternity</i>)	
			Acute (0–30 days)				Extended (> 30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	4,337	0.5	27,419	5.5	110,192	5.0	868	5.3	51,627	5.1	28,287	5.5	161,819	5.0	32,624	2.2
1–14 Years	43,114	4.6	56,700	11.4	122,963	5.6	159	1.0	8,580	0.8	56,859	11.1	131,543	4.1	99,973	6.9
15–24 Years	34,937	3.7	32,984	6.6	81,737	3.7	223	1.4	13,700	1.3	33,207	6.5	95,437	3.0	68,144	4.7
25–34 Years	70,906	7.5	36,990	7.5	105,088	4.8	407	2.5	26,169	2.6	37,397	7.3	131,257	4.1	108,303	7.4
35–44 Years	105,543	11.2	45,475	9.2	144,026	6.6	622	3.8	40,173	3.9	46,097	9.0	184,199	5.7	151,640	10.4
45–54 Years	143,837	15.3	52,795	10.6	198,230	9.0	1,059	6.5	65,136	6.4	53,854	10.5	263,366	8.2	197,691	13.6
55–64 Years	177,195	18.8	64,615	13.0	293,335	13.3	1,855	11.4	113,704	11.1	66,470	13.0	407,039	12.6	243,665	16.8
65–74 Years	200,808	21.3	76,092	15.3	416,520	18.9	3,099	19.0	192,060	18.8	79,191	15.4	608,580	18.9	279,999	19.3
75–84 Years	130,761	13.9	70,699	14.2	473,084	21.5	4,730	29.0	296,852	29.1	75,429	14.7	769,936	23.9	206,190	14.2
85 Years and Over	30,305	3.2	32,610	6.6	252,895	11.5	3,280	20.1	212,499	20.8	35,890	7.0	465,394	14.5	66,195	4.6
Total Discharges (excl. <i>Maternity</i>)	941,743	100	496,379	100	2,198,070	100	16,302	100	1,020,500	100	512,681	100	3,218,570	100	1,454,424	100

	In-Patient Length of Stay							
	Acute (0–30 days)			Extended (> 30 days)			Total In-Patient	
	Mean	Median		Mean	Median	Mean	Median	
< 1 Year	4.0	2	< 1 Year	59.5	47	< 1 Year	5.7	2
1–14 Years	2.2	1	1–14 Years	54.0	45	1–14 Years	2.3	1
15–24 Years	2.5	1	15–24 Years	61.4	48	15–24 Years	2.9	1
25–34 Years	2.8	1	25–34 Years	64.3	47	25–34 Years	3.5	1
35–44 Years	3.2	1	35–44 Years	64.6	45	35–44 Years	4.0	2
45–54 Years	3.8	2	45–54 Years	61.5	47	45–54 Years	4.9	2
55–64 Years	4.5	2	55–64 Years	61.3	46	55–64 Years	6.1	3
65–74 Years	5.5	3	65–74 Years	62.0	47	65–74 Years	7.7	4
75–84 Years	6.7	5	75–84 Years	62.8	48	75–84 Years	10.2	5
85 Years and Over	7.8	6	85 Years and Over	64.8	49	85 Years and Over	13.0	7
Acute In-Patients (excl. <i>Maternity</i>)	4.4	2	Extended In-Patients (excl. <i>Maternity</i>)	62.6	47	Total In-Patients (excl. <i>Maternity</i>)	6.3	2

Note: Percentage columns are subject to rounding.

2.2.1.1 Age and Sex

The data presented in Table 2.1a is disaggregated by male and female discharges in Tables 2.1b and 2.1c respectively. In 2014, females accounted for 49.8 per cent of total discharges (excl. *Maternity*).

Discharges

- The 65–74 years age group accounted for the largest proportion of both male and female discharges, 21.3 per cent and 17.2 per cent respectively.
- Discharges aged 65 years and over accounted for 36.6 per cent of male in-patient discharges and 54.8 per cent of male in-patient bed days, while for females this group accounted for 37.7 per cent of female in-patient discharges and 59.8 per cent of female in-patient bed days.
- The 75–84 years age group accounted for the largest proportion of in-patient bed days for both males (23.2 per cent) and females (24.7 per cent).

Length of Stay

- Both male and female acute in-patient discharges had a mean length of stay of 4.4 days. As displayed in Figure 2.1, acute mean length of stay generally increased with age for both sexes.
- Mean length of stay for extended stay in-patient discharges was similar across the age groups for both males and females (see Figure 2.2). Median length of stay ranged between 44 days and 52 days for male discharges and between 44 days and 50 days for female discharges.

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

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Male Discharges	
			Acute (0–30 days)				Extended (> 30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	2,346	0.5	15,305	6.1	61,061	5.5	449	5.4	27,929	5.4	15,754	6.1	88,990	5.5	18,100	2.5
1–14 Years	24,466	5.2	31,090	12.4	65,595	5.9	81	1.0	4,148	0.8	31,171	12.1	69,743	4.3	55,637	7.6
15–24 Years	17,704	3.8	15,527	6.2	38,911	3.5	128	1.6	8,408	1.6	15,655	6.1	47,319	2.9	33,359	4.6
25–34 Years	30,099	6.4	16,821	6.7	49,979	4.5	210	2.5	13,611	2.7	17,031	6.6	63,590	3.9	47,130	6.5
35–44 Years	44,094	9.3	21,347	8.5	69,542	6.3	368	4.5	24,428	4.8	21,715	8.4	93,970	5.8	65,809	9.0
45–54 Years	61,239	13.0	26,240	10.5	100,732	9.1	631	7.6	39,776	7.7	26,871	10.4	140,508	8.7	88,110	12.1
55–64 Years	92,311	19.6	34,695	13.9	162,690	14.7	1,073	13.0	66,793	13.0	35,768	13.8	229,483	14.1	128,079	17.5
65–74 Years	112,394	23.8	41,315	16.5	229,726	20.7	1,813	22.0	112,186	21.8	43,128	16.7	341,912	21.1	155,522	21.3
75–84 Years	71,404	15.1	35,321	14.1	234,149	21.1	2,299	27.9	141,932	27.6	37,620	14.5	376,081	23.2	109,024	14.9
85 Years and Over	15,728	3.3	12,665	5.1	97,853	8.8	1,198	14.5	74,310	14.5	13,863	5.4	172,163	10.6	29,591	4.1
Total Male Discharges	471,785	100	250,326	100	1,110,238	100	8,250	100	513,521	100	258,576	100	1,623,759	100	730,361	100

	In-Patient Length of Stay							
	Acute (0–30 days)		Extended (> 30 days)		Total In-Patient			
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
< 1 Year	4.0	2	< 1 Year	62.2	48	< 1 Year	5.6	2
1–14 Years	2.1	1	1–14 Years	51.2	44	1–14 Years	2.2	1
15–24 Years	2.5	1	15–24 Years	65.7	52	15–24 Years	3.0	1
25–34 Years	3.0	1	25–34 Years	64.8	48	25–34 Years	3.7	1
35–44 Years	3.3	1	35–44 Years	66.4	46	35–44 Years	4.3	2
45–54 Years	3.8	2	45–54 Years	63.0	47	45–54 Years	5.2	2
55–64 Years	4.7	3	55–64 Years	62.2	47	55–64 Years	6.4	3
65–74 Years	5.6	3	65–74 Years	61.9	47	65–74 Years	7.9	4
75–84 Years	6.6	5	75–84 Years	61.7	48	75–84 Years	10.0	5
85 Years and Over	7.7	6	85 Years and Over	62.0	47	85 Years and Over	12.4	6
Acute Male In-Patients	4.4	2	Extended Male In-Patients	62.2	47	Total Male In-Patients	6.3	2

Note: Percentage columns are subject to rounding.

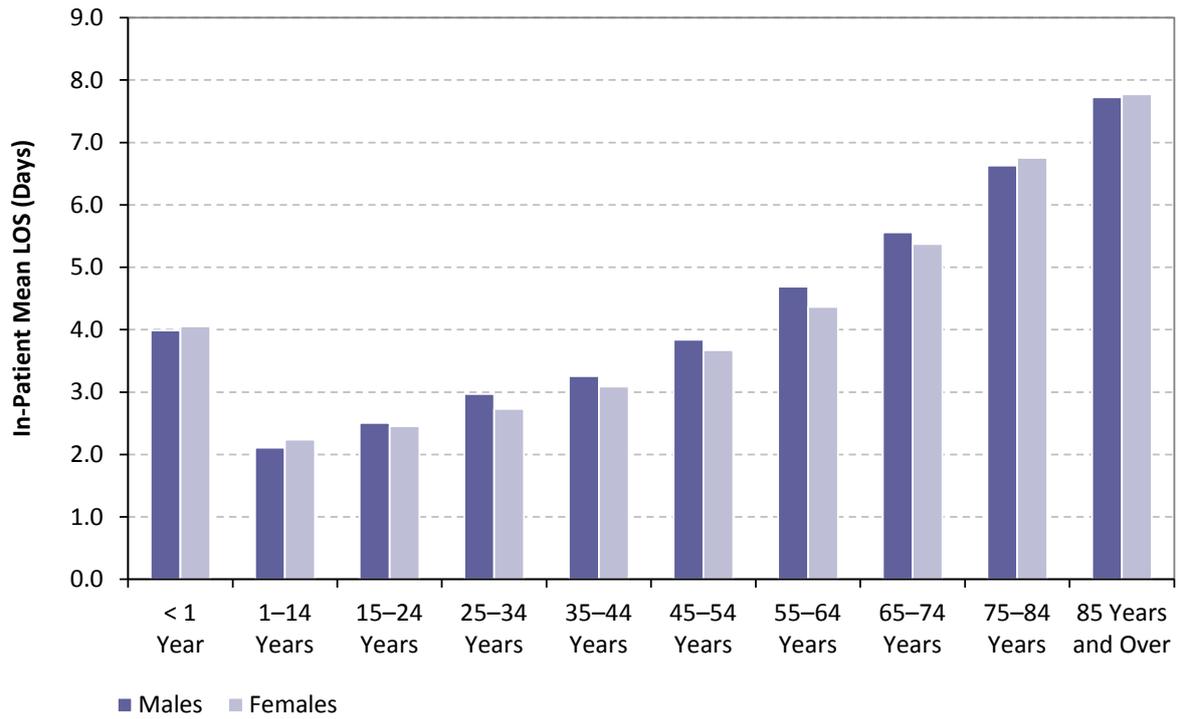
TABLE 2.1c Total Female Discharges (excl. *Maternity*): Patient Type by Age Group (N, %, Bed Days, % and In-Patient Length of Stay)

	Discharges and Bed Days															Total Female Discharges (excl. <i>Maternity</i>)	
	Day Patients		In-Patients														
			Acute (0–30 days)				Extended (>30 days)				Total In-Patients						
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	
< 1 Year	1,991	0.4	12,114	4.9	49,131	4.5	419	5.2	23,698	4.7	12,533	4.9	72,829	4.6	14,524	2.0	
1–14 Years	18,648	4.0	25,610	10.4	57,368	5.3	78	1.0	4,432	0.9	25,688	10.1	61,800	3.9	44,336	6.1	
15–24 Years	17,233	3.7	17,457	7.1	42,826	3.9	95	1.2	5,292	1.0	17,552	6.9	48,118	3.0	34,785	4.8	
25–34 Years	40,807	8.7	20,169	8.2	55,109	5.1	197	2.4	12,558	2.5	20,366	8.0	67,667	4.2	61,173	8.4	
35–44 Years	61,449	13.1	24,128	9.8	74,484	6.8	254	3.2	15,745	3.1	24,382	9.6	90,229	5.7	85,831	11.9	
45–54 Years	82,598	17.6	26,555	10.8	97,498	9.0	428	5.3	25,360	5.0	26,983	10.6	122,858	7.7	109,581	15.1	
55–64 Years	84,884	18.1	29,920	12.2	130,645	12.0	782	9.7	46,911	9.3	30,702	12.1	177,556	11.1	115,586	16.0	
65–74 Years	88,414	18.8	34,777	14.1	186,794	17.2	1,286	16.0	79,874	15.8	36,063	14.2	266,668	16.7	124,477	17.2	
75–84 Years	59,357	12.6	35,378	14.4	238,935	22.0	2,431	30.2	154,920	30.6	37,809	14.9	393,855	24.7	97,166	13.4	
85 Years and Over	14,577	3.1	19,945	8.1	155,042	14.3	2,082	25.9	138,189	27.3	22,027	8.7	293,231	18.4	36,604	5.1	
Total Female Discharges (excl. <i>Maternity</i>)	469,958	100	246,053	100	1,087,832	100	8,052	100	506,979	100	254,105	100	1,594,811	100	724,063	100	

	In-Patient Length of Stay							
	Acute (0–30 days)		Extended (> 30 days)		Total In-Patient			
	Mean	Median	Mean	Median	Mean	Median		
< 1 Year	4.1	2	< 1 Year	56.6	44	< 1 Year	5.8	2
1–14 Years	2.2	1	1–14 Years	56.8	46	1–14 Years	2.4	1
15–24 Years	2.5	1	15–24 Years	55.7	45	15–24 Years	2.7	1
25–34 Years	2.7	1	25–34 Years	63.7	46	25–34 Years	3.3	1
35–44 Years	3.1	1	35–44 Years	62.0	45	35–44 Years	3.7	1
45–54 Years	3.7	2	45–54 Years	59.3	46	45–54 Years	4.6	2
55–64 Years	4.4	2	55–64 Years	60.0	45	55–64 Years	5.8	3
65–74 Years	5.4	3	65–74 Years	62.1	46	65–74 Years	7.4	4
75–84 Years	6.8	5	75–84 Years	63.7	48	75–84 Years	10.4	5
85 Years and Over	7.8	6	85 Years and Over	66.4	50	85 Years and Over	13.3	7
Acute Female In-Patients (excl. <i>Maternity</i>)	4.4	2	Extended Female In-Patients (excl. <i>Maternity</i>)	63.0	47	Total Female In-Patients (excl. <i>Maternity</i>)	6.3	2

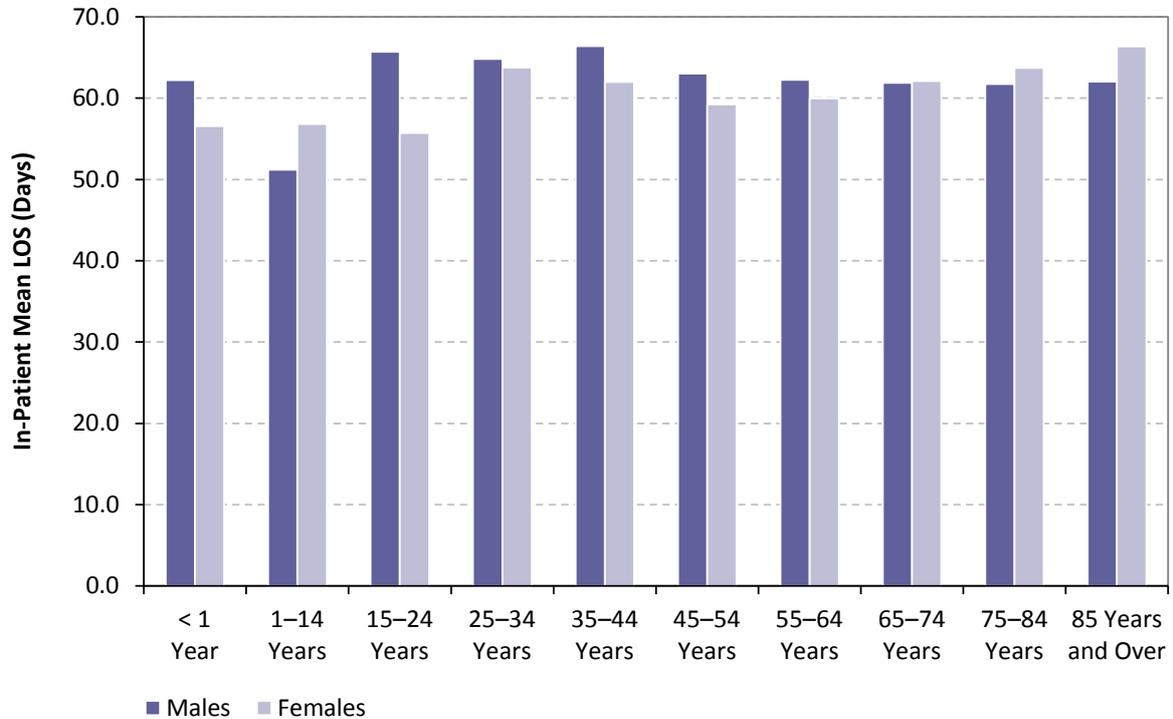
Note: Percentage columns are subject to rounding.

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



Note: Acute in-patient discharges have a length of stay of 30 days or less.

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



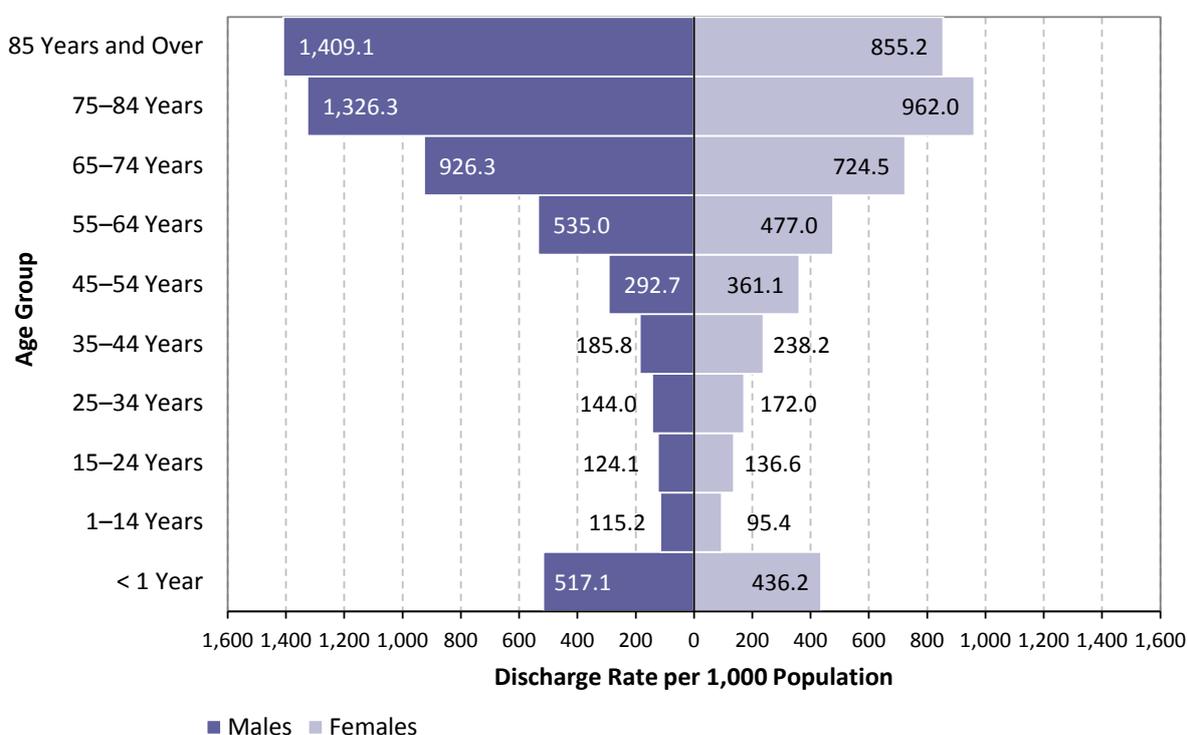
Note: Extended stay in-patient discharges have a length of stay in excess of 30 days.

2.2.1.2 Discharge Rates by Age and Sex

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

- Apart from the youngest age group, for both males and females, the discharge rate generally increased with age. Males aged 85 years and over recorded the highest discharge rate (1,409.1 per 1,000 population of males) whilst the highest discharge rate for females was amongst those aged between 75 and 84 years (962.0 per 1,000 population of females).
- Females aged between 15 and 54 years had a higher discharge rate per 1,000 population than males; males had a higher discharge rate for all other age groups.

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



Note: Population estimates for 2014 by sex and age group were obtained from the CSO.
http://www.cso.ie/px/pxeirestat/Database/eirestat/Annual%20Population%20Estimates/Annual%20Population%20Estimates_atbank.asp?SP=Annual%20Population%20Estimates&Planguage=0 [accessed 6th August 2015]

2.2.2 Marital/Civil Status

2.2.2.1 Marital/Civil Status by Patient Type

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

- Married discharges accounted for 47.1 per cent of total discharges (excl. *Maternity*).
- Discharges who were single accounted for the largest proportion of acute in-patient discharges (43.1 per cent), while married discharges accounted for the largest proportion of extended stay in-patient discharges (35.9 per cent).
- Discharges who were widowed accounted for 9.8 per cent of total discharges (excl. *Maternity*). However, they accounted for almost a quarter of extended stay in-patient discharges (24.1 per cent).

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

	Day Patients		In-Patients						Total Discharges (excl. <i>Maternity</i>)	
			Acute (0–30 days)		Extended (> 30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
Single	289,723	30.8	213,719	43.1	4,936	30.3	218,655	42.6	508,378	35.0
Married	488,218	51.8	191,379	38.6	5,857	35.9	197,236	38.5	685,454	47.1
Widowed	83,740	8.9	55,149	11.1	3,929	24.1	59,078	11.5	142,818	9.8
Other*	43,781	4.6	19,670	4.0	743	4.6	20,413	4.0	64,194	4.4
Unknown	23,063	2.4	10,191	2.1	615	3.8	10,806	2.1	33,869	2.3
Divorced	13,218	1.4	6,271	1.3	222	1.4	6,493	1.3	19,711	1.4
Total Discharges (excl. <i>Maternity</i>)	941,743	100	496,379	100	16,302	100	512,681	100	1,454,424	100

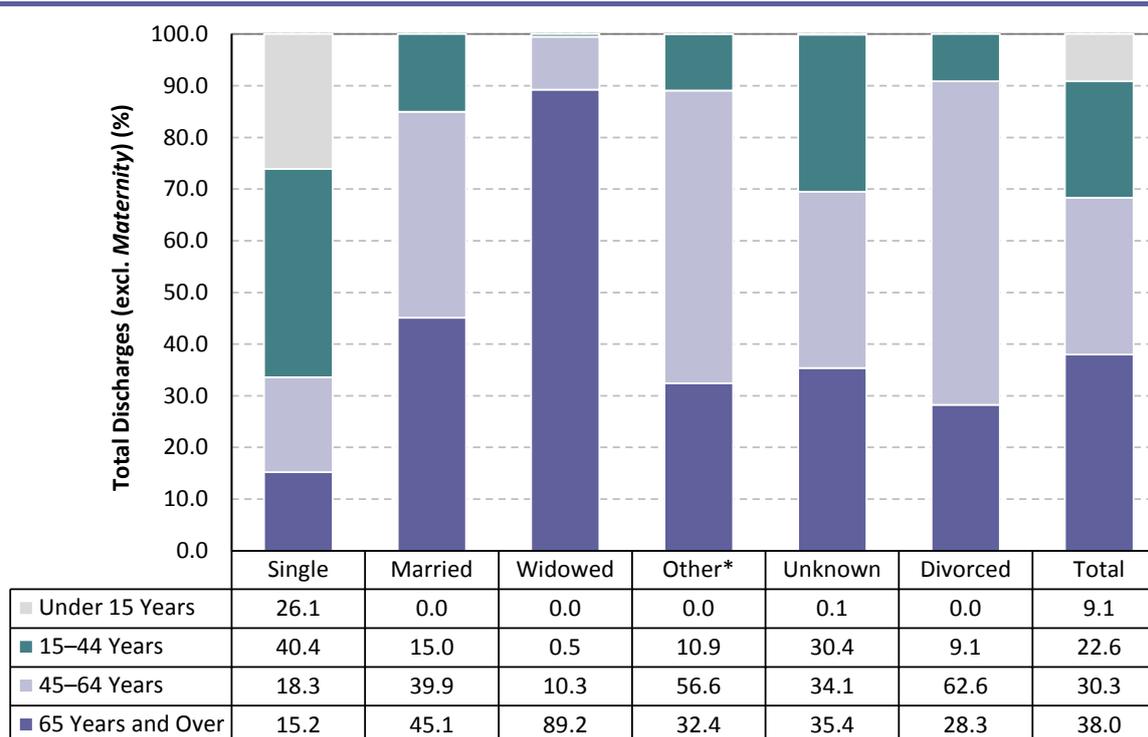
Notes: Percentage columns are subject to rounding.

* Other includes Separated, Civil Partner, Formal Civil Partner, and Surviving Civil Partner

2.2.2.2 Marital/Civil Status by Age

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

- Two out of every five discharges (40.4 per cent) who were single were aged 15–44 years.
- For discharges who were widowed, 89.2 per cent were aged 65 years and over.

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

Notes: Percentage columns are subject to rounding.

* Other includes Separated, Civil Partner, Formal Civil Partner, and Surviving Civil Partner

2.2.3 Public/Private Status

In HIPE, public/private status relates to whether the patient saw the consultant on a private or public basis. It does not relate to the type of bed occupied nor is it an indicator of possession of private health insurance.

Table 2.3 disaggregates total discharges (excl. *Maternity*) by public/private status and age group.²

- Of total discharges (excl. *Maternity*), 83.9 per cent were discharged on a public basis.
- The 25–34 years age group had the largest proportion of total discharges (excl. *Maternity*) treated publicly (88.8 per cent) with only 11.2 per cent treated on a private basis.
- The 1–14 years age group had the largest proportion of total discharges (excl. *Maternity*) that were treated on a private basis, which accounted for 23.3 per cent of all discharges in this age group.

² For length of stay analysis see Table 2.8.

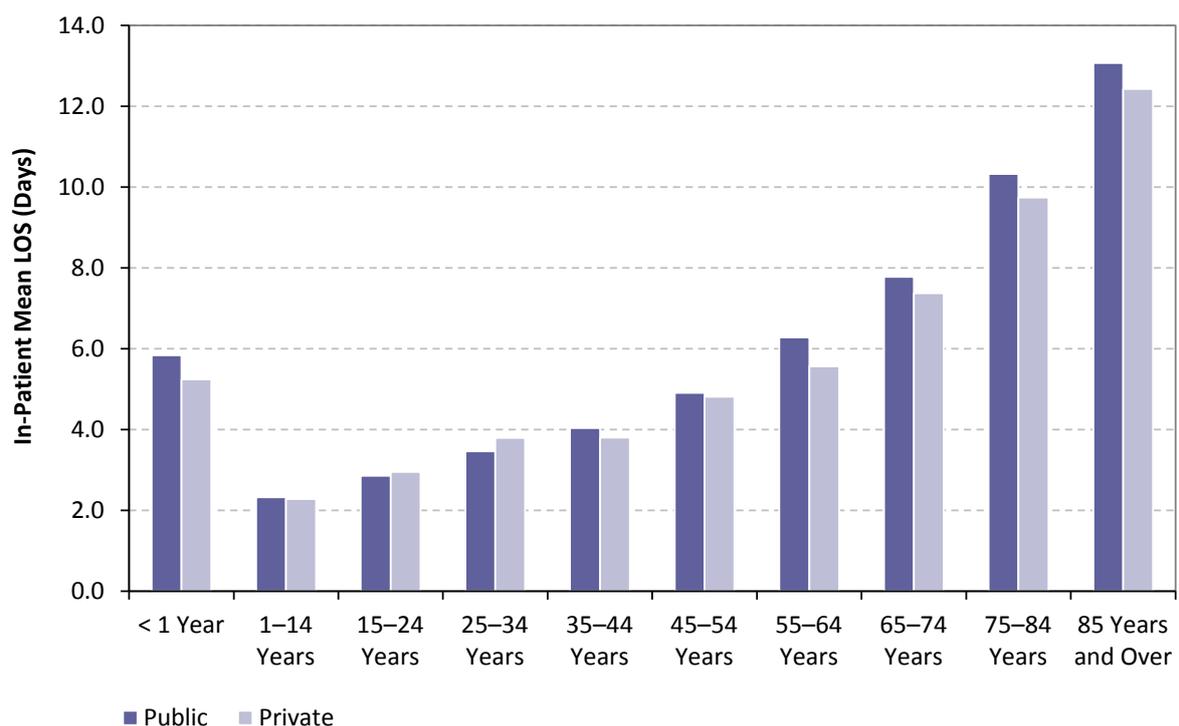
TABLE 2.3 Total Discharges (excl. *Maternity*): Public/Private Status by Age Group (N, %)

	Public		Private		Total Discharges (excl. <i>Maternity</i>)	
	N	%	N	%	N	%
< 1 Year	26,221	80.4	6,403	19.6	32,624	100
1–14 Years	76,661	76.7	23,312	23.3	99,973	100
15–24 Years	57,809	84.8	10,335	15.2	68,144	100
25–34 Years	96,186	88.8	12,117	11.2	108,303	100
35–44 Years	127,714	84.2	23,926	15.8	151,640	100
45–54 Years	165,416	83.7	32,275	16.3	197,691	100
55–64 Years	201,390	82.7	42,275	17.3	243,665	100
65–74 Years	233,198	83.3	46,801	16.7	279,999	100
75–84 Years	177,750	86.2	28,440	13.8	206,190	100
85 Years and Over	58,364	88.2	7,831	11.8	66,195	100
Total Discharges (excl. <i>Maternity</i>)	1,220,709	83.9	233,715	16.1	1,454,424	100

Note: Percentage columns are subject to rounding.

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

- Public in-patient discharges aged 35 years and over recorded a longer in-patient mean length of stay compared to private in-patient discharges. The longest in-patient mean length of stay was recorded for public in-patients aged 85 years and over (13.1 days).
- For those in the younger age groups, mean length of stay was broadly similar between public and private in-patient discharges, with the shortest mean length of stay recorded in the 1-14 years age group for both public in-patients and private in-patients (2.3 days).

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

2.2.4 GMS Status

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

2.2.4.1 GMS Status by Age Group

Table 2.4 disaggregates total discharges (excl. *Maternity*) by GMS status and age group.³

- Of total discharges (excl. *Maternity*), 56.5 per cent were GMS discharges.
- The proportion of total discharges (excl. *Maternity*) that were GMS discharges generally increased with age, with the largest proportion in the 85 years and over age group (82.6 per cent).

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

	GMS		Non-GMS		Unknown ^a		Total Discharges (excl. <i>Maternity</i>)	
	N	%	N	%	N	%	N	%
< 1 Year	5,250	16.1	27,180	83.3	194	0.6	32,624	100
1–14 Years	47,114	47.1	52,651	52.7	208	0.2	99,973	100
15–24 Years	31,623	46.4	35,775	52.5	746	1.1	68,144	100
25–34 Years	47,717	44.1	59,494	54.9	1,092	1.0	108,303	100
35–44 Years	70,531	46.5	80,069	52.8	1,040	0.7	151,640	100
45–54 Years	93,897	47.5	102,309	51.8	1,485	0.8	197,691	100
55–64 Years	124,560	51.1	117,752	48.3	1,353	0.6	243,665	100
65–74 Years	178,880	63.9	98,668	35.2	2,451	0.9	279,999	100
75–84 Years	167,893	81.4	36,074	17.5	2,223	1.1	206,190	100
85 Years and Over	54,652	82.6	10,563	16.0	980	1.5	66,195	100
Total Discharges (excl. <i>Maternity</i>)	822,117	56.5	620,535	42.7	11,772	0.8	1,454,424	100

Notes: Percentage columns are subject to rounding.

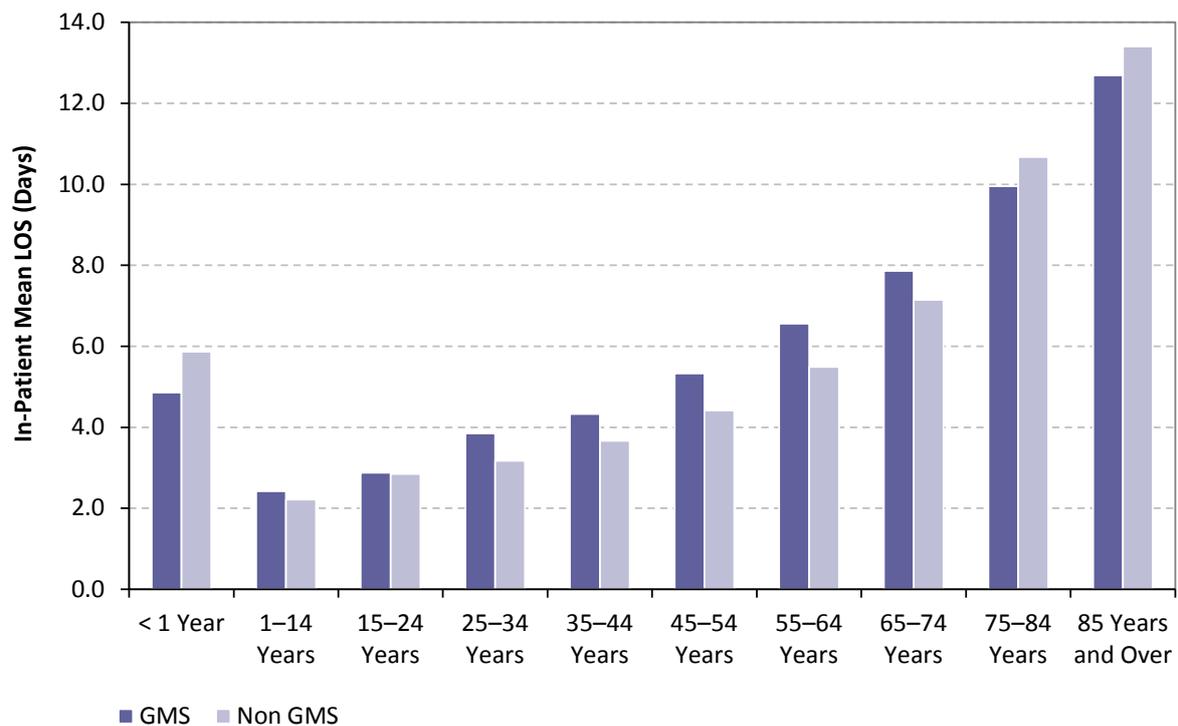
a Relates to discharges for whom GMS status was not known.

³ For length of stay analysis see Table 2.5.

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

- GMS discharges aged between 25 and 74 years had a longer in-patient mean length of stay compared to non-GMS discharges. Within these age groups the longest in-patient mean length of stay was recorded for GMS discharges aged 65–74 years (7.9 days) compared to 7.2 days for non-GMS discharges.
- Non-GMS discharges recorded a longer in-patient mean length of stay for both the youngest and oldest age groups compared to GMS discharges. Those aged 85 years and over recorded a mean length of stay of 13.4 days for non-GMS discharges compared to 12.7 days for GMS discharges, while those aged less than 1 year recorded a mean length of stay of 5.9 days for non-GMS discharges compared to 4.9 days for GMS discharges.

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



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

2.2.4.2 GMS Status by Patient Type

Table 2.5 disaggregates total discharges (excl. *Maternity*) by GMS status and patient type.

- Day patients accounted for almost 65 per cent of GMS and non-GMS discharges.
- GMS discharges had a mean length of stay which was over 2 days longer than their non-GMS counterparts (7.1 days compared to 5.0 days). Median length of stay was 1 day longer for GMS discharges.

TABLE 2.5 Total Discharges (excl. *Maternity*): GMS Status by Patient Type (N, % and In-Patient Length of Stay)

		Total Discharges (excl. <i>Maternity</i>)		In-Patient Length of Stay		
		N	%	Mean	Median	
GMS	Day Patient	532,219	64.7			
	In-Patients	Acute (0–30 days)	279,018	33.9	5.0	3
		Extended (> 30 days)	10,880	1.3	62.7	47
		Total	289,898	35.3	7.1	3
	Total GMS	822,117	100			
Non-GMS	Day Patient	401,565	64.7			
	In-Patients	Acute (0–30 days)	214,106	34.5	3.6	2
		Extended (> 30 days)	4,864	0.8	63.2	48
		Total	218,970	35.3	5.0	2
	Total Non-GMS	620,535	100			
Unknown ^a	Day Patient	7,959	67.6			
	In-Patients	Acute (0–30 days)	3,255	27.7	9.1	7
		Extended (> 30 days)	558	4.7	55.8	46
		Total	3,813	32.4	15.9	9
	Total GMS Unknown	11,772	100			
Total	Day Patient	941,743	64.8			
	In-Patients	Acute (0–30 days)	496,379	34.1	4.4	2
		Extended (> 30 days)	16,302	1.1	62.6	47
		Total	512,681	35.2	6.3	2
	Total Discharges (excl. <i>Maternity</i>)	1,454,424	100			

Notes: Percentage columns are subject to rounding.

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

2.2.6 Public/Private Status by GMS Status and Patient Type

Table 2.6 and Figure 2.7 disaggregate total discharges (excl. *Maternity*) by public/private status, GMS status and patient type.

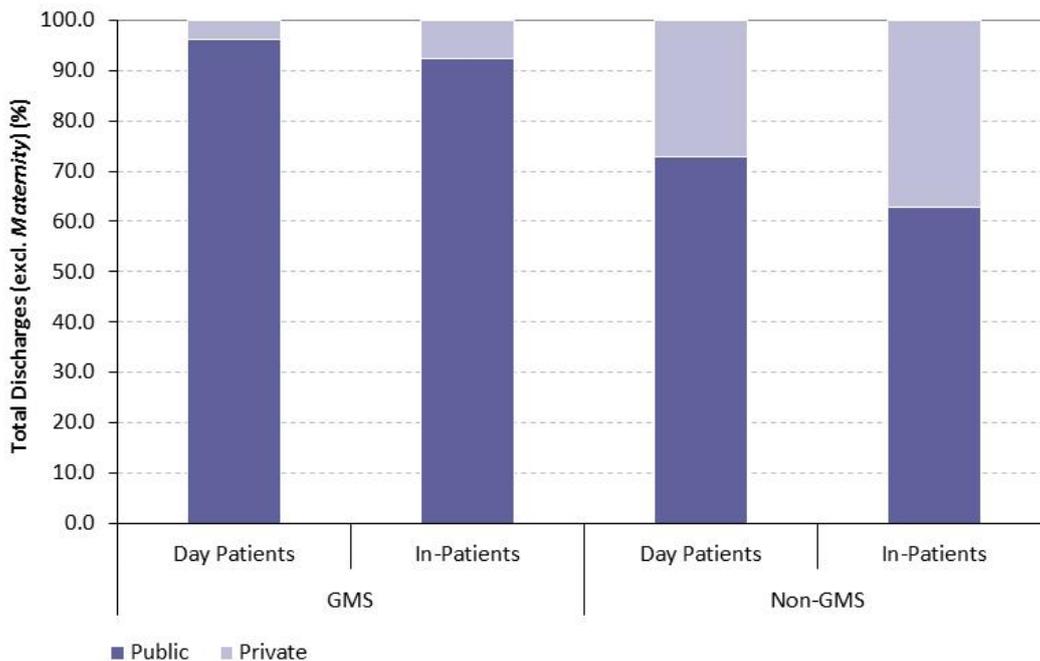
- For GMS in-patient discharges, 92.4 per cent were treated on a public basis compared to 7.6 per cent who were treated privately.
- For non-GMS in-patient discharges, 62.8 per cent were treated on a public basis with the remaining 37.2 per cent treated on a private basis.

TABLE 2.6 Total Discharges (excl. *Maternity*): Public/Private Status by GMS Status and Patient Type (N, %)

		Public		Private		Total Discharges (excl. <i>Maternity</i>)	
		N	%	N	%	N	%
GMS	Day Patients	511,636	96.1	20,583	3.9	532,219	100
	In-Patients	267,774	92.4	22,124	7.6	289,898	100
	Total GMS	779,410	94.8	42,707	5.2	822,117	100
Non-GMS	Day Patients	292,623	72.9	108,942	27.1	401,565	100
	In-Patients	137,600	62.8	81,370	37.2	218,970	100
	Total Non-GMS	430,223	69.3	190,312	30.7	620,535	100
Unknown ^a	Day Patients	7,647	96.1	312	3.9	7,959	100
	In-Patients	3,429	89.9	384	10.1	3,813	100
	Total GMS Unknown	11,076	94.1	696	5.9	11,772	100
Total	Day Patients	811,906	86.2	129,837	13.8	941,743	100
	In-Patients	408,803	79.7	103,878	20.3	512,681	100
	Total Discharges (excl. <i>Maternity</i>)	1,220,709	83.9	233,715	16.1	1,454,424	100

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

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



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

2.3 WHERE

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

2.3.1 Hospital Group

Hospital Group reflects where the discharge was hospitalised (see Appendix I).

Table 2.7 disaggregates total discharges (excl. *Maternity*) by Hospital Group, patient type and admission type.

Discharges

- The largest proportion of total discharges (excl. *Maternity*) were hospitalised in the South/South West hospital group (20.7 per cent). This hospital group also accounted for the largest proportion of day patients and total in-patients, 20.9 per cent and 20.3 per cent respectively.

Length of Stay

- The total in-patient length of stay between the hospital groups ranged from 4.0 days (Children's) to 8.0 days (Dublin Midlands).

TABLE 2.7 Total Discharges (excl. Maternity): Hospital Group by Patient Type and Admission Type (N, %, Bed Days, %, and In-Patient Length of Stay)

	Discharges and Bed Days															Total Discharges (excl. <i>Maternity</i>)	
	Day Patients		In-Patients														
			Elective				Emergency ^a				Total In-Patients						
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	
Ireland East	182,147	19.3	17,417	17.4	112,900	16.9	82,915	20.1	547,322	21.5	100,332	19.6	660,222	20.5	282,479	19.4	
RCSI	140,366	14.9	10,589	10.6	64,035	9.6	63,959	15.5	405,536	15.9	74,548	14.5	469,571	14.6	214,914	14.8	
Dublin Midlands	162,730	17.3	13,874	13.8	100,233	15.0	61,576	14.9	504,378	19.8	75,450	14.7	604,611	18.8	238,180	16.4	
South/South West	196,713	20.9	21,358	21.3	101,726	15.2	82,909	20.1	460,922	18.1	104,267	20.3	562,648	17.5	300,980	20.7	
UHL	55,055	5.8	8,485	8.5	46,448	6.9	26,774	6.5	140,408	5.5	35,259	6.9	186,856	5.8	90,314	6.2	
Saolta	175,852	18.7	16,912	16.9	89,509	13.4	75,557	18.3	414,063	16.2	92,469	18	503,572	15.6	268,321	18.4	
Children's	27,535	2.9	6,843	6.8	26,435	3.9	18,660	4.5	76,339	3.0	25,503	5.0	102,774	3.2	53,038	3.6	
No group	1,345	0.1	4,809	4.8	127,976	19.1	44	0	340	0	4,853	0.9	128,316	4.0	6,198	0.4	
Total Discharges (excl. <i>Maternity</i>)	941,743	100	100,287	100	669,262	100	412,394	100	2,549,308	100	512,681	100	3,218,570	100	1,454,424	100	

	In-Patient Length of Stay							
	Elective		Emergency ^a		Total In-Patient			
	Mean	Median	Mean	Median	Mean	Median		
Ireland East	6.5	2	Ireland East	6.6	2	Ireland East	6.6	2
RCSI	6.0	2	RCSI	6.3	2	RCSI	6.3	2
Dublin Midlands	7.2	3	Dublin Midlands	8.2	3	Dublin Midlands	8.0	3
South/South West	4.8	2	South/South West	5.6	2	South/South West	5.4	2
UHL	5.5	2	UHL	5.2	3	UHL	5.3	3
Saolta	5.3	2	Saolta	5.5	2	Saolta	5.4	2
Children's	3.9	2	Children's	4.1	2	Children's	4.0	2
No group	26.6	17	No group	7.7	6	No group	26.4	17
Elective (excl. <i>Maternity</i>)	6.7	2	Emergency (excl. <i>Maternity</i>)	6.2	2	Total In-Patients (excl. <i>Maternity</i>)	6.3	2

Notes:

Percentage columns are subject to rounding

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

2.3.2 Hospital Type

Hospital types are broadly categorised into general hospitals and 'other' hospitals. General hospitals comprise voluntary, regional and county hospitals. 'Other' hospitals specialise in the treatment of particular conditions or patient groupings.⁴ In 2014 general hospitals treated the largest volume of total discharges (excl. *Maternity*) (92.4 per cent), while the remainder were discharged from 'other' hospitals.

2.3.2.1 Hospital Type by Admission Type

Table 2.8 and Figure 2.8 disaggregate total discharges (excl. *Maternity*) by hospital type, patient type and admission type.

Discharges

- Across all hospital types day patient discharges comprised the largest proportion of discharges. This was largest in voluntary hospitals which treated 73.2 per cent of their discharges as day patients and smallest in county hospitals which treated only 53.3 per cent as day patients.
- Across the general hospital groupings, county hospitals treated the largest proportion of total in-patient discharges as emergency in-patients (89.8 per cent) compared to voluntary hospitals which treated 74.6 per cent of their in-patients on an emergency basis.
- 'Other' hospitals treated 63.8 per cent of their discharges as day patients and the remaining 36.2 per cent as in-patients. Of these in-patient discharges, 48.1 per cent were treated on an elective basis.

Length of Stay

- The acute in-patient mean length of stay for elective in-patient discharges was 3.8 days in regional hospitals compared to 5.3 days in 'other' hospitals.
- Across the general hospital groupings, the acute in-patient mean length of stay for emergency in-patient discharges was 3.9 days in county hospitals compared to 5.5 days in voluntary hospitals.
- Voluntary hospitals recorded the longest acute in-patient mean length of stay (5.3 days) compared to county hospitals (3.9 days).
- Voluntary hospitals recorded the longest extended stay in-patient mean length of stay (70.0 days) compared to regional hospitals (56.5 days).

⁴ 'Other' hospitals include Maternity; Cancer; Orthopaedic; Paediatric; Eye, Ear, Nose and Throat and 'Other Care' (covering a range of specialist services including palliative medicine, rheumatology, elderly care, and care of the young disabled). See Appendix I for the list of hospitals participating in HIPE in 2014.

TABLE 2.8 Total Discharges (excl. *Maternity*): Hospital Type by Patient Type and Admission Type (N, % and In-Patient Length of Stay)

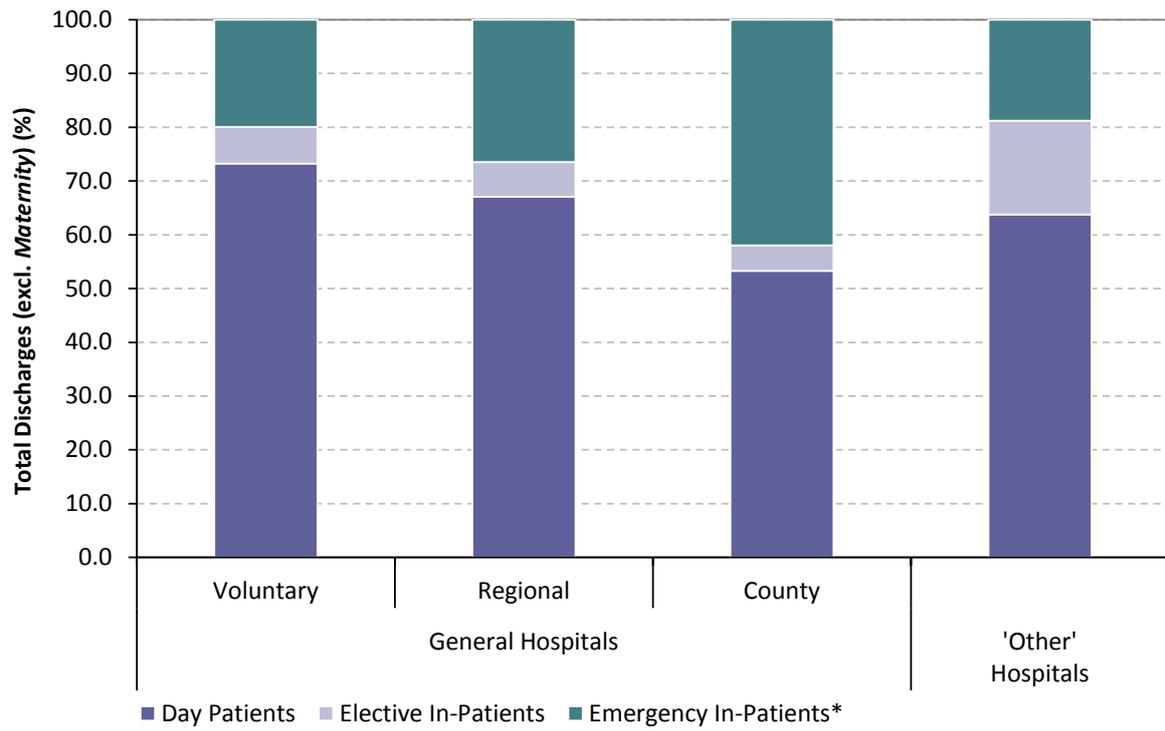
			Discharges											
			General Hospitals								'Other'		Total Discharges (excl. <i>Maternity</i>)	
			Voluntary		Regional		County		Total General					
			N	%	N	%	N	%	N	%	N	%	N	%
Day Patient			376,873	40.0	256,001	27.2	238,398	25.3	871,272	92.5	70,471	7.5	941,743	100
In-Patients	Elective	Acute (0–30 days)	34,058	35.4	24,375	25.3	20,396	21.2	78,829	81.9	17,438	18.1	96,267	100
		Extended (> 30 days)	952	23.7	399	9.9	841	20.9	2,192	54.5	1,828	45.5	4,020	100
		Total	35,010	34.9	24,774	24.7	21,237	21.2	81,021	80.8	19,266	19.2	100,287	100
	Emergency ^a	Acute (0–30 days)	97,300	24.3	98,361	24.6	184,324	46.1	379,985	95.0	20,127	5.0	400,112	100
		Extended (> 30 days)	5,542	45.1	2,635	21.5	3,474	28.3	11,651	94.9	631	5.1	12,282	100
		Total	102,842	24.9	100,996	24.5	187,798	45.5	391,636	95.0	20,758	5.0	412,394	100
	Total	Acute (0–30 days)	131,358	26.5	122,736	24.7	204,720	41.2	458,814	92.4	37,565	7.6	496,379	100
		Extended (> 30 days)	6,494	39.8	3,034	18.6	4,315	26.5	13,843	84.9	2,459	15.1	16,302	100
		Total	137,852	26.9	125,770	24.5	209,035	40.8	472,657	92.2	40,024	7.8	512,681	100
Total Discharges (excl. <i>Maternity</i>)			514,725	35.4	381,771	26.2	447,433	30.8	1,343,929	92.4	110,495	7.6	1,454,424	100

			In-Patient Length of Stay											
			General Hospitals								'Other'		Total In-Patients	
			Voluntary		Regional		County		Total General					
			Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Elective	Acute (0–30 days)	4.6	2	3.8	2	4.3	2	4.3	2	5.3	3	4.5	2	
	Extended (> 30 days)	59.3	46	58.4	46	65.9	50	61.6	47	57.6	49	59.8	48	
	Total	6.0	3	4.7	2	6.8	2	5.8	2	10.2	4	6.7	2	
Emergency ^a	Acute (0–30 days)	5.5	3	4.5	2	3.9	2	4.4	2	4.0	2	4.4	2	
	Extended (> 30 days)	71.8	50	56.3	46	55.9	44	63.6	47	62.4	48	63.5	47	
	Total	9.1	4	5.8	2	4.8	2	6.2	2	5.7	2	6.2	2	
Total	Acute (0–30 days)	5.3	3	4.3	2	3.9	2	4.4	2	4.6	2	4.4	2	
	Extended (> 30 days)	70.0	49	56.5	46	57.9	45	63.3	47	58.9	49	62.6	47	
	Total In-Patients (excl. <i>Maternity</i>)	8.3	3	5.6	2	5.0	2	6.1	2	7.9	3	6.3	2	

Notes: Percentage columns are subject to rounding.

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

FIGURE 2.8 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Hospital Type (%)



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

Figures 2.9a and 2.9b show the cumulative lengths of stay for elective and emergency discharges by hospital type.

- 72.3 per cent of elective in-patients discharged from 'other' hospitals spent 7 days or less in hospital. This was a smaller cumulative proportion than for voluntary (79.6 per cent), regional (84.9 per cent) and county (80.3 per cent) hospitals.
- 71.5 per cent of emergency in-patients discharged from voluntary hospitals spent 7 days or less in hospital. This was a smaller cumulative proportion than for regional (80.0 per cent), county (83.9 per cent) and 'other' hospitals (83.5 per cent).

FIGURE 2.9a Elective In-Patient Discharges: Length of Stay by Hospital Type (Cumulative Percentage)

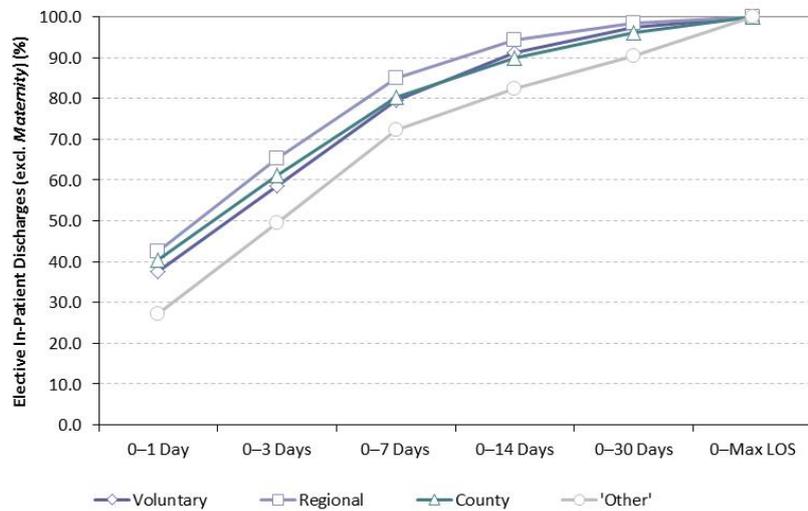
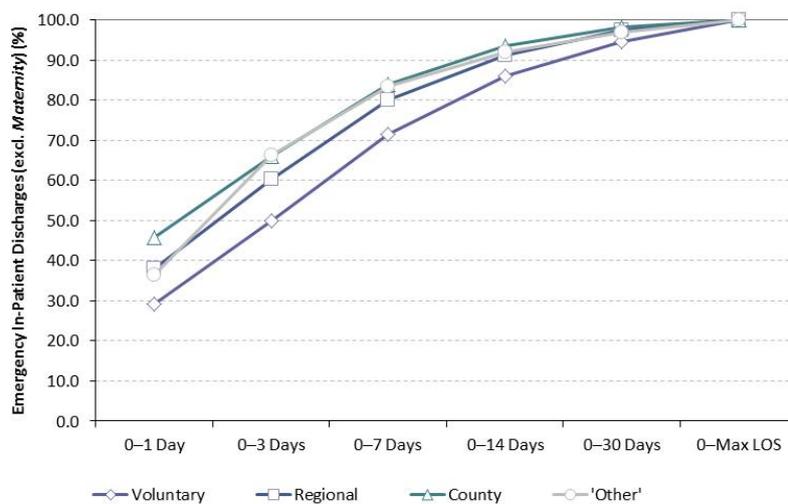


FIGURE 2.9b Emergency In-Patient Discharges^a: Length of Stay by Hospital Type (Cumulative Percentage)



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

2.3.2.2 Hospital Type by Public/Private Status

Table 2.9 disaggregates total discharges (excl. *Maternity*) by hospital type, public/private status and patient type.

Discharges

- County hospitals treated the largest proportion of total discharges (excl. *Maternity*) on a public basis (85.4 per cent) compared to the smallest proportion in 'other' hospitals (76.2 per cent).
- 'Other' hospitals had the largest proportion of public discharges as extended stay in-patients (2.0 per cent) which ranged from 0.6 per cent to 1.0 per cent across the general hospitals groups.
- In contrast to all other hospital types where the majority of private discharges were treated as day patients, county hospitals treated a slightly larger proportion of their private discharges as in-patients (7.3 per cent) compared to day patients (7.2 per cent).

Length of Stay

- Total mean in-patient length of stay was 6.4 days for public discharges compared to 5.9 days for private discharges.
- Voluntary hospitals recorded the longest acute in-patient mean length of stay for public discharges (5.2 days), almost a day longer than regional hospitals which recorded an acute in-patient mean length of stay of 4.4 days. This difference was greater for private discharges, with voluntary hospitals recording an acute in-patient mean length of stay of 5.5 days compared to 4.3 days in regional hospitals.
- County hospitals recorded the shortest acute in-patient mean length of stay for both public discharges (3.9 days) and private discharges (4.0 days).
- For 'other' hospitals, acute in-patient mean length of stay for public discharges was 4.7 days compared to 4.1 days for private discharges.

TABLE 2.9 Total Discharges (excl. *Maternity*): Hospital Type by Public/Private Status and Patient Type (N, % and In-Patient Length of Stay)

		Discharges												
		General Hospitals								'Other'		Total Discharges (excl. <i>Maternity</i>)		
		Voluntary		Regional		County		Total General						
		N	%	N	%	N	%	N	%	N	%	N	%	
Public	Day Patient	329,623	64.0	221,720	58.1	206,075	46.1	757,418	56.4	54,488	49.3	811,906	55.8	
	In-Patient	Acute (0–30 days)	101,855	19.8	93,446	24.5	172,328	38.5	367,629	27.4	27,565	24.9	395,194	27.2
		Extended (> 30 days)	5,195	1.0	2,425	0.6	3,822	0.9	11,442	0.9	2,167	2.0	13,609	0.9
		Total	107,050	20.8	95,871	25.1	176,150	39.4	379,071	28.2	29,732	26.9	408,803	28.1
Total		436,673	84.8	317,591	83.2	382,225	85.4	1,136,489	84.6	84,220	76.2	1,220,709	83.9	
Private	Day Patient	47,250	9.2	34,281	9.0	32,323	7.2	113,854	8.5	15,983	14.5	129,837	8.9	
	In-Patient	Acute (0–30 days)	29,503	5.7	29,290	7.7	32,392	7.2	91,185	6.8	10,000	9.1	101,185	7.0
		Extended (> 30 days)	1,299	0.3	609	0.2	493	0.1	2,401	0.2	292	0.3	2,693	0.2
		Total	30,802	6.0	29,899	7.8	32,885	7.3	93,586	7.0	10,292	9.3	103,878	7.1
Total		78,052	15.2	64,180	16.8	65,208	14.6	207,440	15.4	26,275	23.8	233,715	16.1	
Total	Day Patient	376,873	73.2	256,001	67.1	238,398	53.3	871,272	64.8	70,471	63.8	941,743	64.8	
	In-Patient	Acute (0–30 days)	131,358	25.5	122,736	32.1	204,720	45.8	458,814	34.1	37,565	34.0	496,379	34.1
		Extended (> 30 days)	6,494	1.3	3,034	0.8	4,315	1.0	13,843	1.0	2,459	2.2	16,302	1.1
		Total	137,852	26.8	125,770	32.9	209,035	46.7	472,657	35.2	40,024	36.2	512,681	35.2
Total Discharges (excl. <i>Maternity</i>)		514,725	100	381,771	100	447,433	100	1,343,929	100	110,495	100	1,454,424	100	

		In-Patient Length of Stay											
		General Hospitals								'Other'		Total In-Patients	
		Voluntary		Regional		County		Total General					
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Public	Acute (0–30 days)	5.2	3	4.4	2	3.9	2	4.4	2	4.7	2	4.4	2
	Extended (> 30 days)	72.2	50	57.0	46	58.2	45	64.3	48	59.8	49	63.6	48
	Total	8.5	3	5.7	2	5.1	2	6.2	2	8.7	3	6.4	2
Private	Acute (0–30 days)	5.5	3	4.3	2	4.0	2	4.6	3	4.1	2	4.5	3
	Extended (> 30 days)	61.1	46	54.7	44	54.9	44	58.2	45	52.1	44	57.6	45
	Total	7.8	4	5.4	2	4.8	2	6.0	3	5.5	2	5.9	3
Total	Acute (0–30 days)	5.3	3	4.3	2	3.9	2	4.4	2	4.6	2	4.4	2
	Extended (> 30 days)	70.0	49	56.5	46	57.9	45	63.3	47	58.9	49	62.6	47
	Total In-Patients (excl. <i>Maternity</i>)	8.3	3	5.6	2	5.0	2	6.1	2	7.9	3	6.3	2

Note: Percentage columns are subject to rounding.

Figures 2.10a and 2.10b show the cumulative distribution of length of stay for public and private in-patient discharges by hospital type.

- 80.7 per cent and 83.4 per cent of public in-patients discharged from regional and county hospitals, respectively, spent less than 7 days in hospital. In contrast, 73.7 per cent and 76.0 per cent of public in-patients discharged from voluntary and 'other' hospitals, respectively, had a length of stay of 7 days or less.
- 73.0 per cent of private in-patients discharged from voluntary hospitals spent 7 days or less in hospital. This was a smaller cumulative proportion than for regional (81.8 per cent), county (84.2 per cent) and 'other' (84.0 per cent) hospitals.

FIGURE 2.10a Public In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage)

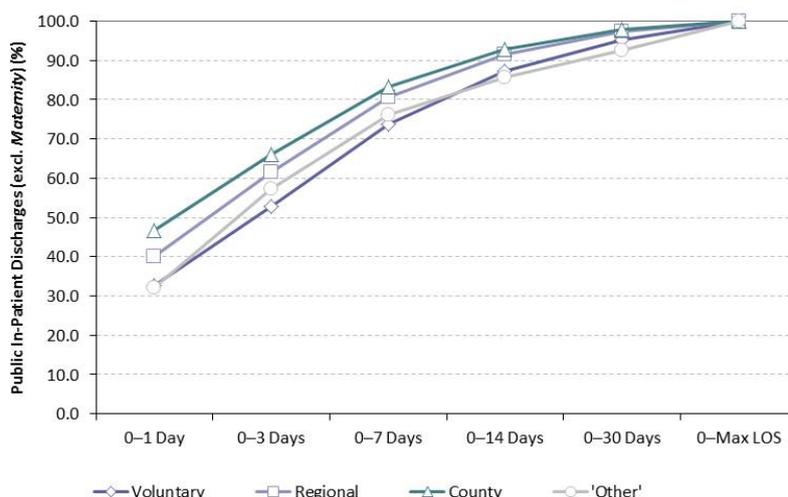
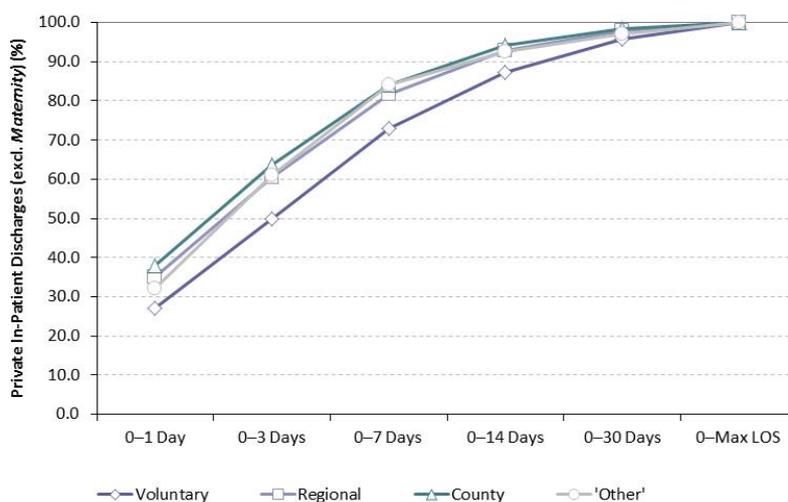


FIGURE 2.10b Private In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage)



2.3.3 Admission Source

Admission source describes where the patient was admitted from. It does not refer to where an emergency or accident occurred. Table 2.10 disaggregates total discharges (excl. *Maternity*) by admission source.

- The majority of patients were admitted from home (96.3 per cent).
- Over 5 per cent of in-patients were transferred from another hospital, with over 54 per cent of these admitted as emergency in-patients.

TABLE 2.10 Total Discharges (excl. *Maternity*): Admission Source by Patient Type and Admission Type (N, %)

		Total (excl. <i>Maternity</i>)		
		N	%	
Day Patients	Home	935,641	99.4	
	Long stay accommodation	1,919	0.2	
	Transfer from other Hospital	4,003	0.4	
	Other	180	0.0	
	Total Day Patients	941,743	100	
In-Patients	Elective	Home	87,727	87.5
		Long stay accommodation	348	0.3
		Transfer from other Hospital	12,178	12.1
		Other	34	0.0
	Total Elective In-Patients	100,287	100	
Emergency ^a	Home	377,076	91.4	
	Long stay accommodation	9,068	2.2	
	Transfer from other Hospital	14,798	3.6	
	Other	11,452	2.8	
Total Emergency In-Patients	412,394	100		
Total	Total	Home	464,803	90.7
		Long stay accommodation	9,416	1.8
		Transfer from other Hospital	26,976	5.3
		Other	11,486	2.2
	Total In-Patients	512,681	100	
Total	Home	1,400,444	96.3	
	Long stay accommodation	11,335	0.8	
	Transfer from other Hospital	30,979	2.1	
	Other	11,666	0.8	
	Total Discharges (excl. <i>Maternity</i>)	1,454,424	100	

Notes: Percentage columns are subject to rounding.

See Appendix IV for information on how the HIPE variable 'Admission Source' was grouped for this report.

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

2.3.4 Discharge Destination

Discharge destination identifies the destination of the discharge upon completion of their episode of care. Table 2.11 disaggregates total discharges (excl. *Maternity*) by discharge destination.

- The majority of in-patients were discharged home (86.7 per cent).

TABLE 2.11 Total Discharges (excl. *Maternity*): Discharge Destination by Patient Type and Admission Type (N, %)

		Total (excl. <i>Maternity</i>)		
		N	%	
Day Patients	Home	935,063	99.3	
	Long stay accommodation	2,268	0.2	
	Transfer to other Hospital	4,165	0.4	
	Died ^a	0	0.0	
	Other	247	0.0	
	Total Day Patients	941,743	100	
In-Patients	Elective	Home	91,868	91.6
		Long stay accommodation	2,891	2.9
		Transfer to other Hospital	4,065	4.1
		Died	962	1.0
		Other	501	0.5
		Total Elective In-patients	100,287	100
In-Patients	Emergency ^b	Home	352,828	85.6
		Long stay accommodation	20,999	5.1
		Transfer to other Hospital	22,875	5.5
		Died	10,057	2.4
		Other	5,635	1.4
		Total Emergency In-Patients	412,394	100
In-Patients	Total	Home	444,696	86.7
		Long stay accommodation	23,890	4.7
		Transfer to other Hospital	26,940	5.3
		Died	11,019	2.1
		Other	6,136	1.2
		Total In-Patients	512,681	100
Total	Total Discharges (excl. <i>Maternity</i>)	Home	1,379,759	94.9
		Long stay accommodation	26,158	1.8
		Transfer to other Hospital	31,105	2.1
		Died	11,019	0.8
		Other	6,383	0.4
		Total Discharges (excl. <i>Maternity</i>)	1,454,424	100

Notes: Percentage columns are subject to rounding.

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

- A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and is discharged alive, as scheduled, on the same day.
- HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

2.3.5 Admission Source by Discharge Destination

Table 2.12 disaggregates in-patient discharges (excl. *Maternity*) by discharge destination and admission source.

- Of in-patients who were admitted from home, 89.8 per cent were discharged home.
- In-patients admitted from long stay accommodation were primarily discharged back to long stay accommodation (83.8 per cent).
- Over a quarter of in-patients (25.2 per cent) who were admitted from another hospital were transferred to another hospital, while 63.5 per cent were discharged home.

TABLE 2.12 In-Patient Discharges (excl. Maternity): Discharge Destination by Admission Source (N, %)

Admission Source	Discharges											Total In-Patient Discharges (excl. <i>Maternity</i>)	
	Discharge Destination												
	Home		Long Stay Accommodation		Transfer to other Hospital		Died		Other		N	%	
	N	%	N	%	N	%	N	%	N	%	N	%	
Home	417,580	89.8	14,245	3.1	18,981	4.1	8,836	1.9	5,161	1.1	464,803	100	
Long Stay Accommodation	175	1.9	7,887	83.8	365	3.9	976	10.4	13	0.1	9,416	100	
Transfer from other Hospital	17,143	63.5	1,743	6.5	6,788	25.2	1,120	4.2	182	0.7	26,976	100	
Other	9,798	85.3	15	0.1	806	7.0	87	0.8	780	6.8	11,486	100	
Total In-Patient Discharges (excl. <i>Maternity</i>)	444,696	86.7	23,890	4.7	26,940	5.3	11,019	2.1	6,136	1.2	512,681	100	

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

2.4 WHEN

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

2.4.1 Day of Admission

Table 2.13 disaggregates total discharges (excl. *Maternity*) by patient type, admission type, and day of admission (see also Figure 2.11).

Discharges

- The proportion of in-patient discharges (excl. *Maternity*) admitted on an elective basis decreased throughout the week, with 62.5 per cent admitted between Monday and Wednesday, falling to 6.8 per cent at the weekend.
- The proportion of in-patient discharges (excl. *Maternity*) admitted on an emergency basis remained relatively constant throughout the week at approximately 16 per cent per day, but fell at weekends when approximately 10 per cent were admitted per day.
- The majority of day patients were admitted mid-week, ranging from 20.6 per cent on Wednesday to only 2.7 per cent on Saturday and 1.0 per cent on Sunday.

Length of Stay

- Mean length of stay for elective in-patients ranged from 6.3 days for those admitted on a Thursday to 10.7 days for those admitted on a Saturday.
- Mean length of stay for emergency in-patients ranged from 5.9 days for those admitted on a Monday to 6.6 days for those admitted on a Saturday.

TABLE 2.13 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Admission (N, % and In-Patient Length of Stay)

	Discharges									
	Day Patients		In-Patients						Total Discharges (excl. <i>Maternity</i>)	
			Elective		Emergency ^a		Total			
	N	%	N	%	N	%	N	%	N	%
Monday	171,895	18.3	21,625	21.6	64,308	15.6	85,933	16.8	257,828	17.7
Tuesday	191,992	20.4	21,091	21.0	69,447	16.8	90,538	17.7	282,530	19.4
Wednesday	194,415	20.6	19,981	19.9	66,778	16.2	86,759	16.9	281,174	19.3
Thursday	180,326	19.1	18,406	18.4	65,133	15.8	83,539	16.3	263,865	18.1
Friday	168,659	17.9	12,369	12.3	65,537	15.9	77,906	15.2	246,565	17.0
Saturday	25,492	2.7	1,755	1.7	42,906	10.4	44,661	8.7	70,153	4.8
Sunday	8,964	1.0	5,060	5.0	38,285	9.3	43,345	8.5	52,309	3.6
Total Discharges (excl. <i>Maternity</i>)	941,743	100	100,287	100	412,394	100	512,681	100	1,454,424	100

	In-Patient Length of Stay					
	Elective		Emergency ^a		Total	
	Mean	Median	Mean	Median	Mean	Median
Monday	6.4	3	5.9	2	6.0	2
Tuesday	6.4	2	6.0	2	6.1	2
Wednesday	6.5	2	6.1	2	6.2	2
Thursday	6.3	2	6.2	2	6.2	2
Friday	7.6	3	6.5	3	6.7	3
Saturday	10.7	4	6.6	3	6.7	3
Sunday	7.6	4	6.1	2	6.3	3
In-Patient Discharges (excl. <i>Maternity</i>)	6.7	2	6.2	2	6.3	2

Notes: Percentage columns are subject to rounding.

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

2.4.2 Day of Discharge

Table 2.14 disaggregates total discharges (excl. *Maternity*) by patient type, admission type and day of discharge (see also Figure 2.12).

Discharges

- The proportion of elective in-patients discharged increased throughout the week, from 10.5 per cent on Monday to 22.6 per cent on Friday, falling to 10.4 per cent on Saturday and 4.8 per cent on Sunday.
- The largest proportion of emergency in-patients was discharged on Friday (20.0 per cent), with the smallest proportion discharged on Sunday (6.1 per cent).

Length of Stay

- Elective in-patients discharged on a Monday had the longest mean length of stay (10.0 days).
- Emergency in-patient mean length of stay fell throughout the week from 6.7 days for those discharged on a Monday to 4.1 days for those discharged on a Sunday.

TABLE 2.14 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (N, % and In-Patient Length of Stay)

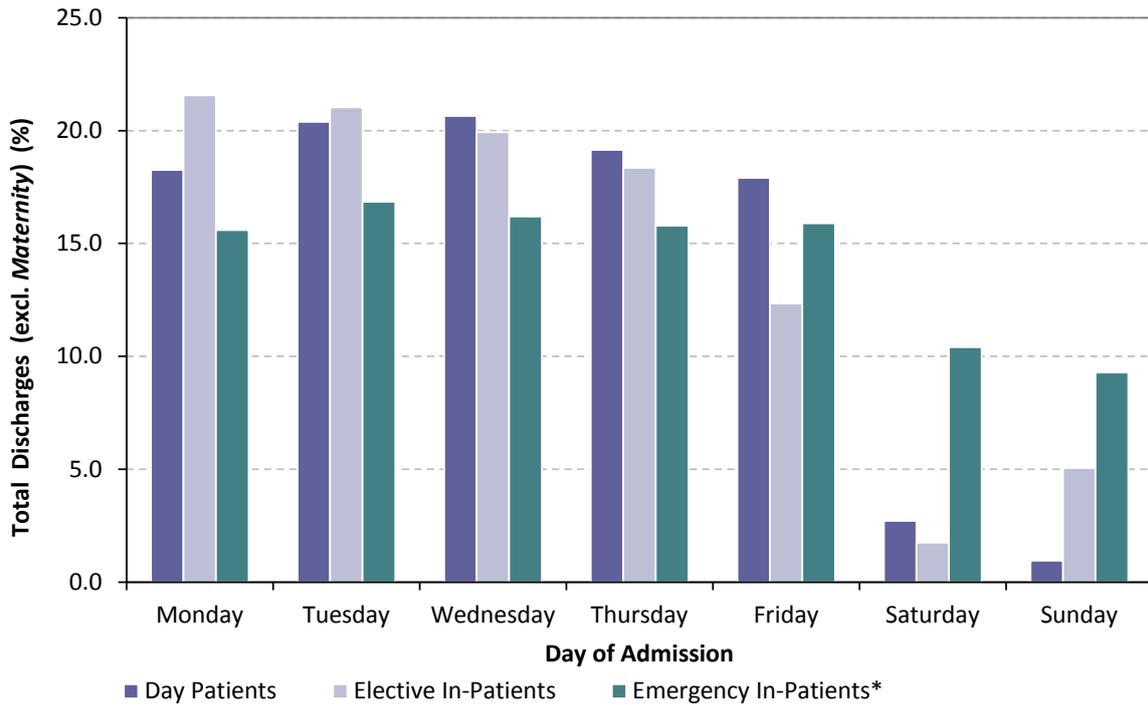
	Discharges									
	Day Patients		In-Patients						Total Discharges (excl. <i>Maternity</i>)	
			Elective		Emergency ^a		Total			
	N	%	N	%	N	%	N	%	N	%
Monday	171,895	18.3	10,578	10.5	63,673	15.4	74,251	14.5	246,146	16.9
Tuesday	191,992	20.4	15,785	15.7	69,665	16.9	85,450	16.7	277,442	19.1
Wednesday	194,415	20.6	18,034	18.0	71,591	17.4	89,625	17.5	284,040	19.5
Thursday	180,326	19.1	18,012	18.0	67,856	16.5	85,868	16.7	266,194	18.3
Friday	168,659	17.9	22,660	22.6	82,362	20.0	105,022	20.5	273,681	18.8
Saturday	25,492	2.7	10,400	10.4	32,015	7.8	42,415	8.3	67,907	4.7
Sunday	8,964	1.0	4,818	4.8	25,232	6.1	30,050	5.9	39,014	2.7
Total Discharges (excl. <i>Maternity</i>)	941,743	100	100,287	100	412,394	100	512,681	100	1,454,424	100

	In-Patient Length of Stay					
	Elective		Emergency ^a		Total	
	Mean	Median	Mean	Median	Mean	Median
Monday	10.0	5	6.7	3	7.2	3
Tuesday	7.1	2	6.6	3	6.7	3
Wednesday	6.8	2	6.6	2	6.6	2
Thursday	6.1	2	6.5	2	6.4	2
Friday	6.5	2	6.1	2	6.2	2
Saturday	4.1	2	4.5	2	4.4	2
Sunday	6.0	4	4.1	2	4.4	2
In-Patient Discharges (excl. <i>Maternity</i>)	6.7	2	6.2	2	6.3	2

Notes: Percentage columns are subject to rounding.

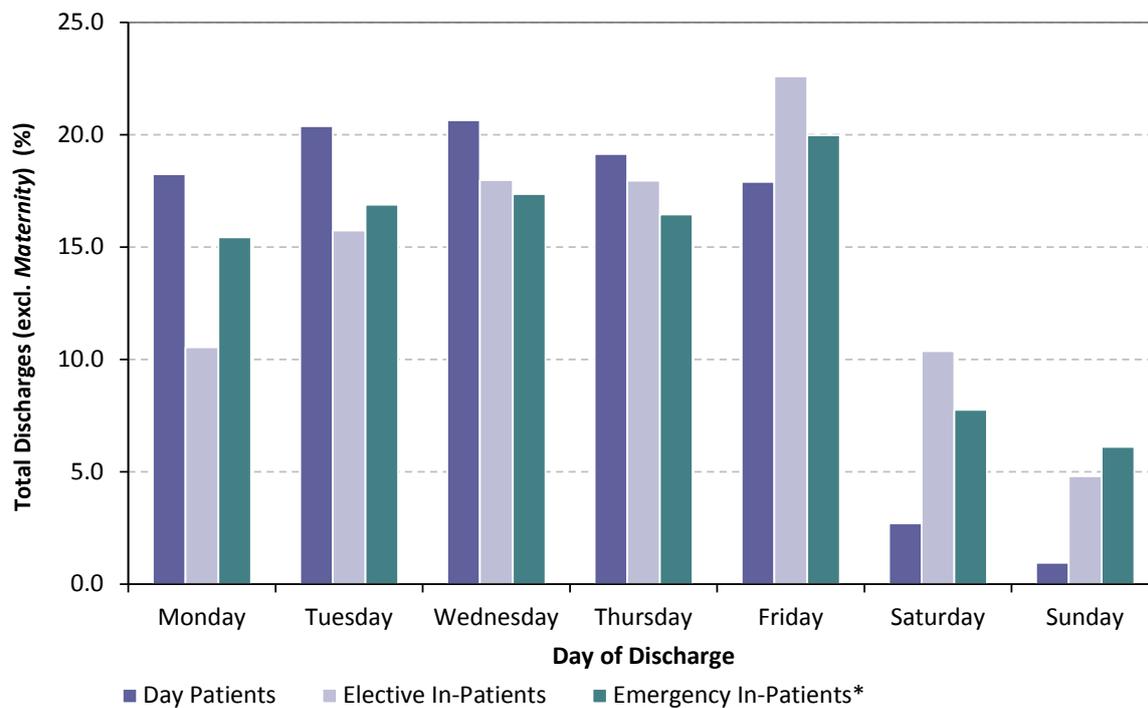
- a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions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

FIGURE 2.11 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Admission (%)



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

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



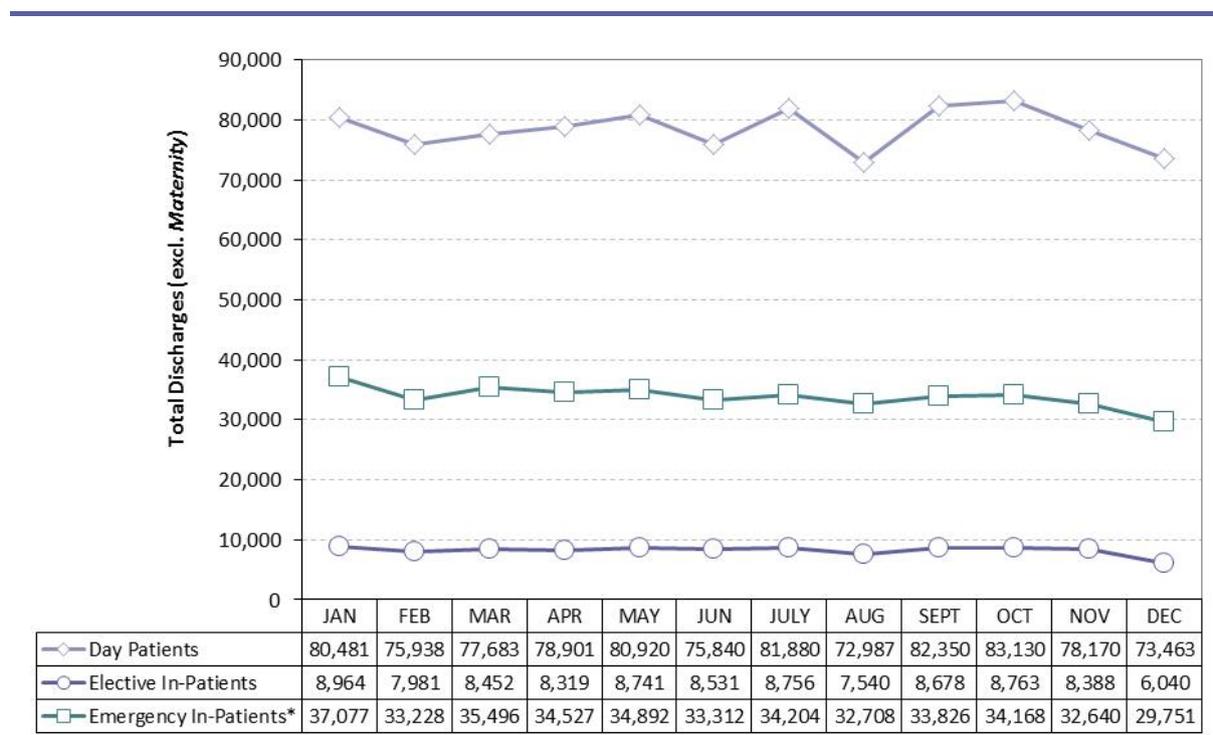
Note: * HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions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

2.4.3 Month of Admission

Figure 2.13 shows total discharges (excl. *Maternity*) by month of admission disaggregated by patient type and admission type. The data presented here are based on discharges admitted and discharged in 2014.

- The largest number of day patients was treated in October with 83,130 discharges, while August recorded the smallest number of day patients (72,987 discharges).
- Admissions were lowest in December for both elective and emergency in-patients. Monthly trends over the rest of the year showed that:
 - * hospital admissions peaked in January for elective in-patients (8,964 discharges), while August recorded the smallest number of elective in-patient admissions with only 7,540 in-patient discharges admitted in this month.
 - * hospital admissions peaked in January for emergency in-patients (37,077 discharges), while the smallest number of emergency in-patients was admitted in November with 32,640 discharges.

FIGURE 2.13 Total Discharges (excl. *Maternity*): Month of Admission by Patient Type and Admission Type (N)



Notes: This does not include 7,699 discharges that were admitted prior to 2014 but were discharged in 2014.

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

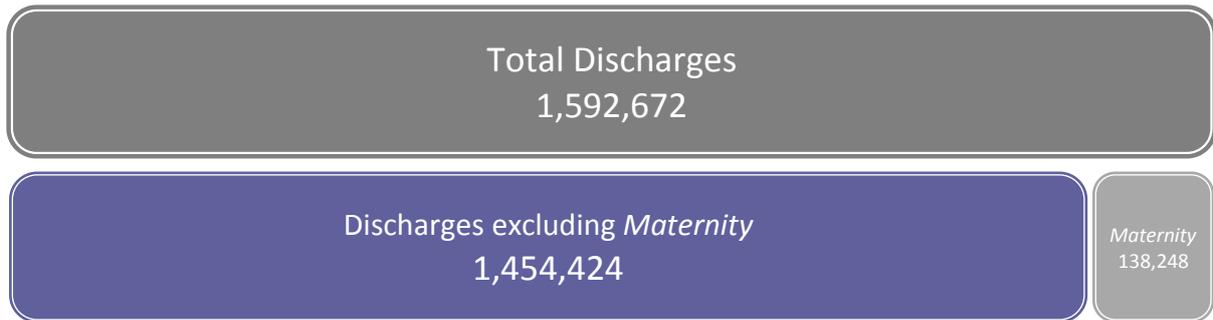
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SECTION

Three

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3.1 INTRODUCTION

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

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

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

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

3.2 CODING OF DIAGNOSES AND PROCEDURES

Coding of HIPE hospital activity is performed by the HIPE Clinical Coder who translates medical terminology into codes; the Coder performs an essential function in providing high quality, accurate, standardised medical information. The source document for coding for the HIPE system is the medical record or chart. Documentation within the medical record includes the discharge summary or letter, nursing notes, consultation reports, progress notes, operative reports, pre- and post-operative reports, and pathology reports. The Coder uses the whole chart to extract the diagnoses and procedures that are critical to representing the essential features of the patient and their hospital stay in accordance with international and national coding standards. Appendix III contains the HIPE Data Entry Form for 2014, which details the information coded for each hospital discharge. No interpretation of test results may be presumed by the Coder and all diagnoses recorded must be documented by a clinician in the chart. The HPO is responsible for the training of all HIPE coders nationally. In 2014 the HPO delivered the first certification course for HIPE coders in collaboration with the School of Computing in the Dublin Institute of Technology (DIT).³

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

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

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

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

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

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

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

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

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

ICD-10-AM Diagnosis Codes					
<p>The 'core' disease classification of ICD-10-AM is the three character code, which is the mandatory level of coding for international reporting to the World Health Organization (WHO) for general international comparisons. This core set of codes has been expanded to four and five character codes so that important specific disease entities can be identified, while also maintaining the ability to present data in broad groups to enable useful and understandable information to be obtained.</p> <p>The ICD-10-AM is a variable-axis classification. Its structure is designed principally to facilitate epidemiological analysis. Diseases are organised in the following groups: epidemic diseases; constitutional or general diseases; local disease arranged by site; developmental diseases; and injuries.</p> <p>Most of the tabular is taken up with the main disease classification composed of 22 chapters. The first character of the ICD-10-AM code is a letter, and each letter is associated with a particular chapter, except for the letter D, which spans both Chapter 2 <i>Neoplasms</i> and Chapter 3 <i>Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</i>, and the letter H, which is used in both Chapter 7 <i>Diseases of the eye and adnexa</i> and Chapter 8 <i>Diseases of the ear and mastoid process</i>. Four chapters (Chapters 1, 2, 19 and 20) use more than one letter in the first position of their codes.</p> <p>WHO intends the codes U00–U99 to be used for provisional assignment of new diseases of uncertain aetiology and for specific research purposes. U50–U71 are used in ICD-10-AM to classify sporting activities previously classified to Y93.0 <i>Activity, While engaged in sports</i>.</p>					
Chapter and Title	Code Prefix	Chapter and Title	Code Prefix		
1	Certain infectious and parasitic diseases	A, B	12	Diseases of the skin and subcutaneous tissue	L
2	Neoplasms	C, D	13	Diseases of the musculoskeletal system and connective tissue	M
3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D	14	Diseases of the genitourinary system	N
4	Endocrine, nutritional and metabolic diseases	E	15	Pregnancy, childbirth and the puerperium	O
5	Mental and behavioural disorders	F	16	Certain conditions originating in the perinatal period	P
6	Diseases of the nervous system	G	17	Congenital malformations, deformations and chromosomal abnormalities	Q
7	Diseases of the eye and adnexa	H	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R
8	Diseases of the ear and mastoid process	H	19	Injury, poisoning and certain other consequences of external causes	S, T
9	Diseases of the circulatory system	I	20	External causes of morbidity and mortality	U, V, W, X, Y
10	Diseases of the respiratory system	J	21	Factors influencing health status and contact with health services	Z
11	Diseases of the digestive system	K	22	Codes for special purposes	U

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

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

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

Australian Classification of Health Interventions (ACHI)	
The Australian Classification of Health Interventions (ACHI) was developed by the NCCH and is generally based on the Commonwealth Medicare Benefits Schedule (MBS).	
The main features of the classification are:	
1) The procedure classification captures procedures and interventions performed in public and private hospitals, day centres and ambulatory settings. Allied health interventions, dental services and procedures performed outside the operating theatre are included. ⁹	
2) The procedure classification is based on the Commonwealth Medicare Benefits Schedule (MBS) and consists of a seven character code in the format xxxxx-xx. Generally, the first five characters represent the MBS item number. A two character extension number has been attached to each MBS item number to represent individual procedural concepts (e.g., 36564-00). The two character extensions are also used in anaesthetic procedure codes to indicate ASA, while in pharmacotherapy they are used to indicate drug type. Other ACHI interventions which are not represented in MBS are allocated a code number from the 90000 series. Note: 97000 code numbers are reserved for dental services.	
3) The structure of the procedure classification is based on anatomy rather than surgical specialty. Chapters closely follow the chapter headings of the WHO ICD-10 to maintain parity with the disease classification.	
4) Nonsurgical procedures are listed separately from the surgical procedures, whenever feasible.	
5) A hierarchical structure with the following axes: <ul style="list-style-type: none"> • First level – anatomical site axis • Second level – procedure type axis • Third level – block axis 	
6) Inclusion of many more procedures which can be utilised in non-institutional settings, such as community based health and ambulatory care.	
Chapter and Title	Chapter and Title
1 Procedures on nervous system	11 Procedures on urinary system
2 Procedures on endocrine system	12 Procedures on male genital organs
3 Procedures on eye and adnexa	13 Gynaecological procedures
4 Procedures on ear and mastoid process	14 Obstetric procedures
5 Procedures on nose, mouth and pharynx	15 Procedures on musculoskeletal system
6 Dental services	16 Dermatological and plastic procedures
7 Procedures on respiratory system	17 Procedures on breast
8 Procedures on cardiovascular system	18 Radiation oncology procedures
9 Procedures on blood and blood-forming organs	19 Non-invasive, cognitive and other interventions, not elsewhere classified
10 Procedures on digestive system	20 Imaging services

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

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

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

3.2.1 Definition of a Diagnosis

In 2014, HIPE collected a principal diagnosis for each discharge, together with up to 29 additional diagnosis codes.

DIAGNOSES

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

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

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

3.2.1.1 Mean Number of Diagnoses Reported

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

- The mean number of diagnoses recorded for total discharges (excl. *Maternity*) was 2.6.
- The mean number of diagnoses recorded for in-patient discharges was 3.8, compared to 2.0 for day patients.
- The mean number of diagnoses recorded was slightly higher for male discharges (2.7) compared with female discharges (2.5).

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

	Day Patients	In-Patients	Total Discharges (excl. <i>Maternity</i>)
Total	2.0	3.8	2.6
Sex			
Male	2.0	3.9	2.7
Female	2.0	3.6	2.5
Age Group			
< 15 Years	1.8	2.6	2.3
15–44 Years	1.7	2.9	2.1
45–64 Years	2.1	3.7	2.5
65 Years and Over	2.2	4.9	3.1

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

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

3.2.2 Definition of a Procedure

In 2014, a principal procedure and up to 19 additional procedure codes for each discharge could be reported to HIPE where appropriate.

PROCEDURES

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

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

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

3.2.2.1 Discharges with a Procedure

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

- Of the 1,454,424 total discharges (excl. *Maternity*), principal procedures were recorded for 1,219,119 discharges (83.8 per cent).
- Over 94 per cent of day patient discharges had a principal procedure recorded.
- Over 64 per cent of in-patient discharges had a principal procedure recorded, with 90.6 per cent of elective in-patients and 57.7 per cent of emergency in-patients undergoing a principal procedure.

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

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

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

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

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

	Total Discharges (excl. <i>Maternity</i>)	Total Discharges (excl. <i>Maternity</i>) with a Principal Procedure	
	N	N	%
Total Discharges (excl. <i>Maternity</i>)	1,454,424	1,219,119	83.8
Day Patients	941,743	890,208	94.5
In-Patients	512,681	328,911	64.2
Elective In-Patients	100,287	90,906	90.6
Emergency In-Patients	412,394	238,005	57.7

3.2.2.2 Mean Number of Procedures Reported

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

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

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

	Day Patients	In-Patients	Total Discharges (excl. <i>Maternity</i>)
Total (excl. <i>Maternity</i>)	1.4	2.9	1.8
Sex			
Male	1.4	3.0	1.8
Female	1.4	2.9	1.8
Age Group			
< 15 Years	1.9	2.5	2.2
15–44 Years	1.5	2.5	1.8
45–64 Years	1.4	3.0	1.7
65 Years and Over	1.3	3.2	1.8

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

3.3 MORBIDITY ANALYSIS: SUMMARY OF DAY PATIENT AND IN-PATIENT ACTIVITY

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

3.3.1 Day Patient Activity (excl. *Maternity*)

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

Day Patients – Profile

- Day patient discharges accounted for 64.8 per cent of total discharges (excl. *Maternity*).
- Day patients aged 65–74 years accounted for 21.3 per cent of day patient discharges.

Day Patients – Top 20 Principal Diagnoses

- Day patients with a principal diagnosis of *other medical care* (includes *chemotherapy* and *radiotherapy* encounters) and those with a principal diagnosis of *care involving dialysis* accounted for 18.2 and 18.1 per cent of day patient discharges respectively.¹⁸

Day Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 94.5 per cent of day patient discharges (see Table 3.4).
- Procedures from the block *haemodialysis* were reported as a principal procedure for 19.1 per cent of day patients with at least one procedure.

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

- The top three AR-DRGs accounted for 36 per cent of day patient discharges reported to HIPE when analysed by diagnosis related group.¹⁹
- *Haemodialysis* accounted for 18.0 per cent, while *chemotherapy* and *radiotherapy* accounted for 10.8 and 7.1 per cent of day patient discharges respectively.

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

¹⁸ Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

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

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

Top 20 Principal Diagnoses ^a			Day Patients			Top 20 Principal Procedure Blocks ^b					
	N	%	941,743				N	%			
Z51	Other medical care ^{c,d}	171,536	18.2	Sex		1060	Haemodialysis	169,909	19.1		
Z49	Care involving dialysis	170,043	18.1	N		1920	Administration of pharmacotherapy	135,189	15.2		
E83	Disorders of mineral metabolism	21,327	2.3	%		1788	Megavoltage radiation treatment ^d	62,830	7.1		
L40	Psoriasis	18,589	2.0	Male	471,785	50.1	1008	Panendoscopy with excision	44,313	5.0	
K29	Gastritis and duodenitis	13,476	1.4	Female	469,958	49.9	1620	Excision of lesion(s) of skin and subcutaneous tissue	36,279	4.1	
H35	Other retinal disorders	13,433	1.4	Age Group		0911	Fibreoptic colonoscopy with excision	29,232	3.3		
M54	Dorsalgia	10,506	1.1	N		0905	Fibreoptic colonoscopy	26,978	3.0		
C44	Other malignant neoplasms of skin	9,839	1.0	%		0725	Other incision procedures on veins	21,295	2.4		
M25	Other joint disorders, not elsewhere classified	9,059	1.0	< 1 Year	4,337	0.5	1552	Administration of agent into other musculoskeletal sites	20,099	2.3	
K57	Diverticular disease of intestine	8,488	0.9	1–14 Years	43,114	4.6	0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	18,209	2.0	
I84	Haemorrhoids	8,483	0.9	15–24 Years	34,937	3.7	1610	Ultraviolet B [UVB] light therapy of skin	17,853	2.0	
K44	Diaphragmatic hernia	8,050	0.9	25–34 Years	70,906	7.5	1893	Administration of blood and blood products	14,835	1.7	
E11	Type 2 diabetes mellitus	7,423	0.8	35–44 Years	105,543	11.2	1089	Examination procedures on bladder	14,651	1.6	
Z45	Adjustment and management of implanted device	7,406	0.8	45–54 Years	143,837	15.3	0668	Coronary angiography	9,856	1.1	
Z08	Follow-up examination after treatment for malignant neoplasms	7,139	0.8	55–64 Years	177,195	18.8	1005	Panendoscopy	8,797	1.0	
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	7,075	0.8	65–74 Years	200,808	21.3	0197	Extracapsular crystalline lens extraction by phacoemulsification	8,581	1.0	
R10	Abdominal and pelvic pain	6,986	0.7	75–84 Years	130,761	13.9	0544	Bronchoscopy with biopsy or removal of foreign body	5,991	0.7	
Z48	Other surgical follow-up care	6,311	0.7	85 Years and Over	30,305	3.2	1601	Dressing of other wound	5,985	0.7	
K21	Gastro-oesophageal reflux disease	6,187	0.7	Top 10 AR-DRGs		1618	Biopsy of skin and subcutaneous tissue	4,937	0.6		
D12	Benign neoplasm of colon, rectum, anus and anal canal	6,036	0.6	N		1259	Examination procedures on uterus	4,840	0.5		
				%							
Admission Source			Discharge Destination								
Home			Home			L61Z			Haemodialysis		
Long stay accommodation			Long stay accommodation			R63Z			Chemotherapy		
Transfer from other hospital			Transfer to other hospital			R64Z			Radiotherapy ^d		
Other			Other			G48C			Colonoscopy, Sameday		
						G47C			Other Gastroscopy, Sameday		
						J11Z			Other Skin, Subcutaneous Tissue and Breast Procedures		
						Q61B			Red blood cell disorders w/o catastrophic or severe cc		
						Z64B			Other factors influencing health status, sameday		
						J68C			Major skin disorders, sameday		
						C03Z			Retinal procedures		

Notes: Percentage columns are subject to rounding.

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

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

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

d Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

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

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

In-Patients – Profile

- In-patient discharges accounted for 35.2 per cent of total discharges (excl. *Maternity*).
- Over 96 per cent (496,379) of in-patients were acute in-patient discharges (i.e., those with a length of stay of 30 days or less); they used 68.3 per cent of in-patient bed days (excl. *Maternity*). Extended stay in-patients accounted for 3.2 per cent of in-patient discharges and 31.7 per cent of in-patient bed days.

In-Patients – Top 20 Principal Diagnoses

- In-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 3.9 per cent of in-patient discharges.
- In-patient discharges with a principal diagnosis of *unspecified acute lower respiratory infection* and those with a principal diagnosis of *other chronic obstructive pulmonary disease* each accounted for 2.7 per cent of in-patient discharges.

In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 64.2 per cent of total in-patient discharges (Table 3.4).
- Procedures from the block *generalised allied health interventions* were reported for 16.6 per cent of in-patient discharges with at least one procedure reported. This block includes interventions such as physiotherapy, pharmacy, dietetics, occupational therapy, speech pathology and social work. Together, these six interventions accounted for over 92 per cent of cases within this procedure block.

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

- The top three AR-DRGs accounted for 7.9 per cent of in-patient discharges when analysed by diagnosis related group.²⁰
- *Chest pain* accounted for 3.6 per cent of in-patient discharges. *Chronic obstructive airways disease w/o catastrophic cc* and *abdominal pain or mesenteric adenitis* each accounted for 2.1 per cent of in-patient discharges.

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

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

Top 20 Principal Diagnoses ^a		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
R07	Pain in throat and chest	19,754	3.9	1.8	1.8
J22	Unspecified acute lower respiratory infection	13,936	2.7	6.5	5.1
J44	Other chronic obstructive pulmonary disease	13,839	2.7	8.1	6.5
N39	Other disorders of urinary system	11,968	2.3	8.2	5.5
R10	Abdominal and pelvic pain	11,731	2.3	2.2	2.2
J18	Pneumonia, organism unspecified	10,030	2.0	10.2	7.1
R55	Syncope and collapse	9,297	1.8	5.0	3.7
R51	Headache	7,002	1.4	2.0	2.0
I48	Atrial fibrillation and flutter	6,810	1.3	4.3	3.8
I21	Acute myocardial infarction	6,178	1.2	6.9	5.8
K35	Acute appendicitis	6,064	1.2	3.3	3.2
A09	Other gastroenteritis and colitis of infectious and unspecified origin	5,972	1.2	3.7	3.1
L03	Cellulitis	5,913	1.2	7.0	5.3
I50	Heart failure	5,911	1.2	11.4	8.0
K80	Cholelithiasis	5,883	1.1	4.6	4.3
I25	Chronic ischaemic heart disease	5,091	1.0	4.8	4.2
S52	Fracture of forearm	5,016	1.0	2.3	2.0
R06	Abnormalities of breathing	4,777	0.9	2.1	2.0
Z50	Care involving use of rehabilitation procedures	4,502	0.9	30.7	13.3
I63	Cerebral infarction	4,385	0.9	19.5	9.6

Admission Source		N	%
Home		464,803	90.7
Long stay accommodation		9,416	1.8
Transfer from other hospital		26,976	5.3
Other		11,486	2.2

Discharge Destination		N	%
Home		444,696	86.7
Long stay accommodation		23,890	4.7
Transfer to other hospital		26,940	5.3
Died		11,019	2.1
Other		6,136	1.2

In-Patients			
512,681			
Discharges	N	%	
Total	512,681	100	
Acute	496,379	96.8	
Extended	16,302	3.2	
Bed Days	N	%	
Total	3,218,570	100	
Acute	2,198,070	68.3	
Extended	1,020,500	31.7	
Length of Stay	Mean		
Total	6.3		
Acute	4.4		
Extended	62.6		
Sex	N	%	
Male	258,576	50.4	
Female	254,105	49.6	
Age Group	N	%	
< 1 Year	28,287	5.5	
1–14 Years	56,859	11.1	
15–24 Years	33,207	6.5	
25–34 Years	37,397	7.3	
35–44 Years	46,097	9.0	
45–54 Years	53,854	10.5	
55–64 Years	66,470	13.0	
65–74 Years	79,191	15.4	
75–84 Years	75,429	14.7	
85 Years and Over	35,890	7.0	

Top 20 Principal Procedure Blocks ^b		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
1916	Generalised allied health interventions	54,729	16.6	11.5	7.7
1952	Computerised tomography of brain	34,871	10.6	8.9	5.0
1920	Administration of pharmacotherapy	10,423	3.2	7.2	5.4
1963	Computerised tomography of abdomen and pelvis	9,402	2.9	6.3	5.2
2015	Magnetic resonance imaging	9,248	2.8	9.0	6.6
1966	Other computerised tomography	7,658	2.3	7.8	6.1
1008	Panendoscopy with excision	7,169	2.2	9.3	6.6
0926	Appendicectomy	6,665	2.0	3.2	3.1
1893	Administration of blood and blood products	6,514	2.0	8.4	5.9
0668	Coronary angiography	6,382	1.9	5.4	4.8
1489	Arthroplasty of hip	5,176	1.6	10.0	7.4
0412	Tonsillectomy or adenoidectomy	4,180	1.3	1.3	1.2
0570	Noninvasive ventilatory support	3,651	1.1	14.6	9.4
1961	Computerised tomography of chest, abdomen and pelvis	3,591	1.1	9.9	7.8
0965	Cholecystectomy	3,299	1.0	3.4	3.2
0030	Lumbar puncture	3,169	1.0	7.2	5.3
0569	Ventilatory support	3,167	1.0	21.9	9.2
0671	Transluminal coronary angioplasty with stenting	3,138	1.0	3.9	3.5
1828	Sleep study	3,072	0.9	1.2	1.2
1960	Computerised tomography of chest	3,036	0.9	9.7	7.5

Top 10 AR-DRGs		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
F74Z	Chest Pain	18,546	3.6	1.7	1.7
E65B	Chronic obstructive airways disease w/o catastrophic cc	10,955	2.1	6.1	5.5
G66Z	Abdominal pain or mesenteric adenitis	10,951	2.1	2.0	2.0
B77Z	Headache	10,262	2.0	2.0	2.0
G67B	Oesophagitis and gastroenteritis w/o cat/sev cc	10,096	2.0	2.2	2.2
G70B	Other digestive system diagnoses w/o catastrophic or severe cc	9,395	1.8	2.9	2.8
D63Z	Otitis media and URI	9,325	1.8	2.0	2.0
L63B	Kidney and urinary tract Infections w/o catastrophic or severe cc	8,559	1.7	5.4	4.4
F73B	Syncope and collapse w/o catastrophic or severe cc	7,897	1.5	3.0	2.8
E75C	Other respiratory system diagnosis w/o cc	7,728	1.5	3.0	2.8

Notes: Percentage columns are subject to rounding.

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

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

c

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

d

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

3.3.2.1 Elective In-Patient Activity

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

Elective In-Patients – Profile

- Elective in-patient discharges accounted for 6.9 per cent of total discharges (excl. *Maternity*) and 19.6 per cent of in-patients.
- Elective in-patient discharges accounted for 669,262 bed days, or 20.8 per cent of total in-patient bed days (see Table 3.7).
- Over 87 per cent of elective in-patient discharges were admitted from home and a further 12.1 per cent were admitted by transfer from another hospital.
- Over 91 per cent of elective in-patient discharges were discharged home.

Elective In-Patients – Top 20 Principal Diagnoses

- Elective in-patients with a principal diagnosis of *chronic diseases of tonsils and adenoids* accounted for 4.1 per cent of elective in-patient discharges.
- *Care involving use of rehabilitation procedures* also accounted for 4.1 per cent of elective in-patient discharges, and reported the longest acute mean length of stay of the top 20 principal diagnoses for elective in-patient discharges at 14.3 days.

Elective In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 90.6 per cent of elective in-patient discharges (see Table 3.4).
- The procedure block *generalised allied health interventions* was reported for 10.2 per cent of elective in-patients who had a principal procedure reported.
- Almost five per cent of elective in-patient discharges with a principal procedure reported had a principal procedure from the block *tonsillectomy or adenoidectomy* reported, with an acute mean length of stay of 1.2 days.

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

- The top three AR-DRGs accounted for 10.7 per cent of elective in-patient discharges reported to HIPE when analysed by diagnosis related group.²¹
- *Tonsillectomy and/or adenoidectomy* accounted for 4.2 per cent of elective in-patient discharges, *hip replacement w/o catastrophic cc* and *rehabilitation w/o catastrophic cc* each accounted for 3.3 per cent of elective in-patient discharges.

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

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

Top 20 Principal Diagnoses ^a		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
J35	Chronic diseases of tonsils and adenoids	4,117	4.1	1.2	1.2
Z50	Care involving use of rehabilitation procedures	4,107	4.1	32.5	14.3
M16	Coxarthrosis [arthrosis of hip]	3,413	3.4	5.4	5.2
G47	Sleep disorders	2,727	2.7	1.2	1.2
Z48	Other surgical follow-up care	2,424	2.4	13.1	7.2
I25	Chronic ischaemic heart disease	2,402	2.4	3.5	3.1
M17	Gonarthrosis [arthrosis of knee]	2,321	2.3	5.2	5.1
K80	Cholelithiasis	2,252	2.2	2.3	2.2
C50	Malignant neoplasm of breast	1,893	1.9	5.3	4.3
N81	Female genital prolapse	1,538	1.5	3.8	3.8
K40	Inguinal hernia	1,418	1.4	1.7	1.6
Z51	Other medical care	1,274	1.3	17.5	10.7
C34	Malignant neoplasm of bronchus and lung	1,103	1.1	11.0	8.4
N39	Other disorders of urinary system	1,053	1.0	4.3	3.3
C67	Malignant neoplasm of bladder	895	0.9	5.5	4.8
C18	Malignant neoplasm of colon	888	0.9	11.0	8.5
J44	Other chronic obstructive pulmonary disease	776	0.8	10.2	7.6
R06	Abnormalities of breathing	770	0.8	1.7	1.7
M51	Other intervertebral disc disorders	745	0.7	3.2	2.8
I48	Atrial fibrillation and flutter	714	0.7	2.8	2.3

Admission Source		N	%
Home		87,727	87.5
Long stay accommodation		348	0.3
Transfer from other hospital		12,178	12.1
Other		34	0.0

Discharge Destination		N	%
Home		91,868	91.6
Long stay accommodation		2,891	2.9
Transfer to other hospital		4,065	4.1
Died		962	1.0
Other		501	0.5

Discharges		N	%
Total		100,287	100
Acute		96,267	96.0
Extended		4,020	4.0

Bed Days		N	%
Total		669,262	100
Acute		428,780	64.1
Extended		240,482	35.9

Length of Stay		Mean
Total		6.7
Acute		4.5
Extended		59.8

Sex		N	%
Male		49,340	49.2
Female		50,947	50.8

Age Group		N	%
< 1 Year		1,643	1.6
1–14 Years		9,917	9.9
15–24 Years		4,965	5.0
25–34 Years		6,132	6.1
35–44 Years		9,614	9.6
45–54 Years		12,871	12.8
55–64 Years		17,527	17.5
65–74 Years		19,659	19.6
75–84 Years		14,051	14.0
85 Years and Over		3,908	3.9

Elective In-Patients		100,287			
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Top 20 Principal Procedure Blocks ^b		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
1916	Generalised allied health interventions	9,284	10.2	21.8	11.2
0412	Tonsillectomy or adenoidectomy	4,151	4.6	1.2	1.2
1489	Arthroplasty of hip	3,445	3.8	5.7	5.4
1920	Administration of pharmacotherapy	3,062	3.4	8.5	5.4
1828	Sleep Study	2,978	3.3	1.1	1.1
0965	Cholecystectomy	2,492	2.7	2.2	2.1
1518	Arthroplasty of knee	2,109	2.3	5.5	5.5
1268	Abdominal hysterectomy	1,597	1.8	5.7	5.6
0990	Repair of inguinal hernia	1,389	1.5	1.7	1.6
0668	Coronary angiography	1,350	1.5	2.9	2.6
1893	Administration of blood and blood products	1,254	1.4	5.2	3.9
0671	Transluminal coronary angioplasty with stenting	1,082	1.2	1.8	1.6
1620	Excision of lesion(s) of skin and subcutaneous tissue	965	1.1	3.6	3.0
0913	Colectomy	934	1.0	12.1	9.7
2015	Magnetic resonance imaging	930	1.0	7.3	5.5
1748	Simple mastectomy	856	0.9	4.7	4.6
1744	Excision of lesion of breast	837	0.9	1.9	1.9
1283	Repair of prolapse of uterus, pelvic floor or enterocele	835	0.9	3.5	3.5
1008	Panendoscopy with excision	767	0.8	5.8	4.7
1269	Vaginal hysterectomy	763	0.8	4.1	4.1

Top 10 AR-DRGs		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
D11Z	Tonsillectomy and/or adenoidectomy	4,185	4.2	1.2	1.2
I03B	Hip replacement w/o catastrophic cc	3,306	3.3	5.3	5.3
Z60B	Rehabilitation w/w catastrophic cc	3,287	3.3	28.0	14.1
Z63B	Other surgical follow up and medical care w/o catastrophic cc	2,830	2.8	12.6	7.9
H08B	Laparoscopic cholecystectomy w/o closed CDE w/o cat or sev cc	2,104	2.1	1.5	1.5
E63Z	Sleep apnoea	1,969	2.0	1.2	1.2
I04B	Knee replacement w/o catastrophic or severe cc	1,885	1.9	5.1	5.1
G10B	Hernia procedures w/o cc	1,876	1.9	1.8	1.7
J06Z	Major procedures for breast conditions	1,849	1.8	2.9	2.9
N04B	Hysterectomy for non-malignancy w/o catastrophic or severe cc	1,654	1.6	4.5	4.5

Notes: Percentage columns are subject to rounding.

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

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

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

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

3.3.2.2 Emergency In-Patient Activity

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

Emergency In-Patients – Profile

- Emergency in-patient discharges accounted for 28.4 per cent of total discharges (excl. *Maternity*) and 80.4 per cent of in-patients.
- Emergency in-patient discharges accounted for 79.2 per cent of in-patient bed days (see Table 3.7).
- Over 64 per cent of emergency in-patient discharges were admitted from an Emergency Department, with 9.6 per cent admitted via a medical assessment unit (where they were treated as an in-patient).

Emergency In-Patients – Top 20 Principal Diagnoses

- Emergency in-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 4.7 per cent of emergency in-patients.
- Emergency in-patient discharges with a principal diagnosis of *unspecified acute lower respiratory infection* and those with a principal diagnosis of *other chronic obstructive pulmonary disease* accounted for 3.3 and 3.2 per cent of emergency in-patient discharges respectively.

Emergency In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 57.7 per cent of emergency in-patient discharges (see Table 3.4).
- Procedures from the block *generalised allied health interventions* were reported for 19.1 per cent of emergency in-patient discharges with a procedure recorded.

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

- The top three AR-DRGs accounted for 9.5 per cent of emergency in-patient discharges reported to HIPE when analysed by diagnosis related group.²⁴
- *Chest pain* accounted for 4.4 per cent of emergency in-patient discharges. *Abdominal pain or mesenteric adenitis* and *chronic obstructive airways disease w/o catastrophic cc* accounted for 2.6 and 2.5 per cent of emergency in-patient discharges respectively.

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

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

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

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

Top 20 Principal Diagnoses ^a		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
R07	Pain in throat and chest	19,411	4.7	1.8	1.8
J22	Unspecified acute lower respiratory infection	13,622	3.3	6.4	5.1
J44	Other chronic obstructive pulmonary disease	13,063	3.2	7.9	6.4
R10	Abdominal and pelvic pain	11,374	2.8	2.2	2.2
N39	Other disorders of urinary system	10,915	2.6	8.5	5.7
J18	Pneumonia, organism unspecified	9,813	2.4	10.1	7.1
R55	Syncopal and collapse	9,114	2.2	5.0	3.7
R51	Headache	6,856	1.7	2.0	1.9
I48	Atrial fibrillation and flutter	6,096	1.5	4.5	4.0
K35	Acute appendicitis	6,018	1.5	3.4	3.2
A09	Other gastroenteritis and colitis of infectious and unspecified origin	5,832	1.4	3.7	3.1
L03	Cellulitis	5,777	1.4	7.0	5.3
I21	Acute myocardial infarction	5,645	1.4	7.0	5.9
I50	Heart failure	5,643	1.4	11.3	7.9
S52	Fracture of forearm	4,677	1.1	2.3	2.0
I63	Cerebral infarction	4,299	1.0	19.3	9.6
S72	Fracture of femur	4,232	1.0	17.5	11.1
B34	Viral infection of unspecified site	4,141	1.0	1.8	1.8
R56	Convulsions, not elsewhere classified	4,015	1.0	3.4	2.8
R06	Abnormalities of breathing	4,007	1.0	2.1	2.0

Emergency In-Patients		
412,394		
Discharges	N	%
Total	412,394	100
Acute	400,112	97.0
Extended	12,282	3.0
Bed Days	N	%
Total	2,549,308	100
Acute	1,769,290	69.4
Extended	780,018	30.6
Length of Stay	Mean	
Total	6.2	
Acute	4.4	
Extended	63.5	

Admission Source		N	%
Home		377,076	91.4
Long stay accommodation		9,068	2.2
Transfer from other hospital		14,798	3.6
Other		11,452	2.8

Discharge Destination		N	%
Home		352,828	85.6
Long stay accommodation		20,999	5.1
Transfer to other hospital		22,875	5.5
Died		10,057	2.4
Other		5,635	1.4

Mode of Emergency Admission		N	%
Emergency Department		266,431	64.6
Medical assessment unit - admitted as in-patient		39,454	9.6
Medical assessment unit - day only		56,496	13.7
Other		49,986	12.1
Unknown		27	0.0

Sex		
Male	209,236	50.7
Female	203,158	49.3

Age Group		
< 1 Year	26,644	6.5
1–14 Years	46,942	11.4
15–24 Years	28,242	6.8
25–34 Years	31,265	7.6
35–44 Years	36,483	8.8
45–54 Years	40,983	9.9
55–64 Years	48,943	11.9
65–74 Years	59,532	14.4
75–84 Years	61,378	14.9
85 Years and Over	31,982	7.8

Top 20 Principal Procedure Blocks ^b		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
1916	Generalised allied health interventions	45,445	19.1	9.4	7.1
1952	Computerised tomography of brain	34,288	14.4	8.8	5.0
1963	Computerised tomography of abdomen and pelvis	9,194	3.9	6.2	5.2
2015	Magnetic resonance imaging	8,318	3.5	9.2	6.7
1966	Other computerised tomography	7,405	3.1	7.8	6.1
1920	Administration of pharmacotherapy	7,361	3.1	6.7	5.4
0926	Appendicectomy	6,508	2.7	3.2	3.2
1008	Panendoscopy with excision	6,402	2.7	9.8	6.8
1893	Administration of blood and blood products	5,260	2.2	9.1	6.3
0668	Coronary angiography	5,032	2.1	6.0	5.4
1961	Computerised tomography of chest, abdomen and pelvis	3,292	1.4	10.0	7.9
0570	Noninvasive ventilatory support	3,175	1.3	15.9	10.5
0569	Ventilatory support	3,081	1.3	21.6	9.2
0030	Lumbar puncture	2,976	1.3	7.2	5.3
1960	Computerised tomography of chest	2,821	1.2	9.7	7.5
1962	Computerised tomography of abdomen	2,460	1.0	6.2	5.1
1005	Panendoscopy	2,272	1.0	11.0	7.3
1427	Closed reduction of fracture of radius	2,079	0.9	1.7	1.5
0671	Transluminal coronary angioplasty with stenting	2,056	0.9	5.0	4.4
0911	Fibreoptic colonoscopy with excision	1,980	0.8	10.3	8.0

Top 10 AR-DRGs		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
F74Z	Chest pain	18,310	4.4	1.7	1.7
G66Z	Abdominal pain or mesenteric adenitis	10,781	2.6	2.0	2.0
E65B	Chronic obstructive airways disease w/o catastrophic cc	10,229	2.5	5.8	5.3
B77Z	Headache	10,086	2.4	2.0	1.9
G67B	Oesophagitis and gastroenteritis w/o cat/sev cc	9,928	2.4	2.2	2.1
D63Z	Otitis media and URI	9,108	2.2	2.0	2.0
G70B	Other digestive system diagnoses w/o catastrophic or severe cc	8,815	2.1	2.8	2.8
L63B	Kidney and urinary tract infections w/o catastrophic or severe cc	8,332	2.0	5.3	4.4
F73B	Syncopal and collapse w/o catastrophic or severe cc	7,761	1.9	3.0	2.8
E75C	Other respiratory system diagnosis w/o cc	7,571	1.8	2.9	2.8

Notes: Percentage columns are subject to rounding.

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

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

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

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

3.4 MORBIDITY ANALYSIS: TOTAL DISCHARGE ACTIVITY (EXCL. MATERNITY)

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

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

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

- Over 28 per cent of total discharges (excl. *Maternity*) had a principal diagnosis of *factors influencing health status and contact with health services*; this includes persons encountering health services for examination and investigation or for specific procedures and health care (e.g., *chemotherapy, radiotherapy and dialysis*).²⁶
- The chapter *diseases of the digestive system* had the second largest number of principal diagnoses, with 10.1 per cent of total discharges (excl. *Maternity*).
- For discharges aged less than 15 years (including discharges < 1 year), the most common principal diagnosis came from the chapter *diseases of the respiratory system*, which accounted for 13.6 per cent of total discharges within this age category.
- Diagnoses from the chapter *factors influencing health status and contact with health services* were the most common principal diagnoses for the remaining age categories.

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

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

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

²⁶ Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

patient on discharge. For example, a patient with a length of stay of one day for a diagnosis of chronic ischaemic heart disease may be transferred to another facility on discharge. Care must be taken, therefore, in interpreting the data on mean length of stay presented in Table 3.11, in the absence of information on discharge destination.²⁷ Discussion of acute in-patient mean length of stay is limited to ICD-10-AM chapter level.

- The longest acute in-patient mean length of stay was recorded for acute in-patient discharges with a principal diagnosis of *neoplasms* (7.0 days). When this diagnosis is analysed by sex, male discharges reported 7.4 days and females reported 6.5 days.
- For discharges aged less than 15 years, those with a principal diagnosis of *congenital malformations, deformations and chromosomal abnormalities* recorded an acute in-patient mean length of stay of 4.3 days.
- The longest acute in-patient mean length of stay for discharges aged 15–44 years was reported for those with a principal diagnosis of *neoplasms*, at 5.2 days.
- The shortest acute in-patient mean length of stay for all ages was recorded for acute in-patient discharges with a principal diagnosis from the chapter *diseases of the ear and mastoid process* (2.3 days). When analysed by age group, 1.6 days was reported for discharges aged less than 15 years and 3.6 days for discharges aged 65 years and older.

3.4.3 All-Listed Diagnoses by Sex and Age Group

Table 3.12 provides details of all-listed diagnoses reported by sex and age group. Over 3.8 million diagnoses were recorded for total discharges (excl. *Maternity*) reported to HIPE. As one principal diagnosis and up to 29 secondary diagnoses may be collected per discharge, the number of diagnoses will not equal the number of discharges.

- The chapter *factors influencing health status and contact with health services* was the most frequently reported diagnosis across both sexes and all age groups for total discharges (excl. *Maternity*). It accounted for 868,149 diagnoses, or 22.7 per cent of all-listed diagnoses (excl. *Maternity*) reported.
- *Neoplasms* accounted for 477,174 diagnoses or 12.5 per cent of all-listed diagnoses reported for total discharges (excl. *Maternity*).
- For total discharges (excl. *Maternity*) aged less than 15 years, *external causes of morbidity and mortality* accounted for 12.3 per cent of all-listed diagnoses reported for this age group.²⁸

²⁷ See Section Two for details of discharge destination.

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

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

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. <i>Maternity</i>)					Total Discharges (excl. <i>Maternity</i>)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. <i>Maternity</i>)	–	73,737	146,298	216,189	294,137	730,361	58,860	181,789	225,167	258,247	724,063	132,597	328,087	441,356	552,384	1,454,424
Certain infectious and parasitic diseases	A00–B99	5,810	3,311	2,023	2,330	13,474	5,030	3,367	2,244	2,913	13,554	10,840	6,678	4,267	5,243	27,028
Intestinal infectious diseases including diarrhoea	A00–A09	3,306	1,186	842	954	6,288	3,003	1,605	1,182	1,556	7,346	6,309	2,791	2,024	2,510	13,634
Tuberculosis	A15–A19	11	91	46	32	180	7	75	47	23	152	18	166	93	55	332
Septicaemia	A40–A41	104	112	259	846	1,321	71	127	258	800	1,256	175	239	517	1,646	2,577
Human immunodeficiency virus [HIV] disease	B20–B24	†	†	†	†	†	†	†	†	†	†	†	†	†	†	48
Neoplasms	C00–D48	2,636	7,567	19,328	32,081	61,612	2,735	14,867	21,183	24,342	63,127	5,371	22,434	40,511	56,423	124,739
Malignant neoplasms	C00–C96	1,952	3,717	14,235	23,849	43,753	1,988	4,682	14,206	17,879	38,755	3,940	8,399	28,441	41,728	82,508
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	0	153	1,361	2,614	4,128	~	*	1,020	1,433	2,665	~	*	2,381	4,047	6,793
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	0	56	1,082	1,860	2,998	0	81	1,022	1,557	2,660	0	137	2,104	3,417	5,658
Malignant neoplasm of skin (primary)	C43–C44	~	*	1,611	5,025	7,008	~	*	1,222	3,355	4,986	7	774	2,833	8,380	11,994
Malignant neoplasm of breast (primary)	C50	0	~	~	32	40	0	1,342	4,073	2,766	8,181	0	*	*	2,798	8,221
Malignant neoplasms of female genital organs (primary)	C51–C58	0	0	0	0	0	30	547	1,467	1,191	3,235	30	547	1,467	1,191	3,235
Malignant neoplasm of prostate (primary)	C61	0	24	1,580	2,421	4,025	0	0	0	0	0	0	24	1,580	2,421	4,025
Malignant neoplasm of bladder (primary)	C67	~	*	368	1,306	1,708	0	16	158	442	616	~	*	526	1,748	2,324
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	1,004	1,516	3,757	5,123	11,400	858	1,084	2,299	3,532	7,773	1,862	2,600	6,056	8,655	19,173
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	683	3,797	4,805	7,291	16,576	744	7,866	5,963	5,226	19,799	1,427	11,663	10,768	12,517	36,375
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50–D89	2,235	1,946	2,237	3,916	10,334	1,757	3,032	2,583	4,258	11,630	3,992	4,978	4,820	8,174	21,964
Endocrine, nutritional and metabolic diseases	E00–E89	1,305	7,123	11,603	8,713	28,744	1,410	4,188	5,596	7,140	18,334	2,715	11,311	17,199	15,853	47,078
Diabetes mellitus	E10–E14	272	1,051	2,806	4,350	8,479	296	909	1,443	3,352	6,000	568	1,960	4,249	7,702	14,479
Cystic fibrosis	E84	319	1,065	*	~	1,494	348	994	*	~	1,420	667	2,059	*	~	2,914
Mental and behavioural disorders	F00–F99	323	1,278	1,070	764	3,435	219	936	699	828	2,682	542	2,214	1,769	1,592	6,117
Mental and behavioural disorders due to alcohol	F10	35	639	712	197	1,583	26	258	284	85	653	61	897	996	282	2,236
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	~	148	21	~	174	~	74	14	*	99	~	222	35	*	273
Diseases of nervous system	G00–G99	1,535	4,383	4,937	4,417	15,272	1,289	6,856	5,686	4,376	18,207	2,824	11,239	10,623	8,793	33,479
Multiple sclerosis	G35	0	1,147	531	60	1,738	0	2,366	1,144	91	3,601	0	3,513	1,675	151	5,339
Epilepsy	G40, G41	652	877	481	307	2,317	543	707	349	282	1,881	1,195	1,584	830	589	4,198
Transient cerebral ischaemic attacks and related syndromes	G45	~	*	437	1,035	1,531	0	58	351	1,242	1,651	~	*	788	2,277	3,182
Diseases of the eye and adnexa	H00–H59	709	1,737	4,108	11,473	18,027	676	1,744	3,692	15,930	22,042	1,385	3,481	7,800	27,403	40,069
Diseases of the ear and mastoid process	H60–H95	2,223	1,248	1,006	795	5,272	1,585	1,307	1,084	775	4,751	3,808	2,555	2,090	1,570	10,023
Diseases of the circulatory system	I00–I99	631	5,623	16,517	23,812	46,583	532	5,457	9,111	17,977	33,077	1,163	11,080	25,628	41,789	79,660
Hypertensive diseases	I10–I15	37	293	468	319	1,117	29	246	431	513	1,219	66	539	899	832	2,336
Angina pectoris	I20	0	126	1,342	1,740	3,208	0	59	593	919	1,571	0	185	1,935	2,659	4,779
Acute myocardial infarction	I21–I22	0	265	2,016	2,395	4,676	0	57	429	1,435	1,921	0	322	2,445	3,830	6,597
Other ischaemic heart disease	I23–I25	~	*	3,245	4,024	7,522	~	*	1,085	1,810	2,970	6	322	4,330	5,834	10,492
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	~	*	337	408	892	*	*	224	553	966	11	325	561	961	1,858
Conduction disorders and cardiac arrhythmias	I44–I49	80	678	2,579	4,378	7,715	81	360	993	3,384	4,818	161	1,038	3,572	7,762	12,533
Heart failure	I50	~	*	421	2,941	3,396	*	*	182	2,415	2,631	9	59	603	5,356	6,027
Cerebrovascular disease	I60–I69	29	190	1,187	2,598	4,004	25	219	714	2,532	3,490	54	409	1,901	5,130	7,494
Atherosclerosis (non-coronary)	I70	~	*	380	799	1,203	0	24	149	416	589	~	*	529	1,215	1,792
Diseases of the respiratory system	J00–J99	10,382	5,826	7,490	16,890	40,588	7,686	7,384	7,979	16,366	39,415	18,068	13,210	15,469	33,256	80,003
Acute upper respiratory infections and influenza	J00–J11	3,247	910	226	205	4,588	2,404	1,310	361	249	4,324	5,651	2,220	587	454	8,912
Pneumonia	J12–J18	673	539	942	3,426	5,580	575	532	814	3,244	5,165	1,248	1,071	1,756	6,670	10,745
Chronic diseases of tonsils and adenoids	J35	1,633	481	51	12	2,177	1,484	1,117	68	12	2,681	3,117	1,598	119	24	4,858

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

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. <i>Maternity</i>)					Total Discharges (excl. <i>Maternity</i>)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	32	366	2,122	5,933	8,453	20	441	2,480	5,934	8,875	52	807	4,602	11,867	17,328
Asthma	J45–J46	1,203	486	813	343	2,845	667	1,216	1,123	561	3,567	1,870	1,702	1,936	904	6,412
Diseases of the digestive system	K00–K93	6,400	22,067	23,238	20,485	72,190	5,104	25,556	23,470	20,289	74,419	11,504	47,623	46,708	40,774	146,609
Diseases of oesophagus, stomach and duodenum	K20–K31	696	5,825	7,084	5,800	19,405	658	6,491	7,789	5,829	20,767	1,354	12,316	14,873	11,629	40,172
Diseases of appendix	K35–K38	1,133	1,894	312	120	3,459	938	1,951	300	102	3,291	2,071	3,845	612	222	6,750
Inguinal hernia	K40	418	757	1,258	1,282	3,715	107	57	73	87	324	525	814	1,331	1,369	4,039
Noninfective enteritis and colitis	K50–K52	364	4,337	2,005	800	7,506	224	4,165	1,889	916	7,194	588	8,502	3,894	1,716	14,700
Alcoholic liver disease	K70	0	172	477	126	775	0	93	176	36	305	0	265	653	162	1,080
Cholelithiasis	K80	13	438	908	1,242	2,601	29	2,320	1,667	1,624	5,640	42	2,758	2,575	2,866	8,241
Diseases of the skin and subcutaneous tissue	L00–L99	1,998	14,011	9,520	6,949	32,478	1,563	12,510	8,538	6,981	29,592	3,561	26,521	18,058	13,930	62,070
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	429	1,176	1,214	1,280	4,099	368	732	713	1,462	3,275	797	1,908	1,927	2,742	7,374
Diseases of the musculoskeletal system and connective tissue	M00–M99	1,778	8,523	12,197	9,668	32,166	1,872	9,598	16,666	16,203	44,339	3,650	18,121	28,863	25,871	76,505
Rheumatoid arthritis	M05–M06	0	444	993	723	2,160	0	925	2,272	1,606	4,803	0	1,369	3,265	2,329	6,963
Coxarthrosis and Gonarthrosis	M16–M17	0	349	1,953	2,364	4,666	0	288	2,142	3,651	6,081	0	637	4,095	6,015	10,747
Intervertebral disc disorders	M50–M51	0	555	578	247	1,380	~	656	641	*	1,707	~	1,211	1,219	*	3,087
Dorsalgia (back pain)	M54	62	1,553	2,049	1,109	4,773	92	2,175	3,043	2,461	7,771	154	3,728	5,092	3,570	12,544
Diseases of the genitourinary system	N00–N99	4,022	4,877	6,515	9,680	2,5094	2,332	21,411	15,547	10,417	49,707	6,354	26,288	22,062	20,097	74,801
Chronic kidney disease	N18	94	285	307	449	1,135	103	202	175	343	823	197	487	482	792	1,958
Urolithiasis	N20–N23	56	1,358	1,611	783	3,808	20	827	828	349	2,024	76	2,185	2,439	1,132	5,832
Hyperplasia of prostate	N40	0	65	1,099	2,317	3,481	0	0	0	0	0	0	65	1,099	2,317	3,481
Disorders of breast	N60–N64	~	92	25	*	138	13	1,442	1,417	292	3,164	*	1,534	1,442	*	3,302
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	25	1,307	415	87	1,834	25	1,307	415	87	1,834
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	193	13,989	8,985	2,590	25,757	193	13,989	8,985	2,590	25,757
Pregnancy, childbirth and the puerperium^a	O00–O99	0	0	0	0	0	‡	‡	‡	‡	55	‡	‡	‡	‡	55
Certain conditions originating in the perinatal period	P00–P96	‡	‡	‡	‡	5,684	‡	‡	‡	‡	4,584	‡	‡	‡	‡	10,268
Congenital malformations, deformations and chromosomal abnormalities	Q00–Q99	5,314	658	218	148	6,338	3,400	836	239	110	4,585	8,714	1,494	457	258	10,923
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00–R99	6,489	15,160	18,353	20,065	60,067	5,632	24,481	20,222	19,888	70,223	12,121	39,641	38,575	39,953	130,290
Abdominal and pelvic pain	R10	1,038	2,298	1,686	983	6,005	1,345	7,133	2,807	1,427	12,712	2,383	9,431	4,493	2,410	18,717
Injury, poisoning and certain other consequences of external causes	S00–T98	6,920	13,457	6,209	6,159	32,745	4,834	6,333	5,354	9,122	25,643	11,754	19,790	11,563	15,281	58,388
Intracranial injury	S06	157	705	363	447	1,672	97	218	162	379	856	254	923	525	826	2,528
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	2,123	2,490	609	685	5,907	1,396	721	312	748	3,177	3,519	3,211	921	1,433	9,084
Fracture of femur	S72	125	130	192	953	1,400	51	46	261	2,520	2,878	176	176	453	3,473	4,278
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	180	1,022	377	133	1,712	299	1,199	541	174	2,213	479	2,221	918	307	3,925
Factors influencing health status and contact with health services^b	U00–U49, Z00–Z99	7,343	27,503	69,620	115,792	220,258	6,622	31,869	75,274	80,332	194,097	13,965	59,372	144,894	196,124	414,355
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,752	4,965	27,243	45,533	80,493	2,847	12,076	45,922	31,554	92,399	5,599	17,041	73,165	77,087	172,892

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

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

‡ Denotes that no breakdown is provided.

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

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

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

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. <i>Maternity</i>)					Total Acute In-Patient Discharges (excl. <i>Maternity</i>)				
		< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total
Acute In-Patient Discharges	-	2.7	3.0	4.3	6.3	4.4	2.8	2.8	4.0	6.4	4.4	2.8	2.9	4.2	6.4	4.4
Certain infectious and parasitic diseases	A00-B99	2.0	3.5	5.8	7.6	3.6	2.0	3.3	5.2	7.3	3.7	2.0	3.4	5.5	7.4	3.7
Intestinal infectious diseases including diarrhoea	A00-A09	1.8	2.7	4.1	5.8	2.6	1.8	2.8	4.6	6.0	3.1	1.8	2.8	4.4	5.9	2.9
Tuberculosis	A15-A19	7.6	8.4	10.1	10.7	9.1	3.3	8.9	8.6	10.9	8.6	5.6	8.6	9.4	10.8	8.9
Septicaemia	A40-A41	5.5	7.5	9.0	9.6	9.0	5.1	8.5	8.5	9.9	9.2	5.3	8.0	8.7	9.7	9.1
Human immunodeficiency virus [HIV] disease	B20-B24	†	†	†	†	†	†	†	†	†	†	†	†	†	†	8.3
Neoplasms	C00-D48	3.9	5.9	7.3	8.0	7.4	4.1	4.8	6.2	7.8	6.5	4.0	5.2	6.7	8.0	7.0
Malignant neoplasms	C00-C96	3.9	6.3	7.7	8.4	7.8	4.3	5.7	6.8	8.3	7.2	4.1	6.0	7.2	8.4	7.5
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	-	8.2	8.6	9.8	9.4	^	7.4	8.2	9.9	9.1	^	7.7	8.5	9.8	9.3
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	-	9.0	8.5	9.3	9.0	-	8.5	8.0	8.9	8.6	-	8.8	8.3	9.2	8.8
Malignant neoplasm of skin (primary)	C43-C44	^	3.5	4.2	5.1	4.8	-	3.0	4.0	5.0	4.6	^	3.3	4.1	5.0	4.7
Malignant neoplasm of breast (primary)	C50	-	^	^	4.7	5.4	-	4.2	4.8	5.8	5.0	-	4.2	4.8	5.8	5.0
Malignant neoplasms of female genital organs (primary)	C51-C58	-	-	-	-	-	-	5.4	6.3	7.4	6.6	-	5.4	6.3	7.4	6.6
Malignant neoplasm of prostate (primary)	C61	-	4.2	5.4	7.9	6.8	-	-	-	-	-	-	4.2	5.4	7.9	6.8
Malignant neoplasm of bladder (primary)	C67	-	3.3	5.7	5.6	5.6	-	6.9	7.0	6.3	6.5	-	4.5	6.0	5.8	5.8
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	4.0	7.4	8.4	8.4	7.8	4.7	7.5	8.4	8.5	7.7	4.4	7.5	8.4	8.4	7.8
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	3.9	4.2	4.7	5.1	4.8	3.5	3.7	4.5	5.2	4.3	3.7	3.8	4.5	5.2	4.5
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	2.9	4.2	4.8	5.2	4.5	3.5	3.1	4.0	5.3	4.3	3.2	3.5	4.4	5.3	4.4
Endocrine, nutritional and metabolic diseases	E00-E89	4.2	5.6	5.2	6.6	5.7	4.1	4.7	4.6	6.4	5.3	4.1	5.1	4.9	6.5	5.5
Diabetes mellitus	E10-E14	3.9	3.0	5.7	7.2	5.6	3.6	3.1	5.4	6.9	5.1	3.7	3.1	5.6	7.1	5.4
Cystic fibrosis	E84	8.3	12.7	10.8	-	11.6	8.3	11.4	13.9	-	10.6	8.3	12.1	12.2	-	11.1
Mental and behavioural disorders	F00-F99	2.6	3.7	4.2	7.4	4.5	4.7	4.1	4.1	7.4	5.0	3.6	3.8	4.1	7.4	4.7
Mental and behavioural disorders due to alcohol	F10	1.1	2.6	3.8	5.9	3.5	1.2	2.9	3.9	5.9	3.6	1.2	2.7	3.8	5.9	3.5
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	^	8.5	8.5	^	8.4	^	9.8	8.1	7.4	9.3	^	8.9	8.4	6.9	8.7
Diseases of nervous system	G00-G99	2.9	2.8	3.3	5.2	3.7	2.9	3.0	3.7	5.7	3.9	2.9	2.9	3.5	5.4	3.8
Multiple sclerosis	G35	-	5.6	5.9	10.2	6.2	-	4.6	6.4	8.3	5.5	-	4.9	6.2	9.0	5.7
Epilepsy	G40, G41	2.8	3.2	3.9	5.4	3.6	2.9	3.7	4.5	6.3	4.1	2.8	3.4	4.2	5.9	3.8
Transient cerebral ischaemic attacks and related syndromes	G45	^	2.8	3.4	4.4	4.1	-	3.5	3.6	5.0	4.6	^	3.1	3.5	4.7	4.4
Diseases of the eye and adnexa	H00-H59	2.5	3.0	3.0	3.1	3.0	2.4	2.4	2.7	3.1	2.8	2.5	2.7	2.8	3.1	2.9
Diseases of the ear and mastoid process	H60-H95	1.6	2.2	2.6	3.5	2.3	1.7	1.9	2.5	3.6	2.3	1.6	2.1	2.5	3.6	2.3
Diseases of the circulatory system	I00-I99	2.7	3.8	4.8	6.3	5.5	2.5	3.7	4.6	6.5	5.7	2.6	3.8	4.7	6.4	5.6
Hypertensive diseases	I10-I15	2.8	2.4	2.1	3.1	2.5	2.4	2.1	2.3	2.8	2.5	2.6	2.3	2.2	2.9	2.5
Angina pectoris	I20	-	3.3	4.2	4.7	4.4	-	3.1	3.5	4.2	3.9	-	3.2	4.0	4.5	4.2
Acute myocardial infarction	I21-I22	-	4.0	4.6	6.6	5.6	-	4.2	4.8	6.7	6.2	-	4.0	4.7	6.7	5.8
Other ischaemic heart disease	I23-I25	^	3.3	4.0	4.5	4.3	-	2.5	4.0	4.1	4.0	^	3.1	4.0	4.4	4.2
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	^	5.1	6.4	8.0	7.0	^	4.9	6.5	8.8	7.5	6.1	5.0	6.4	8.5	7.2
Conduction disorders and cardiac arrhythmias	I44-I49	3.7	2.5	3.1	4.5	3.8	2.8	2.6	3.2	4.6	4.1	3.3	2.5	3.1	4.5	4.0
Heart failure	I50	^	7.3	7.6	8.1	8.0	^	7.5	7.4	7.9	7.9	7.3	7.4	7.5	8.0	8.0
Cerebrovascular disease	I60-I69	8.1	8.3	8.0	8.8	8.6	6.0	7.7	8.1	9.4	9.0	7.2	8.0	8.0	9.1	8.8
Atherosclerosis (non-coronary)	I70	^	7.3	6.3	8.1	7.6	-	5.3	6.0	8.7	8.0	^	6.2	6.2	8.4	7.7
Diseases of the respiratory system	J00-J99	2.3	3.0	5.2	7.2	4.9	2.3	2.5	4.7	7.3	4.9	2.3	2.8	4.9	7.2	4.9
Acute upper respiratory infections and influenza	J00-J11	1.7	2.0	2.9	4.7	2.0	1.8	2.0	2.4	4.7	2.1	1.8	2.0	2.6	4.7	2.0
Pneumonia	J12-J18	3.3	4.9	6.5	8.6	7.2	3.2	4.7	6.1	8.8	7.3	3.2	4.8	6.3	8.7	7.2
Chronic diseases of tonsils and adenoids	J35	1.2	1.4	1.2	3.0	1.2	1.2	1.2	1.4	2.0	1.2	1.2	1.3	1.3	2.4	1.2
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	3.7	4.5	5.3	6.7	6.3	3.3	3.5	5.3	7.0	6.5	3.6	3.9	5.3	6.9	6.4
Asthma	J45-J46	1.8	2.4	3.1	3.8	2.2	2.0	2.4	3.5	5.4	2.9	1.9	2.4	3.4	4.9	2.6
Diseases of the digestive system	K00-K93	2.7	3.6	4.8	5.8	4.5	2.7	3.4	4.5	6.2	4.5	2.7	3.5	4.7	6.0	4.5
Diseases of oesophagus, stomach and duodenum	K20-K31	2.1	2.7	3.8	5.5	3.8	2.1	2.7	3.5	5.2	3.7	2.1	2.7	3.6	5.4	3.8
Diseases of appendix	K35-K38	3.2	2.9	4.4	6.3	3.2	3.2	2.9	4.3	7.0	3.3	3.2	2.9	4.4	6.6	3.2

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

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. <i>Maternity</i>)					Total Acute In-Patient Discharges (excl. <i>Maternity</i>)				
		< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total
Inguinal hernia	K40	2.1	1.5	1.6	2.6	2.1	2.0	1.3	2.4	3.3	2.5	2.1	1.5	1.6	2.6	2.1
Noninfective enteritis and colitis	K50-K52	3.8	6.1	6.3	5.9	6.0	3.6	5.6	6.0	6.9	5.9	3.7	5.8	6.1	6.4	5.9
Alcoholic liver disease	K70	-	6.7	8.5	8.6	8.1	-	9.0	9.4	9.8	9.3	-	7.5	8.7	8.9	8.4
Cholelithiasis	K80	4.5	3.7	4.4	6.5	5.2	3.2	2.8	3.4	5.6	3.8	3.6	3.0	3.8	6.0	4.3
Diseases of the skin and subcutaneous tissue	L00-L99	2.9	3.1	4.7	6.6	4.4	2.9	2.9	4.6	6.8	4.6	2.9	3.0	4.7	6.7	4.5
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	3.1	3.5	4.7	6.7	4.8	3.2	3.2	5.1	6.7	5.2	3.2	3.4	4.9	6.7	5.0
Diseases of the musculoskeletal system and connective tissue	M00-M99	3.2	2.5	3.6	5.3	3.9	3.3	2.5	3.3	5.2	3.9	3.3	2.5	3.4	5.3	3.9
Rheumatoid arthritis	M05-M06	-	1.6	4.0	4.3	3.8	-	3.4	3.6	4.8	4.1	-	3.1	3.8	4.6	4.0
Coxarthrosis and Gonarthrosis	M16-M17	-	3.6	4.3	5.8	5.1	-	4.1	4.5	5.9	5.4	-	3.8	4.4	5.8	5.2
Intervertebral disc disorders	M50-M51	-	2.8	3.8	6.7	3.8	^	3.2	3.6	7.0	4.1	^	3.0	3.7	6.9	4.0
Dorsalgia (back pain)	M54	2.2	2.1	2.9	5.1	3.3	3.5	2.4	3.0	5.2	3.5	2.9	2.3	2.9	5.1	3.4
Diseases of the genitourinary system	N00-N99	2.6	2.9	4.2	6.7	4.8	2.8	2.7	3.7	6.5	4.1	2.7	2.8	3.9	6.6	4.4
Chronic kidney disease	N18	5.0	5.0	5.7	6.5	5.7	4.0	5.6	6.1	5.5	5.4	4.5	5.2	5.8	6.1	5.6
Urolithiasis	N20-N23	2.8	2.3	2.6	4.3	2.8	1.9	2.5	3.1	3.8	2.9	2.4	2.4	2.7	4.2	2.8
Hyperplasia of prostate	N40	-	-	3.4	4.8	4.4	-	-	-	-	-	-	-	3.4	4.8	4.4
Disorders of breast	N60-N64	^	1.8	^	^	2.0	2.6	2.5	2.7	3.4	2.6	2.8	2.5	2.7	3.2	2.6
Inflammatory diseases of female pelvic organs	N70-N77	-	-	-	-	-	2.6	2.7	3.1	5.2	2.9	2.6	2.7	3.1	5.2	2.9
Noninflammatory disorders of female genital tract	N80-N98	-	-	-	-	-	1.9	2.3	3.2	3.9	2.8	1.9	2.3	3.2	3.9	2.8
Pregnancy, childbirth and the puerperium^b	O00-O99	-	-	-	-	-	†	†	†	†	1.7	†	†	†	†	1.7
Certain conditions originating in the perinatal period	P00-P96	†	†	†	†	5.8	†	†	†	†	6.1	†	†	†	†	5.9
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	4.2	3.6	6.1	6.5	4.2	4.5	3.4	4.5	4.0	4.3	4.3	3.5	5.2	5.2	4.3
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	1.9	1.8	2.4	3.9	2.7	1.9	1.8	2.3	3.8	2.6	1.9	1.8	2.4	3.9	2.6
Abdominal and pelvic pain	R10	1.5	2.0	2.4	3.4	2.2	1.7	1.9	2.6	3.5	2.2	1.6	1.9	2.5	3.5	2.2
Injury, poisoning and certain other consequences of external causes	S00-T98	1.5	2.5	4.0	7.1	3.5	1.6	2.5	4.0	7.9	4.6	1.5	2.5	4.0	7.6	3.9
Intracranial injury	S06	2.0	3.6	4.7	7.1	4.6	1.8	3.2	4.7	7.0	4.9	1.9	3.5	4.7	7.1	4.7
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	1.2	1.9	2.5	4.8	2.1	1.2	1.7	2.4	4.9	2.3	1.2	1.8	2.5	4.8	2.2
Fracture of femur	S72	3.4	5.5	9.1	12.3	10.2	3.9	7.7	8.9	12.0	11.5	3.5	6.1	9.0	12.1	11.1
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1.3	2.2	3.4	6.3	2.7	1.8	2.1	2.9	6.1	2.6	1.6	2.2	3.1	6.1	2.6
Factors influencing health status and contact with health services^c	U00-U49, Z00-Z99	2.6	4.2	5.2	8.9	6.0	2.5	3.1	5.8	11.6	7.3	2.5	3.6	5.5	10.3	6.7
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	6.7	4.6	5.7	10.6	9.1	6.0	3.3	6.2	12.8	11.0	6.4	4.0	5.9	11.9	10.1

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

- Mean length of stay cannot be calculated as no acute in-patients (length of stay of 30 days or less) are reported.

† Denotes that no breakdown is provided.

a Includes mean length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.

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

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

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

Diagnosis	ICD-10-AM Code	Male					Female (excl. <i>Maternity</i>)					Total Discharges (excl. <i>Maternity</i>)				
		< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total
Total Discharges (excl. <i>Maternity</i>)		73,737	146,298	216,189	294,137	730,361	58,860	181,789	225,167	258,247	724,063	132,597	328,087	441,356	552,384	1,454,424
All Conditions	-	169,593	333,296	556,900	923,503	1,983,292	134,616	360,927	546,491	804,229	1,846,263	304,209	694,223	1,103,391	1,727,732	3,829,555
Certain infectious and parasitic diseases	A00-B99	8,789	9,140	8,442	12,468	38,839	7,905	9,723	7,780	15,323	40,731	16,694	18,863	16,222	27,791	79,570
Intestinal infectious diseases including diarrhoea	A00-A09	3,855	1,935	1,779	2,599	10,168	3,540	2,725	2,293	3,877	12,435	7,395	4,660	4,072	6,476	22,603
Tuberculosis	A15-A19	14	113	73	61	261	8	110	67	43	228	22	223	140	104	489
Septicaemia	A40-A41	189	453	1,049	2,857	4,548	107	383	898	2,525	3,913	296	836	1,947	5,382	8,461
Human immunodeficiency virus [HIV] disease	B20-B24	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	721
Neoplasms	C00-D48	6,325	18,187	73,478	119,898	217,888	7,114	39,721	116,555	95,896	259,286	13,439	57,908	190,033	215,794	477,174
Malignant neoplasms	C00-C96	5,475	13,457	65,911	105,750	190,593	6,115	27,411	105,257	85,291	224,074	11,590	40,868	171,168	191,041	414,667
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	~	*	6,980	11,202	19,018	~	*	4,976	5,775	11,736	~	*	11,956	16,977	30,754
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	0	245	4,291	6,801	11,337	0	395	4,143	5,287	9,825	0	640	8,434	12,088	21,162
Malignant neoplasm of skin (primary)	C43-C44	~	*	2,368	7,918	11,054	~	*	1,784	4,732	7,233	7	1,478	4,152	12,650	18,287
Malignant neoplasm of breast (primary)	C50	0	36	36	219	291	0	8,826	32,588	15,742	57,156	0	8,862	32,624	15,961	57,447
Malignant neoplasms of female genital organs (primary)	C51-C58	0	0	0	0	0	56	2,090	7,404	5,104	14,654	56	2,090	7,404	5,104	14,654
Malignant neoplasm of prostate (primary)	C61	0	28	8,457	20,335	28,820	0	0	0	0	0	0	28	8,457	20,335	28,820
Malignant neoplasm of bladder (primary)	C67	7	59	858	3,070	3,994	0	21	301	985	1,307	7	80	1,159	4,055	5,301
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	2,695	3,309	9,143	14,271	29,418	2,531	2,579	6,345	9,733	21,188	5,226	5,888	15,488	24,004	50,606
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	849	4,654	7,195	12,827	25,525	996	9,553	8,384	8,478	27,411	1,845	14,207	15,579	21,305	52,936
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	3,859	4,465	6,678	15,832	30,834	3,013	5,482	7,777	14,818	31,090	6,872	9,947	14,455	30,650	61,924
Endocrine, nutritional and metabolic diseases	E00-E89	4,679	14,640	41,127	68,805	129,251	4,203	11,065	23,802	57,206	96,276	8,882	25,705	64,929	126,011	225,527
Diabetes mellitus	E10-E14	424	4,117	19,699	41,734	65,974	485	3,635	10,262	28,245	42,627	909	7,752	29,961	69,979	108,601
Cystic fibrosis	E84	401	1,454	*	~	2,000	416	1,258	*	~	1,762	817	2,712	*	~	3,762
Mental and behavioural disorders	F00-F99	1,838	8,467	8,593	11,344	30,242	992	5,720	6,089	12,907	25,708	2,830	14,187	14,682	24,251	55,950
Mental and behavioural disorders due to alcohol	F10	49	3,436	4,684	2,512	10,681	34	1,341	1,812	865	4,052	83	4,777	6,496	3,377	14,733
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	11	2,022	456	49	2,538	10	879	163	63	1,115	21	2,901	619	112	3,653
Diseases of nervous system	G00-G99	4,055	7,613	9,720	13,658	35,046	3,258	9,754	9,730	12,620	35,362	7,313	17,367	19,450	26,278	70,408
Multiple sclerosis	G35	0	1,281	844	248	2,373	0	2,596	1,706	383	4,685	0	3,877	2,550	631	7,058
Epilepsy	G40, G41	1,280	1,517	1,225	1,138	5,160	1,075	1,255	982	901	4,213	2,355	2,772	2,207	2,039	9,373
Transient cerebral ischaemic attacks and related syndromes	G45	~	*	479	1,222	1,767	~	*	398	1,415	1,882	~	*	877	2,637	3,649
Diseases of the eye and adnexa	H00-H59	1,525	3,293	7,850	19,471	32,139	1,297	3,216	6,358	24,978	35,849	2,822	6,509	14,208	44,449	67,988
Diseases of the ear and mastoid process	H60-H95	3,340	1,705	1,472	1,464	7,981	2,360	1,763	1,537	1,430	7,090	5,700	3,468	3,009	2,894	15,071
Diseases of the circulatory system	I00-I99	1,611	14,512	54,199	125,422	195,744	2,043	11,829	29,397	98,010	141,279	3,654	26,341	83,596	223,432	337,023
Hypertensive diseases	I10-I15	151	4,573	17,128	39,514	61,366	528	3,243	10,974	35,025	49,770	679	7,816	28,102	74,539	111,136
Angina pectoris	I20	0	162	1,688	2,577	4,427	0	71	768	1,576	2,415	0	233	2,456	4,153	6,842
Acute myocardial infarction	I21-I22	~	*	2,438	3,308	6,059	~	*	546	2,092	2,703	~	*	2,984	5,400	8,762
Other ischaemic heart disease	I23-I25	*	*	10,069	18,922	29,725	~	*	2,946	9,273	12,418	12	921	13,015	28,195	42,143
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	67	275	669	1,258	2,269	97	303	519	1,492	2,411	164	578	1,188	2,750	4,680
Conduction disorders and cardiac arrhythmias	I44-I49	163	1,558	6,368	24,654	32,743	175	705	2,394	18,527	21,801	338	2,263	8,762	43,181	54,544
Heart failure	I50	28	115	1,322	10,342	11,807	26	73	641	8,734	9,474	54	188	1,963	19,076	21,281
Cerebrovascular disease	I60-I69	98	538	2,504	5,767	8,907	154	408	1,502	5,428	7,492	252	946	4,006	11,195	16,399
Atherosclerosis (non-coronary)	I70	~	*	976	2,609	3,724	~	*	383	1,338	1,765	6	177	1,359	3,947	5,489
Diseases of the respiratory system	J00-J99	13,900	10,352	16,692	41,674	82,618	10,186	11,748	15,756	38,906	76,596	24,086	22,100	32,448	80,580	159,214
Acute upper respiratory infections and influenza	J00-J11	4,243	1,196	403	432	6,274	3,141	1,709	519	470	5,839	7,384	2,905	922	902	12,113
Pneumonia	J12-J18	857	1,207	1,882	6,448	10,394	686	1,096	1,420	5,905	9,107	1,543	2,303	3,302	12,353	19,501
Chronic diseases of tonsils and adenoids	J35	2,184	527	63	18	2,792	1,889	1,168	79	16	3,152	4,073	1,695	142	34	5,944

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

Diagnosis	ICD-10-AM Code	Male					Female (excl. <i>Maternity</i>)					Total Discharges (excl. <i>Maternity</i>)				
		< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	77	579	4,299	13,374	18,329	68	689	4,441	12,232	17,430	145	1,268	8,740	25,606	35,759
Asthma	J45-J46	1,735	1,263	1,416	1,138	5,552	973	2,243	2,190	1,882	7,288	2,708	3,506	3,606	3,020	12,840
Diseases of the digestive system	K00-K93	8,531	36,106	46,601	48,589	139,827	6,773	40,013	44,895	47,837	139,518	15,304	76,119	91,496	96,426	279,345
Diseases of oesophagus, stomach and duodenum	K20-K31	1,304	11,954	16,352	15,307	44,917	1,101	11,926	16,446	14,810	44,283	2,405	23,880	32,798	30,117	89,200
Diseases of appendix	K35-K38	1,169	1,935	332	143	3,579	963	2,002	329	119	3,413	2,132	3,937	661	262	6,992
Inguinal hernia	K40	546	777	1,329	1,522	4,174	113	58	86	111	368	659	835	1,415	1,633	4,542
Noninfective enteritis and colitis	K50-K52	441	5,203	2,751	1,533	9,928	279	5,162	2,707	1,752	9,900	720	10,365	5,458	3,285	19,828
Alcoholic liver disease	K70	0	489	1,450	547	2,486	0	258	550	198	1,006	0	747	2,000	745	3,492
Cholelithiasis	K80	21	541	1,192	1,868	3,622	36	2,576	2,021	2,430	7,063	57	3,117	3,213	4,298	10,685
Diseases of the skin and subcutaneous tissue	L00-L99	2,832	15,697	12,268	12,507	43,304	2,241	14,104	10,545	12,537	39,427	5,073	29,801	22,813	25,044	82,731
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	570	1,643	1,989	2,884	7,086	488	1,020	1,209	3,110	5,827	1,058	2,663	3,198	5,994	12,913
Diseases of the musculoskeletal system and connective tissue	M00-M99	2,862	11,588	17,587	18,671	50,708	2,990	13,423	23,167	30,629	70,209	5,852	25,011	40,754	49,300	120,917
Rheumatoid arthritis	M05-M06	0	506	1,227	1,152	2,885	0	1,019	2,709	2,458	6,186	0	1,525	3,936	3,610	9,071
Coxarthrosis and Gonarthrosis	M16-M17	0	420	2,190	3,324	5,934	0	335	2,398	4,880	7,613	0	755	4,588	8,204	13,547
Intervertebral disc disorders	M50-M51	~	*	904	651	2,244	~	*	954	997	2,745	10	1,473	1,858	1,648	4,989
Dorsalgia (back pain)	M54	104	1,906	2,561	1,760	6,331	134	2,794	3,741	3,556	10,225	238	4,700	6,302	5,316	16,556
Diseases of the genitourinary system	N00-N99	6,377	17,295	34,283	72,993	130,948	4,154	36,953	37,847	58,008	136,962	10,531	54,248	72,130	131,001	267,910
Chronic kidney disease	N18	737	9,196	22,702	46,299	78,934	658	6,433	12,981	31,912	51,984	1,395	15,629	35,683	78,211	130,918
Urolithiasis	N20-N23	80	1,526	1,875	1,133	4,614	31	974	998	527	2,530	111	2,500	2,873	1,660	7,144
Hyperplasia of prostate	N40	0	98	1,654	5,422	7,174	0	0	0	0	0	0	98	1,654	5,422	7,174
Disorders of breast	N60-N64	8	108	39	35	190	17	1,829	1,836	531	4,213	25	1,937	1,875	566	4,403
Inflammatory diseases of female pelvic organs	N70-N77	0	0	0	0	0	58	2,264	875	326	3,523	58	2,264	875	326	3,523
Noninflammatory disorders of female genital tract	N80-N98	0	0	0	0	0	291	18,562	13,163	4,437	36,453	291	18,562	13,163	4,437	36,453
Pregnancy, childbirth and the puerperium^a	O00-O99	0	0	0	0	0	‡	‡	‡	‡	243	‡	‡	‡	‡	243
Certain conditions originating in the perinatal period	P00-P96	‡	‡	‡	‡	15,252	‡	‡	‡	‡	12,070	‡	‡	‡	‡	27,322
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	15,752	2,528	1,550	761	20,591	11,505	2,546	2,001	943	16,995	27,257	5,074	3,551	1,704	37,586
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	13,723	26,959	35,046	53,157	128,885	11,478	40,142	36,719	52,153	140,492	25,201	67,101	71,765	105,310	269,377
Abdominal and pelvic pain	R10	1,275	3,214	2,461	1,707	8,657	1,602	9,152	4,119	2,461	17,334	2,877	12,366	6,580	4,168	25,991
Injury, poisoning and certain other consequences of external causes	S00-T98	8,585	22,805	12,187	12,851	56,428	6,177	10,362	9,035	16,405	41,979	14,762	33,167	21,222	29,256	98,407
Intracranial injury	S06	258	1,313	694	784	3,049	186	397	303	667	1,553	444	1,710	997	1,451	4,602
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	2,492	3,991	1,359	1,727	9,569	1,645	1,112	635	1,780	5,172	4,137	5,103	1,994	3,507	14,741
Fracture of femur	S72	142	173	286	1,231	1,832	58	48	367	3,346	3,819	200	221	653	4,577	5,651
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	217	1,947	769	264	3,197	400	2,206	1,113	366	4,085	617	4,153	1,882	630	7,282
External causes of morbidity and mortality	U00-Y99	21,936	46,236	25,206	32,093	125,471	15,403	23,125	21,085	42,635	102,248	37,339	69,361	46,291	74,728	227,719
Transport accidents	V01-V99	581	1,736	727	362	3,406	369	792	422	311	1,894	950	2,528	1,149	673	5,300
Factors influencing health status and contact with health services^b	U00-U49, Z00-Z99	23,825	61,706	143,920	241,845	471,296	19,459	69,992	136,414	170,988	396,853	43,284	131,698	280,334	412,833	868,149
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,826	5,232	29,040	50,345	87,443	2,934	12,507	47,517	35,791	98,749	5,760	17,739	76,557	86,136	186,192

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

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

‡ Denotes that no breakdown is provided.

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

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

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

In 2014, almost 84 per cent of total discharges (excl. *Maternity*) had a principal procedure recorded (see Table 3.4). Discussion of procedures is confined to ACHI chapter level.

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

- Procedures from the chapter *non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 23.0 per cent of total discharges (excl. *Maternity*) with a principal procedure reported. Over 32 per cent of discharges aged less than 15 years, 18.6 per cent aged between 15–44 years, 22.8 per cent aged between 45–64 years and 23.9 per cent aged 65 years and over had a procedure from this chapter recorded as a principal procedure.
- The chapter *non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 21.4 per cent of all principal procedures for male discharges and 24.5 per cent of all principal procedures for female discharges.
- Over 64 per cent of total discharges (excl. *Maternity*) with a principal procedure from the chapter *procedures on cardiovascular system* were male discharges.
- Over 73 per cent of total discharges (excl. *Maternity*) with a principal procedure from the chapter *procedures on endocrine system* were female discharges (excl. *Maternity*).
- Over 68 per cent of total discharges (excl. *Maternity*) with a principal procedure from the chapter *procedures on eye and adnexa* were aged 65 years and over.

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

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

²⁹ See Section Two for details of discharge destination.

- At chapter level, the longest acute in-patient mean length of stay was reported for *radiation oncology procedures* at 10.3 days, with male and female discharges reporting at 10.3 and 10.2 days respectively for this chapter. It should be noted that the majority of discharges with *radiation oncology* recorded as a principal procedure were day patients.³⁰
- The longest acute in-patient mean length of stay for those aged less than 15 years was reported for the chapter *procedures on respiratory system* at 9.7 days.
- The shortest acute in-patient mean length of stay was reported for the chapter *procedures on nose, mouth and pharynx* at 2.0 days for total discharges (excl. *Maternity*); when analysed by age group the length of stay increased as discharges got older.

3.4.6 All-Listed Procedures by Sex and Age Group

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

- Over 2 million procedures were reported for total discharges (excl. *Maternity*).
- Procedures within the chapter *non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 942,903 of all-listed procedures or 42.6 per cent of all procedures reported for total discharges (excl. *Maternity*).
- Total discharges (excl. *Maternity*) aged 65 years and older accounted for over 66 per cent of procedures from the chapter *procedures on eye and adnexa*.
- Total discharges (excl. *Maternity*) aged less than 15 years accounted for over 45 per cent of procedures from the chapter *procedures on ear and mastoid process*.

³⁰ Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

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

Principal Procedure	Procedure Block	Male					Female (excl. Maternity)					Total Discharges (excl. Maternity)				
		< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total
Total Discharges (excl. Maternity)	-	73,737	146,298	216,189	294,137	730,361	58,860	181,789	225,167	258,247	724,063	132,597	328,087	441,356	552,384	1,454,424
All Principal Procedures	0001-2016	44,791	121,838	188,138	258,669	613,436	34,437	148,901	198,416	223,929	605,683	79,228	270,739	386,554	482,598	1,219,119
Procedures on nervous system	0001-0086	916	3,256	3,769	2,352	10,293	760	4,319	5,420	4,044	14,543	1,676	7,575	9,189	6,396	24,836
Lumbar puncture	0030	670	527	314	210	1,721	526	999	429	232	2,186	1,196	1,526	743	442	3,907
Procedures on endocrine system	0110-0129	21	148	215	155	539	21	529	603	310	1,463	42	677	818	465	2,002
Procedures on eye and adnexa	0160-0256	759	1,650	4,748	11,798	18,955	632	1,277	3,490	15,280	20,679	1,391	2,927	8,238	27,078	39,634
Lens extraction	0195-0202	61	133	761	3,463	4,418	33	89	802	5,053	5,977	94	222	1,563	8,516	10,395
Procedures on ear and mastoid process	0300-0333	2,031	1,143	819	618	4,611	1,493	1,112	807	552	3,964	3,524	2,255	1,626	1,170	8,575
Myringotomy	0309	1,300	130	104	62	1,596	825	135	93	50	1,103	2,125	265	197	112	2,699
Procedures on nose, mouth and pharynx	0370-0422	2,679	2,770	2,063	1,514	9,026	2,080	3,115	1,890	1,175	8,260	4,759	5,885	3,953	2,689	17,286
Tonsillectomy or adenoidectomy	0412	1,586	429	43	10	2,068	1,440	1,046	41	10	2,537	3,026	1,475	84	20	4,605
Dental services	0450-0490	2,355	848	210	98	3,511	1,965	1,224	196	57	3,442	4,320	2,072	406	155	6,953
Procedures on respiratory system	0520-0570	1,845	1,948	3,741	5,264	12,798	1,365	1,545	3,359	4,280	10,549	3,210	3,493	7,100	9,544	23,347
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	187	762	1,659	2,225	4,833	159	655	1,656	1,844	4,314	346	1,417	3,315	4,069	9,147
Procedures on cardiovascular system	0600-0777	663	7,003	17,437	14,245	39,348	662	3,807	8,760	8,300	21,529	1,325	10,810	26,197	22,545	60,877
Coronary angiography	0668	146	720	4,524	4,808	10,198	117	311	2,547	3,065	6,040	263	1,031	7,071	7,873	16,238
Transluminal coronary angioplasty with/without stenting	0670-0671	~	*	1,634	1,623	3,411	0	32	348	667	1,047	~	*	1,982	2,290	4,458
CABG	0672-0679	0	*	*	373	725	0	~	*	85	143	0	18	392	458	868
Leg varicose vein ligation	0727-0728	0	388	522	166	1,076	0	971	929	315	2,215	0	1,359	1,451	481	3,291
Procedures on blood and blood-forming organs	0800-0817	136	441	823	1,109	2,509	171	534	778	789	2,272	307	975	1,601	1,898	4,781
Procedures on digestive system	0850-1011	2,882	22,059	29,387	28,882	83,210	2,151	28,275	29,792	26,370	86,588	5,033	50,334	59,179	55,252	169,798
Fibreoptic colonoscopy with/without excision	0905, 0911	59	6,896	11,115	11,824	29,894	34	8,728	11,663	10,613	31,038	93	15,624	22,778	22,437	60,932
Appendectomy	0926	1,115	1,902	293	100	3,410	928	2,016	282	76	3,302	2,043	3,918	575	176	6,712
Procedures for haemorrhoids	0941	0	854	859	299	2,012	0	835	704	339	1,878	0	1,689	1,563	638	3,890
Cholecystectomy	0965	7	325	527	380	1,239	17	1,706	1,144	488	3,355	24	2,031	1,671	868	4,594
Division of abdominal adhesions	0986	10	42	38	70	160	7	330	152	93	582	17	372	190	163	742
Repair of inguinal and obstructed hernia	0990, 0997	402	760	1,259	1,237	3,658	100	64	89	141	394	502	824	1,348	1,378	4,052
Panendoscopy with/without excision	1005-1008	456	8,269	10,546	9,976	29,247	459	10,688	12,270	10,519	33,936	915	18,957	22,816	20,495	63,183
Procedures on urinary system	1040-1129	1,021	17,254	38,149	67,833	124,257	741	12,990	23,504	42,964	80,199	1,762	30,244	61,653	110,797	204,456
Examination procedures on bladder (includes cystoscopy)	1089	66	1,188	2,928	5,632	9,814	49	1,290	2,083	2,392	5,814	115	2,478	5,011	8,024	15,628
Procedures on male genital organs	1160-1203	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	3,538	1,474	2,835	2,697	10,544
Prostatectomy	1165-1167	0	9	458	655	1,122	0	0	0	0	0	0	9	458	655	1,122
Circumcision	30653-00[1196]	1,738	506	228	125	2,597	0	0	0	0	0	1,738	506	228	125	2,597
Gynaecological procedures	1240-1299	0	0	0	0	0	73	19,195	11,666	2,768	33,702	73	19,195	11,666	2,768	33,702
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	~	354	377	*	847	~	354	377	*	847
Salpingectomy	1251	0	0	0	0	0	0	96	17	0	113	0	96	17	0	113
Examination procedures on uterus	1259	0	0	0	0	0	~	1,996	2,788	*	5,364	~	1,996	2,788	*	5,364
Curettag and evacuation of uterus	1265	0	0	0	0	0	~	1,427	1,935	*	3,723	~	1,427	1,935	*	3,723
Hysterectomy	1268-1269	0	0	0	0	0	0	501	1,394	581	2,476	0	501	1,394	581	2,476
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	95	421	333	849	0	95	421	333	849
Obstetric procedures^a	1330-1347	0	0	0	0	0	‡	‡	‡	‡	‡	‡	‡	‡	‡	7
Procedures on musculoskeletal system	1360-1579	3,887	11,891	9,275	7,703	32,756	3,050	6,542	11,566	13,160	34,318	6,937	18,433	20,841	20,863	67,074
Arthroplasty of hip	1489	~	*	776	1,367	2,274	~	*	633	2,175	2,908	~	*	1,409	3,542	5,182
Arthroplasty of knee	1518-1519	0	18	349	511	878	0	20	435	801	1,256	0	38	784	1,312	2,134
Dermatological and plastic procedures	1600-1718	3,723	17,767	12,866	13,436	47,792	3,033	17,400	12,279	11,797	44,509	6,756	35,167	25,145	25,233	92,301
Excision of lesion(s) of skin and subcutaneous tissue	1620	551	5,310	5,206	7,286	18,353	567	6,824	5,648	6,098	19,137	1,118	12,134	10,854	13,384	37,490

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

Principal Procedure	Procedure Block	Male					Female (excl. <i>Maternity</i>)					Total Discharges (excl. <i>Maternity</i>)				
		< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total	< 15	15-44	45-64	≥65	Total
Other debridement of skin and subcutaneous tissue	1628	200	495	293	269	1,257	141	184	144	193	662	341	679	437	462	1,919
Skin graft	1640-1650	14	45	29	52	140	18	28	27	61	134	32	73	56	113	274
Procedures on breast	1740-1759	~	80	*	41	158	12	3,651	4,344	1,793	9,800	*	3,731	*	1,834	9,958
Breast biopsy	1743-1744	~	24	*	29	83	~	2,427	*	1,338	6,540	~	2,451	*	1,367	6,623
Mastectomy	1747-1748	0	31	~	*	44	0	196	446	268	910	0	227	*	*	954
Radiation oncology procedures^b	1786-1799	401	1,383	11,637	22,184	35,605	277	3,788	17,916	10,638	32,619	678	5,171	29,553	32,822	68,224
Non-invasive, cognitive and other interventions, not elsewhere classified	1820-1922	13,644	21,481	37,908	58,342	131,375	12,188	28,916	50,412	57,127	148,643	25,832	50,397	88,320	115,469	280,018
Administration of blood and blood products	1893	1,657	1,153	2,398	6,280	11,488	1,356	1,398	2,015	5,092	9,861	3,013	2,551	4,413	11,372	21,349
Conduction anaesthesia	1909	~	16	11	*	38	~	14	19	*	53	~	30	30	*	91
Cerebral anaesthesia	1910	14	18	26	17	75	9	18	14	9	50	23	36	40	26	125
Imaging services	1940-2016	4,290	9,242	12,220	20,398	46,150	3,762	10,675	11,634	22,525	48,596	8,052	19,917	23,854	42,923	94,746
Computerised tomography scan	1952-1966	1,086	7,311	9,171	16,151	33,719	792	7,979	9,023	18,238	36,032	1,878	15,290	18,194	34,389	69,751
Magnetic resonance imaging	2015	1,889	1,097	1,373	1,556	5,915	1,540	1,756	1,419	1,625	6,340	3,429	2,853	2,792	3,181	12,255

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

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

† Denotes that no breakdown is provided.

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

b Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

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

Principal Procedure	Procedure Block	Male					Female (excl. <i>Maternity</i>)					Total Acute In-Patient Discharges (excl. <i>Maternity</i>)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Acute In-Patient Discharges	-	2.7	3.0	4.3	6.3	4.4	2.8	2.8	4.0	6.4	4.4	2.8	2.9	4.2	6.4	4.4
All Principal Procedures	0001–2016	3.8	3.7	5.4	7.6	5.7	4.0	3.6	5.0	7.8	5.8	3.9	3.6	5.2	7.7	5.7
Procedures on nervous system	0001–0086	5.2	4.6	5.9	7.7	5.6	5.1	4.6	6.1	7.7	5.6	5.2	4.6	6.0	7.7	5.6
Lumbar puncture	0030	4.9	4.4	7.0	10.6	5.6	4.7	4.1	5.7	10.0	5.1	4.8	4.2	6.3	10.3	5.3
Procedures on endocrine system	0110–0129	3.7	3.5	4.1	5.7	4.4	2.1	3.3	3.2	5.3	3.6	2.9	3.3	3.4	5.5	3.8
Procedures on eye and adnexa	0160–0256	2.2	2.8	3.1	3.2	3.0	2.3	2.5	2.6	3.3	2.9	2.3	2.7	2.9	3.2	2.9
Lens extraction	0195–0202	2.5	2.0	2.4	2.0	2.2	2.1	3.4	2.2	2.7	2.6	2.3	2.5	2.3	2.4	2.4
Procedures on ear and mastoid process	0300–0333	1.3	2.0	2.0	5.8	2.1	1.3	1.9	2.7	6.4	2.2	1.3	2.0	2.3	6.0	2.1
Myringotomy	0309	1.2	1.9	3.3	^	1.6	1.2	1.3	1.1	^	1.4	1.2	1.7	2.3	6.5	1.5
Procedures on nose, mouth and pharynx	0370–0422	1.4	1.8	3.4	4.6	2.2	1.2	1.6	3.1	4.8	1.9	1.3	1.7	3.3	4.7	2.0
Tonsillectomy or adenoidectomy	0412	1.2	1.4	2.2	6.7	1.3	1.2	1.3	1.7	2.1	1.2	1.2	1.3	2.0	4.5	1.2
Dental services	0450–0490	1.7	2.4	3.9	6.2	2.5	1.4	2.2	1.8	2.7	1.8	1.6	2.3	3.0	5.0	2.2
Procedures on respiratory system	0520–0570	9.6	7.3	8.2	9.8	9.0	9.9	7.8	8.5	9.9	9.3	9.7	7.5	8.3	9.9	9.1
Bronchoscopy with/without biopsy	0543–0544, 41892-1 [0545]	6.3	8.0	9.4	11.0	9.8	5.1	8.3	8.8	11.2	9.5	5.7	8.1	9.1	11.1	9.7
Procedures on cardiovascular system	0600–0777	8.3	6.2	5.2	6.4	6.0	8.1	5.9	5.2	6.8	6.3	8.2	6.1	5.2	6.5	6.1
Coronary angiography	0668	3.5	3.7	4.3	5.4	4.7	3.7	4.6	4.2	5.6	5.0	3.6	3.9	4.2	5.5	4.8
Transluminal coronary angioplasty with/without stenting	0670–0671	^	3.0	3.0	3.7	3.4	-	3.2	3.2	3.6	3.5	^	3.0	3.1	3.7	3.4
CABG	0672–0679	-	10.4	11.7	12.9	12.3	-	^	12.9	13.9	13.3	-	9.9	11.8	13.1	12.4
Leg varicose vein ligation	0727–0728	-	1.0	1.1	1.3	1.1	-	1.1	1.3	2.4	1.4	-	1.1	1.3	1.9	1.3
Procedures on blood and blood-forming organs	0800–0817	8.0	8.3	9.1	10.9	9.6	5.8	5.6	6.8	9.1	7.2	6.8	6.9	8.0	10.2	8.5
Procedures on digestive system	0850–1011	3.8	4.0	6.1	7.8	6.0	3.7	3.9	6.1	8.3	5.9	3.8	3.9	6.1	8.0	5.9
Fibreoptic colonoscopy with/without excision	0905, 0911	3.1	5.5	5.8	6.7	6.2	2.6	5.8	6.3	7.6	6.9	3.0	5.6	6.0	7.2	6.5
Appendectomy	0926	3.1	2.8	4.2	6.1	3.1	3.1	2.9	4.0	7.3	3.1	3.1	2.9	4.1	6.6	3.1
Procedures for haemorrhoids	0941	-	1.7	2.0	2.9	2.2	-	2.0	1.8	2.7	2.1	-	1.9	1.9	2.8	2.1
Cholecystectomy	0965	^	2.9	3.7	5.2	4.1	4.8	2.5	2.7	3.8	2.8	4.8	2.5	3.1	4.4	3.2
Division of abdominal adhesions	0986	6.3	6.9	9.0	11.0	9.2	6.5	3.5	7.4	11.4	6.4	6.4	4.1	7.8	11.2	7.1
Repair of inguinal and obstructed hernia	0990, 0997	2.2	1.6	2.0	2.8	2.3	2.1	2.0	3.9	6.0	4.6	2.2	1.7	2.1	3.2	2.6
Panendoscopy with/without excision	1005–1008	3.1	4.2	5.9	8.2	6.6	2.6	4.2	6.1	8.3	6.7	2.9	4.2	6.0	8.3	6.6
Procedures on urinary system	1040–1129	5.8	4.2	5.1	6.7	5.8	5.0	4.4	4.5	6.9	5.3	5.5	4.3	4.9	6.7	5.6
Examination procedures on bladder (includes cystoscopy)	1089	3.0	4.3	3.8	6.3	5.5	^	5.6	3.9	5.8	5.1	3.4	4.9	3.9	6.2	5.4
Procedures on male genital organs	1160–1203	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	1.4	2.4	4.2	5.4	3.6
Prostatectomy	1165–1167	-	5.8	4.9	5.7	5.4	-	-	-	-	-	-	5.8	4.9	5.7	5.4
Circumcision	30653-00 [1196]	1.4	1.7	1.9	3.2	1.8	-	-	-	-	-	1.4	1.7	1.9	3.2	1.8
Gynaecological procedures	1240–1299	-	-	-	-	-	2.7	2.9	3.9	4.7	3.7	2.7	2.9	3.9	4.7	3.7
Oophorectomy and salpingo-oophorectomy	1243, 1252	-	-	-	-	-	^	3.7	3.4	5.4	3.8	^	3.7	3.4	5.4	3.8
Salpingectomy	1251	-	-	-	-	-	-	2.8	3.2	-	2.8	-	2.8	3.2	-	2.8
Examination procedures on uterus	1259	-	-	-	-	-	-	1.7	1.7	2.7	1.9	-	1.7	1.7	2.7	1.9
Curettag and evacuation of uterus	1265	-	-	-	-	-	-	1.4	1.7	3.3	2.0	-	1.4	1.7	3.3	2.0
Hysterectomy	1268–1269	-	-	-	-	-	-	4.9	5.2	5.9	5.3	-	4.9	5.2	5.9	5.3
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	-	-	-	-	-	3.2	3.4	3.8	3.6	-	3.2	3.4	3.8	3.6
Obstetric procedures^b	1330–1347	-	-	-	-	-	-	^	-	-	^	-	^	-	-	^
Procedures on musculoskeletal system	1360–1579	1.9	2.5	4.5	7.8	4.1	2.0	2.7	3.9	7.8	5.2	1.9	2.6	4.2	7.8	4.7
Arthroplasty of hip	1489	^	4.7	4.8	7.8	6.5	^	5.1	5.3	9.0	8.1	^	4.9	5.0	8.5	7.4
Arthroplasty of knee	1518–1519	-	4.2	4.6	6.0	5.4	-	4.5	5.0	5.9	5.6	-	4.4	4.8	5.9	5.5

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

Principal Procedure	Procedure Block	Male					Female (excl. <i>Maternity</i>)					Total Acute In-Patient Discharges (excl. <i>Maternity</i>)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Dermatological and plastic procedures	1600–1718	2.8	2.7	4.3	5.6	3.5	3.0	2.7	4.5	6.2	3.7	2.9	2.7	4.3	5.9	3.6
Excision of lesion(s) of skin and subcutaneous tissue	1620	2.3	2.5	3.5	3.6	3.4	1.7	1.6	2.7	3.9	3.1	2.0	2.0	3.2	3.7	3.3
Other debridement of skin and subcutaneous tissue	1628	1.9	3.6	5.5	8.8	4.8	1.3	4.0	6.7	9.6	5.6	1.6	3.7	5.8	9.2	5.1
Skin graft	1640–1650	5.6	4.4	7.7	6.4	5.8	7.8	7.0	7.4	7.7	7.5	6.9	5.4	7.6	7.2	6.6
Procedures on breast	1740–1759	-	1.9	4.0	4.1	2.8	3.8	2.9	3.1	3.8	3.2	3.8	2.9	3.1	3.8	3.2
Breast biopsy	1743–1744	-	-	^	^	^	-	2.0	1.9	3.2	2.3	-	2.0	1.9	3.2	2.3
Mastectomy	1747–1748	-	1.8	^	5.1	3.0	-	4.5	4.4	5.0	4.6	-	4.3	4.4	5.0	4.5
Radiation oncology procedures^c	1786–1799	-	7.3	9.0	11.5	10.3	^	6.5	9.9	12.3	10.2	^	6.7	9.5	11.9	10.3
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1922	4.1	4.5	5.6	8.1	6.4	4.5	4.4	5.9	8.6	6.9	4.3	4.4	5.7	8.3	6.6
Administration of blood and blood products	1893	3.3	4.8	6.0	6.7	6.0	3.6	4.1	5.1	6.7	5.7	3.5	4.3	5.5	6.7	5.9
Conduction anaesthesia	1909	-	^	^	^	3.9	^	^	7.5	5.9	6.1	^	4.3	6.5	5.8	5.5
Cerebral anaesthesia	1910	^	5.7	1.6	5.0	3.8	^	3.3	^	^	3.4	^	4.5	2.3	4.3	3.6
Imaging services	1940–2016	3.5	3.5	5.1	7.4	5.7	3.6	3.4	4.7	7.4	5.6	3.5	3.4	4.9	7.4	5.6
Computerised tomography scan	1952–1966	2.3	3.1	4.8	7.3	5.5	2.7	3.0	4.4	7.3	5.5	2.5	3.0	4.6	7.3	5.5
Magnetic resonance imaging	2015	3.6	5.2	6.8	8.9	6.7	3.9	4.9	6.4	9.0	6.4	3.8	5.0	6.5	8.9	6.6

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

‡ Denotes that no breakdown is provided.

- Mean length of stay cannot be calculated as no acute in-patients (length of stay of 30 days or less) are reported.

a Includes mean length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.

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

c Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

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

All Procedures	Procedure Block	Male					Female (excl. <i>Maternity</i>)					Total Discharges (excl. <i>Maternity</i>)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. <i>Maternity</i>)	-	73,737	146,298	216,189	294,137	730,361	58,860	181,789	225,167	258,247	724,063	132,597	328,087	441,356	552,384	1,454,424
All Procedures	0001–2016	98,372	214,232	329,434	465,702	1,107,740	74,289	263,365	343,390	422,701	1,103,745	172,661	477,597	672,824	888,403	2,211,485
Procedures on nervous system	0001–0086	1,923	4,482	5,076	3,290	14,771	1,704	5,762	6,997	5,343	19,806	3,627	10,244	12,073	8,633	34,577
Lumbar puncture	0030	1,452	941	601	484	3,478	1,224	1,566	772	453	4,015	2,676	2,507	1,373	937	7,493
Procedures on endocrine system	0110–0129	23	153	238	177	591	21	537	631	337	1,526	44	690	869	514	2,117
Procedures on eye and adnexa	0160–0256	1,082	1,970	5,278	12,501	20,831	821	1,510	3,912	15,945	22,188	1,903	3,480	9,190	28,446	43,019
Lens extraction	0195–0202	73	146	786	3,520	4,525	39	92	820	5,128	6,079	112	238	1,606	8,648	10,604
Procedures on ear and mastoid process	0300–0333	2,751	1,291	914	707	5,663	2,026	1,256	906	617	4,805	4,777	2,547	1,820	1,324	10,468
Myringotomy	0309	1,685	148	117	69	2,019	1,100	154	115	56	1,425	2,785	302	232	125	3,444
Procedures on nose, mouth and pharynx	0370–0422	3,252	3,406	2,653	1,873	11,184	2,447	3,536	2,322	1,428	9,733	5,699	6,942	4,975	3,301	20,917
Tonsillectomy or adenoidectomy	0412	1,722	441	48	13	2,224	1,530	1,057	46	12	2,645	3,252	1,498	94	25	4,869
Dental services	0450–0490	4,820	1,421	344	145	6,730	3,586	1,761	281	74	5,702	8,406	3,182	625	219	12,432
Procedures on respiratory system	0520–0570	3,037	3,026	5,829	8,431	20,323	2,200	2,188	4,673	6,236	15,297	5,237	5,214	10,502	14,667	35,620
Bronchoscopy with/without biopsy	0543–0544, 41892-01[0545]	299	909	1,926	2,615	5,749	213	756	1,845	2,065	4,879	512	1,665	3,771	4,680	10,628
Procedures on cardiovascular system	0600–0777	2,267	8,839	25,146	23,842	60,094	1,939	5,064	11,918	13,514	32,435	4,206	13,903	37,064	37,356	92,529
Coronary angiography	0668	182	913	6,133	6,448	13,676	142	366	2,939	3,795	7,242	324	1,279	9,072	10,243	20,918
Transluminal coronary angioplasty with/without stenting	0670–0671	~	*	2,231	2,279	4,729	0	47	449	930	1,426	~	*	2,680	3,209	6,155
CABG	0672–0679	0	35	789	923	1,747	~	*	118	217	345	~	*	907	1,140	2,092
Leg varicose vein ligation	0727–0728	0	390	526	169	1,085	0	987	945	319	2,251	0	1,377	1,471	488	3,336
Procedures on blood and blood-forming organs	0800–0817	331	697	1,294	1,706	4,028	433	1,164	2,424	1,941	5,962	764	1,861	3,718	3,647	9,990
Procedures on digestive system	0850–1011	3,365	27,006	37,898	38,585	106,854	2,475	35,103	37,882	35,000	110,460	5,840	62,109	75,780	73,585	217,314
Fibreoptic colonoscopy with/without excision	0905, 0911	167	8,834	14,103	15,201	38,305	112	11,284	14,883	13,735	40,014	279	20,118	28,986	28,936	78,319
Appendectomy	0926	1,141	1,938	320	129	3,528	943	2,118	445	153	3,659	2,084	4,056	765	282	7,187
Procedures for haemorrhoids	0941	~	1,642	1,711	*	4,016	~	1,519	1,309	*	3,510	~	3,161	3,020	*	7,526
Cholecystectomy	0965	7	336	573	435	1,351	17	1,721	1,195	519	3,452	24	2,057	1,768	954	4,803
Division of abdominal adhesions	0986	39	208	270	323	840	29	925	566	404	1,924	68	1,133	836	727	2,764
Repair of inguinal and obstructed hernia	0990, 0997	445	771	1,285	1,272	3,773	103	68	97	151	419	548	839	1,382	1,423	4,192
Panendoscopy with/without excision	1005–1008	475	8,963	12,157	12,280	33,875	469	11,668	13,663	12,615	38,415	944	20,631	25,820	24,895	72,290
Procedures on urinary system	1040–1129	1,257	18,149	39,991	71,617	131,014	878	13,847	24,845	44,514	84,084	2,135	31,996	64,836	116,131	215,098
Examination procedures on bladder (includes cystoscopy)	1089	90	1,257	3,070	5,990	10,407	56	1,480	2,428	2,593	6,557	146	2,737	5,498	8,583	16,964
Procedures on male genital organs	1160–1203	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Prostatectomy	1165–1167	0	11	477	722	1,210	0	0	0	0	0	0	11	477	722	1,210
Circumcision	30653-00[1196]	1,801	514	237	138	2,690	0	0	0	0	0	1,801	514	237	138	2,690
Gynaecological procedures	1240–1299	0	0	0	0	0	101	33,636	20,465	4,335	58,537	101	33,636	20,465	4,335	58,537
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	~	412	427	*	996	~	412	427	*	996
Salpingectomy	1251	0	0	0	0	0	~	150	50	~	207	~	150	50	~	207
Examination procedures on uterus	1259	0	0	0	0	0	~	4,038	4,638	*	9,549	~	4,038	4,638	*	9,549
Curettage and evacuation of uterus	1265	0	0	0	0	0	~	3,439	4,326	*	8,601	~	3,439	4,326	*	8,601
Hysterectomy	1268–1269	0	0	0	0	0	0	514	1,434	611	2,559	0	514	1,434	611	2,559
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	156	770	605	1,531	0	156	770	605	1,531
Obstetric procedures^a	1330–1347	0	0	0	0	0	0	‡	‡	‡	‡	‡	‡	‡	‡	13
Procedures on musculoskeletal system	1360–1579	5,029	14,858	11,688	9,474	41,049	4,159	8,482	14,430	15,981	43,052	9,188	23,340	26,118	25,455	84,101
Arthroplasty of hip	1489	~	*	780	1,394	2,307	~	*	637	2,200	2,938	~	*	1,417	3,594	5,245
Arthroplasty of knee	1518–1519	0	18	349	511	878	0	20	437	804	1,261	0	38	786	1,315	2,139
Dermatological and plastic procedures	1600–1718	5,344	20,517	15,265	17,212	58,338	4,209	19,209	14,187	14,469	52,074	9,553	39,726	29,452	31,681	110,412

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

All Procedures	Procedure Block	Male					Female (excl. <i>Maternity</i>)					Total Discharges (excl. <i>Maternity</i>)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Excision of lesion(s) of skin and subcutaneous tissue	1620	594	5,840	5,885	8,428	20,747	614	7,602	6,366	6,910	21,492	1,208	13,442	12,251	15,338	42,239
Other debridement of skin and subcutaneous tissue	1628	467	1,434	885	786	3,572	294	470	425	524	1,713	761	1,904	1,310	1,310	5,285
Skin graft	1640–1650	47	199	216	628	1,090	59	103	162	510	834	106	302	378	1,138	1,924
Procedures on breast	1740–1759	~	85	40	*	169	13	4,240	5,682	2,177	12,112	*	4,325	5,722	*	12,281
Breast biopsy	1743–1744	~	24	31	*	86	~	2,506	2,871	*	6,806	~	2,530	2,902	*	6,892
Mastectomy	1747–1748	0	31	~	*	44	0	198	*	*	916	0	229	452	279	960
Radiation oncology procedures^b	1786–1799	429	2,068	16,482	27,919	46,898	311	4,914	21,865	13,138	40,228	740	6,982	38,347	41,057	87,126
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1922	52,106	85,290	127,289	196,566	461,251	40,510	99,148	141,622	200,372	481,652	92,616	184,438	268,911	396,938	942,903
Administration of blood and blood products	1893	3,016	2,154	4,804	11,284	21,258	2,550	2,277	3,840	9,470	18,137	5,566	4,431	8,644	20,754	39,395
Conduction anaesthesia	1909	395	1,531	2,977	5,251	10,154	89	1,140	3,307	6,900	11,436	484	2,671	6,284	12,151	21,590
Cerebral anaesthesia	1910	24,149	41,948	48,985	49,859	164,941	16,637	51,195	56,007	46,184	170,023	40,786	93,143	104,992	96,043	334,964
Imaging services	1940–2016	7,522	19,385	30,952	48,634	106,493	6,453	21,997	28,346	47,280	104,076	13,975	41,382	59,298	95,914	210,569
Computerised tomography scan	1952–1966	1,568	12,908	18,388	32,645	65,509	1,146	12,573	16,703	33,461	63,883	2,714	25,481	35,091	66,106	129,392
Magnetic resonance imaging	2015	2,499	2,798	3,941	4,840	14,078	2,065	3,904	3,781	4,770	14,520	4,564	6,702	7,722	9,610	28,598

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

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

‡ Denotes that no breakdown is provided.

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

b Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

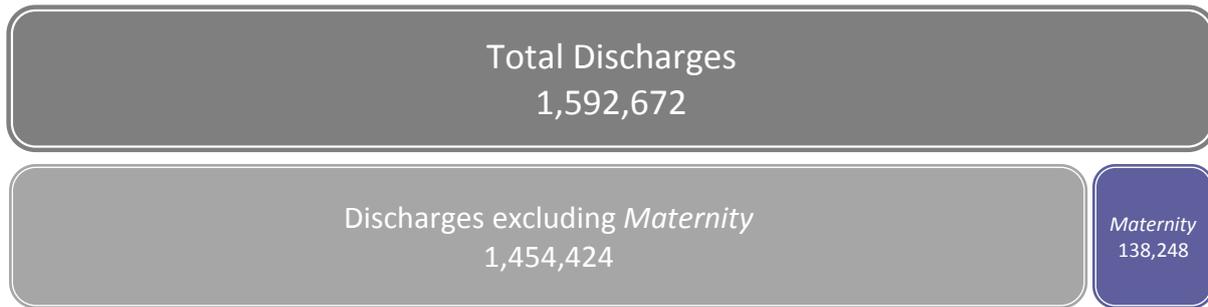
Maternity Discharges SECTION

2014

FOUR

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4.1 INTRODUCTION

Section Four examines *Maternity* discharges only. In 2014, 8.7 per cent of total discharges were categorised as *Maternity* discharges. *Maternity* discharges in HIPE are those who were admitted in relation to their obstetrical experience (from conception to 6 weeks post delivery); that is, they were allocated to Admission Type *Maternity*.¹

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

- The NPRS includes all deliveries in Ireland including those in public and private hospitals and domiciliary births. HIPE does not currently collect data from private hospitals or domiciliary births.
- Delivery data in the NPRS is reported based on date of delivery, HIPE data is reported on the date of discharge of the mother. For example, a delivery that occurs on 27 December 2013 where the mother is discharged on 1 January 2014 will be recorded as a 2013 delivery in NPRS and a 2014 delivery in HIPE.
- In accordance with the World Health Organization (WHO) guidelines the NPRS does not include births weighing less than 500 grams; these deliveries would be reported by HIPE.

¹ Hospital In-Patient Enquiry Scheme (HIPE) Data Dictionary 2014 Version 6.0 available at www.hpo.ie

² See www.hpo.ie

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

The remainder of Section Four is divided into three sections:

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

4.2 MATERNITY DISCHARGES – TOTAL

This section provides an overview of the 138,248 *Maternity* discharges reported to HIPE. Of those discharges recorded as *Maternity*, there were 65,608 (47.5 per cent) *Delivery* discharges and 72,640 (52.5 per cent) *Non-Delivery* discharges.

4.2.1 *Maternity* Discharges: Profile

Table 4.1 disaggregates *Maternity* discharges and bed days by patient type (day patient and in-patient) and delivery status.⁵ Mean and median lengths of stay for in-patient discharges are also presented.⁶

Discharges

- Day patients accounted for 19,043 (13.8 per cent) of *Maternity* discharges. The remaining 119,205 (86.2 per cent) of *Maternity* discharges were in-patients.
- 55.3 per cent of *Maternity* discharges were aged 25–34 years (see Figure 4.1).
- Single women accounted for 39.5 per cent of *Maternity* discharges while married women accounted for 57.4 per cent (see Figure 4.2).
- Over 16 per cent of *Maternity* discharges were discharged on a private basis and 83.6 per cent on a public basis (see Figure 4.3).

Length of Stay

- The cumulative proportion of discharges and bed days differ for *Delivery* and *Non-Delivery* discharges (see Figures 4.4a–4.4c). For example, 62.5 per cent of *Delivery* discharges stayed 3 days or less, accounting for 39.3 per cent of the total bed days. A higher proportion of *Non-Delivery* discharges (93.4 per cent) were discharged in the same time period using a higher proportion of the total bed days (73.7 per cent).

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

⁵ *Non-Delivery* discharges are *Maternity* discharges where admission was related to their obstetrical experience but who did not deliver during that episode of care.

⁶ By definition, *Maternity* discharges with a diagnosis of delivery are in-patients.

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

	Discharges and Bed Days																	
	Day Patients		In-Patients												Total Maternity Discharges			
			0-7 Days				> 7 Days				Total Maternity In-Patient							
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%
Delivery ^{a,b}	-	-	63,236	54.4	193,190	71.3	2,372	78.5	33,200	79.1	65,608	55.0	226,390	72.3	65,608	47.5	226,390	68.2
Non-Delivery	19,043	100	52,946	45.6	77,844	28.7	651	21.5	8,759	20.9	53,597	45.0	86,603	27.7	72,640	52.5	105,646	31.8
Total Maternity	19,043	100	116,182	100	271,034	100	3,023	100	41,959	100	119,205	100	312,993	100	138,248	100	332,036	100

	In-Patient Length of Stay					
	0-7 Days		> 7 Days		Total Maternity In-Patient	
	Mean	Median	Mean	Median	Mean	Median
Delivery	3.1	3	14.0	10	3.5	3
Non-Delivery	1.5	1	13.5	10	1.6	1
Total Maternity	2.3	2	13.9	10	2.6	2

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

FIGURE 4.1 Maternity Discharges: Age (N, %)

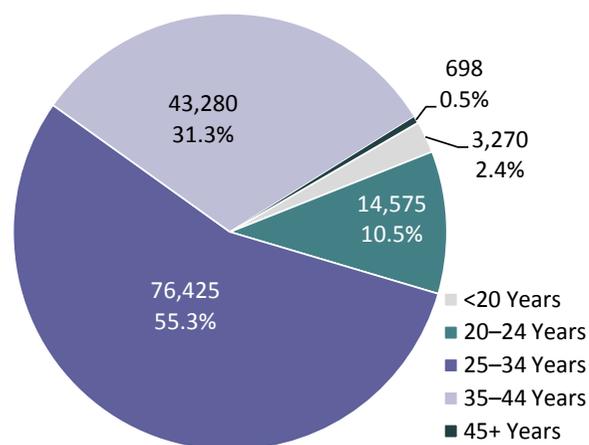


FIGURE 4.2 Maternity Discharges: Marital/Civil Status (N, %)

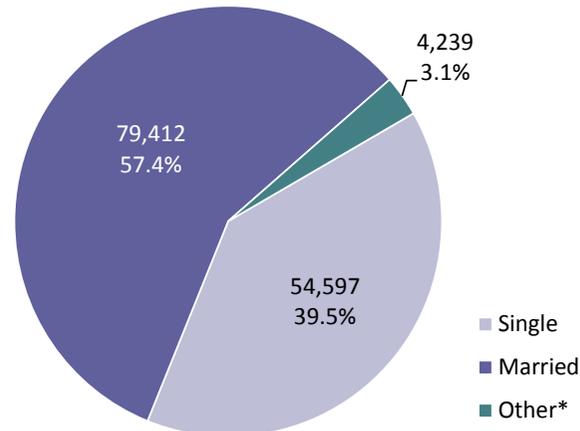
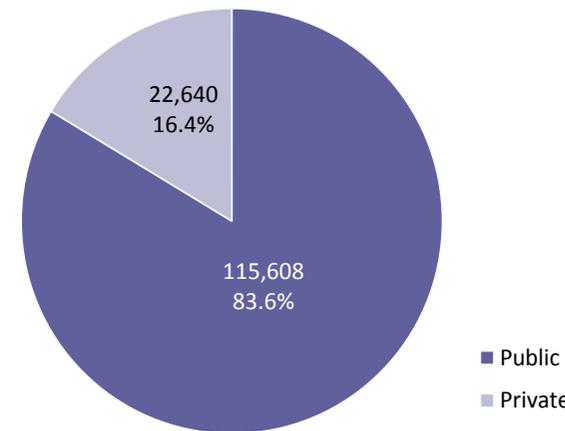


FIGURE 4.3 Maternity Discharges: Public/Private Status (N, %)



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

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

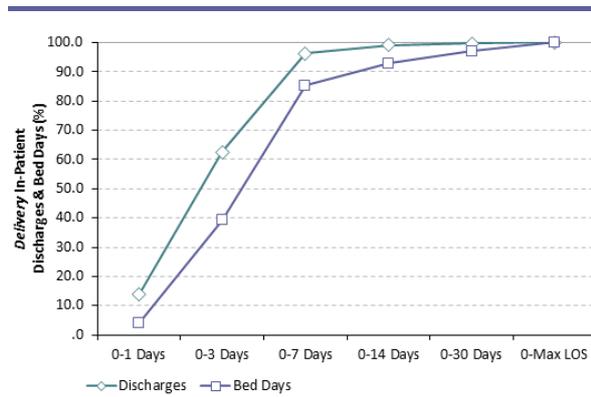


FIGURE 4.4b *Non-Delivery Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)*

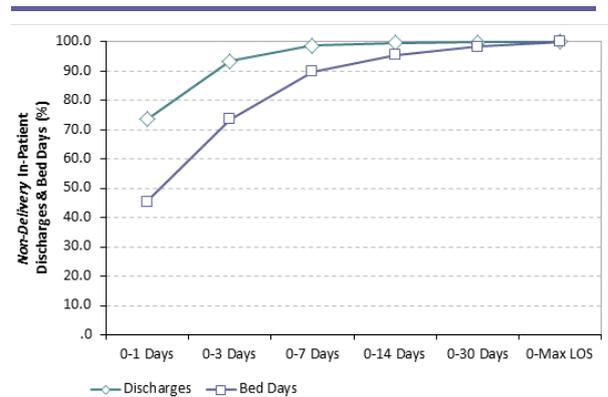
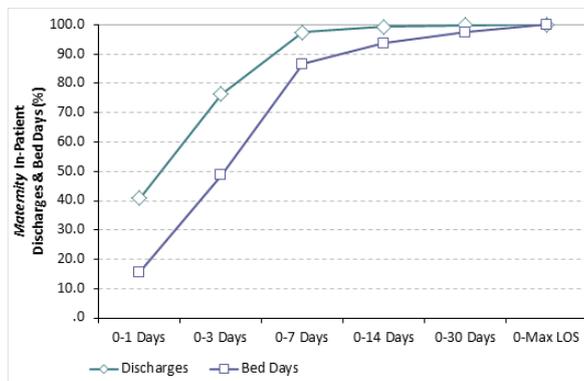


FIGURE 4.4c *Maternity Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)*



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

4.3 MATERNITY DISCHARGES – DELIVERY

There were 65,608 *Maternity* discharges with a diagnosis of *outcome of delivery* reported to HIPE (47.5 per cent of *Maternity* discharges and 4.1 per cent of total HIPE discharges).^{7,8}

4.3.1 Delivery Discharges: Outcome of Delivery

Table 4.2 disaggregates *Delivery* discharges by outcome of delivery.⁹

- Single deliveries accounted for 98.1 per cent of total *Delivery* discharges while multiple deliveries accounted for 1.9 per cent.
- The in-patient mean length of stay for a single delivery was 3.4 days compared to 6.8 days for a multiple delivery.

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

		<i>Delivery Discharges</i> ^a		<i>In-Patient Length of Stay</i> ^b	
		N	%	Mean	Median
Z37.0–Z37.1	Single Deliveries	64,344	98.1	3.4	3
Z37.2–Z37.7	Multiple Deliveries	1,252	1.9	6.8	5
Z37.9	Unspecified	12	0.0	8.3	3
Total <i>Delivery Discharges</i>		65,608	100.0	3.5	3

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

⁷ See Section Three for details of clinical coding and classification.

⁸ ICD-10-AM Diagnosis Code Z37 *Outcome of Delivery* (Extracted from NCCH eBook, July 2008: Factors Affecting Health Status.)

⁹ As a delivery can result in either single or multiple outcomes, the number of deliveries will not equal the number of births. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).

4.3.2 Delivery Discharges: Method of Delivery

Method of delivery is derived from delivery procedure codes which, for the purposes of this report, are grouped into non-instrumental, instrumental and elective or emergency Caesarean section.^{10,11,12,13,14} Figures 4.5a and 4.5b show the proportion of *Delivery* discharges by method of delivery and maternal parity. Table 4.3 disaggregates *Delivery* discharges by method of delivery and outcome of delivery. Figure 4.6 shows the proportion of *Delivery* discharges by method of delivery and in-patient length of stay.

Discharges

Maternal Parity

- Figures 4.5a and 4.5b show that primiparous *Delivery* discharges recorded lower proportions of both non-instrumental (39.7 per cent) and elective Caesarean section deliveries (8.4 per cent) than multiparous *Delivery* discharges (64.6 per cent and 20.9 per cent respectively).¹⁵
- Instrumental deliveries accounted for 29.1 per cent of primiparous *Delivery* discharges and 6.5 per cent of multiparous *Delivery* discharges.
- Emergency Caesarean section deliveries accounted for 22.8 per cent of primiparous and 8.0 per cent of multiparous *Delivery* discharges.

Single and Multiple Deliveries

- Non-instrumental deliveries accounted for 55.7 per cent of single deliveries and 22.2 per cent of multiple deliveries.
- Caesarean section accounted for 29.0 per cent of single deliveries and 68.8 per cent of multiple deliveries.

¹⁰ The method of delivery categories reported here are not directly comparable with those published in the *Perinatal Statistics Reports*.

¹¹ Non-instrumental deliveries *exclude* forceps delivery, vacuum extraction with delivery, breech with forceps to after-coming head or Caesarean section.

¹² Instrumental deliveries include deliveries *with* one or a combination of forceps (ACHI Procedure Block 1337 – excluding failed forceps) or vacuum extraction (ACHI Procedure Block 1338 – excluding failed vacuum extraction), and breech with forceps to after-coming head (ACHI Procedure Codes 90470-02, 90470-04) [Extracted from NCCH eBook, July 2008, Obstetric Procedures].

¹³ The term 'elective' is not an indication of maternal choice.

¹⁴ An **elective** Caesarean (ACHI Procedure Codes 16520-00, 16520-02) is defined as a Caesarean section carried out as a planned procedure before the onset of labour or following the onset of labour, when the decision was made before labour.

An **emergency** Caesarean (ACHI Procedure Codes 16520-01, 16520-03) is defined as a Caesarean required because of an emergency situation (e.g. obstructed labour, fetal distress). It is best described as 'when the Caesarean section is performed having not been considered necessary previously'. Caesarean section after failed trial of scar would be an emergency Caesarean section.

Source: Australian Coding Standard 1541 [Extracted from NCCH eBook, July 2008, Pregnancy, Childbirth and the Puerperium]

¹⁵ Primiparous *Delivery* discharges are deliveries to women who have had no previous pregnancy resulting in a live birth or stillbirth (>500g).

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

- The proportions of elective and emergency Caesarean sections were similar for singleton deliveries, but varied for multiple deliveries (38.6 per cent for elective Caesarean sections and 30.2 per cent for emergency Caesarean Sections).

Length of Stay

- The in-patient mean length of stay was 2.5 days for non-instrumental, 3.3 days for instrumental, and 5.2 days for Caesarean section deliveries (see Table 4.3).
- In-patient mean length of stay was shorter for single deliveries compared to multiple deliveries for all methods of delivery.
- For singleton and multiple deliveries, in-patient mean length of stay was shorter for elective than emergency Caesarean section deliveries.
- Only 3.6 per cent of total *Delivery* discharges had an in-patient mean length of stay of more than 7 days (see Figure 4.6).

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

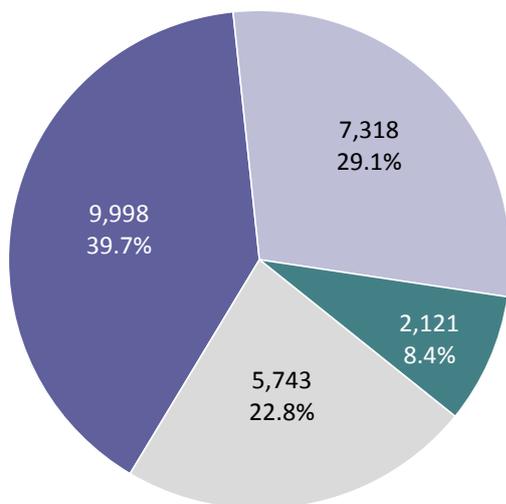
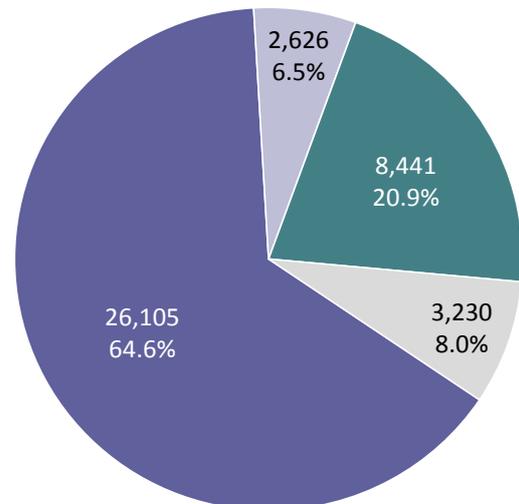


FIGURE 4.5b Multiparous *Delivery* Discharges: Method of Delivery (%)



■ Non-Instrumental ■ Instrumental ■ Elective CS ■ Emergency CS

Notes: Percentage values are subject to rounding.
 Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie). There were 26 discharges with 'unknown' parity; these were excluded from these figures.

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

		Delivery Discharges											
		Non-Instrumental		Instrumental		Caesarean Section						Total Delivery Discharges ^a	
						Elective CS		Emergency CS		Total CS			
		N	%	N	%	N	%	N	%	N	%	N	%
Single	0–7 Days	35,383	56.8	9,634	15.5	9,506	15.3	7,719	12.4	17,225	27.7	62,242	100
	> 7 Days	453	21.6	199	9.5	574	27.3	876	41.7	1,450	69.0	2,102	100
	Total Single	35,836	55.7	9,833	15.3	10,080	15.7	8,595	13.4	18,675	29.0	64,344	100
Multiple	0–7 Days	247	25.1	96	9.8	389	39.6	251	25.5	640	65.1	983	100
	> 7 Days	31	11.5	17	6.3	94	34.9	127	47.2	221	82.2	269	100
	Total Multiple	278	22.2	113	9.0	483	38.6	378	30.2	861	68.8	1,252	100
Total ^a	0–7 Days	35,630	56.4	9,730	15.4	9,895	15.7	7,970	12.6	17,865	28.3	63,225	100
	> 7 Days	484	20.4	216	9.1	668	28.2	1,003	42.3	1,671	70.5	2,371	100
	Total Delivery Discharges	36,114	55.1	9,946	15.2	10,563	16.1	8,973	13.7	19,536	29.8	65,596	100

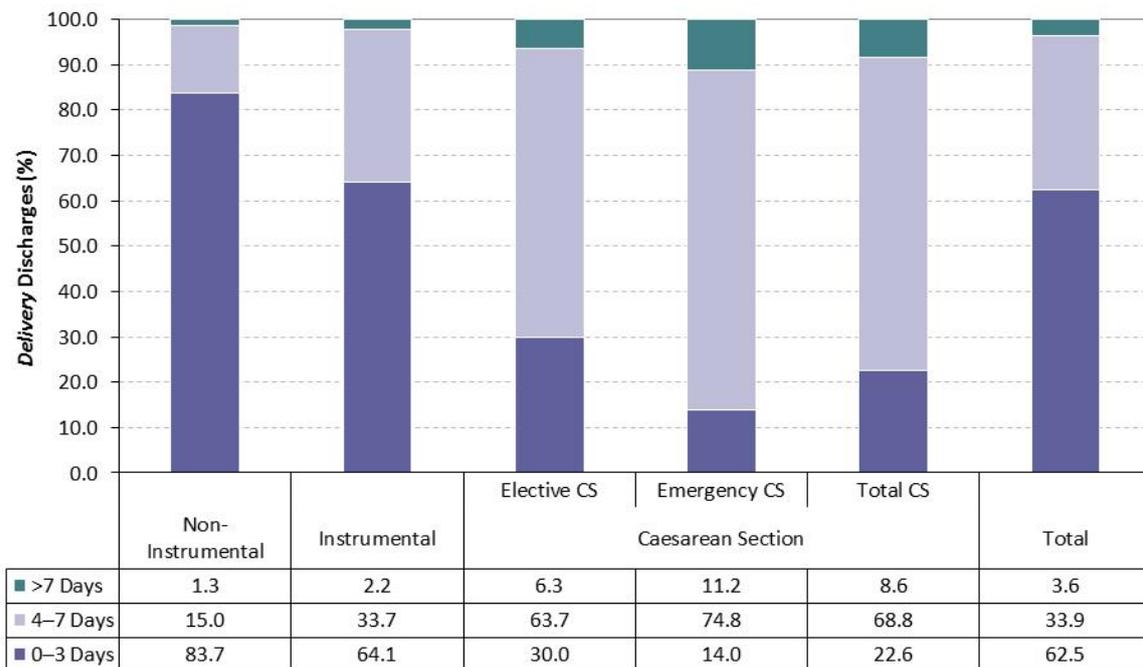
		Delivery In-Patient Length of Stay ^b											
		Non-Instrumental		Instrumental		Caesarean Section						Total Delivery Discharges	
						Elective CS		Emergency CS		Total CS			
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Single	0–7 Days	2.4	2	3.2	3	4.0	4	4.6	5	4.3	4	3.0	3
	> 7 Days	12.9	10	10.8	9	15.9	11	13.6	10	14.5	11	13.8	10
	Total Single	2.5	2	3.3	3	4.7	4	5.5	5	5.1	4	3.4	3
Multiple	0–7 Days	3.3	3	4.0	4	4.7	5	5.1	5	4.9	5	4.4	4
	> 7 Days	12.3	10	13.1	12	17.0	12	15.5	11	16.1	11	15.5	11
	Total Multiple	4.3	3	5.4	4	7.1	5	8.6	6	7.8	5	6.8	5
Total ^a	0–7 Days	2.4	2	3.2	3	4.0	4	4.7	5	4.3	4	3.1	3
	> 7 Days	12.8	10	11.0	9	16.0	12	13.8	10	14.7	11	14.0	10
	Total Delivery Discharges	2.5	2	3.3	3	4.8	4	5.7	5	5.2	4	3.4	3

Notes: Percentage columns are subject to rounding.

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

a There were 12 discharges with 'unspecified' outcome of delivery; these were excluded from this table.

b *Delivery* discharges are all in-patients.

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

Notes: Percentage columns are subject to rounding.

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

4.3.3 *Delivery Discharges: Age*

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

Discharges

- The majority of mothers aged less than 45 years had non-instrumental deliveries.
- For mothers aged 45 years and over, 75.2 per cent delivered by Caesarean section and 20.4 per cent had non-instrumental deliveries.
- With the exception of mothers aged 45 years and over, a similar proportion of mothers delivered by emergency Caesarean section in all age groups.
- A larger proportion of mothers aged 35–44 years delivered by elective Caesarean section (22.9 per cent) compared to 13.9 per cent for mothers aged 25–34 years.
- Just over seven per cent of primiparous *Delivery* discharges aged 25–34 years had an elective Caesarean section compared to 18.5 per cent of multiparous *Delivery* discharges in the same age group.
- Almost 23 per cent of primiparous *Delivery* discharges aged 25–34 years had an emergency Caesarean section compared to 7.7 per cent of multiparous *Delivery* discharges in the same age group.

Length of Stay

- In-patient mean length of stay was shortest for non-instrumental deliveries for all age groups, this ranged from 2.5 days to 3.0 days.
- The in-patient mean length of stay for emergency Caesarean section deliveries ranged from 5.4 days to 6.9 days.
- In-patient mean length of stay varied from 3.2 days for mothers aged 20–24 years to 6.0 days for mothers aged 45 years and over for total *Delivery* discharges.

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

	Delivery Discharges											
	Non-Instrumental		Instrumental		Caesarean Section						Total Delivery Discharges	
	N	%	N	%	Elective CS		Emergency CS		Total CS		N	%
<20 Years	754	61.9	266	21.8	26	2.1	172	14.1	198	16.3	1,218	100
20–24 Years	3,592	61.1	1,047	17.8	401	6.8	838	14.3	1,239	21.1	5,878	100
25–34 Years	20,710	55.9	6,045	16.3	5,155	13.9	5,106	13.8	10,261	27.7	37,016	100
35–44 Years	11,020	51.8	2,581	12.1	4,873	22.9	2,816	13.2	7,689	36.1	21,290	100
45 Years and Over	42	20.4	9	4.4	109	52.9	46	22.3	155	75.2	206	100
Total Delivery Discharges	36,118	55.1	9,948	15.2	10,564	16.1	8,978	13.7	19,542	29.8	65,608	100

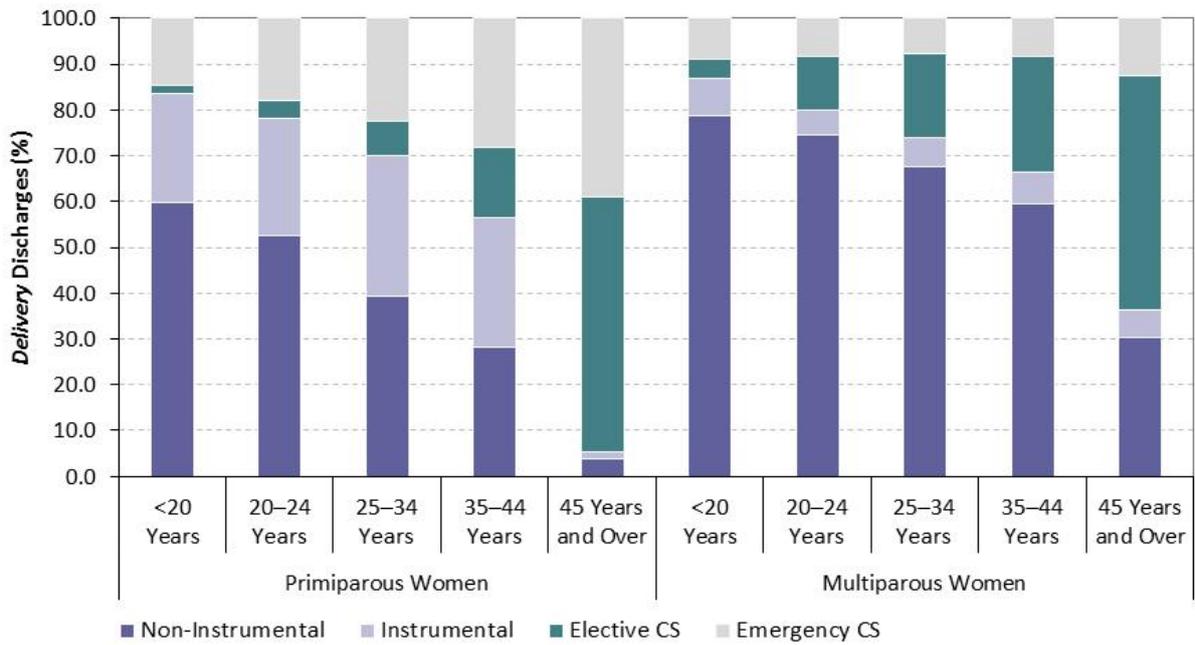
	Delivery In-Patient Length of Stay ^a											
	Non-Instrumental		Instrumental		Caesarean Section						Total Delivery Discharges	
	Mean	Median	Mean	Median	Elective CS		Emergency CS		Total CS		Mean	Median
<20 Years	2.9	3	3.1	3	4.9	4	6.1	5	5.9	5	3.5	3
20–24 Years	2.6	2	3.2	3	4.4	4	5.4	5	5.1	4	3.2	3
25–34 Years	2.5	2	3.3	3	4.6	4	5.5	5	5.1	4	3.3	3
35–44 Years	2.6	2	3.4	3	5.0	4	6.0	5	5.4	4	3.7	3
45 Years and Over	3.0	2	4.1	4	6.9	5	6.9	6	6.9	5	6.0	5
Total Delivery Discharges	2.5	2	3.3	3	4.8	4	5.7	5	5.2	4	3.5	3

Notes: Percentage columns are subject to rounding.

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

a *Delivery* discharges are all in-patients.

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

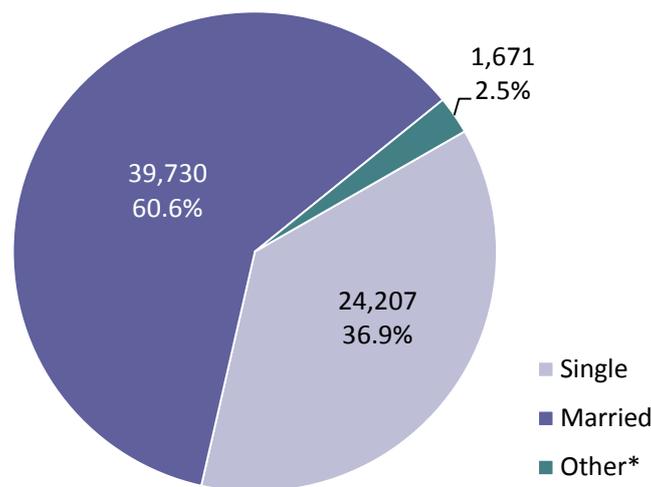


Notes: Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie). There were 26 discharges with 'unknown' parity; these were excluded from these figures.

4.3.4 Delivery Discharges: Marital/Civil Status

Marital/Civil status for *Delivery* discharges is presented in Figure 4.8 and shows that 60.6 per cent of *Delivery* discharges were married while 36.9 per cent were single.

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



Notes: Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
 * Other includes widowed, separated, divorced, civil partner, former civil partner, surviving civil partner and unknown.

4.3.5 Delivery Discharges: Public/Private Status¹⁶

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

Discharges

- 80.7 per cent of *Delivery* discharges were treated on a public basis (see Figure 4.9).
- Of *Delivery* discharges treated on a public basis, 57.5 per cent had a non-instrumental delivery, 15.1 per cent had an instrumental delivery, while the remaining 27.4 per cent delivered by Caesarean Section.
- Of *Delivery* discharges treated on a private basis, 45.0 per cent had a non-instrumental delivery, 15.4 per cent had an instrumental delivery, while the remaining 39.6 per cent delivered by Caesarean Section.
- Over 26 per cent of *Delivery* discharges treated on a private basis had an elective Caesarean section compared to 13.7 per cent of discharges who were treated publicly. Similar proportions of public (13.8 per cent) and private (13.4 per cent) *Delivery* discharges had an emergency Caesarean section.

Length of Stay

- *Delivery* discharges treated on a private basis had a longer in-patient mean length of stay than those treated on a public basis for all methods of delivery.
- In-patient mean length of stay recorded for total Caesarean section deliveries was similar for discharges treated on a private (5.3 days) and public (5.2 days) basis.

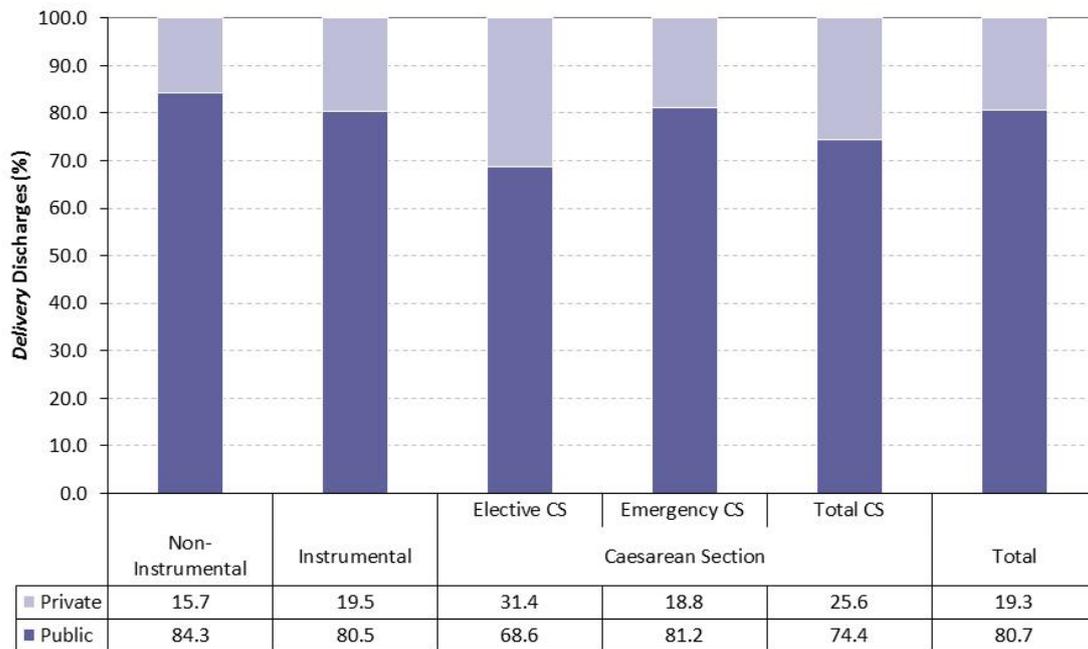
TABLE 4.5 *Delivery* Discharges: Method of Delivery by Public/Private Status (N, % and Length of Stay)

	Delivery Discharges											
	Non-Instrumental		Instrumental		Caesarean Section						Total Delivery Discharges	
	N	%	N	%	Elective CS		Emergency CS		Total CS		N	%
Public	30,437	57.5	8,005	15.1	7,248	13.7	7,286	13.8	14,534	27.4	52,976	100
Private	5,681	45.0	1,943	15.4	3,316	26.3	1,692	13.4	5,008	39.6	12,632	100
Total Delivery Discharges	36,118	55.1	9,948	15.2	10,564	16.1	8,978	13.7	19,542	29.8	65,608	100

	Delivery In-Patient Length of Stay ^a											
	Non-Instrumental		Instrumental		Caesarean Section						Total Delivery Discharges	
	Mean	Median	Mean	Median	Elective CS		Emergency CS		Total CS		Mean	Median
Public	2.5	2	3.3	3	4.7	4	5.6	5	5.2	4	3.3	3
Private	2.8	3	3.5	3	4.9	4	6.0	5	5.3	5	3.9	3
Total Delivery Discharges	2.5	2	3.3	3	4.8	4	5.7	5	5.2	4	3.5	3

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

¹⁶ See Section 2.2.3 for definition of public/private status.

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

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

4.3.6 *Delivery Discharges: Day of Admission*

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

- Admissions were most frequent from Mondays to Thursdays with approximately 16 per cent of *Delivery* discharges admitted per day.
- Caesarean section admissions were most frequent on Thursdays (18.2 per cent). The highest proportion of emergency Caesarean sections were admitted on Mondays (16.5 per cent).
- Almost 93 per cent of elective Caesarean sections were admitted on a weekday compared to 77.8 per cent of emergency Caesarean sections.

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

	Non-Instrumental		Instrumental		Caesarean Section						Total <i>Delivery</i> Discharges	
	N	%	N	%	Elective CS		Emergency CS		Total CS		N	%
					N	%	N	%	N	%		
Monday	5,535	15.3	1,680	16.9	2,032	19.2	1,478	16.5	3,510	18.0	10,725	16.3
Tuesday	5,609	15.5	1,543	15.5	1,967	18.6	1,403	15.6	3,370	17.2	10,522	16.0
Wednesday	5,577	15.4	1,555	15.6	2,103	19.9	1,402	15.6	3,505	17.9	10,637	16.2
Thursday	5,645	15.6	1,504	15.1	2,073	19.6	1,475	16.4	3,548	18.2	10,697	16.3
Friday	5,101	14.1	1,319	13.3	1,633	15.5	1,228	13.7	2,861	14.6	9,281	14.1
Saturday	4,221	11.7	1,060	10.7	227	2.1	891	9.9	1,118	5.7	6,399	9.8
Sunday	4,430	12.3	1,287	12.9	529	5.0	1,101	12.3	1,630	8.3	7,347	11.2
Total <i>Delivery</i> Discharges	36,118	100	9,948	100	10,564	100	8,978	100	19,542	100	65,608	100

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

4.3.7 Delivery Discharges: Morbidity Analysis

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

4.3.7.1 Top 10 Principal Diagnoses

The mean number of all diagnoses recorded was 3.5 for total *Delivery* discharges, 3.8 for primiparous *Delivery* discharges, and 3.3 for multiparous *Delivery* discharges. Table 4.7 outlines the top 10 principal diagnoses recorded for *Delivery* discharges by parity.¹⁷

- Just over 80 per cent of primiparous *Delivery* discharges record one of the top 10 principal diagnoses compared to 83 per cent for multiparous *Delivery* discharges.
- A principal diagnosis of *labour and delivery complicated by fetal stress [distress]* was recorded for 18.6 per cent of primiparous *Delivery* discharges. This was followed by *perineal laceration during delivery* (14.3 per cent).
- A principal diagnosis of *perineal laceration during delivery* was recorded for 21.3 per cent of multiparous *Delivery* discharges. This was followed by *maternal care for known or suspected abnormality of pelvic organs* (16.4 per cent) and *single spontaneous delivery* (16.4 per cent).
- For *Delivery* in-patient discharges staying seven days or less, mean length of stay for primiparous *Delivery* discharges was 3.6 days compared to 2.7 days for multiparous *Delivery* discharges.

¹⁷ See Section Three for details of clinical coding and classification.

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

	ICD-10-AM Code	Principal Diagnosis	N	% of Total Deliveries	In-Patient Mean LOS ^a (0–7 Days)
Primiparous	O68	Labour and delivery complicated by fetal stress [distress]	4,685	18.6	3.4
	O70	Perineal laceration during delivery	3,591	14.3	2.7
	O48	Prolonged pregnancy	2,602	10.3	3.9
	O42	Premature rupture of membranes	2,496	9.9	3.7
	O36	Maternal care for other known or suspected fetal problems	1,432	5.7	4.1
	O80	Single spontaneous delivery ^b	1,319	5.2	2.4
	O62	Abnormalities of forces of labour	1,125	4.5	3.6
	O32	Maternal care for known or suspected malpresentation of fetus	1,071	4.3	4.2
	O63	Long labour	1,058	4.2	3.7
	O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	786	3.1	4.5
Top 10 Principal Diagnoses for Primiparous Delivery Discharges			20,165	80.1	–
Primiparous Delivery Discharges – Total			25,180	100	3.6
Multiparous	O70	Perineal laceration during delivery	8,596	21.3	2.0
	O34	Maternal care for known or suspected abnormality of pelvic organs	6,622	16.4	3.8
	O80	Single spontaneous delivery ^b	6,607	16.4	1.8
	O68	Labour and delivery complicated by fetal stress [distress]	2,979	7.4	2.7
	O48	Prolonged pregnancy	2,331	5.8	2.5
	O36	Maternal care for other known or suspected fetal problems	1,778	4.4	3.1
	O42	Premature rupture of membranes	1,623	4.0	3.2
	O24	Diabetes mellitus in pregnancy	1,087	2.7	3.0
	O32	Maternal care for known or suspected malpresentation of fetus	992	2.5	4.0
	O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	913	2.3	3.0
Top 10 Principal Diagnoses for Multiparous Delivery Discharges			33,528	83.0	–
Multiparous Delivery Discharges – Total			40,402	100	2.7

Notes: Percentage columns are subject to rounding.

Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie). There were 26 discharges with 'unknown' parity; these were excluded from this table.

a *Delivery* discharges are all in-patients.

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

4.3.7.2 Top 10 Principal Procedure Blocks

In 2014, 97.9 per cent of primiparous *Delivery* discharges and 91.3 per cent of multiparous *Delivery* discharges had a principal procedure reported. For those discharges that underwent at least one procedure, the mean number of procedures recorded was 2.7 for total *Delivery* discharges, 3.3 for primiparous *Delivery* discharges and 2.4 for multiparous *Delivery* discharges.¹⁸

- *Caesarean section* was the top principal procedure block for both primiparous (30.2 per cent) and multiparous (31.3 per cent) *Delivery* discharges with a principal procedure (see Table 4.8).¹⁹

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

	Principal Procedure Block ^a	N	%	In-Patient Mean LOS ^b (0–7 Days)
Primiparous	1340 Caesarean section ^c	7,451	30.2	4.7
	1344 Postpartum suture	5,223	21.2	2.8
	1338 Vacuum extraction	4,248	17.2	3.2
	1343 Other procedures associated with delivery ^d	2,293	9.3	3.1
	1334 Medical or surgical induction of labour	1,923	7.8	4.0
	1337 Forceps delivery	1,664	6.8	3.5
	1333 Analgesia and anaesthesia during labour and delivery procedure	693	2.8	3.0
	1335 Medical or surgical augmentation of labour	649	2.6	3.0
	1345 Postpartum evacuation of uterus	180	0.7	3.3
	1336 Spontaneous vertex delivery ^e	90	0.4	2.2
Top 10 Principal Procedure Blocks for Primiparous <i>Delivery</i> Discharges		24,414	99.0	–
Primiparous <i>Delivery</i> Discharges with a Principal Procedure – Total		24,649	100	3.6
Primiparous <i>Delivery</i> Discharges – Total (including those with and without a Principal Procedure)		25,180	-	3.6
Multiparous	1340 Caesarean section ^c	11,547	31.3	4.1
	1344 Postpartum suture	11,205	30.4	2.2
	1334 Medical or surgical induction of labour	3,981	10.8	2.8
	1335 Medical or surgical augmentation of labour	2,565	7.0	2.1
	1333 Analgesia and anaesthesia during labour and delivery procedure	2,257	6.1	2.3
	1338 Vacuum extraction	1,781	4.8	2.5
	1343 Other procedures associated with delivery ^d	1,237	3.4	2.4
	1336 Spontaneous vertex delivery ^e	621	1.7	1.9
	1345 Postpartum evacuation of uterus	367	1.0	2.7
	1337 Forceps delivery	328	0.9	2.9
Top 10 Principal Procedure Blocks for Multiparous <i>Delivery</i> Discharges		35,889	97.3	–
Multiparous <i>Delivery</i> Discharges with a Principal Procedure – Total		36,891	100	2.8
Multiparous <i>Delivery</i> Discharges – Total (including those with and without a Principal Procedure)		40,402	-	2.7

Notes: Percentage columns are subject to rounding.

Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie). There were 26 discharges with 'unknown' parity; these were excluded from this table.

- ACHI Procedure codes are analysed at block level. The percentage (%) is based on *Delivery* discharges with a principal procedure reported.
- Delivery* discharges are all in-patients.
- As one principal procedure and up to 19 secondary procedures may be collected as applicable for each discharge, the number of principal procedure Caesarean sections may not equal the number of total Caesarean sections.
- Includes episiotomy.
- This code is not required for all spontaneous vertex deliveries as the delivery can be assumed to be normal when there is an absence of procedure codes for interventions such as Caesarean, forceps delivery, etc. [Coding Matters Newsletter, NCCH, Volume 5 Number 3, January 1999]

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

¹⁹ See Section 4.3.8 for more information on Caesarean section deliveries.

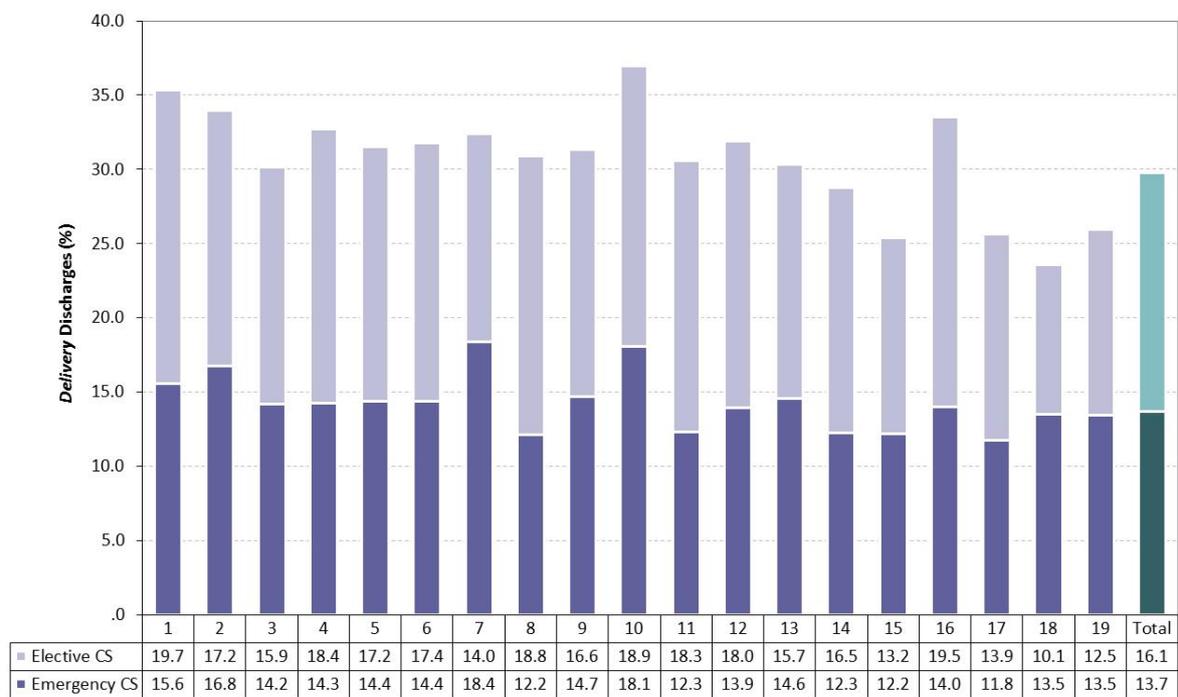
4.3.8 Delivery Discharges: Caesarean Section Deliveries

A Caesarean section was reported for 19,542 (29.8 per cent) *Delivery* discharges.²⁰ Section 4.3.8 presents additional information on discharges who underwent a Caesarean section procedure.

4.3.8.1 Caesarean Section by Hospital²¹

Figure 4.10 presents the proportion of *Delivery* discharges with an emergency or an elective Caesarean section procedure by (anonymised) hospital. It shows that the overall proportion ranged from 23.6 per cent to 37.0 per cent, compared to the national proportion of 29.8 per cent.

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



Notes: Percentage columns are subject to rounding.
 The hospital numbering presented here is comparable to that presented in *Activity in Acute Public Hospitals in Ireland*, Annual Reports, 2011 to 2013. See www.hpo.ie for the latest versions of these reports.
 Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.hpo.ie).
 * This figure presents the proportions from maternity hospitals or hospitals with dedicated maternity units, it does not include the five hospitals that reported < 8 deliveries.

²⁰ As one principal procedure and up to 19 secondary procedures may be collected as applicable for each discharge, the total number of Caesarean sections may not equal the number of principal procedure Caesarean sections as presented in Table 4.8.

²¹ The national Caesarean section rate, which is based on total number of maternities or births occurring in Ireland, is reported in the *Perinatal Statistics Reports*. See www.hpo.ie

4.3.8.2 Caesarean Section Deliveries: Top 10 Principal Diagnoses

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

- Over 16 per cent of Caesarean section primiparous *Delivery* discharges had a principal diagnosis of *labour and delivery complicated by fetal stress [distress]*. Of these, 97.4 per cent were emergency Caesarean sections.
- Almost 56 per cent of Caesarean section multiparous *Delivery* discharges had a principal diagnosis of *maternal care for known or suspected abnormality of pelvic organs*. Of these, 95.0 per cent were elective Caesarean sections.

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

			Caesarean Section								
			Elective CS			Emergency CS			Total Caesarean Section <i>Delivery</i> Discharges		
			N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Primiparous	O68	Labour and delivery complicated by fetal stress [distress]	34	1.6	2.6	1258	21.9	97.4	1,292	16.4	100
	O32	Maternal care for known or suspected malpresentation of fetus	932	43.9	89.2	113	2.0	10.8	1,045	13.3	100
	O48	Prolonged pregnancy	18	0.8	2.1	840	14.6	97.9	858	10.9	100
	O42	Premature rupture of membranes	27	1.3	4.3	601	10.5	95.7	628	8.0	100
	O36	Maternal care for other known or suspected fetal problems	191	9.0	30.6	433	7.5	69.4	624	7.9	100
	O62	Abnormalities of forces of labour	8	0.4	2.2	355	6.2	97.8	363	4.6	100
	O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	51	2.4	16.2	264	4.6	83.8	315	4.0	100
	O63	Long labour	7	0.3	2.3	291	5.1	97.7	298	3.8	100
	O14	Gestational [pregnancy-induced] hypertension with significant proteinuria	30	1.4	10.3	260	4.5	89.7	290	3.7	100
	O64	Labour and delivery affected by malposition and malpresentation of fetus	76	3.6	28.7	189	3.3	71.3	265	3.4	100
		All Other Diagnoses	747	35.2	39.6	1,139	19.8	60.4	1,886	24.0	100
	Total Caesarean Section Primiparous <i>Delivery</i> Discharges	2,121	100	27.0	5,743	100	73.0	7,864	100	100	
Multiparous	O34	Maternal care for known or suspected abnormality of pelvic organs ^a	6,161	73.0	95.0	325	10.1	5.0	6,486	55.6	100
	O32	Maternal care for known or suspected malpresentation of fetus	706	8.4	83.2	143	4.4	16.8	849	7.3	100
	O68	Labour and delivery complicated by fetal stress [distress]	57	0.7	8.1	643	19.9	91.9	700	6.0	100
	O36	Maternal care for other known or suspected fetal problems	197	2.3	46.2	229	7.1	53.8	426	3.7	100
	O42	Premature rupture of membranes	55	0.7	18.0	251	7.8	82.0	306	2.6	100
	O64	Labour and delivery affected by malposition and malpresentation of fetus	70	0.8	24.5	216	6.7	75.5	286	2.5	100
	O82	Single delivery by caesarean section	253	3.0	96.6	9	0.3	3.4	262	2.2	100
	O44	Placenta praevia	135	1.6	65.2	72	2.2	34.8	207	1.8	100
	O24	Diabetes mellitus in pregnancy	117	1.4	56.8	89	2.8	43.2	206	1.8	100
	O48	Prolonged pregnancy	39	0.5	20.4	152	4.7	79.6	191	1.6	100
		All Other Diagnoses	651	7.7	37.2	1,101	34.1	62.8	1,752	15.0	100
	Total Caesarean Section Multiparous <i>Delivery</i> Discharges	8,441	100	72.3	3,230	100	27.7	11,671	100	100	

Notes: Percentage columns are subject to rounding.

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

There were 7 discharges who had a caesarean section procedure with 'unknown' parity; these were excluded from this table.

^a Includes *Maternal care due to uterine scar from previous surgery* (O34.2).

4.4 MATERNITY DISCHARGES – NON-DELIVERIES

Non-Delivery discharges are *Maternity* discharges where admission was related to their obstetrical experience but they did not deliver during that episode of care. In 2014 there were 72,640 *Non-Delivery* discharges reported to HIPE (52.5 per cent of total *Maternity* discharges and 4.6 per cent of total HIPE discharges). *Non-Delivery* discharges are examined by day patient activity in Tables 4.10–4.11 and Figures 4.11–4.13 and in-patient activity in Tables 4.12–4.13 and Figures 4.14–4.16.

4.4.1 *Non-Delivery* Discharges: Day Patient Activity

Day patients accounted for 26.2 per cent (19,043) of *Non-Delivery* discharges.²²

- The top two principal diagnoses for *Non-Delivery* day patient discharges were; *special screening examination for other diseases and disorders* (40.9 per cent), followed by *other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* (10.5 per cent).
- *Non-Delivery* day patient discharges recorded a principal procedure for 17.8 per cent of discharges. Of these, the top two principal procedure blocks were; *curettage and evacuation of uterus* (49.4 per cent), and *administration of pharmacotherapy* (20.5 per cent).

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

In-patients accounted for 73.8 per cent (53,597) of *Non-Delivery* discharges.

- The top two principal diagnoses for *Non-Delivery* in-patient discharges were; *other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* (26.2 per cent), followed by *false labour* (11.6 per cent).
- In the top 10 principal diagnoses for *Non-Delivery* in-patient discharges staying seven days or less, mean length of stay ranged from 1.1 days for *antenatal screening* to 2.0 days for *infections of genitourinary tract in pregnancy*.
- *Non-Delivery* in-patient discharges recorded a principal procedure for 19.5 per cent of discharges. Of these the top two principal procedures were; *curettage and evacuation of uterus* (29.7 per cent), and *administration of pharmacotherapy* (21.3 per cent).
- In the top 10 principal procedure blocks for *Non-Delivery* in-patient discharges staying seven days or less, mean length of stay ranged from 1.3 days for *curettage and evacuation of uterus* to 2.4 days for *generalised allied health interventions*.

²²

Caution should be exercised when analysing the increase in *Maternity* day patients reported between 2013 and 2014. A large proportion of this increase can be attributed to a reorganisation of beds in one hospital, where a number of in-patient beds were converted to day patient beds.

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

Top 10 Principal Diagnoses ^a		N	%
Z13	Special screening examination for other diseases and disorders	7,798	40.9
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	2,003	10.5
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	1,817	9.5
Z36	Antenatal screening	1,633	8.6
O02	Other abnormal products of conception	1,263	6.6
O24	Diabetes mellitus in pregnancy	988	5.2
O03	Spontaneous abortion	675	3.5
O16	Unspecified maternal hypertension	548	2.9
O36	Maternal care for other known or suspected fetal problems	428	2.2
O34	Maternal care for known or suspected abnormality of pelvic organs	422	2.2
Top 10 Principal Diagnoses for Day Patients – Total		17,575	92.3
Day Patients – Total		19,043	100

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

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

Top 10 Principal Procedure Blocks ^a		N	%
1265	Curettage and evacuation of uterus	1,674	49.4
1920	Administration of pharmacotherapy	693	20.5
1857	Other cardiovascular diagnostic tests, measures or investigations	348	10.3
1821	Preoperative anaesthesia assessment	148	4.4
1893	Administration of blood and blood products	145	4.3
1916	Generalised allied health interventions	80	2.4
1884	Immunisation	55	1.6
1274	Application, insertion or removal procedures on cervix	52	1.5
1256	Procedures for management of ectopic pregnancy	35	1.0
1342	Manipulation of fetal position and presentation	19	0.6
Top 10 Principal Procedure Blocks for Day Patients – Total		3,249	95.9
Day Patients with a Principal Procedure – Total		3,388	100
Day Patients – Total (including those with and without a procedure)		19,043	-

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

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

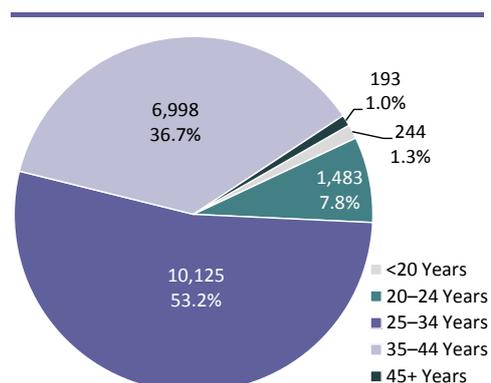


FIGURE 4.12 *Non-Delivery Discharges: Day Patient Marital/Civil Status (N, %)*

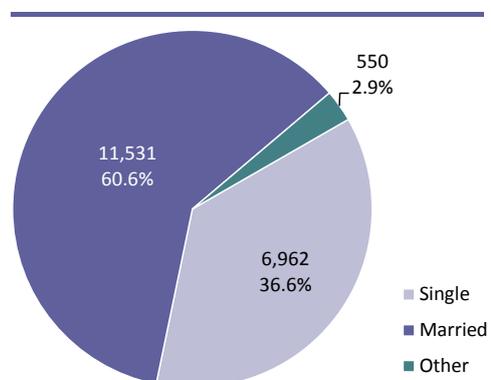


FIGURE 4.13 *Non-Delivery Discharges: Day Patient Public/Private Status (N, %)*

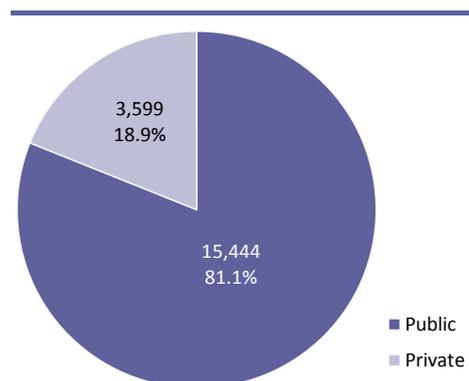


TABLE 4.12 *Non-Delivery Discharges: In-Patient Top 10 Principal Diagnoses (N, %, and Length of Stay)*

Top 10 Principal Diagnoses ^a		N	%	Mean LOS (0–7 Days)
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	14,066	26.2	1.4
O47	False labour	6,231	11.6	1.2
Z36	Antenatal screening	3,427	6.4	1.1
O03	Spontaneous abortion	3,382	6.3	1.3
O21	Excessive vomiting in pregnancy	2,942	5.5	1.8
O46	Antepartum haemorrhage, not elsewhere classified	2,529	4.7	1.5
O02	Other abnormal products of conception	2,372	4.4	1.2
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	2,147	4.0	1.5
O20	Haemorrhage in early pregnancy	1,649	3.1	1.2
O23	Infections of genitourinary tract in pregnancy	1,530	2.9	2.0
Top 10 Principal Diagnoses for In-Patients – Total		40,275	75.1	–
In-Patients – Total		53,597	100	1.5

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

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

Top 10 Principal Procedure Blocks ^a		N	%	Mean LOS (0–7 Days)
1265	Curettage and evacuation of uterus	3,097	29.7	1.3
1920	Administration of pharmacotherapy	2,216	21.3	1.6
1916	Generalised allied health interventions	1,140	10.9	2.4
1884	Immunisation	810	7.8	1.4
1256	Procedures for management of ectopic pregnancy	694	6.7	2.1
1330	Antepartum application, insertion or removal procedures	288	2.8	1.6
1274	Application, insertion or removal procedures on cervix	220	2.1	1.4
1344	Postpartum suture	215	2.1	2.3
1345	Postpartum evacuation of uterus	195	1.9	2.3
1334	Medical or surgical induction of labour	146	1.4	2.2
Top 10 Principal Procedure Blocks for In-Patients – Total		9,021	86.5	–
In-Patients with a Principal Procedure – Total		10,427	100	1.8
In-Patients – Total (including those with and without a procedure)		53,597	-	1.5

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

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

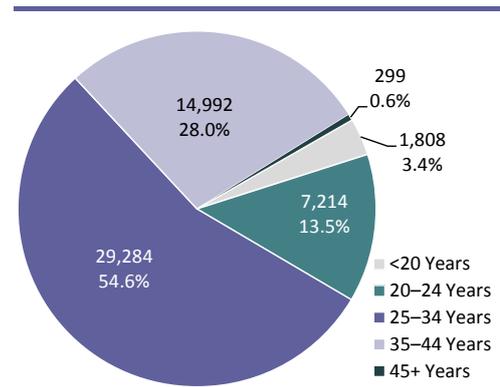


FIGURE 4.15 *Non-Delivery Discharges: In-Patient Marital/Civil Status (N, %)*

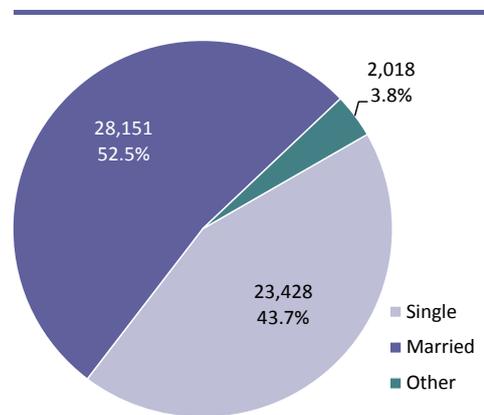
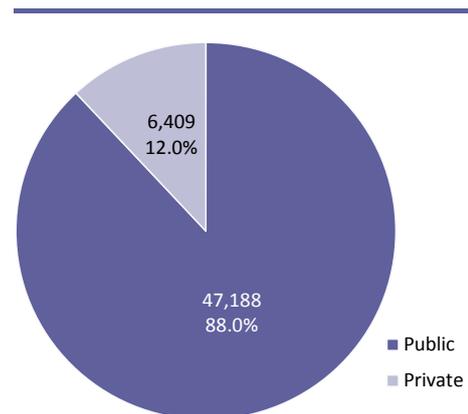


FIGURE 4.16 *Non-Delivery Discharges: In-Patient Public/Private Status (N, %)*



Case Mix Analysis
2014

SECTION

FIVE

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Total Discharges
1,592,672

5.1 INTRODUCTION

The analysis in this Section focuses on the case mix classification for all discharges (including *Maternity*) reported to the Hospital In-Patient Enquiry (HIPE) scheme in 2014. Hospital case mix may be defined as 'the proportion of cases of each disease and health problem treated in the hospital'.¹

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

5.1.1 Case Mix Classification

- The Diagnosis Related Group (DRG) scheme enables the disaggregation of patients into homogeneous groups, which undergo similar treatment processes and incur similar levels of resource use.
- The data required for DRG assignment include principal and secondary diagnoses, procedures performed, age, sex and patient destination on discharge from hospital.
- Since the inception of the national case mix programme, the DRG classification scheme has been adopted as the national standard for Ireland.² One of the key features of this methodology is the classification of cases into different levels of complexity within AR-DRGs. ICD-10-AM/ACHI/ACS 6th Edition was the coding system used for AR-DRG grouping in 2014.³ As all of the data required for AR-DRG classification are available on the HIPE system, and since diagnoses and procedures are coded with ICD-10-AM/ACHI/ACS, discharges are directly assigned to the AR-DRG system from this database. AR-DRG version 6.0 has been in use in Ireland since 2009.⁴

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

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

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

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

5.1.2 Assignment of Discharges to MDC and AR-DRG

Figure 5.1 shows the steps in AR-DRG assignment;

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

FIGURE 5.1 Steps in AR-DRG Assignment



An AR-DRG consists of four alphanumeric characters in the form of 'ADD5':

- 'A' is either a letter (indicating the broad group of the DRG) or an '8' or a '9' (indicating an unrelated operating room procedure DRG or an error DRG, respectively).⁶
- 'DD' identifies the partition to which the adjacent DRG belongs.⁷ Both characters are numbers whose values indicate whether the code is surgical, medical or other.⁸ Discharges with a surgical procedure performed are

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

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

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

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

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

- 'S' is a complexity split indicator that ranks DRGs within adjacent DRGs on the basis of their level of complexity/resource use. It is either 'A', 'B', 'C', 'D' or 'Z' with 'A' being the most complex or 'Z' indicating that there is no complexity split.⁹ 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.¹⁰

5.1.2.1 AR-DRG Complexity Split

The AR-DRG complexity split for total discharges is presented in Table 5.1, close to half of total discharges had no complexity split. While only 12.1 per cent of acute in-patients were assigned to complexity group A '*Highest consumption of resources*', they accounted for 81.9 per cent of discharges within this AR-DRG complexity level.

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

		Discharges									
		Day Patients		In-Patients						Total Discharges	
				Acute (0–30 Days)		Extended (>30 Days)		Total			
N	%	N	%	N	%	N	%	N	%		
AR-DRG Complexity	A Highest consumption of resources	7,474	0.8	74,321	12.1	8,962	54.4	83,283	13.2	90,757	5.7
	B Second highest consumption of resources	229,961	23.9	288,895	46.9	5,362	32.5	294,257	46.6	524,218	32.9
	C Third highest consumption of resources	176,621	18.4	34,646	5.6	461	2.8	35,107	5.6	211,728	13.3
	D Fourth highest consumption of resources	360	0.0	5,111	0.8	48	0.3	5,159	0.8	5,519	0.3
	Z No complexity split	546,370	56.9	212,438	34.5	1,642	10.0	214,080	33.9	760,450	47.7
	Total Discharges	960,786	100	615,411	100	16,475	100	631,886	100	1,592,672	100

Note: Percentage columns are subject to rounding.

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

¹⁰ Complications may arise during the hospital stay, while comorbidities are assumed to be prior existing conditions which were present at the time of admission.

5.2 ANALYSIS OF HIPE DATA BY CASE MIX

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

- Analysis of 2014 HIPE data by MDC is presented in Table 5.2 and Figures 5.2 and 5.3.
- Tables 5.3 to 5.27 represent each MDC (including unassignable to MDC and pre-MDC) and their associated AR-DRGs.¹¹

5.2.1 Analysis of Day Patients by MDC and AR-DRG

- The MDC with the largest proportion of day patients reported was *Diseases and Disorders of the Kidney and Urinary Tract* (MDC 11), which accounted for 195,948 discharges or 20.4 per cent of day patients (see Tables 5.2 and 5.13 and Figure 5.3).
 - * *Haemodialysis* (AR-DRG L61Z) accounted for 86.6 per cent of day patients within this MDC and 17.7 per cent of total day patients.
- *Neoplastic Disorders (Haematological and Solid Neoplasms)* (MDC 17), with 191,309 discharges accounted for 19.9 per cent of day patients (see Tables 5.2 and 5.19 and Figure 5.3).
 - * *Chemotherapy* (AR-DRG R63Z) and *Radiotherapy* (AR-DRG R64Z) accounted for 53.4 per cent and 34.9 per cent respectively of day patients within this MDC; they accounted for 10.6 per cent and 6.9 per cent respectively of total day patients.¹²

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

- The MDC with the largest proportion of in-patient discharges was *Pregnancy, Childbirth and the Puerperium* (MDC 14), with 118,514 discharges, which accounted for 18.8 per cent of in-patients (see Tables 5.2 and 5.16 and Figure 5.3).
 - * *Vaginal Delivery* (AR-DRG O60Z) accounted for 37.9 per cent of in-patients within this MDC and 7.1 per cent of total in-patient discharges.
 - * *Antenatal and Other Obstetric Admission* (AR-DRG O66Z) accounted for 31.1 per cent of in-patients within this MDC and 5.8 per cent of total in-patients.

¹¹ See Glossary & Abbreviations for details of the abbreviations used in this section.

¹² Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

- * *Caesarean Delivery without Catastrophic or Severe Complication and/or Comorbidity* (AR-DRG O01B) accounted for 13.4 per cent of in-patients within this MDC and 2.5 per cent of total in-patients.
- * The mean length of stay for *Vaginal Delivery* (AR-DRG O60Z) was 2.7 days and 4.5 days for *Caesarean Delivery without Catastrophic or Severe Complication and/or Comorbidity* (AR-DRG O01B).
- *Diseases and Disorders of the Circulatory System* (MDC 5) accounted for 77,593 in-patients or 12.3 per cent of total in-patients (see Tables 5.2 and 5.7 and Figure 5.3).
 - * *Chest Pain* (AR-DRG F74Z) accounted for 23.9 per cent of in-patients within MDC 5 and 2.9 per cent of total in-patients.
 - * The mean length of stay for *Chest Pain* (AR-DRG F74Z) was 1.7 days.

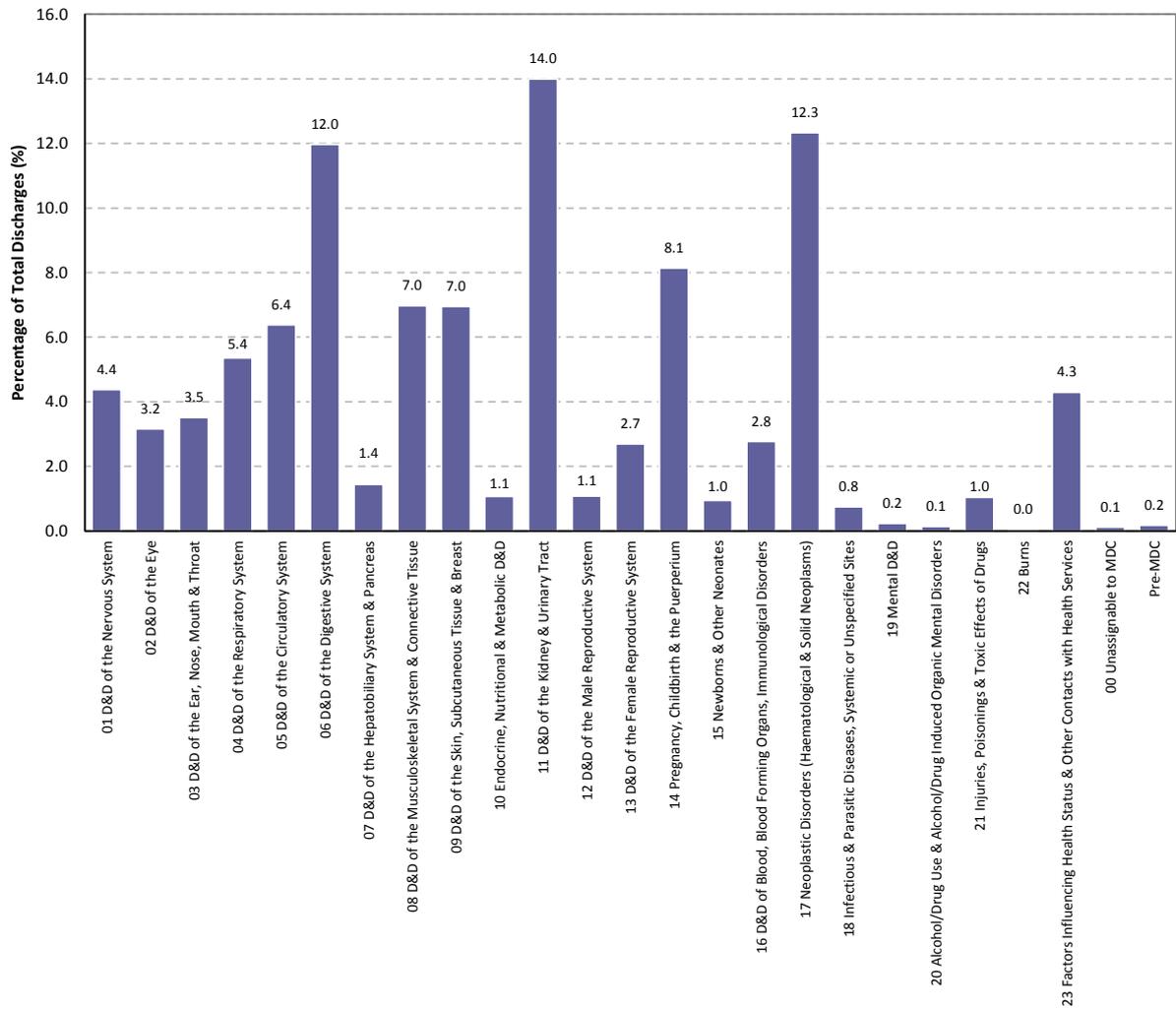
TABLE 5.2 Total Discharges: MDC by Patient Type (N, %)

Major Diagnostic Category	Day Patients		In-Patients		Total Discharges	
	N	%	N	%	N	%
01 Diseases and disorders of the nervous system	20,898	2.2	48,837	7.7	69,735	4.4
02 Diseases and disorders of the eye	45,090	4.7	5,324	0.8	50,414	3.2
03 Diseases and disorders of the ear, nose, mouth and throat	28,150	2.9	27,869	4.4	56,019	3.5
04 Diseases and disorders of the respiratory system	17,244	1.8	68,164	10.8	85,408	5.4
05 Diseases and disorders of the circulatory system	24,081	2.5	77,593	12.3	101,674	6.4
06 Diseases and disorders of the digestive system	122,545	12.8	68,105	10.8	190,650	12.0
07 Diseases and disorders of the hepatobiliary system and pancreas	7,639	0.8	15,301	2.4	22,940	1.4
08 Diseases and disorders of the musculoskeletal system and connective tissue	59,844	6.2	51,168	8.1	111,012	7.0
09 Diseases and disorders of the skin, subcutaneous tissue and breast	91,694	9.5	19,006	3.0	110,700	7.0
10 Endocrine, nutritional and metabolic diseases and disorders	5,692	0.6	11,364	1.8	17,056	1.1
11 Diseases and disorders of the kidney and urinary tract	195,948	20.4	26,941	4.3	222,889	14.0
12 Diseases and disorders of the male reproductive system	12,532	1.3	4,635	0.7	17,167	1.1
13 Diseases and disorders of the female reproductive system	30,325	3.2	12,627	2.0	42,952	2.7
14 Pregnancy, childbirth and the puerperium	11,217	1.2	118,514	18.8	129,731	8.1
15 Newborns and other neonates	508	0.1	14,677	2.3	15,185	1.0
16 Diseases and disorders of blood, blood forming organs, immunological disorders	37,711	3.9	6,436	1.0	44,147	2.8
17 Neoplastic disorders (haematological and solid neoplasms) ^a	191,309	19.9	5,086	0.8	196,395	12.3
18 Infectious and parasitic diseases, systemic or unspecified sites	1,410	0.1	10,592	1.7	12,002	0.8
19 Mental diseases and disorders	517	0.1	3,187	0.5	3,704	0.2
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	~	0.0	*	0.4	2,267	0.1
21 Injuries, poisonings and toxic effects of drugs	1037	0.1	15,652	2.5	16,689	1.0
22 Burns	*	0.0	*	0.1	626	0.0
23 Factors influencing health status and other contacts with health services	54,647	5.7	13,766	2.2	68,413	4.3
00 Unassignable to MDC	509	0.1	1,476	0.2	1,985	0.1
Pre-MDC	134	0.0	2,778	0.4	2,912	0.2
Total Discharges	960,786	100	631,886	100	1,592,672	100

Notes:

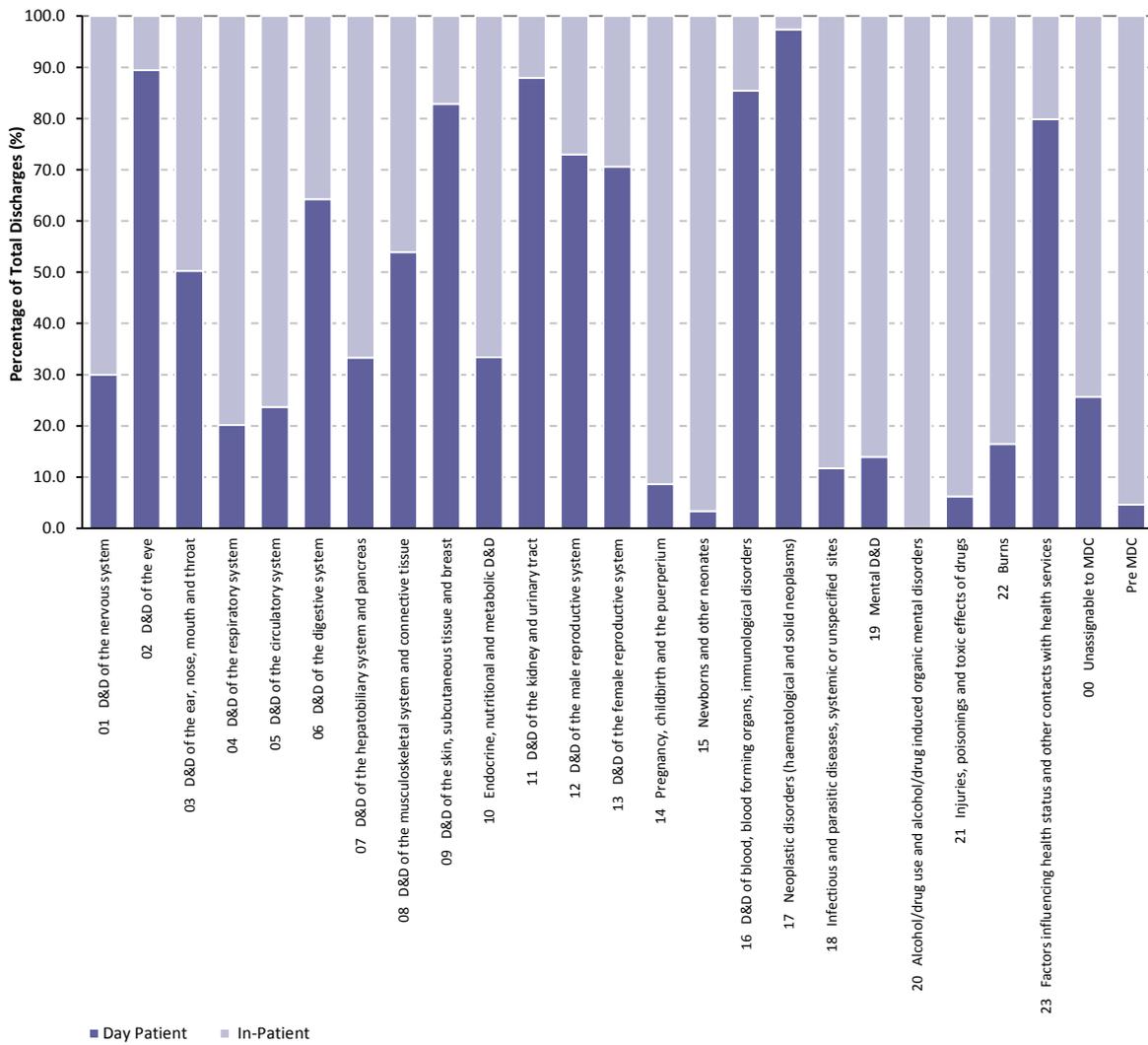
- Percentage columns are subject to rounding.
- ~ Denotes five or fewer discharges reported to HIPE.
- * Further suppression required to prevent disclosure of five or fewer discharges.
- a Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

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



Note: D&D = Diseases and disorders

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



Note: D&D = Diseases and disorders

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

MDC 1 Diseases and Disorders of the Nervous System	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
B01A Ventricular Shunt Revision W Cat or Sev CC	0	57	3.9	3
B01B Ventricular Shunt Revision W/O Cat or Sev CC	0	45	3.8	3
B02A Cranial Procedures W Cat CC	0	200	31.1	16
B02B Cranial Procedures W Sev CC	0	357	10.9	8
B02C Cranial Procedures W/O Cat or Sev CC	6	1,151	7.0	6
B03A Spinal Procedures W Cat or Sev CC	0	35	24.4	11
B03B Spinal Procedures W/O Cat or Sev CC	40	189	5.0	3
B04A Extracranial Vascular Procedures W Cat CC	0	44	25.9	17
B04B Extracranial Vascular Procedures W/O Cat CC	~	329	7.7	5
B05Z Carpal Tunnel Release	1,776	59	1.8	1
B06A Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W CC	11	83	29.9	16
B06B Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O CC	201	131	5.7	2
B07A Peripheral and Cranial Nerve and Other Nervous System Procedures W CC	6	71	19.2	5
B07B Peripheral and Cranial Nerve and Other Nervous System Procedures W/O CC	109	347	2.4	1
B40Z Plasmapheresis W Neurological Disease, Sameday	20	0	-	-
B41Z Telemetric EEG Monitoring	10	324	6.0	4
B42A Nervous System Diagnosis W Ventilator Support W Cat CC	0	50	25.1	13
B42B Nervous System Diagnosis W Ventilator Support W/O Cat CC	0	152	8.7	4
B60A Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	0	12	42.8	28
B60B Acute Paraplegia/Quadriplegia W or W/O OR Procs W/O Cat CC	74	30	19.3	8
B61A Spinal Cord Conditions W or W/O OR Procedures W Cat or Sev CC	~	55	20.9	13
B61B Spinal Cord Conditions W or W/O OR Procedures W/O Cat or Sev CC	18	117	9.8	5
B62Z Apheresis	184	9	3.7	2
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	143	764	33.1	14
B64A Delirium W Cat CC	0	195	26.7	13
B64B Delirium W/O Cat CC	54	1,656	7.5	3
B65Z Cerebral Palsy	227	50	3.0	1
B66A Nervous System Neoplasm W Cat or Sev CC	79	417	16.1	11
B66B Nervous System Neoplasm W/O Cat or Sev CC	1,592	841	8.7	4
B67A Degenerative Nervous System Disorders W Cat or Sev CC	12	385	37.1	11
B67B Degenerative Nervous System Disorders W Moderate CC	64	335	13.5	7
B67C Degenerative Nervous System Disorders W/O CC	913	811	8.8	4
B68A Multiple Sclerosis and Cerebellar Ataxia W CC	35	183	18.3	8
B68B Multiple Sclerosis and Cerebellar Ataxia W/O CC	4,761	668	5.5	4
B69A TIA and Precerebral Occlusion W Cat or Sev CC	~	673	9.5	5
B69B TIA and Precerebral Occlusion W/O Cat or Sev CC	58	2,332	4.0	3
B70A Stroke and Other Cerebrovascular Disorders W Cat CC	0	973	42.5	23
B70B Stroke and Other Cerebrovascular Disorders W Sev CC	~	1,614	19.5	11
B70C Stroke and Other Cerebrovascular Disorders W/O Cat or Sev CC	41	2,784	11.0	7
B70D Stroke and Other Cerebrovascular Disorders, Died or Transferred <5 Days	~	604	1.8	1
B71A Cranial and Peripheral Nerve Disorders W CC	114	398	10.9	4
B71B Cranial and Peripheral Nerve Disorders W/O CC	4,050	1,173	3.7	1
B72A Nervous System Infection Except Viral Meningitis W Cat or Sev CC	~	133	24.5	18
B72B Nervous System Infection Except Viral Meningitis W/O Cat or Sev CC	143	287	9.2	6
B73Z Viral Meningitis	7	424	4.4	4
B74A Nontraumatic Stupor and Coma W CC	~	121	5.7	3
B74B Nontraumatic Stupor and Coma W/O CC	40	78	2.2	1
B75Z Febrile Convulsions	21	742	1.7	1
B76A Seizure W Cat or Sev CC	7	1,029	9.5	5
B76B Seizure W/O Cat or Sev CC	1,075	5,705	3.0	1
B77Z Headache	1,268	10,272	2.0	1
B78A Intracranial Injury W Cat or Sev CC	0	251	25.5	12
B78B Intracranial Injury W/O Cat or Sev CC	~	709	7.1	3
B79A Skull Fractures W Cat or Sev CC	0	38	12.7	4
B79B Skull Fractures W/O Cat or Sev CC	~	331	3.3	2
B80Z Other Head Injury	15	2,841	2.3	1
B81A Other Disorders of the Nervous System W Cat or Sev CC	20	839	19.6	9
B81B Other Disorders of the Nervous System W/O Cat or Sev CC	3,288	3,623	4.5	1
B82A Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	~	129	47.5	27
B82B Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Sev CC	11	207	34.3	14
B82C Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Pr W/O Cat/Sev CC	385	375	19.2	5
Total Discharges	20,898	48,837	7.9	2

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

- Mean and median length of stay cannot be calculated as no in-patients are reported.

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

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

MDC 2 Diseases and Disorders of the Eye	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
C01Z Procedures for Penetrating Eye Injury	*	105	6.2	4
C02Z Enucleations and Orbital Procedures	52	80	3.3	2
C03Z Retinal Procedures	19,721	1,255	3.1	2
C04Z Major Corneal, Scleral and Conjunctival Procedures	11	165	3.9	2
C05Z Dacryocystorhinostomy	90	109	1.1	1
C10Z Strabismus Procedures	539	112	1.2	1
C11Z Eyelid Procedures	729	118	1.7	1
C12Z Other Corneal, Scleral and Conjunctival Procedures	342	59	4.7	2
C13Z Lacrimal Procedures	564	9	3.0	1
C14Z Other Eye Procedures	1,806	185	3.9	2
C15A Glaucoma and Complex Cataract Procedures	0	323	3.3	2
C15B Glaucoma and Complex Cataract Procedures, Sameday	546	10	1.0	1
C16Z Lens Procedures	9,758	374	1.9	1
C60A Acute and Major Eye Infections W CC	~	49	10.9	6
C60B Acute and Major Eye Infections W/O CC	50	146	4.3	4
C61A Neurological and Vascular Disorders of the Eye W CC	78	176	5.3	3
C61B Neurological and Vascular Disorders of the Eye W/O CC	839	488	3.0	2
C62Z Hyphema and Medically Managed Trauma to the Eye	107	417	3.1	1
C63Z Other Disorders of the Eye	9,847	1,144	2.6	1
Total Discharges	45,090	5,324	3.1	2

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

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

MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
D01Z Cochlear Implant	~	137	3.1	2
D02A Head and Neck Procedures W Cat or Sev CC	~	69	23.3	14
D02B Head and Neck Procedures W Malignancy or Moderate CC	~	81	12.0	7
D02C Head and Neck Procedures W/O Malignancy W/O CC	18	126	3.1	2
D03Z Surgical Repair for Cleft Lip or Palate Diagnosis	14	156	3.0	3
D04A Maxillo Surgery W CC	~	99	4.1	3
D04B Maxillo Surgery W/O CC	57	672	2.3	2
D05Z Parotid Gland Procedures	~	176	2.7	2
D06Z Sinus and Complex Middle Ear Procedures	114	244	2.0	1
D10Z Nasal Procedures	508	524	1.4	1
D11Z Tonsillectomy and/or Adenoidectomy	609	4,577	1.4	1
D12Z Other Ear, Nose, Mouth and Throat Procedures	1,311	773	2.6	1
D13Z Myringotomy W Tube Insertion	2,244	128	1.55	1
D14Z Mouth and Salivary Gland Procedures	861	356	3.9	2
D15Z Mastoid Procedures	28	288	2.0	1
D40Z Dental Extractions and Restorations	6,235	241	1.7	1
D60A Ear, Nose, Mouth and Throat Malignancy W Cat or Sev CC	48	228	24.4	19
D60B Ear, Nose, Mouth and Throat Malignancy W/O Cat or Sev CC	730	487	11.2	4
D61Z Dysequilibrium	600	3,847	2.4	1
D62Z Epistaxis	468	960	3.5	2
D63Z Otitis Media and URI	2,213	9,326	2.0	1
D64Z Laryngotracheitis and Epiglottitis	17	512	1.4	1
D65Z Nasal Trauma and Deformity	1,060	441	1.9	1
D66A Other Ear, Nose, Mouth and Throat Diagnoses W CC	273	300	4.7	2
D66B Other Ear, Nose, Mouth and Throat Diagnoses W/O CC	9,075	1,730	1.9	1
D67A Oral and Dental Disorders Except Extractions and Restorations	0	879	3.3	2
D67B Oral and Dental Disorders Except Extractions and Restorations, Sameday	1,655	512	1.0	1
Total Discharges	28,150	27,869	2.5	1

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

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

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

MDC 4 Diseases and Disorders of the Respiratory System	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
E01A Major Chest Procedures W Cat CC	~	425	15.9	12
E01B Major Chest Procedures W/O Cat CC	35	536	9.8	8
E02A Other Respiratory System OR Procedures W Cat CC	~	208	25.9	18
E02B Other Respiratory System OR Procedures W Sev or Moderate CC	37	148	11.0	8
E02C Other Respiratory System OR Procedures W/O CC	79	169	5.5	3
E40A Respiratory System Diagnosis W Ventilator Support W Cat CC	0	140	17.3	11
E40B Respiratory System Diagnosis W Ventilator Support W/O Cat CC	0	113	10.2	8
E41Z Respiratory System Diagnosis W Non-Invasive Ventilation	0	1,219	16.1	11
E42A Bronchoscopy W Cat CC	0	326	25.4	20
E42B Bronchoscopy W/O Cat CC	0	1,166	10.4	8
E42C Bronchoscopy, Sameday	6,325	45	1.0	1
E60A Cystic Fibrosis W Cat or Sev CC	182	403	17.3	14
E60B Cystic Fibrosis W/O Cat or Sev CC	1,616	580	9.4	9
E61A Pulmonary Embolism W Cat CC	~	169	14.8	9
E61B Pulmonary Embolism W/O Cat CC	14	1,360	6.9	5
E62A Respiratory Infections/Inflammations W Cat CC	~	3,279	17.5	10
E62B Respiratory Infections/Inflammations W Sev or Moderate CC	21	4,468	9.3	6
E62C Respiratory Infections/Inflammations W/O CC	92	3,843	4.3	3
E63Z Sleep Apnoea	69	2,083	1.4	1
E64A Pulmonary Oedema and Respiratory Failure W Cat CC	0	240	12.6	8
E64B Pulmonary Oedema and Respiratory Failure W/O Cat CC	~	379	8.0	6
E65A Chronic Obstructive Airways Disease W Cat CC	~	2,508	13.4	8
E65B Chronic Obstructive Airways Disease W/O Cat CC	1,684	10,955	6.1	4
E66A Major Chest Trauma W Cat CC	0	53	16.0	9
E66B Major Chest Trauma W Sev or Moderate CC	~	175	7.0	4
E66C Major Chest Trauma W/O CC	0	195	3.1	2
E67A Respiratory Signs and Symptoms W Cat or Sev CC	46	715	4.8	3
E67B Respiratory Signs and Symptoms W/O Cat or Sev CC	1,241	4,874	1.7	1
E68A Pneumothorax W CC	~	304	8.0	5
E68B Pneumothorax W/O CC	~	385	4.2	3
E69A Bronchitis and Asthma W CC	38	617	5.3	4
E69B Bronchitis and Asthma W/O CC	2,056	3,863	2.2	1
E70A Whooping Cough and Acute Bronchiolitis W CC	~	253	5.3	4
E70B Whooping Cough and Acute Bronchiolitis W/O CC	23	2,652	2.9	2
E71A Respiratory Neoplasms W Cat CC	201	512	13.9	10
E71B Respiratory Neoplasms W/O Cat CC	2,477	1,686	9.5	5
E72Z Respiratory Problems Arising from Neonatal Period	12	106	6.1	2
E73A Pleural Effusion W Cat CC	~	194	16.5	10
E73B Pleural Effusion W Sev or Moderate CC	13	422	7.3	5
E73C Pleural Effusion W/O CC	59	261	4.7	3
E74A Interstitial Lung Disease W Cat CC	~	122	14.9	9
E74B Interstitial Lung Disease W Sev or Moderate CC	28	258	9.2	7
E74C Interstitial Lung Disease W/O CC	298	331	5.1	3
E75A Other Respiratory System Diagnosis W Cat CC	~	1,883	15.1	9
E75B Other Respiratory System Diagnosis W Sev or Moderate CC	100	5,697	6.9	5
E75C Other Respiratory System Diagnosis W/O CC	453	7,729	3.0	1
E76Z Respiratory Tuberculosis	13	115	13.4	8
Total Discharges	17,244	68,164	7.1	4

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

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

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

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
F01A Implantation or Replacement of AICD, Total System W Cat CC	10	74	17.7	13
F01B Implantation or Replacement of AICD, Total System W/O Cat CC	191	249	5.2	2
F02Z Other AICD Procedures	11	32	3.2	2
F03A Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC	0	40	35.2	27
F03B Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W/O Cat CC	0	23	18.7	20
F04A Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC	0	269	17.9	14
F04B Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O Cat CC	0	269	12.0	10
F05A Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC	0	66	22.8	22
F05B Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat CC	0	90	17.6	17
F06A Coronary Bypass W/O Invasive Cardiac Inves W Reoperation or W Cat or Sev CC	0	493	12.5	10
F06B Coronary Bypass W/O Invasive Cardiac Inves W/O Reoperation W/O Cat or Sev CC	0	202	11.1	9
F07A Other Cardiothoracic/Vascular Procedures W CPB Pump W Cat CC	0	58	16.9	13
F07B Other Cardiothoracic/Vascular Procedures W CPB Pump W Sev or Moderate CC	0	36	11.9	10
F07C Other Cardiothoracic/Vascular Procedures W CPB Pump W/O CC	0	66	11.3	9
F08A Major Reconstruct Vascular Procedures W/O CPB Pump W Cat CC	0	234	28.2	19
F08B Major Reconstruct Vascular Procedures W/O CPB Pump W/O Cat CC	17	537	9.9	7
F09A Other Cardiothoracic Procedures W/O CPB Pump W Cat CC	0	54	12.2	9
F09B Other Cardiothoracic Procedures W/O CPB Pump W Sev or Moderate CC	~	65	7.9	6
F09C Other Cardiothoracic Procedures W/O CPB Pump W/O CC	9	70	5.5	4
F10A Interventional Coronary Procedures W AMI W Cat CC	~	173	11.3	9
F10B Interventional Coronary Procedures W AMI W/O Cat CC	217	1,784	3.8	3
F11A Amputation for Circ System Except Upper Limb and Toe W Cat CC	0	80	59.8	43
F11B Amputation for Circ System Except Upper Limb and Toe W/O Cat CC	0	86	34.4	22
F12A Implantation or Replacement of Pacemaker, Total System W Cat CC	~	96	24.2	17
F12B Implantation or Replacement of Pacemaker, Total System W/O Cat CC	432	669	5.6	3
F13A Upper Limb and Toe Amputation for Circulatory Sys Disorders W Cat or Sev CC	~	67	18.8	14
F13B Upper Limb and Toe Amputation for Circulatory Sys Disorders W/O Cat or Sev CC	~	49	9.2	7
F14A Vascular Procs Except Major Reconstruction W/O CPB Pump W Cat CC	6	204	17.1	11
F14B Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev or Mod CC	58	340	7.5	4
F14C Vascular Procs Except Major Reconstruction W/O CPB Pump W/O CC	158	531	4.2	2
F15A Interventional Coronary Procs W/O AMI W Stent Implantation W Cat or Sev CC	45	505	5.0	2
F15B Interventional Coronary Procs W/O AMI W Stent Implantation W/O Cat or Sev CC	599	1,850	2.4	1
F16A Interventional Coronary Procedures W/O AMI W/O Stent Implantation W CC	~	66	3.3	1
F16B Interventional Coronary Procedures W/O AMI W/O Stent Implantation W/O CC	25	114	2.6	1
F17A Insertion or Replacement of Pacemaker Generator W Cat or Sev CC	22	26	11.8	6
F17B Insertion or Replacement of Pacemaker Generator W/O Cat or Sev CC	193	115	2.7	1
F18A Other Pacemaker Procedures W CC	6	39	8.1	3
F18B Other Pacemaker Procedures W/O CC	20	42	5.5	3
F19Z Trans-Vascular Percutaneous Cardiac Intervention	47	172	3.6	2
F20Z Vein Ligation and Stripping	3,700	392	1.4	1
F21A Other Circulatory System OR Procedures W Cat CC	~	56	33.9	19
F21B Other Circulatory System OR Procedures W/O Cat CC	18	94	10.1	4
F40A Circulatory System Diagnosis W Ventilator Support W Cat CC	0	65	16.9	9
F40B Circulatory System Diagnosis W Ventilator Support W/O Cat CC	0	50	7.5	5
F41A Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	~	185	10.0	7
F41B Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	160	571	4.5	3
F42A Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	0	715	11.0	7
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	0	2,918	4.3	3
F42C Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc, Sameday	9,167	773	1.0	1
F43Z Circulatory System Diagnosis W Non-Invasive Ventilation	0	167	18.9	12
F60A Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W Cat CC	~	435	16.2	11
F60B Circulatory Disorders W AMI W/O Invasive Cardiac Inves Pr W/O Cat CC	28	2,658	6.0	4
F61A Infective Endocarditis W Cat CC	0	45	44.5	28
F61B Infective Endocarditis W/O Cat CC	32	89	17.4	14
F62A Heart Failure and Shock W Cat CC	0	1,304	19.1	12
F62B Heart Failure and Shock W/O Cat CC	54	4,174	7.8	5
F63A Venous Thrombosis W Cat or Sev CC	9	316	10.4	7
F63B Venous Thrombosis W/O Cat or Sev CC	83	1,517	3.0	1
F64A Skin Ulcers in Circulatory Disorders W Cat or Sev CC	~	108	20.5	14
F64B Skin Ulcers in Circulatory Disorders W/O Cat or Sev CC	65	207	10.9	7
F65A Peripheral Vascular Disorders W Cat or Sev CC	28	392	11.9	7

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

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
F65B Peripheral Vascular Disorders W/O Cat or Sev CC	959	1,001	4.3	2
F66A Coronary Atherosclerosis W Cat or Sev CC	31	388	6.9	5
F66B Coronary Atherosclerosis W/O Cat or Sev CC	406	1,980	3.5	1
F67A Hypertension W Cat or Sev CC	6	197	6.6	4
F67B Hypertension W/O Cat or Sev CC	116	1,853	2.1	1
F68A Congenital Heart Disease W CC	140	67	3.3	2
F68B Congenital Heart Disease W/O CC	463	115	2.1	1
F69A Valvular Disorders W Cat or Sev CC	29	270	8.6	4
F69B Valvular Disorders W/O Cat or Sev CC	657	3,274	2.0	1
F72A Unstable Angina W Cat or Sev CC	~	248	9.4	5
F72B Unstable Angina W/O Cat or Sev CC	18	1,405	3.9	2
F73A Syncope and Collapse W Cat or Sev CC	13	2,308	11.7	5
F73B Syncope and Collapse W/O Cat or Sev CC	2,307	7,902	3.0	1
F74Z Chest Pain	795	18,551	1.7	1
F75A Other Circulatory System Diagnoses W Cat CC	~	213	16.7	12
F75B Other Circulatory System Diagnoses W Sev or Moderate CC	102	1,001	6.2	4
F75C Other Circulatory System Diagnoses W/O CC	328	1,103	2.9	1
F76A Arrhythmia, Cardiac Arrest and Conduction Disorders W Cat or Sev CC	68	1,559	8.8	6
F76B Arrhythmia, Cardiac Arrest and Conduction Disorders W/O Cat or Sev CC	2,203	6,992	3.0	1
Total Discharges	24,081	77,593	4.9	2

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

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

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

MDC 6 Diseases and Disorders of the Digestive System	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
G01A Rectal Resection W Cat CC	0	280	27.1	20
G01B Rectal Resection W/O Cat CC	~	678	11.0	9
G02A Major Small and Large Bowel Procedures W Cat CC	~	899	26.4	19
G02B Major Small and Large Bowel Procedures W/O Cat CC	94	1,759	10.6	8
G03A Stomach, Oesophageal and Duodenal Procedure W Malignancy or W Cat CC	6	349	19.3	15
G03B Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W Sev or Mod CC	7	89	8.9	7
G03C Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W/O CC	59	343	4.5	3
G04A Peritoneal Adhesiolysis W Cat CC	0	95	19.9	14
G04B Peritoneal Adhesiolysis W Sev or Moderate CC	~	196	10.9	9
G04C Peritoneal Adhesiolysis W/O CC	109	534	5.7	4
G05A Minor Small and Large Bowel Procedures W Cat CC	0	43	18.7	11
G05B Minor Small and Large Bowel Procedures W Sev or Moderate CC	~	124	10.3	7
G05C Minor Small and Large Bowel Procedures W/O CC	23	281	6.3	5
G06Z Pyloromyotomy Procedure	0	82	3.9	3
G07A Appendectomy W Malignancy or Peritonitis or W Cat or Sev CC	~	985	5.6	5
G07B Appendectomy W/O Malignancy or Peritonitis W/O Cat or Sev CC	39	5,455	2.7	2
G10A Hernia Procedures W CC	52	479	7.2	4
G10B Hernia Procedures W/O CC	2,976	2,398	2.2	1
G11Z Anal and Stomal Procedures	5,122	1,589	3.3	2
G12A Other Digestive System OR Procedures W Cat CC	20	164	21.6	15
G12B Other Digestive System OR Procedures W Sev or Moderate CC	98	242	11.7	8
G12C Other Digestive System OR Procedures W/O CC	412	514	4.7	3
G46A Complex Gastroscopy W Cat CC	0	268	22.1	14
G46B Complex Gastroscopy W/O Cat CC	0	1,787	7.8	5
G46C Complex Gastroscopy, Sameday	12,017	50	1.0	1
G47A Other Gastroscopy W Cat CC	0	420	18.8	11
G47B Other Gastroscopy W/O Cat CC	0	4,876	5.0	3
G47C Other Gastroscopy, Sameday	39,343	444	1.0	1
G48A Colonoscopy W Cat or Sev CC	0	573	12.4	8
G48B Colonoscopy W/O Cat or Sev CC	0	2,499	5.2	4
G48C Colonoscopy, Sameday	43,658	132	1.0	1
G60A Digestive Malignancy W Cat CC	112	349	13.6	9
G60B Digestive Malignancy W/O Cat CC	4,107	1,394	8.7	4
G61A GI Haemorrhage W Cat or Sev CC	7	386	8.5	4
G61B GI Haemorrhage W/O Cat or Sev CC	264	1,206	3.0	2
G62Z Complicated Peptic Ulcer	83	61	6.5	4
G63Z Uncomplicated Peptic Ulcer	13	41	3.7	1
G64A Inflammatory Bowel Disease W CC	87	195	7.0	5
G64B Inflammatory Bowel Disease W/O CC	6,917	803	3.7	3
G65A GI Obstruction W Cat or Sev CC	~	346	10.8	6
G65B GI Obstruction W/O Cat or Sev CC	10	867	4.4	3
G66Z Abdominal Pain or Mesenteric Adenitis	893	11,015	2.0	1
G67A Oesophagitis and Gastroenteritis W Cat/Sev CC	17	1,426	8.1	4
G67B Oesophagitis and Gastroenteritis W/O Cat/Sev CC	1,083	10,099	2.2	1
G70A Other Digestive System Diagnoses W Cat or Sev CC	151	1,889	7.5	4
G70B Other Digestive System Diagnoses W/O Cat or Sev CC	4,750	9,401	2.9	2
Total Discharges	122,545	68,105	4.8	2

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

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

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

MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
H01A Pancreas, Liver and Shunt Procedures W Cat CC	0	95	19.9	14
H01B Pancreas, Liver and Shunt Procedures W/O Cat CC	12	216	9.4	7
H02A Major Biliary Tract Procedures W Cat CC	6	91	26.6	20
H02B Major Biliary Tract Procedures W Sev CC	~	62	12.4	12
H02C Major Biliary Tract Procedures W/O Cat or Sev CC	44	133	10.5	9
H05A Hepatobiliary Diagnostic Procedures W Cat CC	~	14	24.1	18
H05B Hepatobiliary Diagnostic Procedures W/O Cat CC	76	78	8.4	6
H06A Other Hepatobiliary and Pancreas OR Procedures W Cat CC	0	75	18.0	14
H06B Other Hepatobiliary and Pancreas OR Procedures W/O Cat CC	16	198	6.8	2
H07A Open Cholecystectomy W Closed CDE or W Cat CC	0	47	17.4	13
H07B Open Cholecystectomy W/O Closed CDE W/O Cat CC	30	209	6.9	6
H08A Laparoscopic Cholecystectomy W Closed CDE or W (Cat or Sev CC)	31	297	7.4	5
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	1,212	2,668	2.2	1
H40A Endoscopic Procedures for Bleeding Oesophageal Varices W Cat CC	0	26	15.3	11
H40B Endoscopic Procedures for Bleeding Oesophageal Varices W/O Cat CC	12	55	7.3	6
H43A ERCP Procedures W Cat or Sev CC	21	320	16.6	12
H43B ERCP Procedures W/O Cat or Sev CC	1,514	939	6.0	5
H60A Cirrhosis and Alcoholic Hepatitis W Cat CC	8	281	19.9	12
H60B Cirrhosis and Alcoholic Hepatitis W Sev or Moderate CC	124	503	9.1	6
H60C Cirrhosis and Alcoholic Hepatitis W/O CC	281	148	5.8	3
H61A Malignancy of Hepatobiliary System, Pancreas W Cat CC	39	263	15.8	11
H61B Malignancy of Hepatobiliary System, Pancreas W/O Cat CC	1,282	1,001	8.0	6
H62A Disorders of Pancreas Except for Malignancy W Cat or Sev CC	8	322	10.8	7
H62B Disorders of Pancreas Except for Malignancy W/O Cat or Sev CC	471	1,229	5.5	4
H63A Disorders of Liver Except Malig, Cirrhosis, Alcoholic Hepatitis W Cat/Sev CC	53	458	12.5	8
H63B Disorders of Liver Excep Malig, Cirrhosis, Alcoholic Hepatitis W/O Cat/Sev CC	1,672	1,112	3.9	2
H64A Disorders of the Biliary Tract W CC	82	1,173	8.8	7
H64B Disorders of the Biliary Tract W/O CC	641	3,288	4.0	3
Total Discharges	7,639	15,301	6.6	4

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

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

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

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
I01A Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC	0	35	64.9	28
I01B Bilateral/Multiple Major Joint Pr of Lower Extremity W/O Revision W/O Cat CC	0	57	6.5	5
I02A Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC), Excluding Hand	~	56	41.5	27
I02B Skin Graft W/O Cat or Sev CC, Excluding Hand	22	92	8.8	6
I03A Hip Replacement W Cat CC	0	457	26.8	16
I03B Hip Replacement W/O Cat CC	~	4,628	7.7	5
I04A Knee Replacement W Cat or Sev CC	0	222	9.0	7
I04B Knee Replacement W/O Cat or Sev CC	~	1,897	5.2	5
I05A Other Joint Replacement W Cat or Sev CC	0	40	15.3	10
I05B Other Joint Replacement W/O Cat or Sev CC	~	207	4.6	3
I06Z Spinal Fusion W Deformity	30	156	8.6	7
I07Z Amputation	0	53	34.8	20
I08A Other Hip and Femur Procedures W Cat CC	0	516	36.7	22
I08B Other Hip and Femur Procedures W/O Cat CC	45	2,272	11.5	8
I09A Spinal Fusion W Cat CC	0	69	19.8	14
I09B Spinal Fusion W/O Cat CC	~	456	6.3	5
I10A Other Back and Neck Procedures W Cat or Sev CC	~	115	14.9	7
I10B Other Back and Neck Procedures W/O Cat or Sev CC	721	1,160	3.2	2
I11Z Limb Lengthening Procedures	~	25	15.7	4
I12A Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Cat CC	0	75	33.8	26
I12B Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Sev or Mod CC	~	141	16.5	14
I12C Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W/O CC	52	268	8.4	6
I13A Humerus, Tibia, Fibula and Ankle Procedures W CC	6	547	10.6	6
I13B Humerus, Tibia, Fibula and Ankle Procedures W/O CC	185	3,777	2.9	2
I15Z Cranio-Facial Surgery	0	56	4.7	4
I16Z Other Shoulder Procedures	298	744	1.5	1
I17A Maxillo-Facial Surgery W CC	0	13	12.3	6
I17B Maxillo-Facial Surgery W/O CC	~	41	3.2	2
I18Z Other Knee Procedures	2,394	543	2.5	1
I19A Other Elbow or Forearm Procedures W CC	16	257	6.2	3
I19B Other Elbow or Forearm Procedures W/O CC	383	2,915	1.8	1
I20Z Other Foot Procedures	462	1,307	2.2	1
I21Z Local Excision and Removal of Internal Fixation Devices of Hip and Femur	66	71	2.9	1
I23Z Local Excision and Removal of Internal Fixation Devices Excl Hip and Femur	2,497	489	2.1	1
I24Z Arthroscopy	781	193	2.0	1
I25A Bone and Joint Diagnostic Procedures Including Biopsy W CC	25	52	19.2	14
I25B Bone and Joint Diagnostic Procedures Including Biopsy W/O CC	92	60	6.0	2
I27A Soft Tissue Procedures W CC	37	156	14.2	7
I27B Soft Tissue Procedures W/O CC	615	530	3.4	2
I28A Other Musculoskeletal Procedures W CC	12	122	15.0	8
I28B Other Musculoskeletal Procedures W/O CC	214	592	2.6	1
I29Z Knee Reconstruction or Revision	28	529	1.3	1
I30Z Hand Procedures	2,036	2,396	1.5	1
I31A Hip Revision W Cat CC	0	63	43.2	28
I31B Hip Revision W/O Cat CC	0	448	12.0	7
I32A Knee Revision W Cat CC	0	10	59.4	52
I32B Knee Revision W Sev CC	0	26	13.4	10
I32C Knee Revision W/O Cat or Sev CC	0	70	10.4	6
I60Z Femoral Shaft Fractures	~	69	3.9	2
I61A Distal Femoral Fractures W CC	0	36	15.5	6
I61B Distal Femoral Fractures W/O CC	~	68	3.8	2
I63A Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W CC	0	31	9.3	4
I63B Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W/O CC	~	108	2.8	2
I64A Osteomyelitis W Cat or Sev CC	~	167	26.5	15
I64B Osteomyelitis W/O Cat or Sev CC	177	224	8.9	6
I65A Musculoskeletal Malignant Neoplasms W Cat CC	19	136	17.0	13
I65B Musculoskeletal Malignant Neoplasms W/O Cat CC	768	722	7.7	4
I66A Inflammatory Musculoskeletal Disorders W Cat or Sev CC	50	194	12.1	8
I66B Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	9,127	903	4.6	3
I67A Septic Arthritis W Cat or Sev CC	0	48	18.4	15
I67B Septic Arthritis W/O Cat or Sev CC	25	125	7.4	4

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

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
I68A Non-surgical Spinal Disorders W CC	0	1,164	12.6	7
I68B Non-surgical Spinal Disorders W/O CC	0	2,161	4.9	3
I68C Non-surgical Spinal Disorders, Sameday	13,654	995	1.0	1
I69A Bone Diseases and Arthropathies W Cat or Sev CC	29	253	13.5	6
I69B Bone Diseases and Arthropathies W/O Cat or Sev CC	6,837	1,225	3.8	1
I71A Other Musculotendinous Disorders W Cat or Sev CC	29	388	7.5	4
I71B Other Musculotendinous Disorders W/O Cat or Sev CC	9,824	4,617	1.9	1
I72A Specific Musculotendinous Disorders W Cat or Sev CC	20	116	11.4	8
I72B Specific Musculotendinous Disorders W/O Cat or Sev CC	4,318	873	3.1	1
I73A Aftercare of Musculoskeletal Implants/Prostheses W Cat or Sev CC	~	82	26.2	13
I73B Aftercare of Musculoskeletal Implants/Prostheses W/O Cat or Sev CC	1,535	319	6.2	2
I74Z Injury to Forearm, Wrist, Hand or Foot	411	2,714	2.3	1
I75A Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W CC	~	505	15.0	8
I75B Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W/O CC	235	1,578	2.3	1
I76A Other Musculoskeletal Disorders W Cat or Sev CC	39	187	16.7	7
I76B Other Musculoskeletal Disorders W/O Cat or Sev CC	1,669	944	2.9	1
I77A Fractures of Pelvis W Cat or Sev CC	0	283	24.3	14
I77B Fractures of Pelvis W/O Cat or Sev CC	~	373	10.5	7
I78A Fractures of Neck of Femur W Cat or Sev CC	0	93	19.8	8
I78B Fractures of Neck of Femur W/O Cat or Sev CC	0	154	10.9	4
I79A Pathological Fracture W Cat CC	0	43	34.3	19
I79B Pathological Fracture W/O Cat CC	19	266	11.1	7
Total Discharges	59,844	51,168	6.0	2

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

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

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

MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
J01A Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev CC	0	~	^	^
J01B Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev CC	0	42	8.4	7
J06Z Major Procedures for Breast Conditions	822	1,905	3.0	2
J07Z Minor Procedures for Breast Conditions	2,015	285	1.8	1
J08A Other Skin Graft and/or Debridement Procedures W CC	33	140	15.0	7
J08B Other Skin Graft and/or Debridement Procedures W/O CC	1,144	351	3.4	2
J09Z Perianal and Pilonidal Procedures	481	306	1.9	1
J10Z Skin, Subcutaneous Tissue and Breast Plastic OR Procedures	1,143	230	3.9	2
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	38,676	1,022	4.0	1
J12A Lower Limb Procs W Ulcer/Cellulitis W Cat CC	0	33	34.5	22
J12B Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W Skin Graft/Flap Repair	~	*	9.2	6
J12C Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W/O Skin Graft/Flap Repair	8	69	15.0	9
J13A Lower Limb Procs W/O Ulcer/Cellulitis W Cat CC or W (Skin Graft and Sev CC)	~	25	19.4	10
J13B Lower Limb Procs W/O Ulcer/Cellulitis W/O Cat CC W/O (Skin Graft and Sev CC)	130	115	4.5	2
J14Z Major Breast Reconstructions	12	236	5.3	6
J60A Skin Ulcers W Cat CC	0	82	33.9	18
J60B Skin Ulcers W/O Cat CC	0	404	10.2	7
J60C Skin Ulcers, Sameday	494	78	1.0	1
J62A Malignant Breast Disorders W CC	2,344	559	11.9	7
J62B Malignant Breast Disorders W/O CC	2,707	180	13.3	6
J63A Non-Malignant Breast Disorders W CC	16	48	5.3	3
J63B Non-Malignant Breast Disorders W/O CC	3,429	333	2.6	2
J64A Cellulitis W Cat or Sev CC	~	1,235	14.9	8
J64B Cellulitis W/O Cat or Sev CC	463	6,217	4.2	3
J65A Trauma to the Skin, Subcutaneous Tissue and Breast W Cat or Sev CC	~	226	14.1	7
J65B Trauma to the Skin, Subcutaneous Tissue and Breast W/O Cat or Sev CC	60	1,184	2.7	1
J67A Minor Skin Disorders	0	1,388	3.4	2
J67B Minor Skin Disorders, Sameday	13,714	893	1.0	1
J68A Major Skin Disorders W Cat or Sev CC	0	123	12.6	7
J68B Major Skin Disorders W/O Cat or Sev CC	0	783	4.1	3
J68C Major Skin Disorders, Sameday	22,220	282	1.0	1
J69A Skin Malignancy W Cat CC	0	40	15.1	8
J69B Skin Malignancy W/O Cat CC	0	166	13.5	8
J69C Skin Malignancy, Sameday	1,775	14	1.0	1
Total Discharges	91,694	19,006	5.3	2

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

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

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

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

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

MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
K01A OR Procedures for Diabetic Complications W Cat CC	0	124	38.4	23
K01B OR Procedures for Diabetic Complications W/O Cat CC	7	171	16.9	11
K02A Pituitary Procedures W CC	0	40	9.3	9
K02B Pituitary Procedures W/O CC	~	69	5.8	4
K03Z Adrenal Procedures	0	64	12.9	9
K04A Major Procedures for Obesity W CC	0	13	7.0	3
K04B Major Procedures for Obesity W/O CC	0	29	3.2	3
K05A Parathyroid Procedures W Cat or Sev CC	~	14	5.0	4
K05B Parathyroid Procedures W/O Cat or Sev CC	26	170	3.3	2
K06A Thyroid Procedures W Cat or Sev CC	0	59	8.8	5
K06B Thyroid Procedures W/O Cat or Sev CC	10	803	2.7	2
K07Z Obesity Procedures	8	51	3.4	3
K08Z Thyroglossal Procedures	10	59	2.0	1
K09A Other Endocrine, Nutritional and Metabolic OR Procedures W Cat CC	~	34	36.4	23
K09B Other Endocrine, Nutritional and Metabolic OR Procs W Sev or Moderate CC	~	26	12.5	9
K09C Other Endocrine, Nutritional and Metabolic OR Procedures W/O CC	40	45	6.3	4
K40A Endoscopic or Investigative Proc for Metabolic Disorders W Cat CC	0	75	31.7	19
K40B Endoscopic or Investigative Proc for Metabolic Disorders W/O Cat CC	0	356	11.1	7
K40C Endoscopic or Investigative Procedure for Metabolic Disorders, Sameday	974	8	1.0	1
K60A Diabetes W Cat or Sev CC	19	811	11.6	7
K60B Diabetes W/O Cat or Sev CC	291	3,158	4.1	2
K61Z Sev Nutritional Disturbance	~	52	31.9	12
K62A Miscellaneous Metabolic Disorders W Cat or Sev CC	35	1,036	10.6	6
K62B Miscellaneous Metabolic Disorders W/O Cat or Sev CC	1,277	2,456	3.6	1
K63A Inborn Errors of Metabolism W CC	131	81	6.8	4
K63B Inborn Errors of Metabolism W/O CC	778	203	2.3	1
K64A Endocrine Disorders W Cat or Sev CC	81	201	14.4	7
K64B Endocrine Disorders W/O Cat or Sev CC	1,996	1,156	3.5	2
Total Discharges	5,692	11,364	6.4	3

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

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

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

MDC 11 Diseases and Disorders of the Kidney and Urinary Tract	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
L02A Operative Insertion of Peritoneal Catheter for Dialysis W Cat or Sev CC	~	28	10.6	8
L02B Operative Insertion of Peritoneal Catheter for Dialysis W/O Cat or Sev CC	~	64	4.9	3
L03A Kidney, Ureter and Major Bladder Procedures for Neoplasm W Cat CC	0	95	20.7	14
L03B Kidney, Ureter and Major Bladder Procedures for Neoplasm W Sev CC	~	102	13.6	13
L03C Kidney, Ureter and Major Bladder Procedures for Neoplasm W/O Cat or Sev CC	11	342	7.5	6
L04A Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W Cat CC	10	183	20.4	15
L04B Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm W Sev CC	23	160	14.2	9
L04C Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/O Cat or Sev CC	242	722	6.1	5
L05A Transurethral Prostatectomy W Cat or Sev CC	0	36	14.9	9
L05B Transurethral Prostatectomy W/O Cat or Sev CC	~	137	5.9	4
L06A Minor Bladder Procedures W Cat or Sev CC	10	78	19.5	8
L06B Minor Bladder Procedures W/O Cat or Sev CC	265	272	4.3	3
L07A Transurethral Procedures Except Prostatectomy W CC	83	547	6.5	3
L07B Transurethral Procedures Except Prostatectomy W/O CC	843	1,232	2.8	2
L08A Urethral Procedures W CC	6	33	4.0	3
L08B Urethral Procedures W/O CC	100	138	3.1	3
L09A Other Procedures for Kidney and Urinary Tract Disorders W Cat CC	~	56	31.2	21
L09B Other Procedures for Kidney and Urinary Tract Disorders W Sev CC	15	63	11.4	5
L09C Other Procedures for Kidney and Urinary Tract Disorders W/O Cat or Sev CC	157	167	3.6	1
L40Z Ureteroscopy	84	123	3.5	2
L41Z Cystourethroscopy, Sameday	10,395	57	1.0	1
L42Z ESW Lithotripsy for Urinary Stones	2,038	69	3.6	2
L60A Renal Failure W Cat CC	~	448	20.8	11
L60B Renal Failure W Sev CC	105	760	9.1	6
L60C Renal Failure W/O Cat or Sev CC	746	1,103	5.8	4
L61Z Haemodialysis	169,756	12	2.7	3
L62A Kidney and Urinary Tract Neoplasms W Cat or Sev CC	414	343	12.7	7
L62B Kidney and Urinary Tract Neoplasms W/O Cat or Sev CC	1,022	391	5.5	3
L63A Kidney and Urinary Tract Infections W Cat or Sev CC	11	3,492	14.9	8
L63B Kidney and Urinary Tract Infections W/O Cat or Sev CC	1,481	8,566	5.4	3
L64Z Urinary Stones and Obstruction	359	2,442	2.8	2
L65A Kidney and Urinary Tract Signs and Symptoms W Cat or Sev CC	17	500	9.2	6
L65B Kidney and Urinary Tract Signs and Symptoms W/O Cat or Sev CC	1,663	1,785	3.5	2
L66Z Urethral Stricture	118	84	3.0	2
L67A Other Kidney and Urinary Tract Diagnoses W Cat or Sev CC	313	642	12.6	7
L67B Other Kidney and Urinary Tract Diagnoses W/O Cat or Sev CC	5,501	1,669	3.8	2
L68Z Peritoneal Dialysis	142	0	-	-
Total Discharges	195,948	26,941	7.1	4

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

- Mean and median length of stay cannot be calculated as no in-patients are reported.

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

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

MDC 12 Diseases and Disorders of the Male Reproductive System	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
M01A Major Male Pelvic Procedures W Cat or Sev CC	0	42	8.0	8
M01B Major Male Pelvic Procedures W/O Cat or Sev CC	~	336	5.3	5
M02A Transurethral Prostatectomy W Cat or Sev CC	0	88	10.3	6
M02B Transurethral Prostatectomy W/O Cat or Sev CC	*	499	4.4	4
M03Z Penis Procedures	337	214	2.7	2
M04Z Testes Procedures	1,424	748	2.2	1
M05Z Circumcision	2,295	228	1.4	1
M06A Other Male Reproductive System OR Procedures W CC	16	29	16.9	13
M06B Other Male Reproductive System OR Procedures W/O CC	208	60	2.7	1
M40Z Cystourethroscopy, Sameday	1,565	~	^	^
M60A Malignancy, Male Reproductive System W Cat or Sev CC	231	282	13.7	8
M60B Malignancy, Male Reproductive System W/O Cat or Sev CC	2,907	458	13.1	5
M61Z Benign Prostatic Hypertrophy	1,527	120	4.1	3
M62Z Inflammation of the Male Reproductive System	992	895	3.3	2
M63Z Sterilisation, Male	294	~	^	^
M64Z Other Male Reproductive System Diagnoses	727	631	2.0	1
Total Discharges	12,532	4,635	5.0	2

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

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

MDC 13 Diseases and Disorders of the Female Reproductive System	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
N01Z Pelvic Evisceration and Radical Vulvectomy	0	132	10.8	7
N04A Hysterectomy for Non-Malignancy W Cat or Sev CC	0	190	7.9	6
N04B Hysterectomy for Non-Malignancy W/O Cat or Sev CC	8	1,717	4.6	4
N05A Oophorectomies and Complex Fallopian Tube Procs for Non-Malig W Cat or Sev CC	~	46	8.7	6
N05B Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W/O Cat or Sev CC	119	593	3.3	3
N06A Female Reproductive System Reconstructive Procs W Cat or Sev CC	~	81	5.1	4
N06B Female Reproductive System Reconstructive Procs W/O Cat or Sev CC	214	1,543	2.8	3
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	2,634	1,566	2.6	2
N08Z Endoscopic and Laparoscopic Procedures for Female Reproductive System	1,354	617	2.4	1
N09Z Conisation, Vagina, Cervix and Vulva Procedures	10,885	835	4.5	1
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	7,296	648	1.9	1
N11Z Other Female Reproductive System OR Procedures	26	112	11.7	8
N12A Uterine and Adnexa Procedures for Malignancy W Cat CC	0	84	14.2	11
N12B Uterine and Adnexa Procedures for Malignancy W/O Cat CC	29	516	5.7	5
N60A Malignancy, Female Reproductive System W Cat CC	24	120	15.5	9
N60B Malignancy, Female Reproductive System W/O Cat CC	1,268	623	7.4	4
N61Z Infections, Female Reproductive System	245	355	3.4	2
N62Z Menstrual and Other Female Reproductive System Disorders	6,215	2,849	2.1	1
Total Discharges	30,325	12,627	3.8	2

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

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

MDC 14 Pregnancy, Childbirth and the Puerperium	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
O01A Cesarean Delivery W Cat or Sev CC	0	3,643	8.3	6
O01B Cesarean Delivery W/O Cat or Sev CC	0	15,892	4.5	4
O02A Vaginal Delivery W OR Procedure W Cat or Sev CC	0	178	5.4	4
O02B Vaginal Delivery W OR Procedure W/O Cat or Sev CC	0	923	3.3	3
O03A Ectopic Pregnancy W CC	0	32	3.4	3
O03B Ectopic Pregnancy W/O CC	30	667	2.2	2
O04A Postpartum and Post Abortion W OR Procedure W Cat or Sev CC ^b	0	31	7.3	4
O04B Postpartum and Post Abortion W OR Procedure W/O Cat or Sev CC ^b	26	212	2.7	2
O05Z Abortion W OR Procedure ^b	1,671	3,058	1.3	1
O60Z Vaginal Delivery	0	44,957	2.7	2
O61Z Postpartum and Post Abortion W/O OR Procedure ^b	810	2,988	2.3	2
O63Z Abortion W/O OR Procedure ^b	309	2,788	1.3	1
O64Z False Labour	40	6,231	1.3	1
O66Z Antenatal and Other Obstetric Admission	8,331	36,914	1.6	1
Total Discharges	11,217	118,514	2.6	2

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

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

MDC 15 Newborns and Other Neonates	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
P01Z Neonate, Died or Transferred <5 Days of Admission W Significant OR Procedure	0	22	2.4	2
P02Z Cardiothoracic/Vascular Procedures for Neonates	0	58	41.0	23
P03Z Neonate, AdmWt 1000-1499 g W Significant OR Procedure	0	216	46.6	45
P04Z Neonate, AdmWt 1500-1999 g W Significant OR Procedure	0	149	30.3	28
P05Z Neonate, AdmWt 2000-2499 g W Significant OR Procedure	0	95	33.2	23
P06A Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	0	186	26.9	18
P06B Neonate, AdmWt >2499 g W Significant OR Procedure W/O Multi Major Problems	6	133	13.2	10
P60A Neonate, Died or Transferred <5 Days of Adm, W/O Significant OR Proc, Newborn	0	453	1.3	1
P60B Neonate, Died or Transf <5 Days of Adm, W/O Significant OR Proc, Not Newborn	30	224	1.6	1
P61Z Neonate, AdmWt <750 g	~	77	63.2	48
P62Z Neonate, AdmWt 750-999 g	7	121	60.1	61
P63Z Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure	0	54	38.9	38
P64Z Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure	~	129	30.8	28
P65A Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems	0	49	27.0	25
P65B Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem	0	237	24.4	22
P65C Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Other Problem	0	270	16.6	15
P65D Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W/O Problem	~	196	14.3	13
P66A Neonate, AdmWt 2000-2499 g W/O Significant OR Proc W Multi Major Problems	0	70	20.2	17
P66B Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Major Problem	~	339	15.2	14
P66C Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Other Problem	0	802	8.7	7
P66D Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W/O Problem	7	507	4.9	2
P67A Neonate, AdmWt >2499 g W/O Significant OR Procedure W Multi Major Problems	16	354	11.5	8
P67B Neonate, AdmWt >2499 g W/O Significant OR Procedure W Major Problem	71	1,533	6.9	5
P67C Neonate, AdmWt >2499 g W/O Significant OR Procedure W Other Problem	11	4,661	3.3	2
P67D Neonate, AdmWt >2499 g W/O Significant OR Procedure W/O Problem	346	3,742	2.4	1
Total Discharges	508	14,677	7.9	3

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

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

MDC 16 Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
Q01Z Splenectomy	0	31	8.6	7
Q02A Other OR Procedure of Blood and Blood Forming Organs W Cat or Sev CC	23	65	16.2	14
Q02B Other OR Procedure of Blood and Blood Forming Organs W/O Cat or Sev CC	487	196	4.3	2
Q60A Reticuloendothelial and Immunity Disorders W Cat or Sev CC	166	611	7.5	5
Q60B Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W Malignancy	121	264	4.6	4
Q60C Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	3,011	773	3.1	2
Q61A Red Blood Cell Disorders W Cat or Sev CC	238	892	9.5	6
Q61B Red Blood Cell Disorders W/O Cat or Sev CC	30,083	2,418	3.4	2
Q62Z Coagulation Disorders	3,582	1,186	3.4	1
Total Discharges	37,711	6,436	4.8	2

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

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

MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms)	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
R01A Lymphoma and Leukaemia W Major OR Procedures W Cat or Sev CC	~	46	39.0	23
R01B Lymphoma and Leukaemia W Major OR Procedures W/O Cat or Sev CC	22	72	6.8	5
R02A Other Neoplastic Disorders W Major OR Procedures W Cat CC	0	22	19.6	16
R02B Other Neoplastic Disorders W Major OR Procedures W Sev or Moderate CC	~	39	14.0	9
R02C Other Neoplastic Disorders W Major OR Procedures W/O CC	26	127	5.2	4
R03A Lymphoma and Leukaemia W Other OR Procedures W Cat or Sev CC	~	129	31.6	23
R03B Lymphoma and Leukaemia W Other OR Procedures W/O Cat or Sev CC	196	171	8.6	4
R04A Other Neoplastic Disorders W Other OR Procedures W CC	100	76	13.0	7
R04B Other Neoplastic Disorders W Other OR Procedures W/O CC	745	88	4.6	2
R60A Acute Leukaemia W Cat CC	31	214	30.1	25
R60B Acute Leukaemia W/O Cat CC	3,433	729	8.7	4
R61A Lymphoma and Non-Acute Leukaemia W Cat CC	0	459	22.6	15
R61B Lymphoma and Non-Acute Leukaemia W/O Cat CC	0	2,432	7.1	4
R61C Lymphoma and Non-Acute Leukaemia, Sameday	17,082	147	1.0	1
R62A Other Neoplastic Disorders W CC	256	194	11.8	7
R62B Other Neoplastic Disorders W/O CC	530	141	8.3	5
R63Z Chemotherapy	102,175	0	-	-
R64Z Radiotherapy ^b	66,703	0	-	-
Total Discharges	191,309	5,086	10.8	5

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

- Mean and median length of stay cannot be calculated as no in-patients are reported.

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

b Activity for 2014 from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at approximately 53,000 day cases, are not included in this report as these data were not submitted to HIPE.

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

MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
S60Z HIV, Sameday	32	10	1.0	1
S65A HIV-Related W Cat CC	0	47	21.0	13
S65B HIV-Related W Sev CC	0	59	14.1	7
S65C HIV-Related Diseases W/O Cat or Sev CC	0	70	9.8	6
T01A OR Procedures for Infectious and Parasitic Diseases W Cat CC	~	168	31.1	19
T01B OR Procedures for Infectious and Parasitic Diseases W Sev or Moderate CC	18	156	16.0	13
T01C OR Procedures for Infectious and Parasitic Diseases W/O CC	32	216	9.8	7
T40Z Infectious and Parasitic Diseases W Ventilator Support	0	48	9.6	7
T60A Septicaemia W Cat CC	0	977	17.7	11
T60B Septicaemia W/O Cat CC	32	1,375	9.3	6
T61A Postoperative and Post-Traumatic Infections W Cat or Sev CC	16	240	12.6	8
T61B Postoperative and Post-Traumatic Infections W/O Cat or Sev CC	109	953	4.9	4
T62A Fever of Unknown Origin W CC	16	387	4.6	3
T62B Fever of Unknown Origin W/O CC	29	547	2.5	1
T63Z Viral Illness	1,045	4,915	2.0	1
T64A Other Infectious and Parasitic Diseases W Cat CC	~	51	20.3	15
T64B Other Infectious and Parasitic Diseases W Sev or Moderate CC	7	120	7.6	5
T64C Other Infectious and Parasitic Diseases W/O CC	68	253	3.7	2
Total Discharges	1,410	10,592	6.3	2

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

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

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

MDC 19 Mental Diseases and Disorders	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
U40Z Mental Health Treatment, Sameday, W ECT	33	0	-	-
U60Z Mental Health Treatment, Sameday, W/O ECT	484	1,010	1.0	1
U61Z Schizophrenia Disorders	0	156	28.7	15
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	14	27.4	18
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	94	17.2	9
U63Z Major Affective Disorders	0	200	24.8	11
U64Z Other Affective and Somatoform Disorders	0	196	9.7	5
U65Z Anxiety Disorders	0	1,125	2.9	1
U66Z Eating and Obsessive-Compulsive Disorders	0	148	27.0	12
U67Z Personality Disorders and Acute Reactions	0	187	9.9	4
U68Z Childhood Mental Disorders	0	57	5.7	2
Total Discharges	517	3,187	7.5	1

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

- Mean and median length of stay cannot be calculated as no in-patients are reported.

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

MDC 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
V60Z Alcohol Intoxication and Withdrawal	~	1,386	3.8	2
V61Z Drug Intoxication and Withdrawal	0	109	3.9	1
V62A Alcohol Use Disorder and Dependence	0	499	6.0	3
V62B Alcohol Use Disorder and Dependence, Sameday	~	110	1.0	1
V63Z Opioid Use Disorder and Dependence	0	102	16.4	18
V64Z Other Drug Use Disorder and Dependence	0	59	9.7	2
Total Discharges	~	2,265	4.9	2

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

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

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

MDC 21 Injuries, Poisonings and Toxic Effects of Drugs	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
W01Z Ventilation or Cranial Procedures for Multiple Significant Trauma	0	30	27.9	14
W02A Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W Cat/Sev CC	0	33	29.0	20
W02B Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W/O Cat/Sev CC	0	48	18.8	14
W03Z Abdominal Procedures for Multiple Significant Trauma	0	31	17.8	15
W04A Other OR Procs for Multiple Significant Trauma W Cat or Sev CC	0	23	33.6	24
W04B Other OR Procs for Multiple Significant Trauma W/O Cat or Sev CC	0	32	12.3	8
W60Z Multiple Trauma, Died or Transferred to Another Acute Care Facility <5 Days	0	54	1.8	1
W61A Multiple Trauma W/O Significant Procedures W Cat or Sev CC	0	56	27.3	13
W61B Multiple Trauma W/O Significant Procedures W/O Cat or Sev CC	0	108	8.9	6
X02A Microvascular Tiss Transfer or (Skin Graft W Cat/Sev CC) for Injuries to Hand	~	26	6.8	4
X02B Skin Graft for Injuries to Hand W/O Cat or Sev CC	7	62	2.7	1
X04A Other Procedures for Injuries to Lower Limb W Cat or Sev CC	~	30	23.4	18
X04B Other Procedures for Injuries to Lower Limb W/O Cat or Sev CC	12	153	2.8	2
X05A Other Procedures for Injuries to Hand W CC	0	47	4.2	2
X05B Other Procedures for Injuries to Hand W/O CC	183	1,253	1.3	1
X06A Other Procedures for Other Injuries W Cat or Sev CC	8	225	14.6	7
X06B Other Procedures for Other Injuries W/O Cat or Sev CC	193	1,057	2.8	1
X07A Skin Graft for Injuries Ex Hand W Microvascular Tiss Tfr or W (Cat or Sev CC)	~	33	24.1	16
X07B Skin Graft for Injuries Ex Hand W/O Microvascular Tiss Tfr W/O Cat or Sev CC	13	81	9.2	6
X40Z Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support	0	76	8.8	6
X60A Injuries W Cat or Sev CC	~	527	13.1	5
X60B Injuries W/O Cat or Sev CC	304	4,346	2.0	1
X61Z Allergic Reactions	~	319	1.8	1
X62A Poisoning/Toxic Effects of Drugs and Other Substances W Cat or Sev CC	0	550	6.9	3
X62B Poisoning/Toxic Effects of Drugs and Other Substances W/O Cat or Sev CC	79	3,484	2.1	1
X63A Sequelae of Treatment W Cat or Sev CC	10	402	7.7	5
X63B Sequelae of Treatment W/O Cat or Sev CC	201	1,973	2.8	2
X64A Other Injury, Poisoning and Toxic Effect Diagnosis W Cat or Sev CC	~	59	12.7	6
X64B Other Injury, Poisoning and Toxic Effect Diagnosis W/O Cat or Sev CC	16	534	1.7	1
Total Discharges	1,037	15,652	3.6	1

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

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

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

MDC 22 Burns	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
Y01Z Ventilation for Burns and Sev Full Thickness Burns	0	28	54.9	42
Y02A Other Burns W Skin Graft W CC	0	30	17.3	13
Y02B Other Burns W Skin Graft W/O CC	~	76	10.0	8
Y03Z Other OR Procedures for Other Burns	20	72	6.9	2
Y60Z Burns, Transferred to Another Acute Care Facility <5 Days	0	30	1.3	1
Y61Z Severe Burns	~	42	5.7	4
Y62A Other Burns W CC	0	45	16.4	5
Y62B Other Burns W/O CC	79	200	4.0	2
Total Discharges	103	523	9.8	4

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

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

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

MDC 23 Factors Influencing Health Status and Other Contacts with Health Services	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
Z01A OR Procedures W Diagnoses of Other Contacts W Health Services W Cat/Sev CC	111	124	17.4	5
Z01B OR Procedures W Diagnoses of Other Contacts W Health Services W/O Cat/Sev CC	1,407	297	3.3	2
Z40Z Endoscopy W Diagnoses of Other Contacts W Health Services, Sameday	13,722	32	1.0	1
Z60A Rehabilitation W Cat CC	0	682	47.0	36
Z60B Rehabilitation W/O Cat CC	0	3,649	26.1	17
Z60C Rehabilitation, Sameday	1,282	6	1.0	1
Z61A Signs and Symptoms	0	1,549	7.5	3
Z61B Signs and Symptoms, Sameday	1,331	1,026	1.0	1
Z63A Other Surgical Follow Up and Medical Care W Cat CC	6	787	23.5	12
Z63B Other Surgical Follow Up and Medical Care W/O Cat CC	1,506	2,938	12.4	6
Z64A Other Factors Influencing Health Status	0	1,565	5.1	1
Z64B Other Factors Influencing Health Status, Sameday	35,199	1,048	1.0	1
Z65Z Congenital Anomalies and Problems Arising from Neonatal Period	83	63	4.4	1
Total Discharges	54,647	13,766	15.1	6

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

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

Unassignable to MDC ^a	Day Patients	In-Patients	In-Patient Length of Stay ^b	
	N	N	Mean	Median
801A OR Procedures Unrelated to Principal Diagnosis W Cat CC	*	587	37.1	24
801B OR Procedures Unrelated to Principal Diagnosis W Sev or Moderate CC	39	*	14.7	10
801C OR Procedures Unrelated to Principal Diagnosis W/O CC	459	506	5.9	3
963Z Neonatal Diagnosis Not Consistent W Age/Weight	~	~	^	^
Total Discharges	509	1,476	20.6	10

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

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

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

a As not all discharges can be assigned directly to a MDC, there is a category entitled 'unassignable to MDC'. These cases are always queried by the HPO.

Unrelated OR DRGs: Patients whose OR procedures are unrelated to the patient's principal diagnosis are assigned to one of three OR DRGs: 801A *OR Procedures Unrelated to Principal Diagnosis W Cat CC*, 801B *OR Procedures Unrelated to Principal Diagnosis W Sev or Moderate CC* or 801C *OR Procedures Unrelated to Principal Diagnosis W/O CC*. Typically, these are patients admitted for a medical treatment; they develop a complication unrelated to the principal diagnosis and later have an OR procedure performed for the secondary diagnoses associated with the complication.

Error DRGs: Hospital records that contain clinically atypical or invalid information are assigned to one of three error DRGs: 960Z *Ungroupable*, 961Z *Unacceptable Principal Diagnosis* or 963Z *Neonatal Diagnosis Not Consistent W Age/Weight*.

Commonwealth of Australia (Department of Health and Ageing) 2008, Australian Refined Diagnosis Related Groups, Version 6.0, Definitions Manual, Volume 1. Canberra: Commonwealth Department of Health and Ageing. Pages 14 and 15.

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

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

Pre-MDC	Day Patients	In-Patients	In-Patient Length of Stay ^a	
	N	N	Mean	Median
A01Z Liver Transplant	0	43	31.6	20
A03Z Lung or Heart/Lung Transplant	0	28	31.0	23
A05Z Heart Transplant	0	16	80.3	27
A06A Tracheostomy W Ventilation >95 hours W Cat CC	0	457	80.6	54
A06B Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	0	1,419	37.3	23
A06C Ventilation >95 hours W/O Cat CC	0	171	19.8	14
A06D Tracheostomy W/O Cat CC	~	110	27.6	21
A07Z Allogeneic Bone Marrow Transplant	0	88	40.1	38
A08A Autologous Bone Marrow Transplant W Cat CC	0	78	26.7	23
A08B Autologous Bone Marrow Transplant W/O Cat CC	~	75	15.0	17
A09A Renal Transplant W Pancreas Transplant or W Cat CC	0	46	16.9	13
A09B Renal Transplant W/O Pancreas Transplant W/O Cat CC	0	103	10.5	9
A10Z Insertion of Ventricular Assist Devices	0	~	^	^
A11A Insertion of Implantable Spinal Infusion Device W Cat CC	0	~	^	^
A11B Insertion of Implantable Spinal Infusion Device W/O Cat CC	0	22	14.4	10
A12Z Insertion of Neurostimulator Device	131	89	2.0	1
A40Z ECMO	0	25	28.7	26
Total Discharges	134	2,778	39.5	23

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

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

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

Annex 2014

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PROFILE OF IN-PATIENT DISCHARGES AGED 65 YEARS AND OVER

A.1.1 INTRODUCTION

As noted in Section One, this Annex is designed to highlight particular topics of interest that merit more focused supplementary analysis. The focus of this year's Annex is in-patient discharges aged 65 years and over.

In 2014, 190,510 in-patient discharges were aged 65 years and over. While these discharges accounted for 37.2 per cent of total in-patient discharges (excl. *Maternity*), they accounted for over half (57.3 per cent) of total in-patient bed days (excl. *Maternity*) (See Table 2.1a).

A.1.2 DISCHARGE OVERVIEW

A.1.2.1 Age, Sex, In-Patient Length of Stay and In-Patient Bed days

Table A 1.1 disaggregates in-patient discharges aged 65 years and over by admission type and sex.

- Almost 42 per cent of total in-patient discharges aged 65 years and over were in the 65-74 years age group.
- Female discharges accounted for 50.3 per cent of total in-patient discharges aged 65 years and over.
- Of in-patient discharges aged 65 years and over, 80.3 per cent were admitted as emergency discharges.

TABLE A 1.1 In-Patient Discharges aged 65 years and over: Admission Type by Sex (N, %)

		Sex					
		Male		Female		Total Discharges	
		N	%	N	%	N	%
Elective	65-74 Years	10,731	54.8	8,928	49.5	19,659	52.3
	75-84 Years	7,186	36.7	6,865	38.1	14,051	37.4
	85 Years and Over	1,672	8.5	2,236	12.4	3,908	10.4
	Total Elective In-Patients	19,589	100	18,029	100	37,618	100
Emergency ^a	65-74 Years	32,397	43.2	27,135	34.8	59,532	38.9
	75-84 Years	30,434	40.6	30,944	39.7	61,378	40.1
	85 Years and Over	12,191	16.2	19,791	25.4	31,982	20.9
	Total Emergency In-Patients	75,022	100	77,870	100	152,892	100
Total	65-74 Years	43,128	45.6	36,063	37.6	79,191	41.6
	75-84 Years	37,620	39.8	37,809	39.4	75,429	39.6
	85 Years and Over	13,863	14.7	22,027	23.0	35,890	18.8
	Total In-Patients	94,611	100	95,899	100	190,510	100

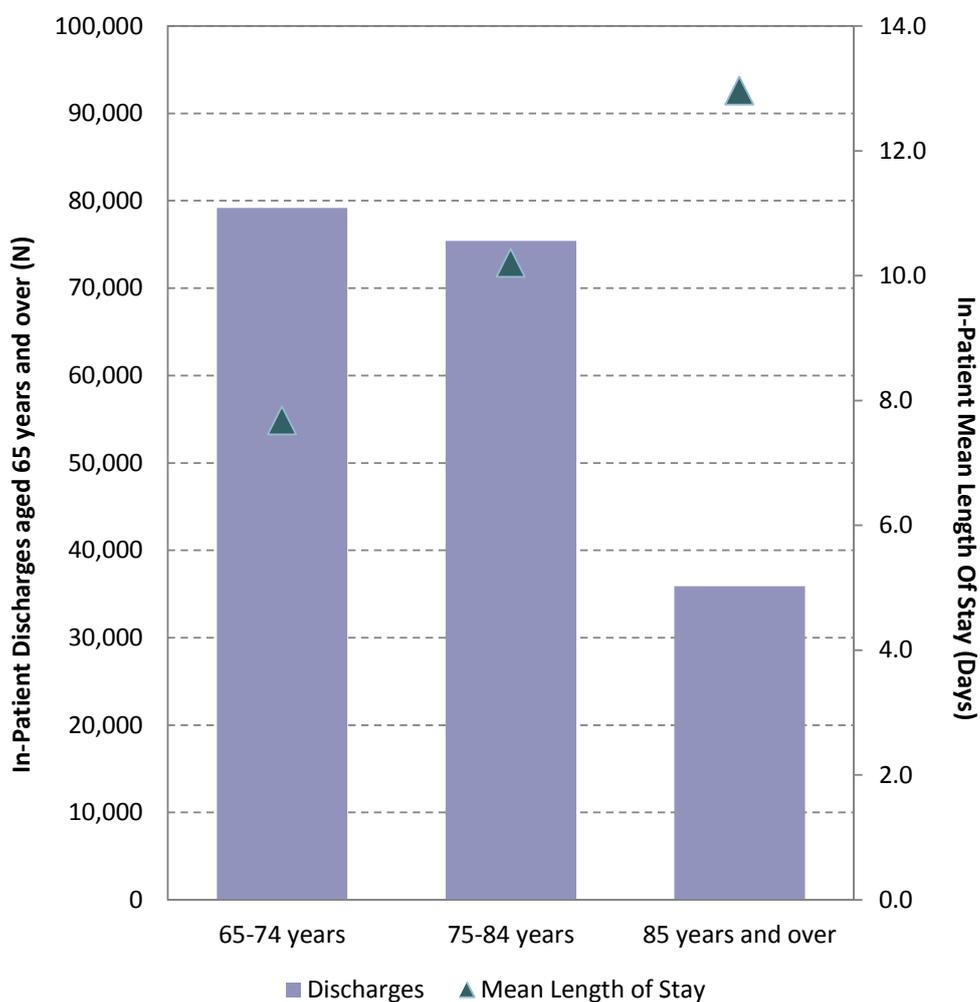
Notes: Percentage columns are subject to rounding.

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

Figure A 1.1 disaggregates in-patient discharges aged 65 years and over by age group, and in-patient mean length of stay.

- Overall, in-patient discharges aged 65 years and over had an in-patient mean length of stay of 9.7 days.
- While the 85 years and over age group accounted for the lowest number of in-patient discharges, they had the longest mean length of stay (13 days) compared to the 65 to 74 year age group (7.7 days) and the 75 to 84 year age group (10.2 days).

FIGURE A 1.1 In-Patient Discharges aged 65 years and over by age group (N, In-Patient Length of Stay)



Figures A 1.2a and A 1.2b disaggregate elective and emergency in-patient bed days for discharges aged 65 years and over by age group.

- The largest number of elective in-patient bed days were accounted for by the 75 to 84 year age group (41.1 per cent), followed by the 65 to 74 year age group (40.8 per cent).
- Similarly, the largest number of emergency in-patient bed days were accounted for by those aged 75 to 84 years (41.9 per cent), followed by the 65 to 74 year age group (31.1 per cent).

FIGURE A 1.2a Elective In-Patient Discharges aged 65 years and over: Bed Days by Age Group

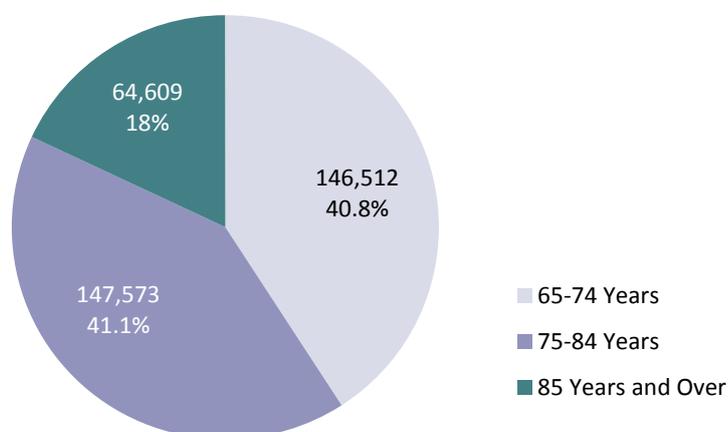
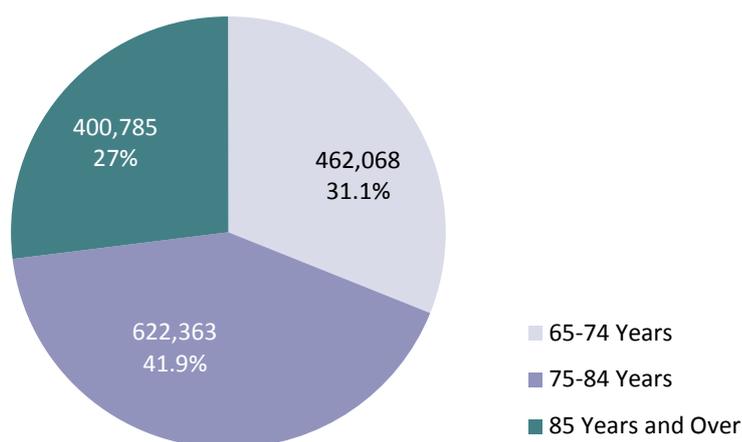


FIGURE A 1.2b Emergency In-Patient Discharges aged 65 years and over: Bed Days by Age Group



Notes:

Percentage columns are subject to rounding.

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

A.1.3 IN-PATIENT ACTIVITY

Table A 1.2 presents a summary of in-patient activity for discharges aged 65 years and over reported to HIPE.

In-Patients – Profile

- Over 94 per cent (179,401) of in-patients aged 65 years and over were acute in-patient discharges (i.e., those with a length of stay of 30 days or less); they used 62.0 per cent of in-patient bed days (excl. *Maternity*). Extended stay in-patients accounted for 5.8 per cent of in-patient discharges aged 65 years and over and 38.0 per cent of in-patient bed days.

In-Patients – Top 20 Principal Diagnoses

- The top principal diagnosis for in-patient discharges aged 65 years and over was *other chronic obstructive pulmonary disease*, followed by *unspecified acute lower respiratory infection*, accounting for 5.4 per cent and 4.1 per cent of in-patient discharges aged 65 years and over respectively.
- *Care involving use of rehabilitation procedures* reported the longest total mean length of stay (29.1 days) of the top 20 principal diagnoses for in-patient discharges aged 65 years and over.

In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 138,375 (72.6 per cent) of total in-patient discharges aged 65 years and over.
- Procedure block *generalised allied health interventions* was reported for 25.6 per cent of in-patient discharges aged 65 years and over that underwent a principal procedure. This block includes interventions such as physiotherapy, pharmacy, occupational therapy, dietetics, speech pathology and social work. Together, these six interventions accounted for over 95 per cent of cases within this procedure block.

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

- The top three AR-DRGs accounted for 8.9 per cent of in-patient discharges aged 65 years and over when analysed by diagnosis related group.¹
- *Chronic obstructive airways disease w/o catastrophic cc* accounted for 4.1 per cent of in-patient discharges aged 65 years and over. *Chest pain and arrhythmia, cardiac arrest and conduction disorders w/o cat or sev cc* accounted for 2.6 per cent and 2.2 per cent of in-patient discharges aged 65 years and over respectively.

¹ See Section Five for details of the case mix classification.

TABLE A 1.2 In-Patient Activity for discharges aged 65 years and over (N, %, and Length of Stay)

Top 20 Principal Diagnoses ^a		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
J44	Other chronic obstructive pulmonary disease	10,280	5.4	8.8	6.9
J22	Unspecified acute lower respiratory infection	7,832	4.1	8.7	6.6
N39	Other disorders of urinary system	6,583	3.5	11.8	7.3
J18	Pneumonia, organism unspecified	6,355	3.3	12.6	8.6
R07	Pain in throat and chest	5,383	2.8	2.4	2.4
I50	Heart failure	5,267	2.8	11.5	8.0
R55	Syncope and collapse	4,961	2.6	7.0	4.8
I48	Atrial fibrillation and flutter	4,556	2.4	5.0	4.3
I21	Acute myocardial infarction	3,618	1.9	8.3	6.7
S72	Fracture of femur	3,473	1.8	19.4	12.1
I63	Cerebral infarction	3,287	1.7	20.8	9.9
Z50	Care involving use of rehabilitation procedures	3,181	1.7	29.1	14.3
I25	Chronic ischaemic heart disease	2,920	1.5	5.2	4.4
L03	Cellulitis	2,565	1.3	9.9	6.7
G45	Transient cerebral ischaemic attacks and related syndromes	2,251	1.2	5.7	4.7
I20	Angina pectoris	2,220	1.2	5.1	4.5
E11	Type 2 diabetes mellitus	2,188	1.1	11.4	7.0
M16	Coxarthrosis [arthrosis of hip]	2,098	1.1	6.7	6.0
K80	Cholelithiasis	2,020	1.1	6.8	6.0
C34	Malignant neoplasm of bronchus and lung	1,729	0.9	12.4	9.2

Admission Source		N	%
Home		167,664	88.0
Long stay accommodation		8,431	4.4
Transfer from other hospital		14,099	7.4
Other		316	0.2

Discharge Destination		N	%
Home		144,028	75.6
Long stay accommodation		21,263	11.2
Transfer to other hospital		14,845	7.8
Died		8,964	4.7
Other		1,410	0.7

In-Patients		
190,510		
Discharges	N	%
Total	190,510	100
Acute	179,401	94.2
Extended	11,109	5.8
Bed Days	N	%
Total	1,843,910	100
Acute	1,142,499	62.0
Extended	701,411	38.0
Length of Stay	Mean	
Total	9.7	
Acute	6.4	
Extended	63.1	

Top 20 Principal Procedure Blocks ^b		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
1916	Generalised allied health interventions	35,356	25.6	13.3	8.9
1952	Computerised tomography of brain	18,284	13.2	13.4	6.9
1966	Other computerised tomography	4,053	2.9	9.9	7.4
1893	Administration of blood and blood products	4,004	2.9	10.0	6.7
1008	Panendoscopy with excision	3,586	2.6	12.6	8.3
1489	Arthroplasty of hip	3,542	2.6	12.0	8.5
1963	Computerised tomography of abdomen and pelvis	3,449	2.5	9.2	7.1
0668	Coronary angiography	3,201	2.3	6.1	5.5
2015	Magnetic resonance imaging	3,082	2.2	13.7	8.9
1961	Computerised tomography of chest, abdomen and pelvis	2,076	1.5	11.6	9.0
1960	Computerised tomography of chest	1,827	1.3	11.6	8.5
1920	Administration of pharmacotherapy	1,797	1.3	10.2	6.5
0671	Transluminal coronary angioplasty with stenting	1,607	1.2	4.3	3.8
1005	Panendoscopy	1,395	1.0	13.5	8.3
0570	Noninvasive ventilatory support	1,389	1.0	14.1	9.6
0911	Fibreoptic colonoscopy with excision	1,315	1.0	11.0	7.8
1518	Arthroplasty of knee	1,309	0.9	6.1	5.9
0905	Fibreoptic colonoscopy	1,257	0.9	9.4	6.5
0569	Ventilatory support	1,058	0.8	21.9	10.2
1962	Computerised tomography of abdomen	932	0.7	9.6	7.2

Top 10 AR-DRGs		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
E65B	Chronic obstructive airways disease w/o catastrophic cc	7,771	4.1	6.6	5.9
F74Z	Chest pain	4,963	2.6	2.3	2.3
F76B	Arrhythmia, cardiac arrest and conduction disorders w/o cat or sev cc	4,275	2.2	3.5	3.4
E75B	Other respiratory system diagnosis w severe or moderate cc	3,952	2.1	7.8	6.6
F73B	Syncope and collapse w/o catastrophic or severe cc	3,841	2.0	3.9	3.6
F62B	Heart failure and shock w/o catastrophic cc	3,726	2.0	8.0	6.7
L63B	Kidney and urinary tract infections w/o catastrophic or severe cc	3,653	1.9	8.1	6.0
E62B	Respiratory infections/inflammations w severe or moderate cc	3,231	1.7	10.0	8.0
I03B	Hip replacement w/o catastrophic cc	3,065	1.6	9.0	7.9
L63A	Kidney and urinary tract infections w catastrophic or severe cc	2,932	1.5	16.2	9.1

Notes: Percentage columns are subject to rounding.

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

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

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

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

A.1.3.1 Elective In-Patient Activity

Table A 1.3 presents a summary of elective in-patient activity for discharges aged 65 years and over reported to HIPE.

Elective In-Patients – Profile

- Elective in-patient discharges aged 65 years and over accounted for 19.7 per cent of total in-patient discharges (excl. *Maternity*) aged 65 years and over, and accounted for 358,694 bed days, or 19.5 per cent of total in-patient bed days for this age group.
- Over 77 per cent of elective in-patient discharges aged 65 years and over were admitted from home while 21.9 per cent were admitted by transfer from another hospital.
- Over 84 per cent of elective in-patient discharges aged 65 years and over were discharged home.

Elective In-Patients – Top 20 Principal Diagnoses

- *Care involving use of rehabilitation procedures* accounted for 7.8 per cent of elective in-patient discharges aged 65 years and over, and reported the longest total (30.4 days) and acute (15.1 days) mean length of stay of the top 20 principal diagnoses.

Elective In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 33,576 (89.3 per cent) of elective in-patient discharges aged 65 years and over.
- The procedure block *generalised allied health interventions* was reported for 18.5 per cent of elective in-patients aged 65 years and over who had a principal procedure reported.
- Procedures from the block *arthroplasty of hip* were reported for 5.9 per cent of in-patient discharges aged 65 years and over with at least one procedure reported.

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

- The top three AR-DRGs accounted for 16.7 per cent of elective in-patient discharges aged 65 years and over reported to HIPE when analysed by diagnosis related group.²
- *Rehabilitation w/o catastrophic cc* accounted for 6.5 per cent of elective in-patient discharges aged 65 years and over. *Other surgical follow up and medical care w/o catastrophic cc* accounted for 5.1 per cent and *hip replacement w/o catastrophic cc* accounted for 5.0 per cent of elective in-patient discharges aged 65 years and over.

² See Section Five for details of the case mix classification.

TABLE A 1.3 Elective In-Patient Activity (N, %, and Length of Stay)

Top 20 Principal Diagnoses ^a		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
Z50	Care involving use of rehabilitation procedures	2,946	7.8	30.4	15.1
M16	Coxarthrosis [arthrosis of hip]	1,990	5.3	6.1	5.8
Z48	Other surgical follow-up care	1,507	4.0	14.5	8.4
I25	Chronic ischaemic heart disease	1,423	3.8	3.8	3.2
M17	Gonarthrosis [arthrosis of knee]	1,411	3.8	5.7	5.6
Z51	Other medical care	1,001	2.7	19.9	12.0
C67	Malignant neoplasm of bladder	685	1.8	5.3	4.7
C34	Malignant neoplasm of bronchus and lung	685	1.8	11.0	8.6
K80	Cholelithiasis	665	1.8	3.4	3.0
K40	Inguinal hernia	663	1.8	1.8	1.8
N81	Female genital prolapse	635	1.7	4.0	4.0
C50	Malignant neoplasm of breast	622	1.7	5.4	4.8
C18	Malignant neoplasm of colon	622	1.7	11.6	9.0
J44	Other chronic obstructive pulmonary disease	537	1.4	11.4	8.2
G47	Sleep disorders	497	1.3	1.2	1.2
C44	Other malignant neoplasms of skin	495	1.3	6.7	4.7
I48	Atrial fibrillation and flutter	406	1.1	3.6	2.8
E11	Type 2 diabetes mellitus	396	1.1	7.8	5.2
I70	Atherosclerosis	393	1.0	9.8	5.8
C20	Malignant neoplasm of rectum	361	1.0	13.7	9.6

Admission Source		N	%
Home		29,080	77.3
Long stay accommodation		280	0.7
Transfer from other hospital		8,250	21.9
Other		8	0.0

Discharge Destination		N	%
Home		31,861	84.7
Long stay accommodation		2,414	6.4
Transfer to other hospital		2,488	6.6
Died		712	1.9
Other		143	0.4

Discharges		N	%
Total		37,618	100
Acute		35,170	93.5
Extended		2,448	6.5

Bed Days		N	%
Total		358,694	100
Acute		213,084	59.4
Extended		145,610	40.6

Length of Stay		Mean
Total		9.5
Acute		6.1
Extended		59.5

Top 20 Principal Procedure Blocks ^b		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
1916	Generalised allied health interventions	6,197	18.5	23.0	12.6
1489	Arthroplasty of hip	1,983	5.9	6.4	6.1
1518	Arthroplasty of knee	1,298	3.9	6.0	5.9
1920	Administration of pharmacotherapy	848	2.5	8.6	5.3
1893	Administration of blood and blood products	682	2.0	5.8	4.1
0990	Repair of inguinal hernia	650	1.9	1.8	1.8
0668	Coronary angiography	631	1.9	2.9	2.8
0671	Transluminal coronary angioplasty with stenting	606	1.8	2.0	1.7
1620	Excision of lesion of skin and subcutaneous tissue	605	1.8	4.3	3.3
0965	Cholecystectomy	587	1.7	3.4	3.1
0913	Colecystomy	539	1.6	13.2	10.2
1828	Sleep study	511	1.5	1.1	1.1
1165	Transurethral prostatectomy	459	1.4	4.5	4.3
1100	Endoscopic resection of bladder lesion or tissue	409	1.2	3.8	3.8
0911	Fibreoptic colonoscopy with excision	404	1.2	4.3	3.3
1008	Panendoscopy with excision	397	1.2	6.8	5.5
0905	Fibreoptic colonoscopy	359	1.1	4.0	3.0
1952	Computerised tomography of brain	332	1.0	20.1	8.9
1283	Repair of prolapse of uterus, pelvic floor or enterocele	327	1.0	3.8	3.8
1788	Megavoltage radiation treatment	293	0.9	24.2	13.6

Top 10 AR-DRGs		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
Z60B	Rehabilitation w/o catastrophic cc	2,448	6.5	27.5	14.8
Z63B	Other surgical follow up and medical care w/o catastrophic cc	1,929	5.1	15.2	9.3
I03B	Hip replacement w/o catastrophic cc	1,890	5.0	5.9	5.8
I04B	Knee replacement w/o catastrophic or severe cc	1,130	3.0	5.5	5.5
G10B	Hernia procedures w/o cc	710	1.9	1.8	1.8
R61B	Lymphoma and non-acute leukaemia w/o catastrophic cc	689	1.8	5.6	4.8
F15B	Interventional coronary procs w/o AMI w stent implantation w/o cat or sev cc	634	1.7	1.4	1.4
Z36A	Other surgical follow up and medical care w catastrophic cc	615	1.6	22.7	11.6
J06Z	Major procedures for breast conditions	513	1.4	3.7	3.7
G02B	Major small and large bowel procedures w/o catastrophic cc	501	1.3	9.1	8.8

Notes: Percentage columns are subject to rounding.

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

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

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

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

A.1.3.2 Emergency In-Patient Activity

Table A 1.4 presents a summary of emergency in-patient activity for discharges aged 65 years and over reported to HIPE.

Emergency In-Patients – Profile

- Emergency in-patient discharges aged 65 years and over accounted for 80.3 per cent of total in-patients (excl. *Maternity*) aged 65 years and over, and accounted for 80.5 per cent of in-patient bed days.
- Over 63 per cent of emergency in-patient discharges aged 65 years and over were admitted from an Emergency Department, with 15.5 per cent admitted via a medical assessment unit (where they were treated as an in-patient).

Emergency In-Patients – Top 20 Principal Diagnoses

- Emergency in-patient discharges with a principal diagnosis of *other chronic obstructive pulmonary disease* accounted for 6.4 per cent of emergency in-patients aged 65 years and over.
- Emergency in-patient discharges with a principal diagnosis of *unspecified acute lower respiratory infection* accounted for 5.0 per cent of emergency in-patient discharges aged 65 years and over.

Emergency In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 104,799 (68.5 per cent) of emergency in-patient discharges.
- Procedures from the block *generalised allied health interventions* were reported for 27.8 per cent of emergency in-patient discharges aged 65 years and over with a procedure recorded.

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

- The top three AR-DRGs accounted for 10.5 per cent of emergency in-patient discharges aged 65 years and over reported to HIPE when analysed by diagnosis related group.³
- *Chronic obstructive airways disease w/o catastrophic cc* accounted for 4.8 per cent of emergency in-patient discharges aged 65 years and over. *Chest pain and arrhythmia, cardiac arrest and conduction disorders w/o cat or sev cc* accounted for 3.2 and 2.6 per cent of emergency in-patient discharges aged 65 years and over respectively.

³ See Section Five for details of the case mix classification.

TABLE A 1.4 Emergency In-Patient Activity (N, %, and Length of Stay)

Top 20 Principal Diagnoses ^a		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
J44	Other chronic obstructive pulmonary disease	9,743	6.4	8.6	6.9
J22	Unspecified acute lower respiratory infection	7,659	5.0	8.6	6.5
N39	Other disorders of urinary system	6,309	4.1	11.9	7.3
J18	Pneumonia, organism unspecified	6,198	4.1	12.5	8.5
R07	Pain in throat and chest	5,235	3.4	2.4	2.3
I50	Heart failure	5,061	3.3	11.4	8.0
R55	Syncope and collapse	4,875	3.2	7.0	4.8
I48	Atrial fibrillation and flutter	4,150	2.7	5.1	4.4
S72	Fracture of femur	3,448	2.3	19.4	12.1
I21	Acute myocardial infarction	3,318	2.2	8.4	6.8
I63	Cerebral infarction	3,231	2.1	20.6	9.8
I03	Cellulitis	2,501	1.6	9.9	6.7
G45	Transient cerebral ischaemic attacks and related syndromes	2,213	1.4	5.6	4.7
I20	Angina pectoris	1,939	1.3	5.2	4.6
E11	Type 2 diabetes mellitus	1,792	1.2	12.1	7.4
A41	Other sepsis	1,558	1.0	15.7	9.7
K92	Other diseases of digestive system	1,544	1.0	7.6	5.7
I25	Chronic ischaemic heart disease	1,497	1.0	6.6	5.6
K57	Diverticular disease of intestine	1,399	0.9	8.0	6.0
A09	Diarrhoea and gastroenteritis of presumed infectious origin	1,397	0.9	7.6	5.6

Admission Source		N	%
Home		138,584	90.6
Long stay accommodation		8,151	5.3
Transfer from other hospital		5,849	3.8
Other		308	0.2

Discharge Destination		N	%
Home		112,167	73.4
Long stay accommodation		18,849	12.3
Transfer to other hospital		12,357	8.1
Died		8,252	5.4
Other		1,267	0.8

Mode of Emergency Admission		N	%
Emergency Department		97,275	63.6
Medical assessment unit - admitted as in-patient		23,631	15.5
Medical assessment unit - day only		18,918	12.4
Other		13,058	8.5
Unknown		10	0.0

Emergency In-Patients		
152,892		
Discharges	N	%
Total	152,892	100
Acute	144,231	94.3
Extended	8,661	5.7
Bed Days	N	%
Total	1,485,216	100
Acute	929,415	62.6
Extended	555,801	37.4
Length of Stay	Mean	
Total	9.7	
Acute	6.4	
Extended	64.2	

Top 20 Principal Procedure Blocks ^b		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
1916	Generalised allied health interventions	29,159	27.8	11.3	8.3
1952	Computerised tomography of brain	17,952	17.1	13.2	6.8
1966	Other computerised tomography	3,913	3.7	10.0	7.4
1963	Computerised tomography of abdomen and pelvis	3,349	3.2	9.1	7.1
1893	Administration of blood and blood products	3,322	3.2	10.8	7.3
1008	Panendoscopy with excision	3,189	3.0	13.3	8.7
2015	Magnetic resonance imaging	2,850	2.7	13.8	9.0
0668	Coronary angiography	2,570	2.5	6.9	6.1
1961	Computerised tomography of chest, abdomen and pelvis	1,913	1.8	11.8	9.1
1960	Computerised tomography of chest	1,716	1.6	11.6	8.6
1489	Arthroplasty of hip	1,559	1.5	19.1	12.2
0570	Noninvasive ventilatory support	1,281	1.2	14.3	10.1
1005	Panendoscopy	1,263	1.2	14.0	8.6
0569	Ventilatory support	1,023	1.0	21.8	10.2
0671	Transluminal coronary angioplasty with stenting	1,001	1.0	5.7	5.0
1920	Administration of pharmacotherapy	949	0.9	11.6	7.7
1479	Fixation of fracture of pelvis or femur	915	0.9	21.8	13.1
0911	Fibreoptic colonoscopy with excision	911	0.9	14.0	9.9
0905	Fibreoptic colonoscopy	898	0.9	11.6	8.0
1486	Reduction of fracture of pelvis or femur	885	0.8	21.6	13.1

Top 10 AR-DRGs		N	%	Total Mean LOS ^c	Acute Mean LOS ^d
E65B	Chronic obstructive airways disease w/o catastrophic cc	7,292	4.8	6.4	5.8
F74Z	Chest pain	4,859	3.2	2.3	2.2
F76B	Arrhythmia, cardiac arrest and conduction disorders w/o cat or sev cc	3,949	2.6	3.5	3.4
E75B	Other respiratory system diagnosis w severe or moderate cc	3,853	2.5	7.8	6.6
F73B	Syncope and collapse w/o catastrophic or severe cc	3,786	2.5	3.9	3.5
F62B	Heart failure and shock w/o catastrophic cc	3,578	2.3	7.9	6.7
L63B	Kidney and urinary tract infections w/o catastrophic or severe cc	3,535	2.3	8.0	5.9
E62B	Respiratory infections/inflammations w severe or moderate cc	3,147	2.1	9.8	8.0
L63A	Kidney and urinary tract infections w catastrophic or severe cc	2,871	1.9	16.2	9.1
E62A	Respiratory infections/inflammations w catastrophic cc	2,819	1.8	17.8	10.6

Notes: a Percentage columns are subject to rounding.
 a ICD-10-AM diagnosis codes are analysed at three-digit level.
 b ACHI Procedure codes are analysed at block level. The percentage (%) is based on emergency in-patients with principal procedure reported.
 c Includes mean length of stay for acute in-patients (length of stay of 30 days or less) and extended stay in-patients (length of stay greater than 30 days).
 d Includes mean length of stay for acute in-patients only.

Glossary & Abbreviations

GLOSSARY

Acute hospital	An acute hospital provides medical and surgical treatment of relatively short duration (Department of Health and Children, 2001).
Additional diagnosis	This is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code (Health Data Standards Committee (2006), National Health Data Dictionary, Version 13, AIHW).
Admission type	The type of admission may generally be classified as a planned or emergency admission. Unlike emergency admissions, planned admissions are arranged in advance by the patient and/or service provider.
Australian Coding Standards	Australian Coding Standards (ACS) is a document developed to provide guidance in the application of ICD-10-AM and ACHI codes. Standards are categorised by site and or body system according to the clinical specialty to which a disease or procedure relates.
Case mix	Case mix is a method of quantifying hospital workload taking account of the complexity and resource-intensity of the services provided.
Complications	Complications may arise during the hospital stay.
Comorbidities	Comorbidities are assumed to be prior existing conditions, which were present at the time of admission.
Day patient	A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and is discharged alive, as scheduled, on the same day (Department of Health and Children, 2001). Births are not included.
Delivery discharges	Refers to <i>Maternity</i> discharges where the woman had a diagnosis of delivery (ICD-10-AM diagnosis code Z37 <i>Outcome of delivery</i>).
Delivery status	Refers to the disaggregation of <i>Maternity</i> discharges into delivery and non-delivery status determined by the presence of a diagnosis of delivery (ICD-10-AM diagnosis code Z37 <i>Outcome of delivery</i>).
Diagnosis Related Group (DRG)	DRGs are clusters of cases with similar clinical attributes and resource requirements. In Ireland, Australian Refined Diagnosis Related Group (AR-DRG) have been in use in Ireland since 2005.
Discharge rate	<p>Discharge rate is the ratio of discharges to the corresponding population. The formula for calculating the discharge rate is:</p> $\frac{\text{Discharges in group } i}{\text{Population of group } i} \times 1,000$ <p>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.</p>
Elective admission	This is an admission or procedure that has been arranged in advance (Department of Health and Children, 2001). This term is generally used to refer to in-patient discharges. The term planned admission may also be used.

Emergency admission	An emergency admission is unforeseen and requires urgent care (Department of Health and Children, 2001). This term is used to refer to in-patient discharges.
General hospital	A general hospital provides a broad range of services, and includes voluntary and non-voluntary (county and regional) hospitals.
GMS status	Refers to whether a patient holds a medical card.
Hospital Groups	The organisational structure of public hospitals was revised in 2013 with the establishment of hospital groups on a non-statutory administrative basis.
Hospital In-Patient Enquiry (HIPE)	HIPE is a health information system that collates data on discharges from, and deaths in, acute hospitals in Ireland.
Hospital type	Relates to health board/regional authority hospitals and voluntary hospitals. It is also used to distinguish between general and other hospitals.
In-patient	An in-patient is admitted to hospital for treatment or investigation on a planned or emergency basis (Department of Health and Children, 2001).
Irish Coding Standards	Irish Coding Standards (ICS) is a document which provides guidance and instruction on all aspects of HIPE data collection by addressing issues specific to the Irish hospital setting. It is revised regularly to reflect changing clinical practice. ICS is designed to complement the Australian Coding Standards. ICS V6.0 was used in the collection of HIPE data in 2014.
Length of stay	<p>Length of stay refers to the time, expressed in days, between admission to and discharge from hospital. For day patients or where the dates of admission and discharge are the same, length of stay is set equal to one day.</p> <p>Mean and median lengths of stay are provided for in-patients only.</p> <p>Mean length of stay is computed by dividing the number of days stayed by the number of discharges.</p> <p>The median length of stay is the middle value among the ordered lengths of stay, such that half of the values for length of stay are below the median and half the values for length of stay are above the median.</p>
Major Diagnostic Category (MDC)	The MDC is a category generally based on a single body system or aetiology that is associated with a particular medical specialty. However, records assigned to MDCs 01, 15, 18 and 21 may have principal diagnoses associated with other categories. In AR-DRG Version 6.0, there are 23 MDCs.
Medical Assessment Unit	A medical assessment unit (MAU) also referred to as an Acute Medical Assessment Unit (AMAU) or an Acute Medical Unit (AMU), is a consultant led unit that accepts direct referrals from GPs. It offers priority access to diagnostic facilities.
Method of delivery	Refers to the method of delivery for <i>Maternity</i> delivery discharges. These are based on delivery procedure codes at any procedure code level and are grouped into Non-instrumental, Instrumental, and Elective or Emergency Caesarean section.
Maternity discharges	These discharges are admitted in relation to their obstetrical experience (from conception to 6 weeks post delivery), that is, they are allocated to Admission Type <i>Maternity</i> .
Non-delivery	Non-delivery discharges are <i>Maternity</i> discharges where the admission was related to their obstetrical experience but who did not deliver during that episode of care.
Non-voluntary	A non-voluntary hospital is owned and funded by the Health Service Executive. It is also known as a HSE hospital (Citizen's Information, 2009).

'Other' hospital	A hospital described as 'Other' specialises in the provision of medical and surgical services in a particular area, such as maternity hospitals, cancer hospitals or orthopaedic hospitals.
Parity	<p>HIPE collects the number of previous live births and number of previous stillbirths (over 500g) for all cases with admission type code <i>Maternity</i>.</p> <p>Primiparous: These are women who have had no previous pregnancy resulting in a live birth or stillbirth.</p> <p>Multiparous: These are women who have had at least one previous pregnancy resulting in a live birth or stillbirth.</p>
Patient type	A patient may be admitted to hospital as a day patient (which is planned and does not involve an overnight stay), or an in-patient.
Principal diagnosis	This is the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care, or an attendance at the health care establishment, as represented by a code (Health Data Standards Committee (2006), National Health Data Dictionary, Version 13, AIHW).
Principal and additional procedure	<p>A procedure is defined as a clinical intervention that</p> <ul style="list-style-type: none"> • 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. <p>The order of codes should be determined using the following hierarchy:</p> <ul style="list-style-type: none"> • procedure performed for treatment of the principal diagnosis • procedure performed for treatment of an additional diagnosis • diagnostic/exploratory procedure related to the principal diagnosis • diagnostic/exploratory procedure related to an additional diagnosis for the episode of care (NCCH, 2008).
Public/private status	Refers to whether the patient is a public or private patient of the consultant. It does not relate to the type of bed occupied nor is it an indicator of possession of private health insurance.
Voluntary hospital	Management authorities for this type of hospital vary widely. Some are owned and operated by religious orders, others are incorporated by charter or statute and work under lay boards of governors. These are financed to a large extent by State funds (Citizen's Information, 2009). For the purposes of this report, joint board hospitals are categorised as voluntary hospitals.

Sources: The above definitions are taken directly from, or based on, those provided in the following:
 Department of Health and Children, 2001. Quality and Fairness a Health System for You: Health Strategy. Dublin: The Stationery Office.
 'Hospital Services – Introduction': Citizen's Information; date consulted: 9 December 2011.
www.citizensinformation.ie/categories/health/hospital-services/hospital_services_introduction
 For further information on the definitions of diagnoses see NCCH ICD-10-AM, July 2008, General Standards for Diseases.
 For further information on the definitions of procedures see NCCH ICD-10-AM, July 2008, General Standards for Procedures.
 For further information on AR-DRGs see Commonwealth Department of Health and Aged Care, 2008. Australian Refined Diagnosis Related Groups Version 6.0 Definitions Manual. Canberra: Commonwealth Department of Health and Ageing. pp. 4–15.

ABBREVIATIONS

Adm	Admission
Admwt	Admission Weight
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AICD	Automatic Implantable Cardioverter-Defibrillator
AMI	Acute Myocardial Infarction
AR-DRG	Australian Refined Diagnosis Related Group
BIU	Business Intelligence Unit
CABG	Coronary Artery Bypass Graft
Cat	Catastrophic
CC	Complication and/or Comorbidity
CDE	Common Bile Duct Exploration
CPB	Cardiopulmonary Bypass
CSO	Central Statistics Office
D&C	Dilation and Curettage
D&D	Diseases and Disorders
CPB pump	Cardiopulmonary bypass pump
DoH	Department of Health
DRG	Diagnosis Related Group
EEG	Electroencephalography
ECMO	Extra corporeal membrane oxygenation
ECT	Electroconvulsive therapy
ENT	Ear, Nose and Throat
ERCP	Endoscopic Retrograde Cholangio Pancreatography
ESRI	Economic and Social Research Institute
ESW	Extracorporeal Shock Waves
GI	Gastro-intestinal
g	Grams
GMS	General Medical Services
GP	General Practitioner
HIPE	Hospital In-Patient Enquiry
HIV	Human Immunodeficiency Virus
HPO	Healthcare Pricing Office
HSE	Health Service Executive
ICD-10-AM	Tenth Revision of the International Classification of Diseases, Australian Modification, 6 th Edition
ICS	Irish Coding Standards
Incl	Including
IHD	Ischaemic Heart Disease
Infect/inflam	Infection/inflammation
Inhal	Inhalation
Inves	Investigative

IT	Information Technology
LOS	Length of Stay
MDC	Major Diagnostic Category
misc	Miscellaneous
Mod	Moderate
n/a	Not applicable
NCCH	National Centre for Classification in Health
N	Number of Observations/Discharges
Non-malig	Non-malignant
NPRS	National Perinatal Reporting System
NTPF	National Treatment Purchase Fund
OR	Operating Room
Pr/Proc	Procedure
PTCA	Percutaneous Transluminal Coronary Angioplasty
Sev	Severe
TIA	Transient Ischaemic Attack
Tiss	Tissue
Tfr	Transfer
URI	Upper Respiratory Infection
WHO	World Health Organisation
W	With
W/O	Without

Appendices

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APPENDIX I: HIPE HOSPITALS

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

Hospital Name	County	Hospital Type	
Ireland East Hospital Group			
St. Columcille's Hospital, Loughlinstown	Dublin	Non-Voluntary	County
Mater Misericordiae University Hospital	Dublin	Voluntary	General
St. Vincent's University Hospital, Elm Park	Dublin	Voluntary	General
National Orthopaedic Hospital, Cappagh	Dublin	Voluntary	Orthopaedic
St. Michael's Hospital, Dun Laoghaire	Dublin	Voluntary	General
Royal Victoria Eye and Ear Hospital	Dublin	Voluntary	ENT
National Maternity Hospital, Holles Street	Dublin	Voluntary	Maternity
St. Luke's General Hospital, Kilkenny	Kilkenny	Non-Voluntary	County
Wexford General Hospital	Wexford	Non-Voluntary	County
Midland Regional Hospital, Mullingar	Westmeath	Non-Voluntary	County
Our Lady's Hospital, Navan	Meath	Non-Voluntary	County
RCSI Hospital Group			
Connolly Hospital, Blanchardstown ^a	Dublin	Non-Voluntary	County
Beaumont Hospital	Dublin	Voluntary	General
Rotunda Hospital	Dublin	Voluntary	Maternity
St. Joseph's Hospital, Raheny	Dublin	Voluntary	General
Our Lady of Lourdes Hospital, Drogheda	Louth	Non-Voluntary	County
Cavan General Hospital	Cavan	Non-Voluntary	County
Louth County Hospital, Dundalk	Louth	Non-Voluntary	County
Monaghan General Hospital	Monaghan	Non-Voluntary	County
Dublin Midlands Hospital Group			
Naas General Hospital	Kildare	Non-Voluntary	County
St. Luke's Hospital, Rathgar	Dublin	Voluntary	Cancer
St. James's Hospital	Dublin	Voluntary	General
Coombe Women & Infants University Hospital	Dublin	Voluntary	Maternity
Adelaide and Meath Hospital, Dublin, Incorporating the National Children's Hospital (AMNCH), Tallaght ^b	Dublin	Voluntary	General
Midland Regional Hospital, Tullamore	Offaly	Non-Voluntary	County
Midland Regional Hospital, Portlaoise	Laois	Non-Voluntary	County
South/South West Hospital Group			
Waterford Regional Hospital, Ardkeen	Waterford	Non-Voluntary	Regional
Lourdes Orthopaedic Hospital, Kilcreene	Kilkenny	Non-Voluntary	Orthopaedic
South Tipperary General Hospital, Clonmel	Tipperary	Non-Voluntary	County
Bantry General Hospital	Cork	Non-Voluntary	County
Mercy University Hospital	Cork	Voluntary	General
South Infirmary Victoria Hospital	Cork	Voluntary	General
Mallow General Hospital ^a	Cork	Non-Voluntary	County
Cork University Hospital	Cork	Non-Voluntary	Regional
Kerry General Hospital, Tralee	Kerry	Non-Voluntary	County

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

Hospital Name	County	Hospital Type	
University of Limerick Hospital Group			
Midwestern Regional Maternity Hospital	Limerick	Non-Voluntary	Maternity
University Hospital Limerick ^a	Limerick	Non-Voluntary	Regional
Midwestern Regional Orthopaedic Hospital, Croom	Limerick	Non-Voluntary	Orthopaedic
St. John's Hospital	Limerick	Voluntary	General
Midwestern Regional Hospital, Ennis	Clare	Non-Voluntary	County
Midwestern Regional Hospital, Nenagh	Tipperary	Non-Voluntary	County
Saolta Hospital Group			
Roscommon County Hospital	Roscommon	Non-Voluntary	County
Portiuncula Hospital, Ballinasloe	Galway	Non-Voluntary	County
Galway University Hospitals	Galway	Non-Voluntary	Regional
Mayo General Hospital, Castlebar	Mayo	Non-Voluntary	County
Letterkenny General Hospital	Donegal	Non-Voluntary	County
Sligo Regional Hospital	Sligo	Non-Voluntary	Regional
Children's Hospital Group			
Our Lady's Children's Hospital, Crumlin	Dublin	Voluntary	Paediatric
The Children's University Hospital, Temple Street	Dublin	Voluntary	Paediatric
Adelaide and Meath Hospital, Dublin, Incorporating the National Children's Hospital (AMNCH), Tallaght ^b	Dublin	Voluntary	General
Not assigned to a Hospital Group			
Peamount Hospital, Newcastle	Dublin	Voluntary	Other Care
National Rehabilitation Hospital (NRH), Dun Laoghaire	Dublin	Voluntary	Orthopaedic
Incorporated Orthopaedic Hospital, Clontarf	Dublin	Voluntary	Orthopaedic
St. Finbarr's Hospital	Cork	Non-Voluntary	County
Our Lady's Hospice ^c	Dublin	Voluntary	Other Care

Notes: Total number of hospitals participating in 2014: 54

- a There was some under reporting of data in particular hospitals in 2014. Connolly Hospital, Blanchardstown (coded and returned 92.3 per cent of their discharges), Mallow General Hospital (coded and returned 96.7 per cent of their discharges), and University Hospital Limerick (coded and returned 97.2 per cent of their discharges).
- b For reporting purposes, discharges aged 17 years and older from AMNCH Tallaght are included in the Dublin Midlands Hospital Group, while discharges aged less than 17 years from AMNCH Tallaght are included in the Children's Hospital Group.
- c Our Lady's Hospice includes facilities at Harold's Cross and Blackrock Hospices. The Harold's Cross facilities ceased submitting discharges to HIPE in early 2014.

APPENDIX II: HIPE DATA COLLECTED

TABLE II.1 Data Collected by HIPE*

Type of Data	Parameters	Notes
Demographic Data	Date of birth	Full date of birth not exported outside the hospital.
	Sex	
	Marital/Civil status	Values include single, married, widowed, other (including separated), unknown, divorced, civil partner, former civil partner or surviving civil partner.
	Infant admission weight	Weight in whole grams on admission is collected for neonates (0–27 days old) and infants up to 1 year of age with admission weight of less than 2,500 grams.
	Area of residence by county or country	If resident in Ireland but outside Dublin, captures county of residence. If resident in Dublin, captures postal code. If usually resident outside Ireland, captures country of residence.
Clinical Data	One principal diagnosis	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	Twenty-nine additional diagnoses	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	One principal procedure	Uses the Australian Classification of Health Interventions (ACHI) of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	Nineteen additional procedures	Uses the Australian Classification of Health Interventions (ACHI) of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	Hospital Acquired Diagnosis	Condition not present prior to admission to hospital.
Administrative Data	Patient name	Is not exported outside the hospital.
	Hospital number	
	Chart number	Is unique to hospital of discharge.
	Admission and discharge dates	
	Dates of procedures	Collected for each procedure.
	Day case indicator	
	Day ward indicator	Indicates if a day case patient was admitted to a dedicated named day ward.
	Day ward identifier	If the answer to day ward indicator is 'Yes', the day ward identifier must be entered to identify where the patient was treated.
	Type of admission	Values include elective, elective readmission, emergency, emergency readmission, maternity, or newborn.
	Waiting list indicator	Indicates if an elective admission case is funded by the National Treatment Purchase Fund (NTPF).
	Mode of emergency admission	Indicates where the patient with admission codes emergency, emergency readmission, or newborn was treated prior to being admitted to the hospital as an in-patient, or when the patient was treated only in a registered Medical Assessment Unit (MAU). Values include Emergency Department, MAU-Admitted as In-Patient, other, unknown, and MAU – Day Only.
	Source of admission	Values include home, transfer from nursing home/convalescent home or other long stay accommodation, transfer from hospital (in HIPE), transfer from other hospital (not in HIPE), transfer from hospice (not in HIPE), transfer from psychiatric hospital/unit, newborn, temporary place of residence, prison, or other.

Data Collected by HIPE (contd.)

Type of Data	Parameters	Notes
Administrative Data (contd.)	Discharge destination	Values include self discharge, home, nursing home, convalescent home or long stay accommodation, transfer to hospital (in HIPE) as emergency, transfer to hospital (in HIPE) as non-emergency, transfer to psychiatric hospital/unit, died with post-mortem, died without post-mortem, transfer to other hospital (not in HIPE) as emergency, transfer to other hospital (not in HIPE) as non-emergency, rehabilitation facility, hospice, prison, absconded, other, or temporary place of residence (e.g. hotel).
	Discharge status	Refers to the public/private status of the patient on discharge and not to the type of bed occupied.
	Health Insurer	Collected where discharge status of the patient is private.
	General Medical Service status	Refers to whether the patient is a medical card holder.
	Days in an intensive care environment	
	Days in a private bed	
	Days in a semi-private bed	
	Days in a public bed	
	Parity	Parity: Live births Mandatory for all cases with admission type Parity: Still births maternity.
	Specialty	Refers to specialty of consultant associated with the principal diagnosis and is assigned locally based on a list provided by the Department of Health and Children.
	Primary consultant	Encrypted.
	Anaesthetist	Encrypted. Collected for each procedure performed under anaesthetic.
	Intensive care consultant	Encrypted. Up to ten may be recorded.
	Admitting consultant	Encrypted.
	Discharge consultant	Encrypted.
	Consultant responsible for each diagnosis	Encrypted.
	Consultant responsible for each procedure	Encrypted.
	Date of transfer to a pre-discharge unit	Date may be collected to identify when a patient was transferred to a pre-discharge unit prior to being discharged as planned. This is an optional variable collected since 2004
	Ward Identification	Admitting ward: The ward to which the patient was admitted. Discharge ward: The ward from which the patient was discharged.
	Temporary leave days	Refers to the number of days the patient was absent from the hospital during an episode of care. ^a

Notes: * For details of all variables collected by HIPE see HIPE Data Dictionary 2014 Version 6.0.

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

Source: HIPE Data Dictionary 2014 Version 6.0, available at www.hpo.ie

APPENDIX III: HIPE DATA ENTRY FORM

FIGURE III.1 HIPE Data Entry Form, 2014

Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with HIPE on ALL DISCHARGES FROM 01.01.2014

Patient's Hospital of Discharge [][][]		Type (priority) of Admission []	
MRN [][][][][][]	W/List If=1-2 []	Type of Elective Adm If=1-2 []	Mode If=4,5,7 []
Sex []			
Admission Date [][]/[][]/[][]	Admission Source []		
Admission Time [][]:[][]:[][]	Discharge Code []		
Discharge Date [][]/[][]/[][]	Date of Birth [][]/[][]/[][]		
Discharge Time [][]:[][]:[][]			
Area of Residence [][][]	Admitting Ward [][][][]	Day Case []	For use on all discharges from 01.01.2014
Marital /Civil Status []	Discharge Ward [][][][]	Day Ward []	
Medical Card []	Transfer from [][][]	Day Ward ID [][][][][][]	
*GMS Number [][][][][][][][]	Transfer to [][][]	Oncology Day Ward Flag []	
Discharge Status []	Temp Leave Days []	Days in a Private Bed []	
Health Insurer []	Date of Transfer to rehab/PDU [][]/[][]/[][]	Days in a Semi-Private Bed []	
Parity [] Still + [] Live	Infant Admit Weight (grams) [][][]	Days in a Public Bed []	
		Days (or part there of) in ICU []	
Admitting Consultant [][][]	Intensive Care Consultant [][][]	Discharge Consultant [][][]	
Primary Consultant [][][]	Up to 10 Intensive Care consultants may be recorded		
		Specialty of Discharge Consultant [][][]	

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

ICD-10-AM Code	Hospital Acquired Dx	Consultant**	Specialty	
(1) [][][][] Principal Diagnosis (PDX)	[]	[][][]	[][][]	
(2) [][][][]	[]	[][][]	[][][]	
(3) [][][][]	[]	[][][]	[][][]	
(4) [][][][]	[]	[][][]	[][][]	
(5) [][][][]	[]	[][][]	[][][]	
(6) [][][][]	[]	[][][]	[][][]	
(7) [][][][]	[]	[][][]	[][][]	
(8) [][][][]	[]	[][][]	[][][]	
(9) [][][][]	[]	[][][]	[][][]	
(10) [][][][] Up to 30 diagnoses codes may be entered.	[]	[][][]	[][][]	
Procedure/Intervention Codes	Block No.	Consultant**	Consultant Anaesthetist**	Date of Procedure
(1) [][][][][] [] Principal Procedure	[]	[][][]	[][][][]	[][]/[][]/[][]
(2) [][][][][] []	[]	[][][]	[][][][]	[][]/[][]/[][]
(3) [][][][][] []	[]	[][][]	[][][][]	[][]/[][]/[][]
(4) [][][][][] []	[]	[][][]	[][][][]	[][]/[][]/[][]
(5) [][][][][] [] Up to 20 procedure codes may be entered.	[]	[][][]	[][][][]	[][]/[][]/[][]

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

* Patient Name, Address, full DOB, and GMS number are currently not exported to the HPO. Collected only at hospital level.

** More than one consultant can be recorded.

APPENDIX IV: DERIVED VARIABLES

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

TABLE IV.1 Derived Variables

HIPE Variable		Derived Variable for Report	
Admission Type			
1	'Elective'	1	'Elective' (1, 2)
2	'Elective Readmission'	2	'Emergency' (4, 5, 7)
4	'Emergency'	3	'Maternity' (6)
5	'Emergency Readmission'		
6	'Maternity'		
7	'New born'		
Admission Source			
1	'Home'	1	'Home' (1)
2	'Transfer from nursing home/convalescent home or other long stay accommodation'	2	Long stay accommodation (2, 5)
3	'Transfer from hospital - in HIPE listing'	3	'Transfer from other hospital' (3,4,6)
4	'Transfer from other hospital - not in HIPE listing'	4 ^a	'Other' (7, 8, 9, 0)
5	'Transfer from hospice - not in HIPE listing'		
6	'Transfer from psychiatric hospital/unit'		
7	'New born'		
8	'Temporary place of residence'		
9	'Prison'		
0	'Other'		
Discharge Destination			
00	'Self discharge'	1	'Home' (01)
01	'Home'	2	'Long stay accommodation' (02, 11)
02	'Nursing home, convalescent home or long stay accommodation'	3	'Transfer to other hospital' (03, 04, 05,08, 09, 10)
03	'Transfer to hospital – in HIPE Hospital Listings – Emergency'	4	'Died' (06, 07)
04	'Transfer to hospital – in HIPE Hospital Listings – Non Emergency'	5	'Other' (00, 12, 13, 14, 15)
05	'Transfer to psychiatric hospital/unit'		
06	'Died with post mortem'		
07	'Died no post mortem'		
08	'Transfer to other hospital – not in HIPE Hospital Listings – Emergency'		
09	'Transfer to other hospital – not in HIPE Hospital Listings – Non Emergency'		
10	'To rehabilitation facility – not in HIPE Hospital Listings'		
11	'Hospice – not in HIPE Hospital Listings'		
12	'Prison'		
13	'Absconded'		
14	'Other – example Foster care'		
15	'Temporary Place of Residence'		

Notes: For further information on all variables collected by HIPE see HIPE Data Dictionary 2014 Version 6.0 available at www.hpo.ie

^a This category has been revised to that presented in previous reports (2010 to 2012), where 'New born' was presented as a separate category.

APPENDIX V: AUSTRALIAN CODING STANDARD 0042

Australian Coding Standard 0042 Procedures not Normally Coded¹

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

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

Note:

- a. Some codes on this list may be required in certain standards elsewhere in the Australian Coding Standards. In such cases, the standard overrides this list and the stated code should therefore be assigned as described in the relevant standard.
- b. The listed procedures should be coded if anaesthesia (except local) is required for the procedure (see [ACS 0031 Anaesthesia](#)).
- c. These procedures should be coded if they are the principal reason for admission in same-day episodes of care.
 1. Application of plaster
 2. Cardioplegia when associated with cardiac surgery
 3. Cardiotocography (CTG) except fetal scalp electrodes
 4. Dressings
 5. Drug treatment
Drug treatment should not be coded except if:
 - the substance is given as the principal treatment in same-day episodes of care (e.g. chemotherapy for neoplasm or HIV, see [ACS 0044 Chemotherapy](#))
 - drug treatment is specifically addressed in a coding standard (see [ACS 1316 Cement spacer/beads](#) and [ACS 1615 Specific interventions for the sick neonate](#))
 6. Echocardiogram except transoesophageal echocardiogram
 7. Electrocardiography (ECG) except patient-activated implantable cardiac event monitoring (loop recorder)

¹ Extracted from NCCH eBook, July 2008, General Standards for Interventions.

8. Electrodes (pacing wires) – temporary: insertion of temporary trans-cutaneous or transvenous electrodes when associated with cardiac surgery; adjustment, repositioning, manipulation or removal of temporary electrodes
9. Electromyography (EMG)
10. Hypothermia when associated with cardiac surgery
11. Monitoring: cardiac, electroencephalography (EEG), vascular pressure except radiographic/video EEG monitoring 24 hours
12. Nasogastric intubation, aspiration and feeding, except nasogastric feeding in neonates. (see ACS 1615 *Specific interventions for the sick neonate*)
13. Perfusion when associated with cardiac surgery
14. Primary suture of surgical and traumatic wounds
Code only for traumatic wounds which are not associated with an underlying injury (e.g. suture of lacerated forearm would be coded if there is no other associated injury repair). (see ACS 1217 *Repair of wound of skin and subcutaneous tissue*)
15. Procedure components
16. Stress test
17. Traction if associated with another procedure
18. Ultrasound
19. Urinary catheterisation except if suprapubic or if patient discharged with catheter in situ (see ACS 0016 *General procedure guidelines* and ACS 1436 *Admission for trial of void*)
20. X-rays without contrast (plain)

APPENDIX VI: FURTHER INFORMATION ON HIPE SCHEME

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

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

- *Coding Notes*: This quarterly bulletin is distributed to all coders nationally. It contains important updates on coding queries, changes in coding practice and any other relevant information including the scheduling of training courses.
- *HIPE Data Dictionary*: This dictionary provides definitions and codes for data collected within HIPE as of a specified year (e.g. 2014 relates to discharges reported for 2014). It provides standard definitions for variables with the objective of ensuring that consistency and data quality are maintained.
- *HIPE Instruction Manual*: This manual provides instruction on the capture of administrative and demographic data for each HIPE discharge record. Clinical data are captured in accordance with the classification and associated standards.
- *Irish Coding Standards*: Irish Coding Standards (ICS) apply to activity coded in HIPE and provide guidance and instruction on all aspects of HIPE data collection by addressing issues relevant to the Irish hospital setting. ICS are developed to complement the Australian Coding Standards (ACS) and are revised regularly to reflect changing clinical practice.

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www.hpo.ie
ISBN 978-1-78602-009-3



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HEALTHCARE
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