Activity in Acute Public Hospitals in Ireland

ANNUAL REPORT 2012

Health Research and Information Division

December 2013

METADATA

Title
Activity in Acute Public Hospitals in Ireland Annual Report, 2012

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

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

Summary Description
This is a report on in-patient and day patient discharges from acute public hospitals participating in the Hospital In-Patient Enquiry (HIPE) scheme in 2012. 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 and is also disaggregated by Health Service Executive (HSE) administrative areas.

Publisher
Economic and Social Research Institute

Contributors
Health Research and Information Division, Economic and Social Research Institute, Health Service Executive, and the Department of Health

Date
First published December 2013

Type
Report

Identifier
ISBN

Language
en – English

Coverage
National, HSE administrative areas

Rights
Downloadable from www.esri.ie

Version
1.0 (December 2013) File 2012_AsOf_0913_V20_CLOSE_ANN
Please note that there is the potential for minor revisions to the data set analysed in this report. Please check online at www.esri.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 Department of Health and the Health Service Executive are acknowledged for the financial support allocated to the HIPE scheme and for the substantial input to the development of HIPE. In particular, we would like to express our gratitude to Fiachra Bane, Alan Cahill, Lorna Collins, Gráinne Cosgrove, Emer Gallagher, and Cliona O'Donovan for their comments on an early draft of this report.

We would also like to thank Prof. Michael Turner (University College Dublin) for helpful comments on an early draft of the *Maternity* Section of this report.

The HIPE team within the Economic and Social Research Institute's Health Research and Information Division 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, Jacqui Curley, Brian McCarthy, and Deirdre Murphy for reviewing and commenting on earlier drafts of this report, and Edgar Morgenroth for advising on the population data.

Inevitably, a number of individuals have to carry most of the responsibility for producing a report of this type. In this case Sheelagh Bonham, Aoife Brick, Nathan Cunningham, Karen Kearns, Shane Leavy, Léan McMahon, Laura Metcalfe, Aisling Mulligan and Sinéad O'Hara 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.

Table of Contents

LIST OF TABLES ii
LIST OF FIGURES iv
EXECUTIVE SUMMARY v

SECTION ONE
Overview 1
1.1 Introduction 3
1.2 Background 3
1.3 Data Sources for Annual Report 2012 4
1.4 Structure of Annual Report 2012 4
1.5 Scope of HIPE Data 6
1.6 Methods and Definitions 7
1.7 Discharges Reported to HIPE, 2008 – 2012 8

SECTION TWO
Discharge Overview 2012 13
2.1 Introduction 15
2.2 Who 16
2.3 Where 29
2.4 When 54

SECTION THREE
Morbidity Analysis 2012 59
3.1 Introduction 61
3.2 Coding of Diagnoses and Procedures 62
3.3 Morbidity Analysis: Summary of Day Patient and In-Patient Activity 68
3.4 Morbidity Analysis: Total Discharge Activity (excl. *Maternity*) 76

SECTION FOUR
Maternity Discharges 2012 93
4.1 Introduction 95
4.2 *Maternity* Discharges – Total 96
4.3 *Maternity* Discharges – Delivery 99
4.4 *Maternity* Discharges – Non-Deliveries 114

SECTION FIVE
Case Mix Analysis 2012 117
5.1 Introduction 119
5.2 Analysis of HIPE Data by Case Mix 122

ANNEX 163
Diabetes Discharge Profile, 2012 165

GLOSSARY AND ABBREVIATIONS 171

APPENDICES 179
Appendix I: HIPE Hospitals 181
Appendix II: HIPE Data Collected 183
Appendix III: HIPE Data Entry Form 185
Appendix IV: Bed Data 186
Appendix V: Population Estimates, 2012 188
Appendix VI: Derived Variables 189
Appendix VII: Reference Tables 190
Appendix VIII: Australian Coding Standard 0042 191

List of Tables

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N,%), 2008 – 2012 9

TABLE 2.1a Total Discharges (excl. *Maternity*): Patient Type by Age Group (N, % Bed Days, % and In-Patient Length of Stay) 17
TABLE 2.1b Total Male Discharges: Patient Type by Age Group (N, %, Bed Days, % and In-Patient Length of Stay) 19
TABLE 2.1c Total Female Discharges (excl. *Maternity*): Patient Type by Age Group (N, %, Bed Days, % and In-Patient Length of Stay) 20
TABLE 2.2 Total Discharges (excl. *Maternity*): Patient Type by Marital/Civil Status (N, %) 23
TABLE 2.3 Total Discharges (excl. *Maternity*): Public/Private Status by Age Group (N, %) 25
TABLE 2.4 Total Discharges (excl. *Maternity*): GMS Status by Age Group (N, %) 26
TABLE 2.5 Total Discharges (excl. *Maternity*): Public/Private Status by GMS Status and Patient Type (N, %) 28
TABLE 2.6 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type and Admission Type (N, % and In-Patient Length of Stay) 30
TABLE 2.7 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by GMS Status and Patient Type (N, % and In-Patient Length of Stay) 34
TABLE 2.8 Total Discharges (excl. *Maternity*): HSE Area of Residence and Age Group (N, %) 36
TABLE 2.9 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by HSE Area of Residence, Patient Type and Admission Type (%) 38
TABLE 2.10 Total Discharges (excl. *Maternity*): Hospital Type by Patient Type and Admission Type (N, % and In-Patient Length of Stay) 42
TABLE 2.11 Total Discharges (excl. *Maternity*): Hospital Type by Public/Private Status, Patient Type (N, % and In-Patient Length of Stay) 46
TABLE 2.12 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type, Admission Type and Admission Source (N, %) 49
TABLE 2.13 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type, Admission Type and Discharge Destination (N, %) 51
TABLE 2.14 In-Patient Discharges (excl. *Maternity*): Discharge Destination by Admission Source (N, %) 53
TABLE 2.15 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Admission (N, % and In-Patient Length of Stay) 55
TABLE 2.16 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (N, % and In-Patient Length of Stay) 56

TABLE 3.1 ICD-10-AM Diagnosis Codes, Chapter and Title 63
TABLE 3.2 Australian Classification of Health Interventions (ACHI), Chapter and Title 64
TABLE 3.3 Total Discharges (excl. *Maternity*): Mean Number of All-Listed Diagnoses by Patient Type, Sex and Age Group 65
TABLE 3.4 Total Discharges (excl. *Maternity*): Number and Percentage of Discharges with a Principal Procedure by Patient Type and Admission Type 67
TABLE 3.5 Total Discharges (excl. *Maternity*): Mean Number of All-Listed Procedures by Patient Type, Sex and Age Group 67
TABLE 3.6 Day Patient Activity (excl. *Maternity)* (N, %) 69
TABLE 3.7 In-Patient Activity (excl. *Maternity*) (N, % and Length of Stay) 71
TABLE 3.8 Elective In-Patient Activity (N, % and Length of Stay) 73
TABLE 3.9 Emergency In-Patient Activity (N, % and Length of Stay) 75
TABLE 3.10 Total Discharges (excl. *Maternity*): Principal Diagnosis by Sex and Age Group (N) 78
TABLE 3.11 Acute In-Patient Discharges (excl. *Maternity):* Mean Length of Stay (Days) by Principal Diagnosis, Sex and Age Group 80
TABLE 3.12 Total Discharges (excl. *Maternity*): All-Listed Diagnoses by Sex and Age Group (N) 82
TABLE 3.13 Total Discharges (excl. *Maternity*): Principal Procedure by Sex and Age Group (N) 86
TABLE 3.14 Acute In-Patient Discharges (excl. *Maternity*): Mean Length of Stay (Days) by Principal Procedure, Sex and Age Group 88
TABLE 3.15 Total Discharges (excl. *Maternity*): All-Listed Procedures by Sex and Age Group (N) 90

TABLE 4.1 *Maternity* Discharges: Patient Type by Delivery Status (N, %, Bed Days, % and In-Patient Length of Stay) 97
TABLE 4.2 *Delivery* Discharges: Outcome of Delivery (N, % and Length of Stay) 99
TABLE 4.3 *Delivery* Discharges: Method of Delivery by Outcome of Delivery (N, % and Length of Stay) 102
TABLE 4.4 *Delivery* Discharges: Method of Delivery by Mother's Age (N, % and Length of Stay) 104
TABLE 4.5 *Delivery* Discharges: Method of Delivery by Public/Private Status (N, % and Length of Stay) 106
TABLE 4.6 *Delivery* Discharges: Method of Delivery by Day of Admission (N, %) 107
TABLE 4.7 *Delivery* Discharges: Top 10 Principal Diagnoses by parity (N, % and Length of Stay) 109
TABLE 4.8 *Delivery* Discharges: Top 10 Principal Procedure Blocks by parity (N, % and Length of Stay) 110
TABLE 4.9 Multiparous *Delivery* Discharges: Previous Caesarean Section by Method of Delivery (N, %) 112

TABLE 4.10 *Delivery* Discharges: Top 10 Principal Diagnoses for Discharges with a Caesarean Section Procedure by Parity (N, Col %, Row %) 113
TABLE 4.11 *Non-Delivery* Discharges: Day Patient Top 10 Principal Diagnoses (N, %) 115
TABLE 4.12 *Non-Delivery* Discharges: Day Patient Top 10 Principal Procedure Blocks (N, %) 115
TABLE 4.13 *Non-Delivery* Discharges: In-Patient Top 10 Principal Diagnoses (N, % and Length of Stay) 116
TABLE 4.14 *Non-Delivery* Discharges: In-Patient Top 10 Principal Procedure Blocks (N, % and Length of Stay) 116

TABLE 5.1 Total Discharges: AR-DRG Complexity Split by Patient Type (N, %) 121
TABLE 5.2 Total Discharges: MDC by Patient Type and Admission Type (N, %) 125
TABLE 5.3 Total Discharges: MDC 1 Diseases and Disorders of the Nervous System: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 128
TABLE 5.4 Total Discharges: MDC 2 Diseases and Disorders of the Eye: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 130
TABLE 5.5 Total Discharges: MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 131
TABLE 5.6 Total Discharges: MDC 4 Diseases and Disorders of the Respiratory System: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 132
TABLE 5.7 Total Discharges: MDC 5 Diseases and Disorders of the Circulatory System: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 134
TABLE 5.8 Total Discharges: MDC 6 Diseases and Disorders of the Digestive System: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 137
TABLE 5.9 Total Discharges: MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 139
TABLE 5.10 Total Discharges: MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 140
TABLE 5.11 Total Discharges: MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 143
TABLE 5.12 Total Discharges: MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 145
TABLE 5.13 Total Discharges: MDC 11 Diseases and Disorders of the Kidney and Urinary Tract: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 146
TABLE 5.14 Total Discharges: MDC 12 Diseases and Disorders of the Male Reproductive System: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 148
TABLE 5.15 Total Discharges: MDC 13 Diseases and Disorders of the Female Reproductive System: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 149
TABLE 5.16 Total Discharges: MDC 14 Pregnancy, Childbirth and the Puerperium: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 150
TABLE 5.17 Total Discharges: MDC 15 Newborns and Other Neonates: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 151
TABLE 5.18 Total Discharges: MDC 16 Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 153
TABLE 5.19 Total Discharges: MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms): AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 154
TABLE 5.20 Total Discharges: MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 155
TABLE 5.21 Total Discharges: MDC 19 Mental Diseases and Disorders: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 156
TABLE 5.22 Total Discharges: MDC 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 157
TABLE 5.23 Total Discharges: MDC 21 Injuries, Poisonings and Toxic Effects of Drugs: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 158
TABLE 5.24 Total Discharges: MDC 22 Burns: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 159
TABLE 5.25 Total Discharges: MDC 23 Factors Influencing Health Status and Other Contacts with Health Services: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 160
TABLE 5.26 Total Discharges: Unassignable to MDC: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 161
TABLE 5.27 Total Discharges: Pre-MDC: AR-DRG by Patient Type and Admission Type (N, In-Patient Length of Stay) 162

List of Figures

FIGURE 1.1 Structure of the Activity in Acute Public Hospitals in Ireland Annual Report, 2012 4
FIGURE 1.2 Total Discharges by Patient Type and Admission Type (N), 2008 – 2012 11
FIGURE 1.3 Total Discharges by Hospital Type (N), 2008 – 2012 11

FIGURE 2.1 Acute In-Patients (excl. *Maternity*): Mean Length of Stay by Sex and Age Group 21
FIGURE 2.2 Extended Stay In-Patients (excl. *Maternity*): Mean Length of Stay by Sex and Age Group 21
FIGURE 2.3 Total Discharges (excl. *Maternity*): Sex by Age Group (Discharge Rate per 1,000 Population) 22
FIGURE 2.4 Total Discharges (excl. *Maternity*): Marital/Civil Status by Age Group (%) 24
FIGURE 2.5 Total In-Patient Bed Days (excl. *Maternity*): Public/Private Status by Age Group (Bed Days) 25
FIGURE 2.6 Total In-Patient Bed Days (excl. *Maternity*): GMS Status by Age Group (Bed Days) 27
FIGURE 2.7 Total Discharges (excl. *Maternity*): Public/Private Status by GMS Status and Patient Type (%) 28
FIGURE 2.8a Elective In-Patient Discharges: Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage) 31
FIGURE 2.8b Emergency In-Patient Discharges: Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage) 31
FIGURE 2.9 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type and Admission Type (Discharge Rate per 1,000 Population) 32
FIGURE 2.10a GMS In-Patient Discharges (excl. *Maternity*): Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage) 35
FIGURE 2.10b Non-GMS In-Patient Discharges (excl. *Maternity*): Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage) 35
FIGURE 2.11 Total Discharges (excl. *Maternity*): HSE Area of Residence by Age (Discharge Rate per 1,000 Population) 37
FIGURE 2.12a Total Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Area of Residence (%) 40
FIGURE 2.12b Day Patient Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Area of Residence (%) 40
FIGURE 2.12c Elective In-Patient Discharges: Proportion of Discharges Hospitalised within their HSE Area of Residence (%) 40
FIGURE 2.12d Emergency In-Patient Discharges: Proportion of Discharges Hospitalised within their HSE Area of Residence (%) 40
FIGURE 2.13 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Hospital Type (%) 43
FIGURE 2.14a Elective In-Patient Discharges: Length of Stay by Hospital Type (Cumulative Percentage) 44
FIGURE 2.14b Emergency In-Patient Discharges: Length of Stay by Hospital Type (Cumulative Percentage) 44
FIGURE 2.15a Public In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage) 47
FIGURE 2.15b Private In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage) 47
FIGURE 2.16 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Admission (%) 57
FIGURE 2.17 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (%) 57
FIGURE 2.18 Total Discharges (excl. *Maternity*): Month of Admission by Patient Type and Admission Type (N) 58

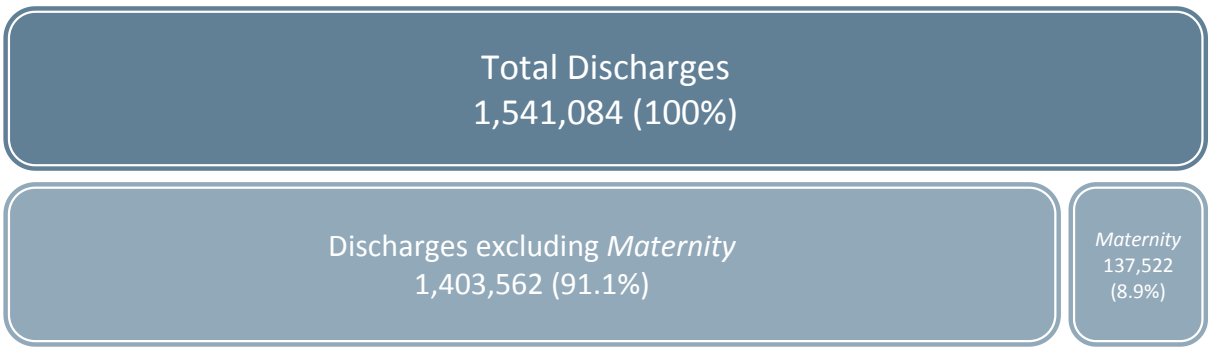
FIGURE 4.1 *Maternity* Discharges: Age (N, %) 97
FIGURE 4.2 *Maternity* Discharges: Marital/Civil Status (N, %) 97
FIGURE 4.3 *Maternity* Discharges: Public/Private Status (N, %) 97
FIGURE 4.4a *Delivery* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage) 98
FIGURE 4.4b *Non-Delivery* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage) 98
FIGURE 4.4c *Maternity* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage) 98
FIGURE 4.5a Primiparous *Delivery* Discharges: Method of Delivery (%) 101
FIGURE 4.5b Multiparous *Delivery* Discharges: Method of Delivery (%) 101
FIGURE 4.6 *Delivery* Discharges: Method of Delivery by In-Patient Length of Stay (%) 103
FIGURE 4.7 *Delivery* Discharges: Method of Delivery by Mother's Age and Parity (%) 105
FIGURE 4.8 *Delivery* Discharges: Marital/Civil Status (N, %) 105
FIGURE 4.9 *Delivery* Discharges: Method of Delivery by Public/Private Status (%) 107
FIGURE 4.10 *Delivery* Discharges: Caesarean Section by Hospital (%) 111
FIGURE 4.11 *Non-Delivery* Discharges: Day Patient Age (N, %) 115
FIGURE 4.12 *Non-Delivery* Discharges: Day Patient Marital/Civil Status (N, %) 115
FIGURE 4.13 *Non-Delivery* Discharges: Day Patient Public/Private Status (N, %) 115
FIGURE 4.14 *Non-Delivery* Discharges: In-Patient Age (N, %) 116
FIGURE 4.15 *Non-Delivery* Discharges: In-Patient Marital/Civil Status (N, %) 116
FIGURE 4.16 *Non-Delivery* Discharges: In-Patient Public/Private Status (N, %) 116

FIGURE 5.1 Steps in AR-DRG Assignment 120
FIGURE 5.2 Total Discharges: Major Diagnostic Category (MDC) (%) 126
FIGURE 5.3 Total Discharges: Major Diagnostic Category (MDC) by Day Patient and In-Patient Discharges (%) 127

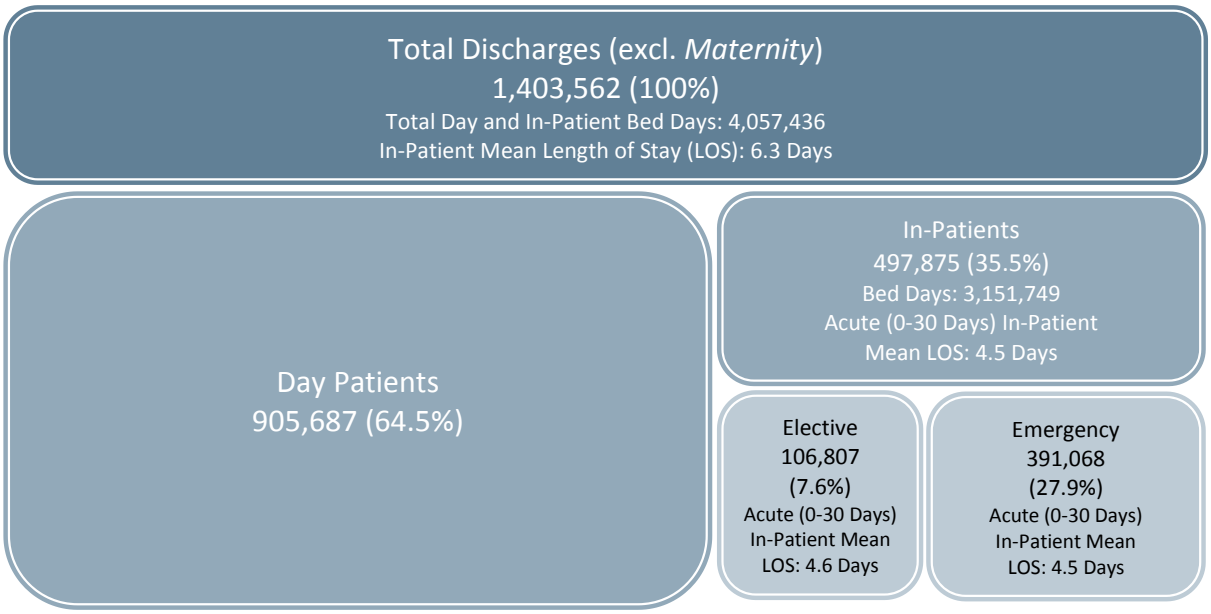
EXECUTIVE SUMMARY

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. The Economic and Social Research Institute (ESRI) oversees the administration and management of this scheme on behalf of the Health Service Executive. Within the ESRI, the Health Research and Information Division (HRID) is responsible for overseeing all functions associated with the operation of this database, including the development and support of the data collection and reporting software, training of coders and data quality audit, reporting, and responding to requests for data.

This report relates to discharges that occurred in the 2012 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 2012* to enable a comprehensive overview of trends in this area.



TOTAL DISCHARGES (EXCL. *MATERNITY*), 2012



WHO

Sex

- Females accounted for 49.7 per cent of total discharges (excl. *Maternity*) with males accounting for 50.3 per cent.

Age

- The 65–74 years age group accounted for the largest proportion of male discharges (20.1 per cent) whereas the 55–64 years age group and the 65–74 years age group each accounted for the largest proportion of female discharges, excl. *Maternity* (16.4 per cent).

Marital/Civil Status

- Married discharges accounted for 46.9 per cent of total discharges (excl. *Maternity*).

Public/Private Status

- Over 83 per cent of total discharges (excl. *Maternity*) were treated on a public basis with 16.7 per cent treated on a private basis.
- The 85 years and over age group had the largest proportion of total discharges (excl. *Maternity*) treated publicly (88.7 per cent) with only 11.3 per cent treated on a private basis.

General Medical Service (GMS) Status

- Of total discharges (excl. *Maternity*), 56.7 per cent were GMS discharges.
- Of discharges in the 85 years and over age group 84.0 per cent were GMS discharges compared to just 19.0 per cent of the less than 1 years age group.

WHERE

HSE Area of Hospitalisation

- The largest proportion of total discharges (excl. *Maternity*) were hospitalised in the HSE Dublin Mid Leinster area (29.4 per cent) with the smallest proportion hospitalised in the HSE Dublin North East area (22.7 per cent).

HSE Area of Residence

- A larger proportion of discharges resident in the HSE West area were aged 85 years and older (4.8 per cent) compared to 4.1 per cent in the HSE Dublin Mid Leinster area.

Admission Source

- The majority of total discharges (excl. *Maternity*) in all HSE areas were admitted from home, ranging from 95.4 per cent in the HSE Dublin North East area to 97.1 per cent in the HSE West area.

Discharge Destination

- The majority of in-patient discharges (excl. *Maternity*) were discharged home, ranging from 86.9 per cent in HSE West area to 87.6 per cent in the HSE Dublin North East area and the HSE Dublin Mid Leinster area.

WHEN

Day of Admission

- The proportion of in-patient discharges (excl. *Maternity*) admitted on an elective basis decreased throughout the week, with over 63 per cent admitted between Monday and Wednesday, falling to 7.7 per cent at the weekend.

Day of Discharge

- The proportion of elective in-patients discharged increased throughout the week, from 10.2 per cent on Monday to 23.0 per cent on Friday, falling to 10.0 per cent on Saturday and 5.0 per cent on Sunday.

Month of Admission

- The largest number of emergency in-patients (33,940 discharges) was admitted in May.

MORBIDITY ANALYSIS

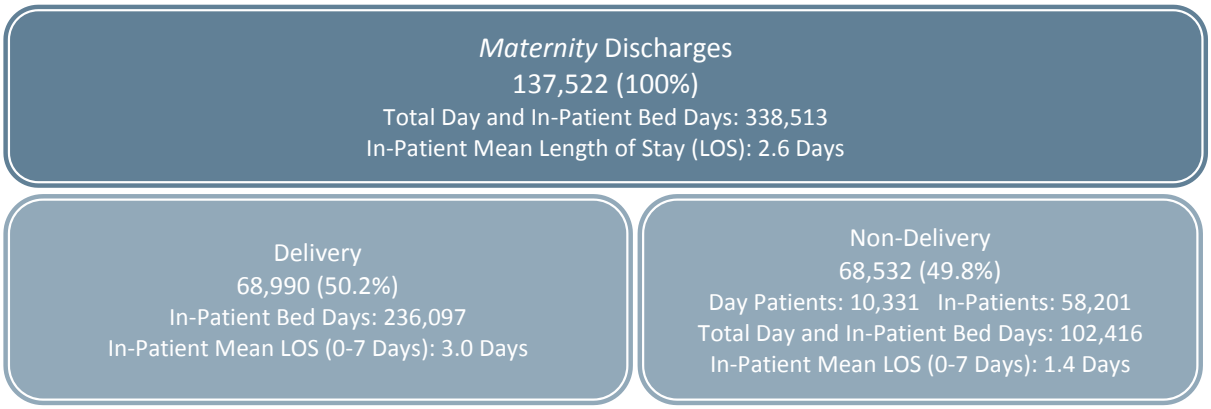
Day Patients

- The principal diagnosis category, which includes chemotherapy and radiotherapy encounters, accounted for the largest proportion of total day patient discharges (18.8 per cent).
- At least one procedure was recorded for 93.7 per cent of day patient discharges.
- *Haemodialysis* was reported as a principal procedure for 19.4 per cent of day patient discharges with at least one procedure reported.

In-Patients

- In-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 4.1 per cent of in-patients.
- At least one procedure was recorded for 63.6 per cent of in-patient discharges.
- *Generalised allied health interventions* were reported as a principal procedure for 15.5 per cent of in-patient discharges with at least one procedure. This category includes interventions such as physiotherapy, pharmacy, dietetics, occupational therapy, social work, and speech pathology.

MATERNITY DISCHARGES, 2012



DELIVERY

- Over 58 per cent of *Delivery* discharges were in the 25–34 years age group.
- Non-instrumental deliveries accounted for the largest proportion of *Delivery* discharges (56.4 per cent), followed by Caesarean section at 28.2 per cent. Instrumental deliveries accounted for 15.4 per cent.
- Non-instrumental deliveries accounted for 41.3 per cent of primiparous *Delivery* discharges compared to 65.9 per cent for multiparous discharges. Instrumental deliveries accounted for 28.9 per cent of primiparous *Delivery* discharges compared to 7.0 per cent for multiparous *Delivery* discharges.
- Elective Caesarean section deliveries accounted for 7.9 per cent of total primiparous *Delivery* discharges compared to 19.1 per cent for multiparous *Delivery* discharges.
- Emergency Caesarean section deliveries accounted for 21.9 per cent of total primiparous *Delivery* discharges compared to 8.1 per cent for multiparous *Delivery* discharges.
- Of *Delivery* discharges, 80.2 per cent were treated on a public basis and 19.8 per cent on a private basis. 25.9 per cent of *Delivery* discharges treated on a public basis had a Caesarean section compared to 37.3 per cent of those treated privately.
- Almost 23 per cent of primiparous *Delivery* discharges had a principal diagnosis of *labour and delivery complicated by fetal stress [distress]*. While 23.4 per cent of multiparous *Delivery* discharges had a principal diagnosis of *perineal laceration during delivery*.
- At least one procedure was recorded for 97.9 per cent of primiparous *Delivery* discharges and 91.3 per cent of multiparous *Delivery* discharges.

NON-DELIVERY

Day Patients

- The principal diagnosis of *special screening examination for other diseases and disorders* accounted *for the* largest proportion of *Non-Delivery* day patient discharges (29.5 per cent).
- At least one procedure was recorded for 30.8 per cent of *Non-Delivery* day patient discharges.
- *Curettage and evacuation of uterus* was reported as a principal procedure for 56.1 per cent of *Non-Delivery* day patient discharges with at least one procedure.

In-Patients

- Exactly 24 per cent of *Non-Delivery* in-patient discharges had a principal diagnosis of *other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* while *false labour* accounted for a further 12.3 per cent.
- At least one procedure was recorded for 17.9 per cent of *Non-Delivery* in-patient discharges.
- *Curettage and evacuation of uterus* was reported as a principal procedure for 27.6 per cent of *Non-Delivery* in-patient discharges with at least one procedure.

CASE MIX ANALYSIS

Total Discharges
1,541,084 (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 *Neoplastic Disorders (Haematological and Solid Neoplasms)* (MDC 17), which accounted for 191,022 discharges or 20.9 per cent of day patients.
    - *Chemotherapy* (AR-DRG R63Z) and *Radiotherapy* (AR-DRG R64Z) accounted for 48.9 per cent and 38.4 per cent respectively of day patients within this MDC; they accounted for 10.2 per cent and 8.0 per cent respectively of total day patients.
- The MDC with the largest proportion of in-patient discharges (19.8 per cent) was *Pregnancy, Childbirth and the Puerperium*, MDC 14.
    - *Vaginal Delivery* (AR-DRG O60Z), accounted for 39.1 per cent of in-patients within this category and 7.7 per cent of total in-patient discharges.

Overview SECTION

ONE

Table of Contents

1.1 Introduction ____ 3

1.2 Background ____ 3

1.3 Data Sources for Annual Report 2012 ____ 4

1.4 Structure of Annual Report 2012 ____ 4

1.5 Scope of HIPE Data ____ 6

1.6 Methods and Definitions ____ 7

1.7 Discharges Reported to HIPE, 2008–2012 ____ 8

1.1 INTRODUCTION

This report aims to present an overview of discharge activity in acute public hospitals in Ireland during 2012 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- or in-patient, and ends at discharge from (or death in) that hospital.

Section One provides an overview of the 2012 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 2012 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 2008–2012.

1.2 BACKGROUND

The Economic and Social Research Institute (ESRI) oversees the administration and management of the HIPE scheme on behalf of the Health Service Executive (HSE) and the Department of Health (DoH). Within the ESRI, the Health Research and Information Division (HRID) is responsible for overseeing all functions associated with the operation of this database, including the development and support of the data collection and reporting software,[2] training of coders, data quality, audit, reporting, and responding to requests for data. [3]

Given the comprehensive coverage achieved by this information system, the data gathered by HIPE have become increasingly used by policymakers, clinical teams and researchers. Data sets for HIPE discharges are provided to a number of state agencies in order to address specific data requirements. In addition to responding to requests for HIPE data, the HRID also manages an online data reporting tool.[4]

---

1 See Appendix I for a list of hospitals participating in HIPE in 2012.

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

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

4 An online data reporting tool is available at www.hipe.ie

1.3 Data Sources for Annual Report 2012

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.[5, 6] In 2012, 57 public hospitals in Ireland participated in HIPE (see Appendix I).[7]

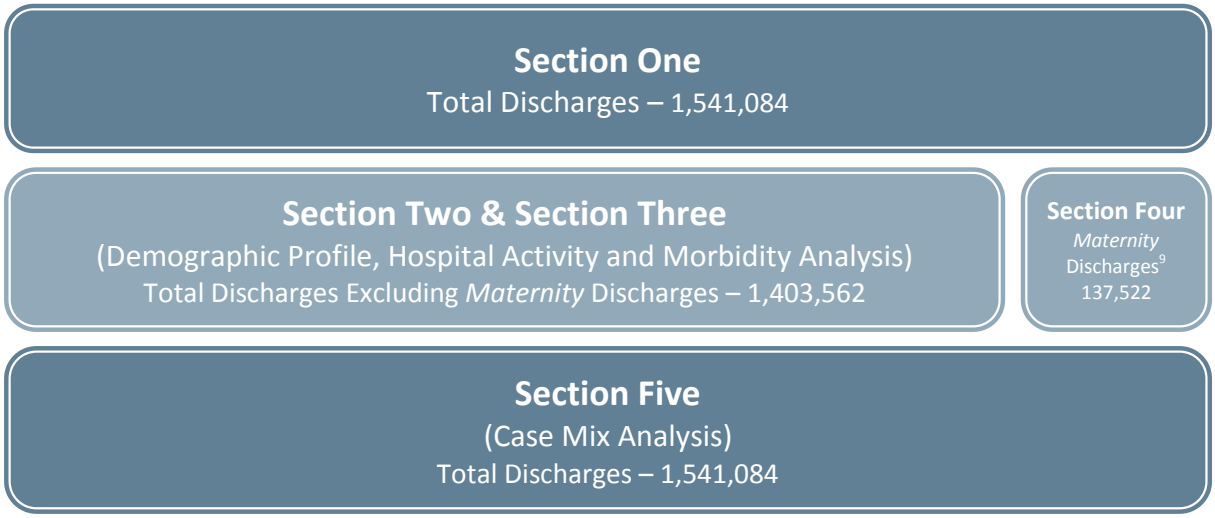
Hospital Beds: Hospital bed data from 2008–2012 were obtained from the Business Information Unit of the HSE (see Appendix IV for 2012 bed data).

Population Estimates: Population estimates for 2008–2012 are based on Census 2011 data published by the Central Statistics Office.

1.4 Structure of Annual Report 2012

Figure 1.1 outlines the structure of the Annual Report 2012. 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* Annual Reports 2010 and 2011.[8]

FIGURE 1.1 Structure of the Activity in Acute Public Hospitals in Ireland Annual Report, 2012



5 See Appendix II for details of data collected by HIPE and see also the HIPE Data Dictionary 2012 Version 4.0 available at www.esri.ie

6 A copy of the HIPE data entry form for 2012 is contained in Appendix III.

7 For historic reasons, a small number of non-acute hospitals also reported to HIPE in 2012. Discharges from these hospitals have been included in this report.

8 See www.hipe.ie for the latest versions of these reports.

9 *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 code *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 (2.5 days) compared to total discharges excluding *Maternity* (4.5 days).

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 2012. 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 HSE area of residence, county of residence, and HSE area of hospitalisation 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 breakdowns for 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 for principal diagnoses and principal procedures.

Section Four

Section Four analyses *Maternity* discharges reported to HIPE. 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. With the introduction of the collection of maternal parity in 2011, data from 2012 provides the first complete year of these data for analysis. Analysis of principal diagnoses and 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 day patient and in-patient, with elective and emergency in-patients also presented. In-patient (elective, emergency and total) mean and median length of stay is also provided for each MDC and AR-DRG.

Annex

The annex is designed to highlight particular topics of interest that merit a more focused supplementary analysis. This year's chosen topic of interest is Diabetes.

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:* Since 2010, coverage of the HIPE system has been estimated using the discharges returned as 'coded' as a proportion of total discharges downloaded within each hospital. The data available from participating hospitals for 2012 indicate that for day patient and in-patient discharges appropriate for inclusion in the HIPE data set, 99.9 per cent of the discharges downloaded from hospital systems were coded and returned for inclusion in the national HIPE data set.[10]
- *Hospital factors:* There has been restructuring within the hospital system which will be 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 ESRI. For the first complete year of operation in 2012, it is estimated that approximately 64,000 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 2012.
- *Data reporting guidelines:* 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 in 2012.

[10] 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 2012 include; Roscommon Hospital (coded and returned 61.3 per cent of their discharges), Bantry Hospital (coded and returned 71.2 per cent of their discharges), and Our Lady of Lourdes Hospital, Drogheda (coded and returned 97.1 per cent of their discharges).

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 code *Maternity*.[11]
- *Hospital Type*: Due to confidentiality constraints, detailed data cannot be published on a named hospital basis. Data are therefore presented at the more 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.[12]
- *Derived Variables*: For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. These derivations are presented in Appendix VI 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.

[11] See Appendix II for details of data collected by HIPE and the HIPE Data Dictionary 2012 Version 4.0 available at www.esri.ie

[12] See Appendix I for a list of hospitals participating in HIPE in 2012.

1.7 Discharges Reported to HIPE, 2008–2012

In 2012, 1,541,084 discharges were reported to HIPE by participating acute public hospitals, representing a mean annual increase of 3.0 per cent over the period 2008–2012 and a 4.8 per cent increase over the period 2011–2012.

Table 1.1 and Figures 1.2 to 1.3 show the distribution of discharges over the period 2008–2012 by selected variables.

- The number of day patients has increased from 771,145 in 2008 to 916,018 in 2012, a mean annual increase of 4.4 per cent (see Figure 1.2).
- The number of in-patients has increased from 597,449 in 2008 to 625,066 in 2012, a mean annual increase of 1.2 per cent, with an increase of 5.7 per cent between 2011 and 2012.
- Emergency in-patient discharges comprised 75.5 per cent of total in-patient discharges in 2008, which has increased to 78.5 per cent in 2012.
- *Maternity* discharges increased annually by a mean of 0.7 per cent over the period 2008–2012 from 133,502 to 137,522 discharges.
- The male-female split in 2012 has remained consistent with previous years with a larger proportion of female discharges (54.2 per cent).
- Across the age groups, the 65 years and over age group accounted for 33.2 per cent of total discharges, with the smallest proportion in the under 15 years age group (8.9 per cent).
- There has been a decreasing trend in the proportion of private discharges. Between 2008 and 2012 there was a mean annual decrease of 2.8 per cent, despite a slight increase (1.2 per cent) in the number of private discharges between 2011 and 2012.
- The number of GMS discharges increased by a mean of 4.8 per cent per year between 2008 and 2012, from 686,181 to 827,738 discharges. Although this trend had slowed down in 2011, there was an increase of 5.6 per cent between 2011 and 2012.
- Total and acute in-patient mean lengths of stay have fallen consistently over the period 2008–2012. Total in-patient mean length of stay decreased by 3.4 per cent between 2011 and 2012 from 5.8 days to 5.6 days.
- General hospitals continued to account for the largest proportion of total discharges (88.0 per cent) in 2012 with the remainder accounted for by 'other' hospitals (12.0 per cent). Voluntary and county hospitals accounted for the largest proportions of total discharges (31.1 and 31.0 per cent, respectively) in the general hospital category in 2012 (see Figure 1.3).

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2008–2012

	2008 N (%)	2009 N (%)	2010 N (%)	2011 N (%)	2012 N (%)	Mean Annual % Change 2008–2012[a]	% Change 2011–2012
Total Discharges	**1,368,594 (100)**	**1,410,394 (100)**	**1,447,108 (100)**	**1,470,778 (100)**	**1,541,084 (100)**	**3.0**	**4.8**
Patient Type							
Day Patients	771,145 (56.3)	820,234 (58.2)	855,618 (59.1)	879,140 (59.8)	916,018 (59.4)	4.4	4.2
In-Patients	597,449 (43.7)	590,160 (41.8)	591,490 (40.9)	591,638 (40.2)	625,066 (40.6)	1.2	5.7
Total Discharges (excl. *Maternity*)[b]	**1,235,092 (90.2)**	**1,275,238 (90.4)**	**1,310,527 (90.6)**	**1,332,680 (90.6)**	**1,403,562 (91.1)**	**3.3**	**5.3**
Day Patients	764,399 (55.9)	808,469 (57.3)	845,331 (58.4)	868,369 (59.0)	905,687 (58.8)	4.3	4.3
Dialysis/Radiotherapy/ Chemotherapy	317,775 (23.2)	332,452 (23.6)	341,722 (23.6)	336,788 (22.9)	332,360 (21.6)	1.2	-1.3
Other Day Patients	446,624 (32.6)	476,017 (33.8)	503,609 (34.8)	531,581 (36.1)	573,327 (37.2)	6.0	7.8
In-Patients	470,693 (34.4)	466,769 (33.1)	465,196 (32.1)	464,311 (31.6)	497,875 (32.3)	1.5	7.2
Elective	115,507 (8.4)	110,355 (7.8)	108,825 (7.5)	104,604 (7.1)	106,807 (6.9)	-1.9	2.1
Emergency[c,d]	355,186 (26.0)	356,414 (25.3)	356,371 (24.6)	359,707 (24.5)	391,068 (25.4)	2.5	8.7
***Maternity* Discharges**	**133,502 (9.8)**	**135,156 (9.6)**	**136,581 (9.4)**	**138,098 (9.4)**	**137,522 (8.9)**	**0.7**	**-0.4**
Day Patients	6,746 (0.5)	11,765 (0.8)	10,287 (0.7)	10,771 (0.7)	10,331 (0.7)	15.6	-4.1
In-Patients	126,756 (9.3)	123,391 (8.7)	126,294 (8.7)	127,327 (8.7)	127,191 (8.3)	0.1	-0.1
Patient Characteristics							
Sex							
Males	630,950 (46.1)	651,525 (46.2)	674,978 (46.6)	678,845 (46.2)	706,179 (45.8)	2.9	4.0
Females	737,644 (53.9)	758,869 (53.8)	772,130 (53.4)	791,933 (53.8)	834,905 (54.2)	3.2	5.4
Age Group							
Under 15 years	127,471 (9.3)	127,264 (9.0)	128,551 (8.9)	135,221 (9.2)	137,766 (8.9)	2.0	1.9
15–44 years	430,068 (31.4)	435,965 (30.9)	439,317 (30.4)	442,830 (30.1)	459,680 (29.8)	1.7	3.8
45–64 years	389,558 (28.5)	395,924 (28.1)	406,013 (28.1)	412,461 (28.0)	432,493 (28.1)	2.7	4.9
65 years and over	421,497 (30.8)	451,241 (32.0)	473,227 (32.7)	480,266 (32.7)	511,145 (33.2)	5.0	6.4
Public/Private Status[e]							
Public Discharges	1,077,917 (78.8)	1,123,154 (79.6)	1,171,066 (80.9)	1,215,522 (82.6)	1,282,656 (83.2)	4.4	5.5
Private Discharges	290,677 (21.2)	287,240 (20.4)	276,042 (19.1)	255,256 (17.4)	258,428 (16.8)	-2.8	1.2
GMS Status							
GMS (Medical card holders)	686,181 (50.1)	735,723 (52.2)	773,622 (53.5)	784,021 (53.3)	827,738 (53.7)	4.8	5.6
Non-GMS (Non-medical card holders)	641,093 (46.8)	660,812 (46.9)	657,214 (45.4)	668,332 (45.4)	692,992 (45.0)	2.0	3.7
Unknown[f]	41,320 (3.0)	13,859 (1.0)	16,272 (1.1)	18,425 (1.3)	20,354 (1.3)	-6.3	10.5
Mean Length of Stay							
Total In-Patients	6.2	6.1	6.0	5.8	5.6	-2.5	-3.4
Acute[g]	4.6	4.5	4.4	4.3	4.1	-2.8	-4.7
Extended[h]	62.5	64.9	65.1	65.3	64.7	0.9	-0.9
Discharge Rate Per 1,000 Population[i,j]	**305.1**	**311.1**	**317.7**	**321.5**	**336.1**	**2.5**	**4.5**

Contd. overleaf

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2008–2012 (contd.)

	2008 N (%)	2009 N (%)	2010 N (%)	2011 N (%)	2012 N (%)	Mean Annual % Change 2008–2012[a]	% Change 2011–2012
Hospital Type							
General Hospitals	1,192,755 (87.2)	1,225,574 (86.9)	1,252,454 (86.5)	1,278,909 (87.0)	1,355,898 (88.0)	3.3	6.0
Voluntary Hospitals	417,850 (30.5)	424,683 (30.1)	437,638 (30.2)	450,860 (30.7)	478,779 (31.1)	3.5	6.2
Regional Hospitals	355,837 (26.0)	369,774 (26.2)	379,846 (26.2)	383,902 (26.1)	399,049 (25.9)	2.9	3.9
County Hospitals	419,068 (30.6)	431,117 (30.6)	434,970 (30.1)	444,147 (30.2)	478,070 (31.0)	3.4	7.6
'Other' Hospitals	175,839 (12.8)	184,820 (13.1)	194,654 (13.5)	191,869 (13.0)	185,186 (12.0)	1.4	-3.5
Total Bed Days	**4,472,104**	**4,428,882**	**4,426,574**	**4,339,510**	**4,395,949**	**-0.4**	**1.3**
Day Patients	771,145 (17.2)	820,234 (18.5)	855,618 (19.3)	879,140 (20.3)	916,018 (20.8)	4.4	4.2
In-Patients	3,700,959 (82.8)	3,608,648 (81.5)	3,570,956 (80.7)	3,460,370 (79.7)	3,479,931 (79.2)	-1.5	0.6
Under 15 Years	309,361 (6.9)	301,909 (6.8)	295,262 (6.7)	302,237 (7.0)	300,415 (6.8)	-0.7	-0.6
15 to 44 Years	847,468 (19.0)	814,708 (18.4)	785,964 (17.8)	752,480 (17.3)	756,925 (17.2)	-2.8	0.6
45 to 64 Years	768,845 (17.2)	730,938 (16.5)	714,472 (16.1)	683,008 (15.7)	678,050 (15.4)	-3.1	-0.7
65 Years and Over	1,775,285 (39.7)	1,761,093 (39.8)	1,775,258 (40.1)	1,722,645 (39.7)	1,744,541 (39.7)	-0.4	1.3

Notes: Percentage columns are subject to rounding.

a The mean annual percentage change is the mean of the four annual percentage growth rates over the five years.

b Annual Reports from 2008 to 2009 did not present *Maternity* discharges separately. We have presented them in this report to allow for comparability over the five-year period.

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 There has been an increase in the number of emergency in-patient admissions in 2012 due to the increase in the number of AMU/AMAU/MAU's authorised for collection in HIPE (see Section 1.5).

e Public/Private status refers to the patient's status on discharge. This relates to whether the patient was public or private to the consultant on discharge. This does not reflect the type of bed occupied by the patient during the hospital stay.

f Includes discharges for which GMS status was not known.

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

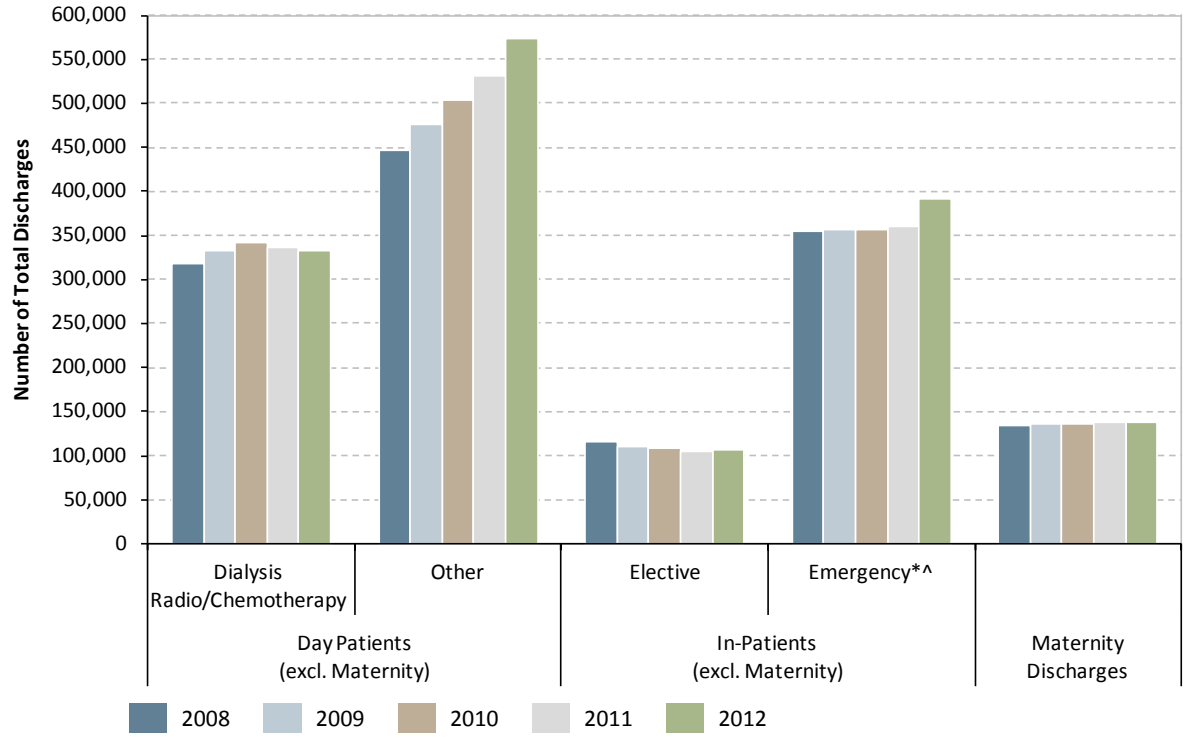
h Relates to lengths of stay of more than 30 days.

i Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland are excluded, the crude discharge rate is 335.2 per 1,000 population.

j These figures published by the CSO are based on the 'usual residence' concept. Rates used throughout the rest of the report are based on estimates obtained from the ESRI, as a regional breakdown by HSE Region was only achievable using this data.

Sources: Data on discharges and bed days for 2008–2012 were obtained from HIPE.
Population estimates for 2008–2012 were obtained from the Central Statistics Office.
(http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/saveselections.asp – Accessed: 22 October 2013.)

FIGURE 1.2 Total Discharges by Patient Type and Admission Type (N), 2008–2012



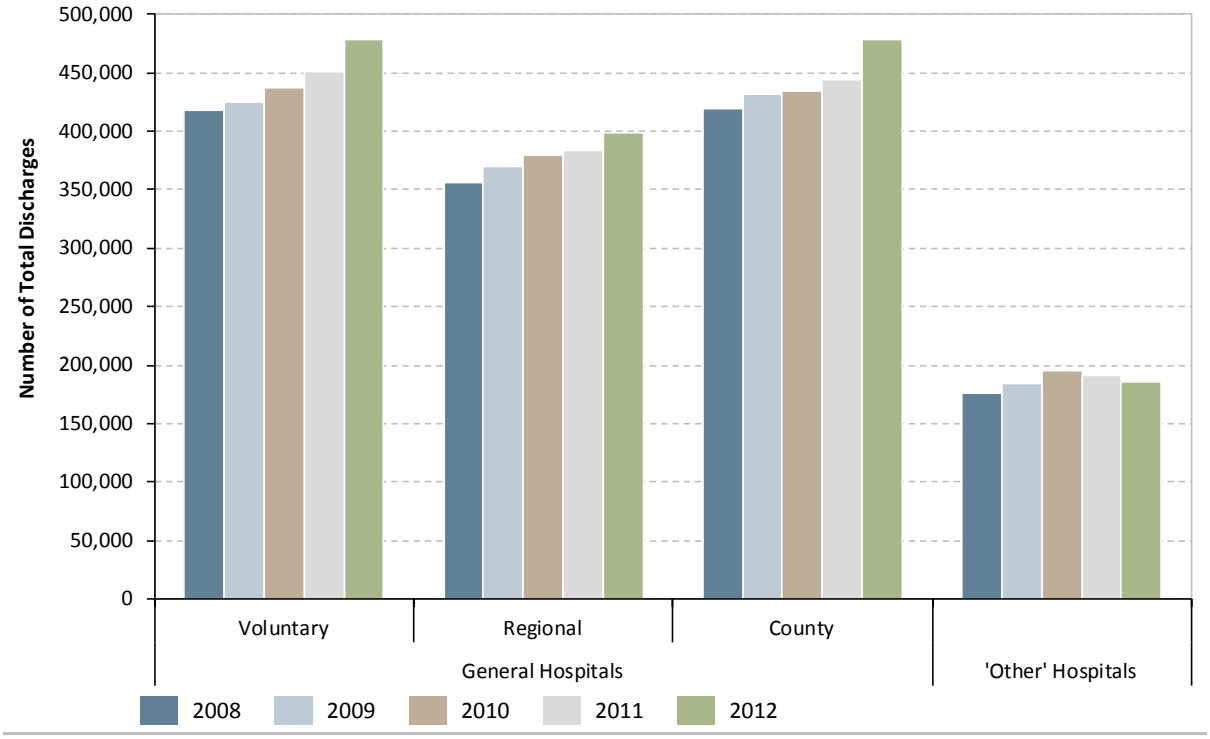
Notes: See Appendix I for a list of hospitals that participated in HIPE in 2012.

* 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. 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 in 2012 is the increase in the number of AMU/AMAU/MAU's authorised for reporting to HIPE (see Section 1.5).

Sources: Data for 2008–2012 were obtained from HIPE.

FIGURE 1.3 Total Discharges by Hospital Type (N), 2008–2012



Notes: See Appendix I for a list of hospitals that participated in HIPE in 2012.

Sources: Data for 2008–2012 were obtained from HIPE.

Discharge Overview 2012

SECTION TWO

Table of Contents

2.1 INTRODUCTION 15

2.2 WHO 16

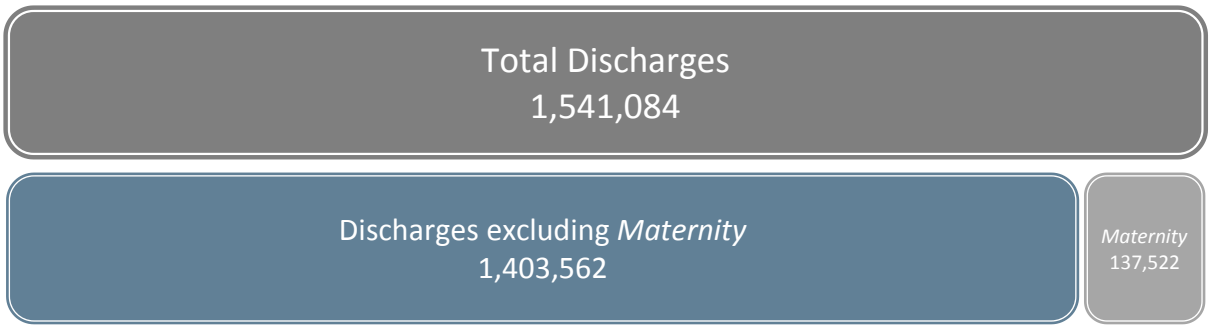
2.2.1 Age 16
2.2.2 Marital/Civil Status 23
2.2.3 Public/Private Status 24
2.2.4 GMS Status 26
2.2.5 Public/Private Status by GMS Status and Patient Type 28

2.3 WHERE 29

2.3.1 HSE Area of Hospitalisation 29
2.3.2 HSE Area of Residence 36
2.3.3 Inter-Regional Flows 38
2.3.4 Hospital Type 41
2.3.5 Admission Source 48
2.3.6 Discharge Destination 50
2.3.7 Admission Source by Discharge Destination 52

2.4 WHEN 54

2.4.1 Day of Admission 54
2.4.2 Day of Discharge 56
2.4.3 Month of Admission 58



2.1 INTRODUCTION

Section Two provides an overview of the demographic, regional 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 1,403,562 discharges and is divided into three sections.

- Section 2.2 discusses *who* the discharges were (age, sex, marital/civil status, public/private status, and GMS status).
- Section 2.3 discusses *where* discharges were hospitalised, reside, where they were coming from, and where they were discharged to (HSE area of hospitalisation, hospital type, HSE area of residence, admission source, and discharge destination).
- Section 2.4 discusses *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 2012, day patient discharges accounted for 64.5 per cent of total discharges (excl. *Maternity*). In-patient discharges accounted for the remaining 35.5 per cent of total discharges (excl. *Maternity*) with 78.5 per cent of in-patients admitted on an emergency basis and 21.5 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 (18.3 per cent). They accounted for the largest proportion of day patient discharges (20.2 per cent) and acute in-patient discharges (14.5 per cent).
- The 75–84 years age group accounted for the largest proportion of extended stay in-patient discharges (28.9 per cent).
- The 1–14 years age group accounted for 12.0 per cent of in-patient discharges and 4.4 per cent of in-patient bed days.
- Discharges in the older age groups accounted for a relatively large proportion of bed days; the 75–84 years age group accounted for 14.3 per cent of in-patient discharges and 23.7 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 7.7 days for discharges aged 85 years and over.
- Across all age groups median length of stay for extended stay in-patient discharges ranged from 42 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. *Maternity*)	
			Acute (0–30 days)				Extended (> 30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	4,569	0.5	28,932	6.0	111,580	5.2	887	5.8	50,452	5.1	29,819	6.0	162,032	5.1	34,388	2.5
1–14 Years	43,507	4.8	59,714	12.4	131,084	6.1	137	0.9	7,238	0.7	59,851	12.0	138,322	4.4	103,358	7.4
15–24 Years	33,749	3.7	32,027	6.6	83,756	3.9	230	1.5	13,340	1.4	32,257	6.5	97,096	3.1	66,006	4.7
25–34 Years	71,237	7.9	37,271	7.7	111,668	5.2	404	2.7	27,303	2.8	37,675	7.6	138,971	4.4	108,912	7.8
35–44 Years	103,559	11.4	43,542	9.0	143,278	6.6	624	4.1	50,645	5.1	44,166	8.9	193,923	6.2	147,725	10.5
45–54 Years	139,258	15.4	51,665	10.7	201,417	9.3	995	6.6	64,453	6.5	52,660	10.6	265,870	8.4	191,918	13.7
55–64 Years	176,181	19.5	62,166	12.9	296,848	13.7	1,763	11.6	114,146	11.6	63,929	12.8	410,994	13.0	240,110	17.1
65–74 Years	183,326	20.2	69,969	14.5	396,247	18.3	2,928	19.3	181,645	18.4	72,897	14.6	577,892	18.3	256,223	18.3
75–84 Years	122,588	13.5	66,994	13.9	456,216	21.1	4,394	28.9	289,664	29.4	71,388	14.3	745,880	23.7	193,976	13.8
85 Years and Over	27,713	3.1	30,415	6.3	234,464	10.8	2,818	18.6	186,305	18.9	33,233	6.7	420,769	13.4	60,946	4.3
Total Discharges (excl. *Maternity*)	**905,687**	**100**	**482,695**	**100**	**2,166,558**	**100**	**15,180**	**100**	**985,191**	**100**	**497,875**	**100**	**3,151,749**	**100**	**1,403,562**	**100**

In-Patient Length of Stay								
	Acute (0–30 days)		Extended (> 30 days)			Total In-Patient		
	Mean	Median		Mean	Median		Mean	Median
< 1 Year	3.9	2	< 1 Year	56.9	46	< 1 Year	5.4	2
1–14 Years	2.2	1	1–14 Years	52.8	42	1–14 Years	2.3	1
15–24 Years	2.6	1	15–24 Years	58.0	43	15–24 Years	3.0	1
25–34 Years	3.0	2	25–34 Years	67.6	48	25–34 Years	3.7	2
35–44 Years	3.3	2	35–44 Years[a]	81.2	45	35–44 Years	4.4	2
45–54 Years	3.9	2	45–54 Years	64.8	46	45–54 Years	5.0	2
55–64 Years	4.8	3	55–64 Years	64.7	45	55–64 Years	6.4	3
65–74 Years	5.7	4	65–74 Years	62.0	46	65–74 Years	7.9	4
75–84 Years	6.8	5	75–84 Years	65.9	48	75–84 Years	10.4	5
85 Years and Over	7.7	6	85 Years and Over	66.1	49	85 Years and Over	12.7	7
Acute In-Patients (excl. *Maternity*)	**4.5**	**2**	**Extended In-Patients (excl. *Maternity*)**	**64.9**	**47**	**Total In-Patients (excl. *Maternity*)**	**6.3**	**2**

Notes: Percentage columns are subject to rounding.

a Length of stay in this age category was exceptionally high due to a small number of discharges in one particular hospital.

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 2012, females accounted for 49.7 per cent of total discharges (excl. *Maternity*).

Discharges

- The 65–74 years age group accounted for the largest proportion of male discharges (20.1 per cent) whereas the largest proportion of female discharges were accounted for by the 55–64 years age group and the 65–74 years age group, both accounting for 16.4 per cent of female discharges.
- Discharges aged 65 years and over accounted for 34.8 per cent of male in-patient discharges and 52.7 per cent of male in-patient bed days, while for females this group accounted for 36.5 per cent of female in-patient discharges and 58.0 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 (22.7 per cent) and females (24.6 per cent).

Length of Stay

- Female acute in-patient discharges had a slightly longer mean length of stay (4.5 days) compared to male acute in-patients (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 42 days and 50 days for male discharges and between 43 days and 49 days for female discharges. Median length of stay was generally longest in the older age categories for both sexes.

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	2,489	0.5	16,374	6.7	62,643	5.8	487	6.4	27,614	5.5	16,861	6.7	90,257	5.7	19,350	2.7
1–14 Years	25,274	5.6	32,630	13.3	69,287	6.4	75	1.0	3889	0.8	32,705	12.9	73,176	4.6	57,979	8.2
15–24 Years	16,131	3.6	15,299	6.2	40,215	3.7	146	1.9	7835	1.6	15,445	6.1	48,050	3.0	31,576	4.5
25–34 Years	29,076	6.4	17,460	7.1	53,779	4.9	215	2.8	14,762	2.9	17,675	7.0	68,541	4.3	46,751	6.6
35–44 Years	44,186	9.8	21,224	8.6	71,030	6.5	353	4.6	34,167	6.8	21,577	8.5	105,197	6.6	65,763	9.3
45–54 Years	61,582	13.6	25,780	10.5	101,119	9.3	532	7.0	35,632	7.1	26,312	10.4	136,751	8.6	87,894	12.4
55–64 Years	91,488	20.2	33,561	13.7	162,501	14.9	1,019	13.3	67,519	13.4	34,580	13.7	230,020	14.5	126,068	17.9
65–74 Years	102,380	22.6	38,077	15.5	216,342	19.9	1,704	22.3	107,841	21.5	39,781	15.7	324,183	20.4	142,161	20.1
75–84 Years	66,052	14.6	33,199	13.5	223,215	20.5	2,118	27.7	138,715	27.6	35,317	14.0	361,930	22.7	101,369	14.4
85 Years and Over	14,418	3.2	11,845	4.8	88,797	8.2	1,005	13.1	64,407	12.8	12,850	5.1	153,204	9.6	27,268	3.9
Total Male Discharges	**453,076**	**100**	**245,449**	**100**	**1,088,928**	**100**	**7,654**	**100**	**502,381**	**100**	**253,103**	**100**	**1,591,309**	**100.0**	**706,179**	**100**

In-Patient Length of Stay								
	Acute (0–30 days)		Extended (> 30 days)			Total In-Patient		
	Mean	Median		Mean	Median		Mean	Median
< 1 Year	3.8	2	< 1 Year	56.7	46	< 1 Year	5.4	2
1–14 Years	2.1	1	1–14 Years	51.9	42	1–14 Years	2.2	1
15–24 Years	2.6	1	15–24 Years	53.7	42	15–24 Years	3.1	1
25–34 Years	3.1	2	25–34 Years	68.7	50	25–34 Years	3.9	2
35–44 Years	3.3	2	35–44 Years[a]	96.8	47	35–44 Years	4.9	2
45–54 Years	3.9	2	45–54 Years	67.0	48	45–54 Years	5.2	2
55–64 Years	4.8	3	55–64 Years	66.3	46	55–64 Years	6.7	3
65–74 Years	5.7	4	65–74 Years	63.3	47	65–74 Years	8.1	4
75–84 Years	6.7	5	75–84 Years	65.5	49	75–84 Years	10.2	5
85 Years and Over	7.5	6	85 Years and Over	64.1	48	85 Years and Over	11.9	6
Acute Male In-Patients	**4.4**	**2**	**Extended Male In-Patients**	**65.6**	**47**	**Total Male In-Patients**	**6.3**	**2**

Notes: Percentage columns are subject to rounding.

a Length of stay in this age category was exceptionally high due to a small number of discharges in one particular hospital.

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															
	Day Patients		In-Patients												Total Female Discharges (excl. *Maternity*)	
			Acute (0–30 days)				Extended (>30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	2,080	0.5	12,558	5.3	48,937	4.5	400	5.3	22,838	4.7	12,958	5.3	71,775	4.6	15,038	2.2
1–14 Years	18,233	4.0	27,084	11.4	61,797	5.7	62	0.8	3,349	0.7	27,146	11.1	65,146	4.2	45,379	6.5
15–24 Years	17,618	3.9	16,728	7.1	43,541	4.0	84	1.1	5,505	1.1	16,812	6.9	49,046	3.1	34,430	4.9
25–34 Years	42,161	9.3	19,811	8.4	57,889	5.4	189	2.5	12,541	2.6	20,000	8.2	70,430	4.5	62,161	8.9
35–44 Years	59,373	13.1	22,318	9.4	72,248	6.7	271	3.6	16,478	3.4	22,589	9.2	88,726	5.7	81,962	11.8
45–54 Years	77,676	17.2	25,885	10.9	100,298	9.3	463	6.2	28,821	6.0	26,348	10.8	129,119	8.3	104,024	14.9
55–64 Years	84,693	18.7	28,605	12.1	134,347	12.5	744	9.9	46,627	9.7	29,349	12.0	180,974	11.6	114,042	16.4
65–74 Years	80,946	17.9	31,892	13.4	179,905	16.7	1,224	16.3	73,804	15.3	33,116	13.5	253,709	16.3	114,062	16.4
75–84 Years	56,536	12.5	33,795	14.2	233,001	21.6	2,276	30.2	150,949	31.3	36,071	14.7	383,950	24.6	92,607	13.3
85 Years and Over	13,295	2.9	18,570	7.8	145,667	13.5	1,813	24.1	121,898	25.2	20,383	8.3	267,565	17.1	33,678	4.8
Total Female Discharges (excl. *Maternity*)	**452,611**	**100**	**237,246**	**100**	**1,077,630**	**100**	**7,526**	**100**	**482,810**	**100**	**244,772**	**100**	**1,560,440**	**100**	**697,383**	**100**

In-Patient Length of Stay								
	Acute (0–30 days)		Extended (> 30 days)			Total In-Patient		
	Mean	Median		Mean	Median		Mean	Median
< 1 Year	3.9	2	< 1 Year	57.1	46	< 1 Year	5.5	2
1–14 Years	2.3	1	1–14 Years	54.0	43	1–14 Years	2.4	1
15–24 Years	2.6	1	15–24 Years	65.5	47	15–24 Years	2.9	1
25–34 Years	2.9	2	25–34 Years	66.4	45	25–34 Years	3.5	2
35–44 Years	3.2	2	35–44 Years	60.8	44	35–44 Years	3.9	2
45–54 Years	3.9	2	45–54 Years	62.2	45	45–54 Years	4.9	2
55–64 Years	4.7	3	55–64 Years	62.7	45	55–64 Years	6.2	3
65–74 Years	5.6	4	65–74 Years	60.3	45	65–74 Years	7.7	4
75–84 Years	6.9	5	75–84 Years	66.3	48	75–84 Years	10.6	5
85 Years and Over	7.8	6	85 Years and Over	67.2	49	85 Years and Over	13.1	7
Acute Female In-Patients (excl. *Maternity*)	**4.5**	**2**	**Extended Female In-Patients (excl. *Maternity*)**	**64.2**	**47**	**Total Female In-Patients (excl. *Maternity*)**	**6.4**	**3**

Note: Percentage columns are subject to rounding.

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

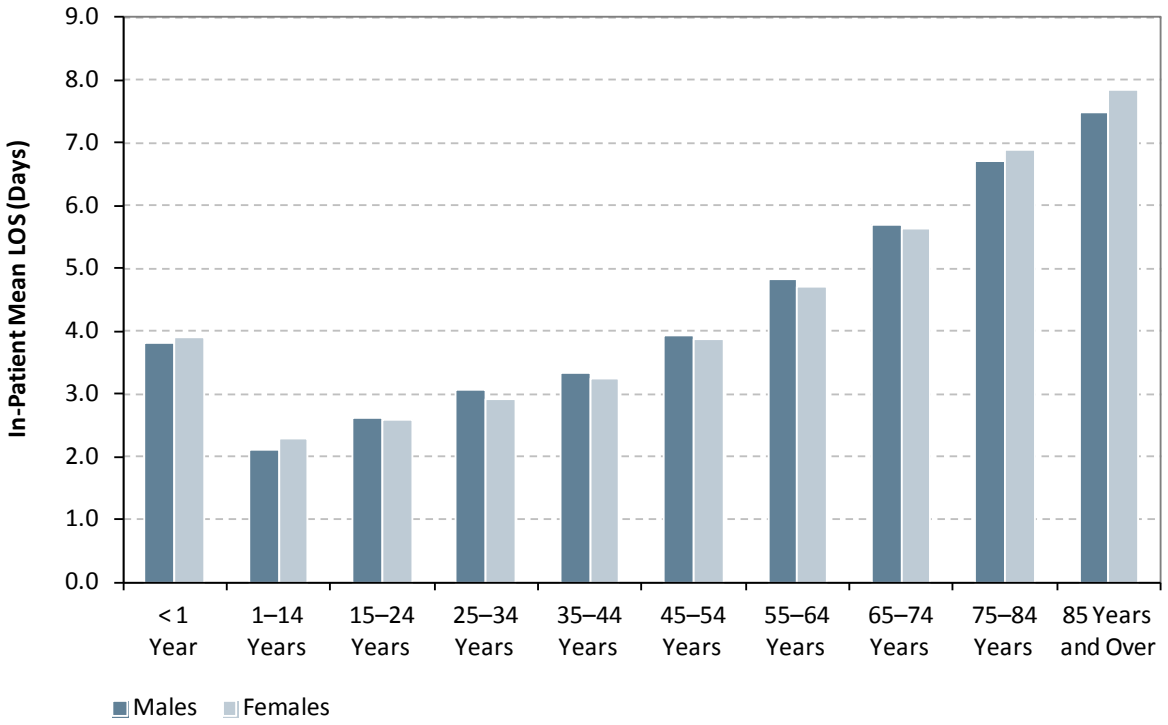
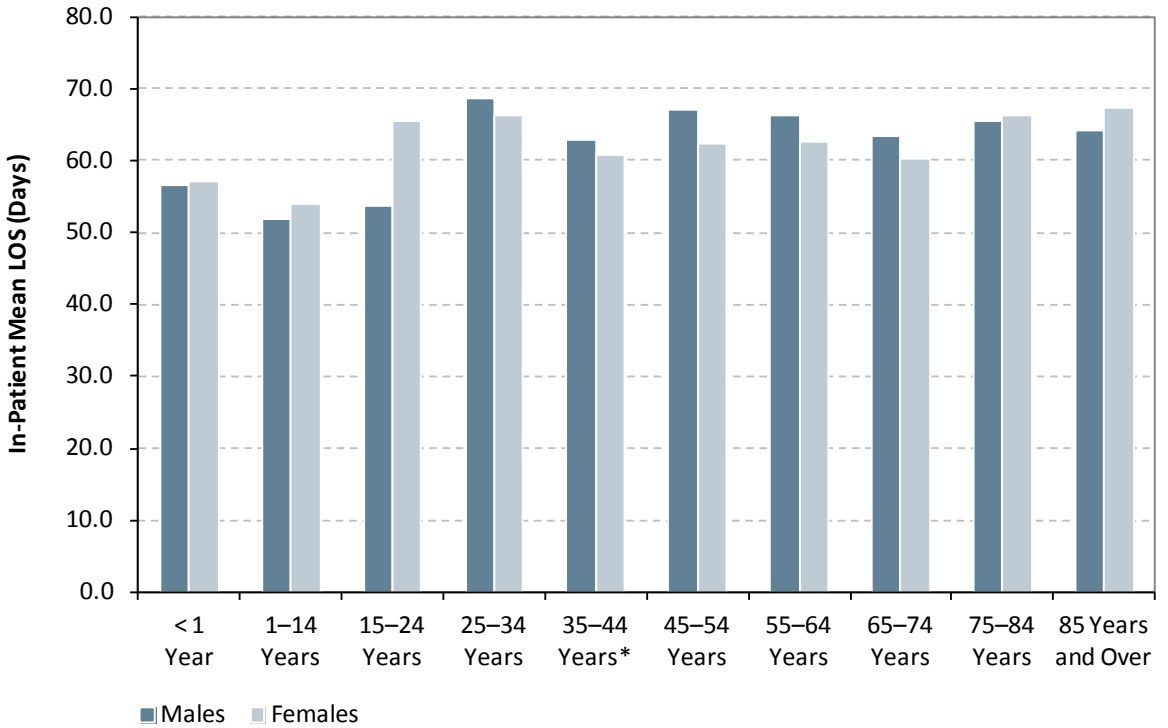


FIGURE 2.2 Extended Stay In-Patients (excl. *Maternity*): Mean Length of Stay by Sex and Age Group



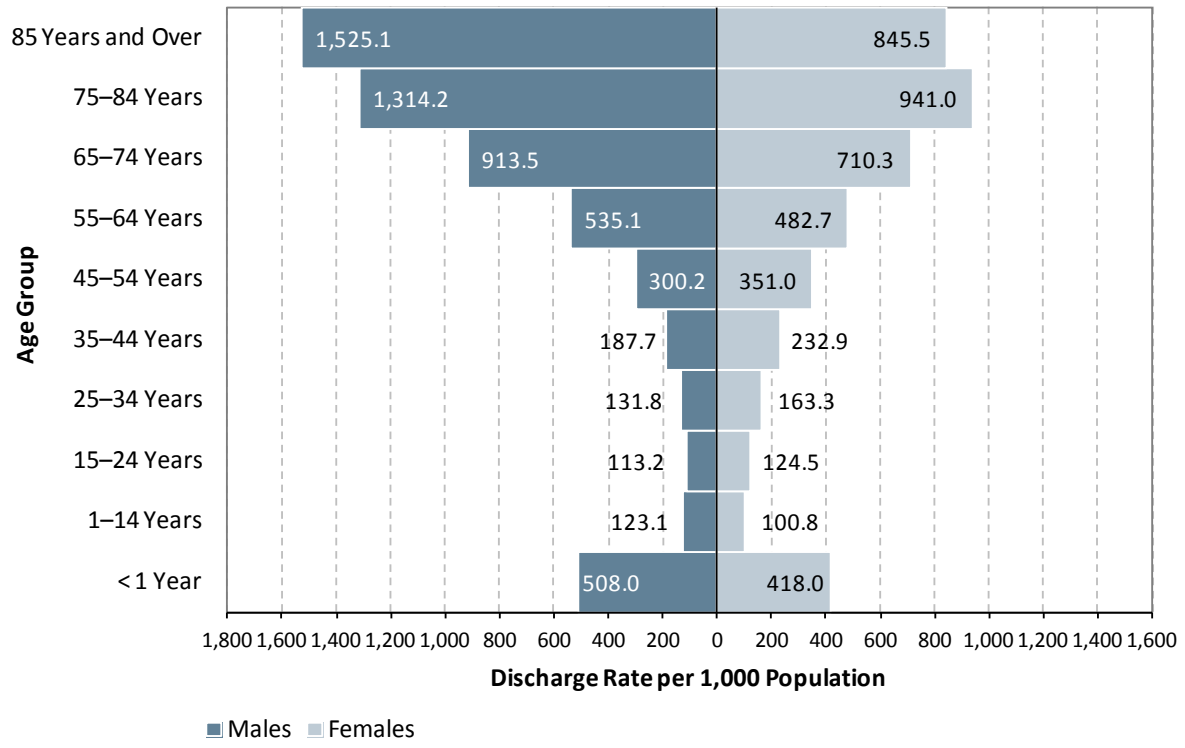
Notes: * Length of stay in this age category was exceptionally high due to a small number of discharges in one particular hospital. In order to more accurately reflect the mean length of stay for extended stay in-patients, these discharges have been excluded from the analysis for this figure.

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*).[2]

- 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 (1,525.1 per 1,000 population for males) whilst the highest discharge rate for females was amongst those aged between 75 and 84 years (941.0 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: Rates are based on population estimates obtained from the ESRI, 2013 — see Appendix V.

[2] Rates are based on population estimates obtained from the ESRI — see Appendix V.

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 46.9 per cent of total discharges (excl. *Maternity*).
- Discharges who were single accounted for the largest proportion of acute in-patient discharges (43.9 per cent), while married discharges accounted for the largest proportion of extended stay in-patient discharges (36.7 per cent).
- Discharges who were widowed accounted for 9.9 per cent of total discharges (excl. *Maternity*). However, they accounted for almost a quarter of extended stay in-patient discharges (24.5 per cent).

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

	Day Patients		In-Patients						Total Discharges (excl. *Maternity*)	
			Acute (0–30 days)		Extended (> 30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
Single	276,290	30.5	211,726	43.9	4,655	30.7	216,381	43.5	492,671	35.1
Married	468,964	51.8	184,315	38.2	5,575	36.7	189,890	38.1	658,854	46.9
Widowed	81,427	9.0	54,107	11.2	3,721	24.5	57,828	11.6	139,255	9.9
Other*	39,689	4.4	18,013	3.7	631	4.2	18,644	3.7	58,333	4.2
Unknown	28,691	3.2	9,451	2.0	440	2.9	9,891	2.0	38,582	2.7
Divorced	10,626	1.2	5,083	1.1	158	1.0	5,241	1.1	15,867	1.1
Total Discharges (excl. *Maternity*)	**905,687**	**100**	**482,695**	**100**	**15,180**	**100**	**497,875**	**100**	**1,403,562**	**100**

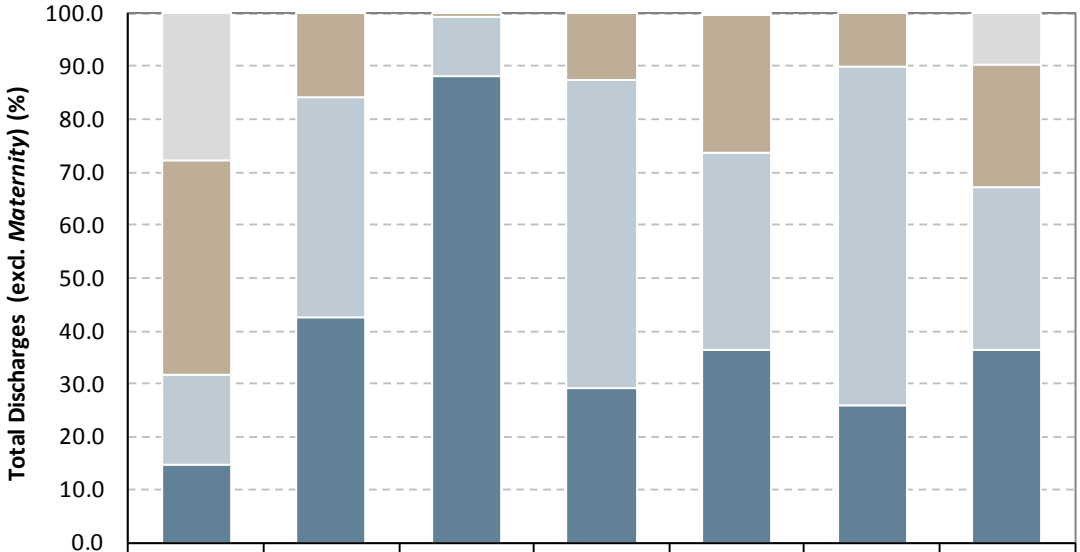
Note: Percentage columns are subject to rounding.
* Other includes Separated, Civil Partner, Formal Civil Partner, and Surviving Civil Partner

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 (40.3 per cent) who were single were aged 15–44 years.
- For discharges who were widowed, 88.0 per cent were aged 65 years and over.

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



	Single	Married	Widowed	Other*	Unknown	Divorced	Total
Under 15 Years	27.9	0.0	0.0	0.1	0.1	0.0	9.8
15–44 Years	40.3	15.8	0.7	12.7	26.1	10.1	23.0
45–64 Years	17.1	41.5	11.3	58.2	37.4	64.1	30.8
65 Years and Over	14.7	42.7	88.0	29.1	36.4	25.8	36.4

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. Private consultant care may be funded through private health insurance and/or out-of-pocket payment. Table 2.3 disaggregates total discharges (excl. *Maternity*) by public/private status and age group.[3]

- Of total discharges (excl. *Maternity*), 83.3 per cent were discharged on a public basis.
- Apart from the oldest age group, the 25–34 years age group had the largest proportion of total discharges (excl. *Maternity*) treated publicly (87.1 per cent) with only 12.9 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 24.6 per cent of all discharges in this age group.

[3] For length of stay analysis see Table 2.11.

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

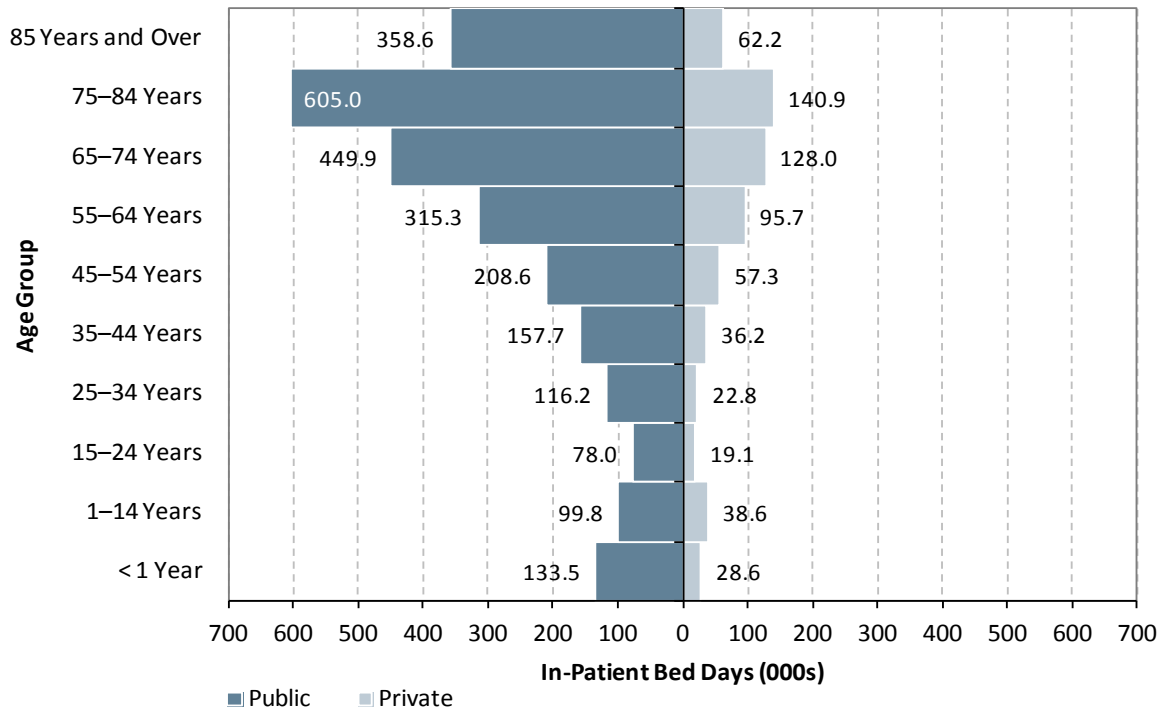
	Public		Private		Total Discharges (excl. *Maternity*)	
	N	%	N	%	N	%
< 1 Year	27,148	78.9	7,240	21.1	34,388	100
1–14 Years	77,956	75.4	25,402	24.6	103,358	100
15–24 Years	55,624	84.3	10,382	15.7	66,006	100
25–34 Years	94,887	87.1	14,025	12.9	108,912	100
35–44 Years	122,781	83.1	24,944	16.9	147,725	100
45–54 Years	158,236	82.4	33,682	17.6	191,918	100
55–64 Years	197,063	82.1	43,047	17.9	240,110	100
65–74 Years	213,147	83.2	43,076	16.8	256,223	100
75–84 Years	167,762	86.5	26,214	13.5	193,976	100
85 Years and Over	54,038	88.7	6,908	11.3	60,946	100
Total Discharges (excl. *Maternity*)	**1,168,642**	**83.3**	**234,920**	**16.7**	**1,403,562**	**100**

Note: Percentage columns are subject to rounding.

Figure 2.5 disaggregates total in-patient bed days (excl. *Maternity*) by public/private status and age group.

- The largest number of in-patient bed days was recorded by public in-patient discharges aged 75–84 years, which accounted for 604,988 bed days.
- The smallest number of in-patient bed days for both public and private patients was recorded in the 15–24 years age group, which accounted for 78,030 public bed days and 19,066 private bed days.

FIGURE 2.5 Total In-Patient Bed Days (excl. *Maternity*): Public/Private Status by Age Group (Bed Days)



2.2.4 GMS Status

GMS status refers to the medical card status of each HIPE discharge.[4] 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.

Table 2.4 disaggregates total discharges (excl. *Maternity*) by GMS status and age group.[5]

- Of total discharges (excl. *Maternity*), 56.7 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 (84.0 per cent).

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

	GMS		Non-GMS		Unknown[a]		Total Discharges (excl. *Maternity*)	
	N	%	N	%	N	%	N	%
< 1 Year	6,550	19.0	27,134	78.9	704	2.0	34,388	100
1–14 Years	49,418	47.8	53,662	51.9	278	0.3	103,358	100
15–24 Years	29,806	45.2	35,695	54.1	505	0.8	66,006	100
25–34 Years	47,005	43.2	59,190	54.3	2,717	2.5	108,912	100
35–44 Years	67,481	45.7	78,275	53.0	1,969	1.3	147,725	100
45–54 Years	91,508	47.7	98,322	51.2	2,088	1.1	191,918	100
55–64 Years	125,065	52.1	112,438	46.8	2,607	1.1	240,110	100
65–74 Years	168,886	65.9	83,645	32.6	3,692	1.4	256,223	100
75–84 Years	158,204	81.6	33,494	17.3	2,278	1.2	193,976	100
85 Years and Over	51,203	84.0	8,774	14.4	969	1.6	60,946	100
Total Discharges (excl. *Maternity*)	**795,126**	**56.7**	**590,629**	**42.1**	**17,807**	**1.3**	**1,403,562**	**100**

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

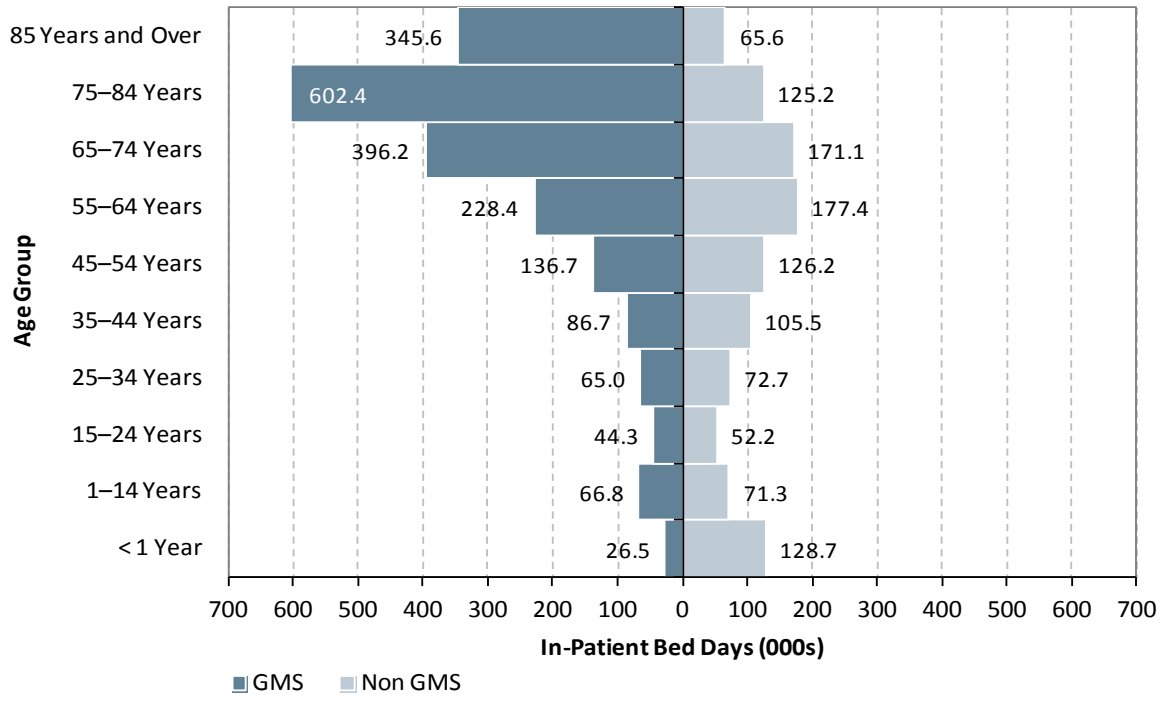
4 The HSE reported that 1,853,877 individuals were covered by a medical card at the end of December 2012. Using population estimates obtained from ESRI in 2013, this equates to 40.3 per cent of the population – see Appendix V. http://www.hse.ie/eng/services/Publications/corporate/performancereports/dec12pr.pdf

5 For length of stay analysis see Table 2.7.

Figure 2.6 disaggregates in-patient bed days (excl. *Maternity*) by GMS status and age group.

- The largest number of in-patient bed days for GMS discharges was in the 75–84 years age group, which accounted for 602,405 bed days.
- The largest number of in-patient bed days for non-GMS discharges was in the 55–64 years age group, which accounted for 177,433 bed days.
- The smallest number of in-patient bed days for GMS discharges was 26,483 in the less than one year age group, while the smallest number of in-patient bed days for non-GMS discharges was 52,241 in the 15–24 years age group.

FIGURE 2.6 Total In-Patient Bed Days (excl. *Maternity*): GMS Status by Age Group (Bed Days)



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

2.2.5 Public/Private Status by GMS Status and Patient Type

Table 2.5 and Figure 2.7 disaggregate total discharges (excl. *Maternity*) by public/private status, GMS status and patient type.

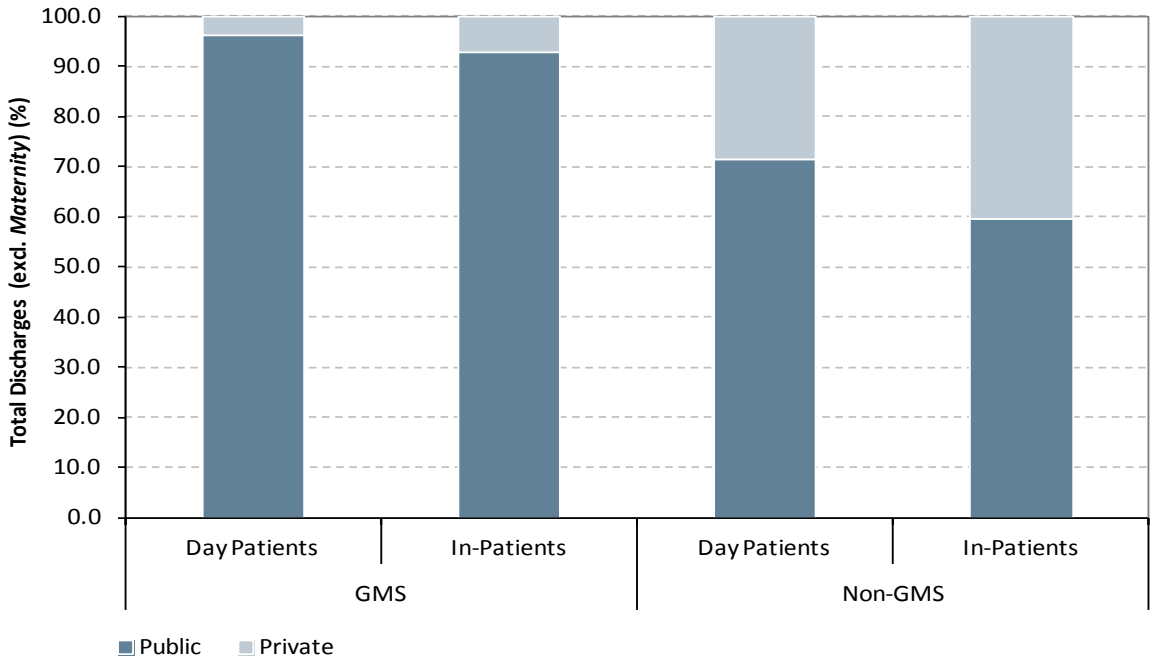
- For GMS in-patient discharges, 92.8 per cent were treated on a public basis compared to 7.2 per cent who were treated privately.
- For non-GMS in-patient discharges, 59.6 per cent were treated on a public basis with the remaining 40.4 per cent treated on a private basis.

TABLE 2.5 Total Discharges (excl. *Maternity*): Public/Private Status by GMS Status and Patient Type (N, %)

		Public		Private		Total Discharges (excl. *Maternity*)	
		N	%	N	%	N	%
GMS	Day Patients	497,918	96.2	19,664	3.8	517,582	100
	In-Patients	257,577	92.8	19,967	7.2	277,544	100
	Total GMS	**755,495**	**95.0**	**39,631**	**5.0**	**795,126**	**100**
Non-GMS	Day Patients	267,028	71.3	107,416	28.7	374,444	100
	In-Patients	128,882	59.6	87,303	40.4	216,185	100
	Total Non-GMS	**395,910**	**67.0**	**194,719**	**33.0**	**590,629**	**100**
Unknown [a]	Day Patients	13,438	98.4	223	1.6	13,661	100
	In-Patients	3,799	91.6	347	8.4	4,146	100
	Total GMS Unknown	**17,237**	**96.8**	**570**	**3.2**	**17,807**	**100**
Total	Day Patients	778,384	85.9	127,303	14.1	905,687	100
	In-Patients	390,258	78.4	107,617	21.6	497,875	100
	Total Discharges (excl. *Maternity*)	**1,168,642**	**83.3**	**234,920**	**16.7**	**1,403,562**	**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.

2.3 WHERE

Section 2.3 examines where discharges were hospitalised, where they were resident, and where they were admitted from and discharged to. Data are presented in the following tables and figures by HSE area of hospitalisation, HSE area of residence, hospital type, and admission source and discharge destination.

2.3.1 HSE Area of Hospitalisation

HSE area of hospitalisation reflects the HSE administrative area in which the discharge was hospitalised (see Appendix I). Total discharges (excl. *Maternity*) are disaggregated by patient type and admission type across each HSE area, followed by a further breakdown by GMS status to show the distribution of medical card holders across the HSE areas by patient type.

2.3.1.1 Patient Type and Admission Type by HSE Area of Hospitalisation

Table 2.6 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation, patient type and admission type.

Discharges

- The largest proportion of total discharges (excl. *Maternity*) were hospitalised in the HSE Dublin Mid Leinster area (29.4 per cent) with the smallest proportion hospitalised in the HSE Dublin North East area (22.7 per cent).
- The largest proportion of day patients were hospitalised in the HSE Dublin Mid Leinster area (30.6 per cent) while the smallest proportion of day patient discharges were hospitalised in the HSE South area (21.3 per cent).
- The HSE Dublin Mid Leinster area accounted for 29.8 per cent of total elective in-patient discharges, and 26.6 per cent of total emergency in-patient discharges, accounting for the highest proportion across all HSE areas.

Length of Stay

- Acute in-patient mean length of stay ranged from 4.1 days in the HSE South area to 4.8 days in the HSE Dublin Mid Leinster area.
- For acute emergency in-patient length of stay, the HSE Dublin Mid Leinster area recorded the longest mean length of stay of 4.8 days compared to 4.5 days in the HSE Dublin North East and HSE West areas, and 4.0 days in the HSE South area.
- Extended stay in-patient mean length of stay was longest in HSE Dublin North East (70.8 days) which was nearly 18 days longer than in the HSE West area (53.2 days).

TABLE 2.6 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type and Admission Type (N, % and In-Patient Length of Stay)

			Discharges									
			Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
			N	%	N	%	N	%	N	%	N	%
Day Patients			**209,499**	**23.1**	**277,192**	**30.6**	**193,285**	**21.3**	**225,711**	**24.9**	**905,687**	**100**
In-Patients	**Elective**	Acute (0–30 days)	22,576	21.9	29,972	29.1	25,226	24.5	25,376	24.6	103,150	100
		Extended (> 30 days)	722	19.7	1,823	49.8	687	18.8	425	11.6	3,657	100
		Total Elective	**23,298**	**21.8**	**31,795**	**29.8**	**25,913**	**24.3**	**25,801**	**24.2**	**106,807**	**100**
	Emergency[a]	Acute (0–30 days)	82,974	21.9	99,722	26.3	99,869	26.3	96,980	25.6	379,545	100
		Extended (> 30 days)	3,118	27.1	4,261	37.0	2,212	19.2	1,932	16.8	11,523	100
		Total Emergency	**86,092**	**22.0**	**103,983**	**26.6**	**102,081**	**26.1**	**98,912**	**25.3**	**391,068**	**100**
	Total	Acute (0–30 days)	105,550	21.9	129,694	26.9	125,095	25.9	122,356	25.3	482,695	100
		Extended (> 30 days)	3,840	25.3	6,084	40.1	2,899	19.1	2,357	15.5	15,180	100
		Total In-Patients	**109,390**	**22.0**	**135,778**	**27.3**	**127,994**	**25.7**	**124,713**	**25.0**	**497,875**	**100**
Total Discharges (excl. *Maternity*)			**318,889**	**22.7**	**412,970**	**29.4**	**321,279**	**22.9**	**350,424**	**25.0**	**1,403,562**	**100**

		In-Patient Length of Stay									
		Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Elective	Acute (0–30 days)	5.2	3	4.8	2	4.2	2	4.1	2	4.6	2
	Extended (> 30 days)	57.9	45	67.8	48	59.1	44	55.2	45	62.7	46
	Total Elective	**6.8**	**3**	**8.4**	**3**	**5.7**	**2**	**4.9**	**2**	**6.6**	**3**
Emergency[a]	Acute (0–30 days)	4.5	2	4.8	3	4.0	2	4.5	3	4.5	2
	Extended (> 30 days)	73.8	50	70.2	49	56.2	46	52.8	43	65.6	47
	Total Emergency	**7.0**	**2**	**7.5**	**3**	**5.2**	**2**	**5.5**	**3**	**6.3**	**2**
Total	Acute (0–30 days)	4.6	2	4.8	3	4.1	2	4.5	3	4.5	2
	Extended (> 30 days)	70.8	49	69.5	49	56.9	45	53.2	44	64.9	47
	Total In-Patients (excl. *Maternity*)	**6.9**	**2**	**7.7**	**3**	**5.3**	**2**	**5.4**	**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.

Figures 2.8a and 2.8b show the cumulative distribution of length of stay for elective and emergency in-patient discharges respectively by HSE area of hospitalisation.

- 83.8 per cent of elective in-patients discharged in the HSE West and 82.5 per cent in the HSE South areas spent 7 days or less in hospital. In contrast, 75.2 per cent of elective in-patients discharged in the HSE Dublin North East area and 76.1 per cent in the HSE Dublin Mid Leinster area had a length of stay of 7 days or less.
- 83.0 per cent of emergency in-patients discharged in the HSE South and 80.6 per cent in the HSE West areas spent 7 days or less in hospital. This compared to 78.9 per cent in the HSE Dublin North East area and 76.9 in the HSE Dublin Mid Leinster area.

FIGURE 2.8a Elective In-Patient Discharges: Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)

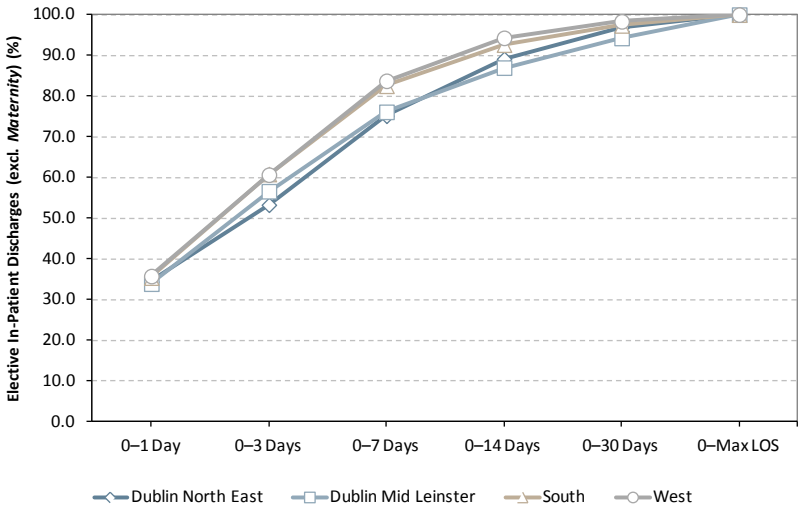
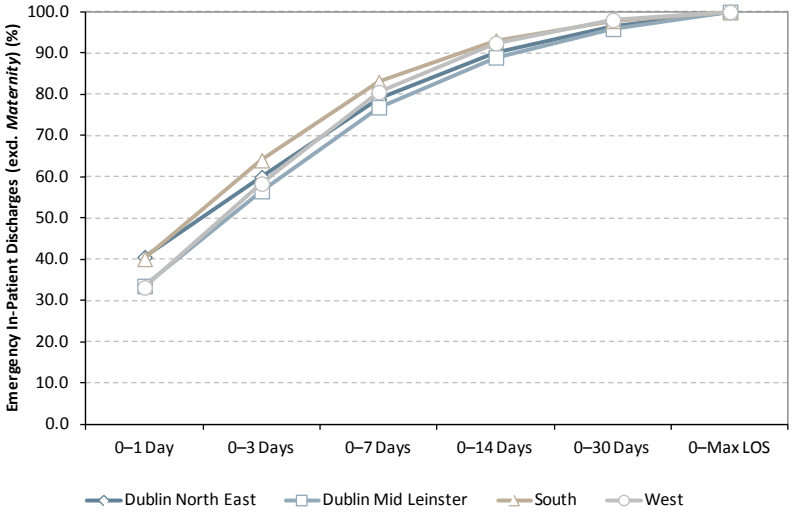


FIGURE 2.8b Emergency In-Patient Discharges[a]: Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)



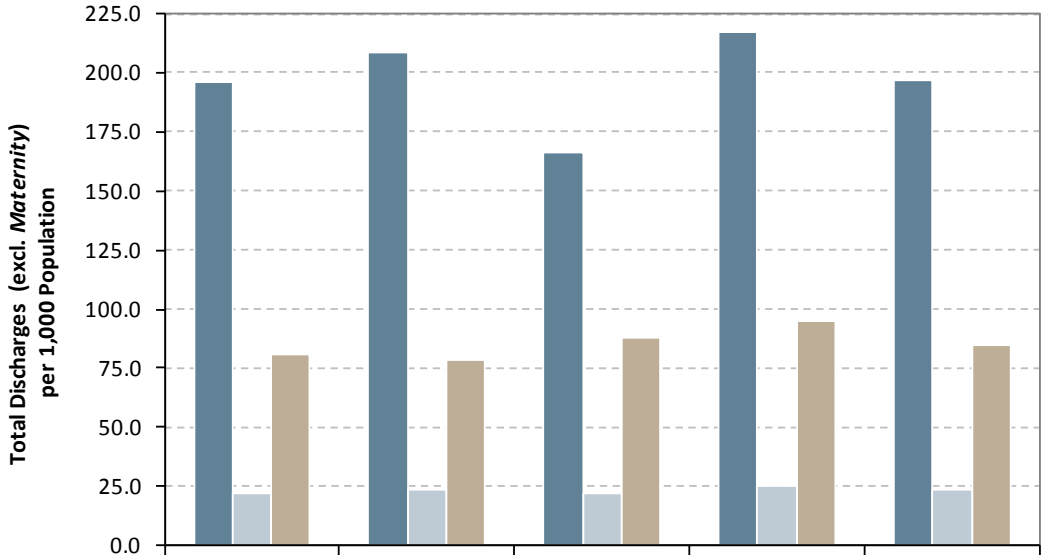
Note: a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions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

2.3.1.2 Discharge Rates by HSE Area of Hospitalisation

Figure 2.9 shows the discharge rates per 1,000 population for total discharges (excl. *Maternity*) by HSE area of hospitalisation, patient and admission type.

- The HSE West area recorded the highest discharge rate for day patients (217.0 per 1,000 population) compared with the lowest rate in the HSE South area (166.3 per 1,000 population).
- Elective in-patient discharges recorded a similar rate across all areas ranging from 21.8 in the HSE Dublin North East area to 24.8 per 1,000 population in the HSE West area.
- The HSE West area recorded the highest discharge rate for emergency in-patient discharges (95.1 per 1,000 population) compared with the lowest rate in the HSE Dublin Mid Leinster area (78.4 per 1,000 population).

FIGURE 2.9 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type and Admission Type (Discharge Rate per 1,000 Population)



	Dublin North East	Dublin Mid Leinster	South	West	Total
Day Patients	195.8	208.9	166.3	217.0	196.9
Elective In-Patients	21.8	24.0	22.3	24.8	23.2
Emergency In-Patients*	80.5	78.4	87.8	95.1	85.0

Notes: Rates are based on population estimates obtained from the ESRI — see Appendix V.

* 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.

2.3.1.3 HSE Area of Hospitalisation by GMS Status

Table 2.7 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation and GMS status.

Discharges

- The HSE West area treated the largest proportion of GMS discharges (29.9 per cent) while the HSE Dublin North East area treated the smallest proportion of GMS discharges (20.7 per cent).
- For extended stay in-patients, the HSE Dublin Mid Leinster area treated the largest proportion of both GMS discharges (37.2 per cent) and non-GMS discharges (47.3 per cent).

Length of Stay

- GMS discharges had a mean length of stay which was just over 2 days longer than their non-GMS counterparts (7.2 days compared to 5.1 days). Median length of stay was 1 day longer for GMS discharges.
- The HSE West area recorded the shortest in-patient mean length of stay for GMS discharges (6.1 days) and both the HSE West area and the HSE South area recorded the shortest in-patient mean length of stay for non-GMS discharges (4.1 days).
- The HSE Dublin North East area had the longest in-patient mean length of stay for extended stay GMS discharges (75.1 days) while the Dublin Mid Leinster area recorded the longest in-patient mean length of stay for extended stay non-GMS discharges (71.3 days).

TABLE 2.7 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by GMS Status and Patient Type (N, % and In-Patient Length of Stay)

			Discharges									
			Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
			N	%	N	%	N	%	N	%	N	%
GMS	Day Patient		109,229	21.1	144,619	27.9	105,154	20.3	158,580	30.6	517,582	100
	In-Patients	Acute (0–30 days)	53,367	19.9	67,146	25.1	69,868	26.1	77,149	28.8	267,530	100
		Extended (> 30 days)	2,385	23.8	3,725	37.2	2,097	20.9	1,807	18.0	10,014	100
		Total	55,752	20.1	70,871	25.5	71,965	25.9	78,956	28.4	277,544	100
	Total GMS		164,981	20.7	215,490	27.1	177,119	22.3	237,536	29.9	795,126	100
Non-GMS	Day Patient		96,249	25.7	130,183	34.8	81,708	21.8	66,304	17.7	374,444	100
	In-Patients	Acute (0–30 days)	50,297	23.8	61,612	29.1	54,835	25.9	44,691	21.1	211,435	100
		Extended (> 30 days)	1,183	24.9	2,249	47.3	794	16.7	524	11.0	4,750	100
		Total	51,480	23.8	63,861	29.5	55,629	25.7	45,215	20.9	216,185	100
	Total Non-GMS		147,729	25.0	194,044	32.9	137,337	23.3	111,519	18.9	590,629	100
Unknown[a]	Day Patient		4,021	29.4	2,390	17.5	6,423	47.0	827	6.1	13,661	100
	In-Patients	Acute (0–30 days)	1,886	50.6	936	25.1	392	10.5	516	13.8	3,730	100
		Extended (> 30 days)	272	65.4	110	26.4	8	1.9	26	6.3	416	100
		Total	2,158	52.1	1,046	25.2	400	9.6	542	13.1	4,146	100
	Total GMS Unknown		6,179	34.7	3,436	19.3	6,823	38.3	1,369	7.7	17,807	100
Total	Day Patient		209,499	23.1	277,192	30.6	193,285	21.3	225,711	24.9	905,687	100
	In-Patients	Acute (0–30 days)	105,550	21.9	129,694	26.9	125,095	25.9	122,356	25.3	482,695	100
		Extended (> 30 days)	3,840	25.3	6,084	40.1	2,899	19.1	2,357	15.5	15,180	100
		Total	109,390	22.0	135,778	27.3	127,994	25.7	124,713	25.0	497,875	100
	Total Discharges (excl. *Maternity*)		318,889	22.7	412,970	29.4	321,279	22.9	350,424	25.0	1,403,562	100

		In-Patient Length of Stay									
		Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
GMS	Acute (0–30 days)	5.1	3	5.5	3	4.6	3	5.0	3	5.0	3
	Extended (> 30 days)	75.1	50	68.4	48	57.8	46	53.0	44	65.0	47
	Total GMS	8.1	3	8.8	3	6.2	3	6.1	3	7.2	3
Non-GMS	Acute (0–30 days)	3.8	2	4.1	2	3.3	2	3.5	2	3.7	2
	Extended (> 30 days)	67.1	47	71.3	49	54.4	45	54.4	44	65.5	47
	Total Non-GMS	5.3	2	6.5	2	4.1	2	4.1	2	5.1	2
Unknown[a]	Acute (0–30 days)	13.1	13	5.8	2	4.1	2	5.1	3	9.2	7
	Extended (> 30 days)	50.0	45	69.2	51	53.8	45	46.0	41	54.9	46
	Total GMS Unknown	17.7	14	12.5	3	5.1	2	7.0	3	13.8	10
Total	Acute (0–30 days)	4.6	2	4.8	3	4.1	2	4.5	3	4.5	2
	Extended (> 30 days)	70.8	49	69.5	49	56.9	45	53.2	44	64.9	47
	Total In-Patients (excl. *Maternity*)	6.9	2	7.7	3	5.3	2	5.4	3	6.3	2

Notes: Percentage columns are subject to rounding.

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

Figures 2.10a and 2.10b show the cumulative distribution of length of stay for GMS and non GMS in-patient discharges respectively by HSE area of hospitalisation.

- 78.8 per cent of GMS in-patient discharges in the HSE South area and 77.3 per cent in the HSE West area spent 7 days or less in hospital. This compared to 74.6 per cent in the HSE Dublin North East area and 72.2 per cent in HSE Dublin Mid Leinster area.
- Approximately 88 per cent of non-GMS discharges in both the HSE South and HSE West areas spent 7 days or less in hospital. This compared to 84.2 per cent in the HSE Dublin North East area and 82.0 per cent in HSE Dublin Mid Leinster area.

FIGURE 2.10a GMS In-Patient Discharges (excl. *Maternity*): Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)

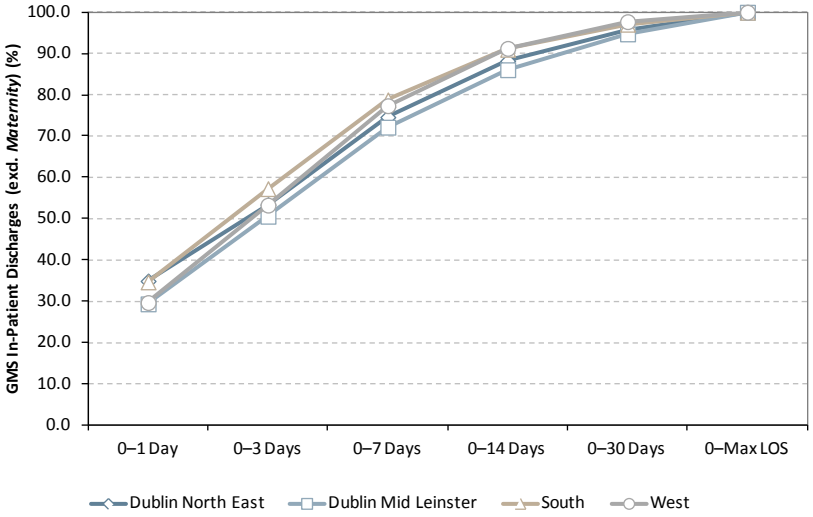
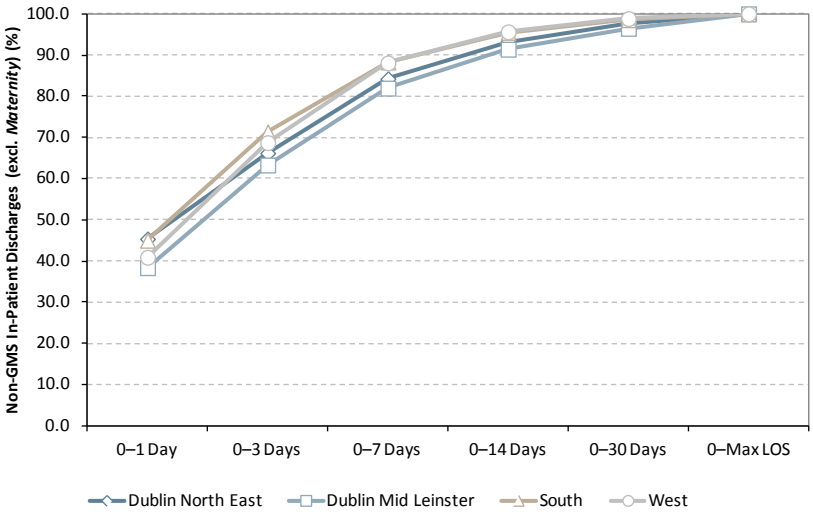


FIGURE 2.10b Non-GMS In-Patient Discharges (excl. *Maternity*): Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)



2.3.2 HSE Area of Residence

HSE area of residence reflects the HSE administrative area in which the discharge was resident. Total discharges (excl. *Maternity*) are disaggregated by age group across each HSE administrative area.

2.3.2.1 HSE Area of Residence by Age Group

Table 2.8 disaggregates total discharges (excl. *Maternity*) by HSE area of residence and age group.

- A larger proportion of discharges resident in the HSE West area were aged 85 years and older (4.8 per cent) compared to 4.1 per cent in the HSE Dublin Mid Leinster area.
- A larger proportion of discharges resident in the HSE Dublin North East area were aged 25–34 (8.5 per cent) compared to 6.9 per cent in the HSE West area.

TABLE 2.8 Total Discharges (excl. *Maternity*): HSE Area of Residence and Age Group (N, %)

	Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)[a]	
	N	%	N	%	N	%	N	%	N	%
< 1 Year	7,198	2.3	9,924	2.6	8,987	2.7	8,179	2.2	34,288	2.4
1–14 Years	20,358	6.6	28,380	7.4	26,139	7.7	28,186	7.7	103,063	7.4
15–24 Years	13,919	4.5	19,181	5.0	16,098	4.8	16,532	4.5	65,730	4.7
25–34 Years	26,414	8.5	32,124	8.4	24,592	7.3	25,456	6.9	108,586	7.8
35–44 Years	36,902	11.9	42,518	11.1	34,451	10.2	33,511	9.1	147,382	10.5
45–54 Years	43,180	13.9	54,047	14.1	45,756	13.6	48,357	13.1	191,340	13.7
55–64 Years	50,120	16.2	65,668	17.1	57,377	17.0	66,347	18.0	239,512	17.1
65–74 Years	55,898	18.0	66,294	17.2	64,333	19.1	68,972	18.7	255,497	18.3
75–84 Years	43,036	13.9	50,533	13.1	45,318	13.4	54,719	14.9	193,606	13.8
85 Years and Over	13,254	4.3	15,688	4.1	14,275	4.2	17,620	4.8	60,837	4.3
Total Discharges (excl. *Maternity*)	**310,279**	**100**	**384,357**	**100**	**337,326**	**100**	**367,879**	**100**	**1,399,841**	**100**

Notes: Percentage columns are subject to rounding.

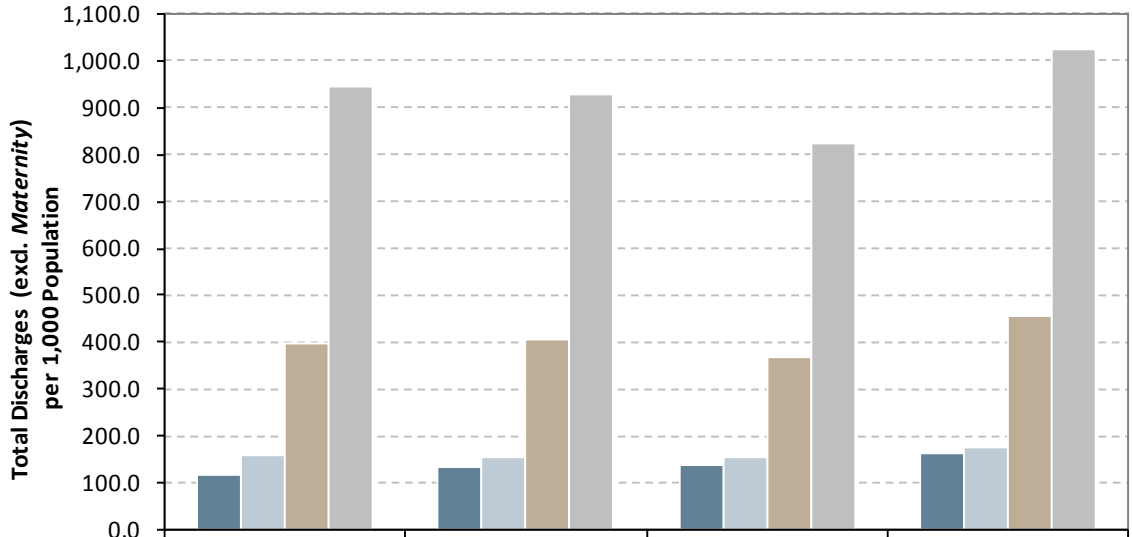
a A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes discharges for whom HSE area of residence was unknown or not applicable.

2.3.2.2 Discharge Rates by HSE Area of Residence and Age Group

Figure 2.11 shows the discharge rates per 1,000 population for total discharges (excl. *Maternity*) by HSE area of residence and age group.

- For the 65 years and over age group the HSE West area recorded the highest discharge rate of 1,024.8 per 1,000 population compared to the lowest rate recorded for this age group in the HSE South area of 825.7 per 1,000 population.
- The highest discharge rate for the youngest age group, aged under 15 years, was recorded for residents of the HSE West area (163.5 per 1,000 population) compared to a much lower rate in the HSE Dublin North East area (118.3 per 1,000 population).

FIGURE 2.11 Total Discharges (excl. *Maternity*): HSE Area of Residence by Age (Discharge Rate per 1,000 Population)



	Dublin North East	Dublin Mid Leinster	South	West
Under 15 Years	118.3	132.7	139.8	163.5
15–44 Years	159.9	156.1	156.1	176.5
45–64 Years	396.3	407.2	368.7	455.4
65 and Over	945.2	927.9	825.7	1024.8

Notes: Rates are based on population data estimated by the ESRI — see Appendix V.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This figure excludes discharges for whom HSE area of residence was unknown or not applicable.

2.3.3 Inter-Regional Flows

Where a patient is hospitalised may be influenced by many factors including services required and proximity to local hospital, which may result in a flow of patients across HSE areas. To illustrate patient flows across HSE areas, the following section examines inter-regional flows by HSE administrative area and by county.

2.3.3.1 HSE Area of Residence by HSE Area of Hospitalisation

Table 2.9 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation, HSE area of residence, patient type and admission type.

- Inter-regional flows are evident for elective in-patient discharges. For example, 83.2 per cent of elective in-patient discharges residing in the HSE South area were hospitalised in this area compared to 95.9 per cent of emergency in-patient discharges and 90.9 per cent of day patient discharges.
- There was significant crossover between the HSE Dublin North East and HSE Dublin Mid Leinster areas. For example, for total discharges (excl. *Maternity*), of the 11.8 per cent of HSE Dublin North East area residents who were hospitalised outside their HSE area of residence, 11.4 per cent were hospitalised in the HSE Dublin Mid Leinster area.

TABLE 2.9 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by HSE Area of Residence, Patient Type and Admission Type (%)

		HSE Area of Hospitalisation				
		Dublin North East	Dublin Mid Leinster	South	West	Total Discharges (excl. *Maternity*)
		%	%	%	%	%
HSE Area of Residence	**Day Patients**					
	Dublin North East	**87.4**	12.3	0.0	0.2	100
	Dublin Mid Leinster	8.4	**89.2**	0.3	2.1	100
	South	1.6	6.8	**90.9**	0.7	100
	West	1.8	3.6	1.9	**92.7**	100
	Elective In-Patients					
	Dublin North East	**82.9**	16.6	0.1	0.4	100
	Dublin Mid Leinster	14.1	**83.5**	0.4	2.0	100
	South	4.0	11.4	**83.2**	1.4	100
	West	4.7	9.7	3.5	**82.0**	100
	Emergency In-Patients[a]					
	Dublin North East	**91.6**	7.7	0.3	0.4	100
	Dublin Mid Leinster	6.2	**90.4**	1.1	2.4	100
	South	0.9	2.6	**95.9**	0.6	100
	West	1.6	2.7	3.1	**92.5**	100
	Total Discharges (excl. *Maternity*)					
	Dublin North East	**88.3**	11.4	0.1	0.3	100
	Dublin Mid Leinster	8.2	**89.1**	0.5	2.2	100
	South	1.6	5.9	**91.7**	0.8	100
	West	2.0	3.9	2.4	**91.8**	100

Notes: Percentage columns are subject to rounding.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes discharges for whom HSE area of residence was unknown or not applicable.

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

2.3.3.2 County of Residence by HSE Area of Hospitalisation

Figures 2.12a–2.12d present county level inter-regional flows for total discharges (excl. *Maternity*), day patients, elective in-patients, and emergency in-patients.[6]

- Over 95 per cent of discharges in Cork, Galway, Mayo, Kerry and Sligo were hospitalised within their HSE area of residence for total discharges (excl. *Maternity*), day patients, and emergency in-patients.
- For elective in-patient discharges only Mayo, Cork, and Laois had over 90 per cent of discharges hospitalised within their HSE area of residence.
- Carlow (part of HSE South area) had the smallest proportion of total discharges (excl. *Maternity*) hospitalised within its own HSE area of residence (66.8 per cent). This was the case for both day patients (52.3 per cent) and elective in-patients (52.0 per cent).

[6] The reference table containing the data for these figures is in Appendix VII.

FIGURE 2.12a Total Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised *within* their HSE Area of Residence (%)

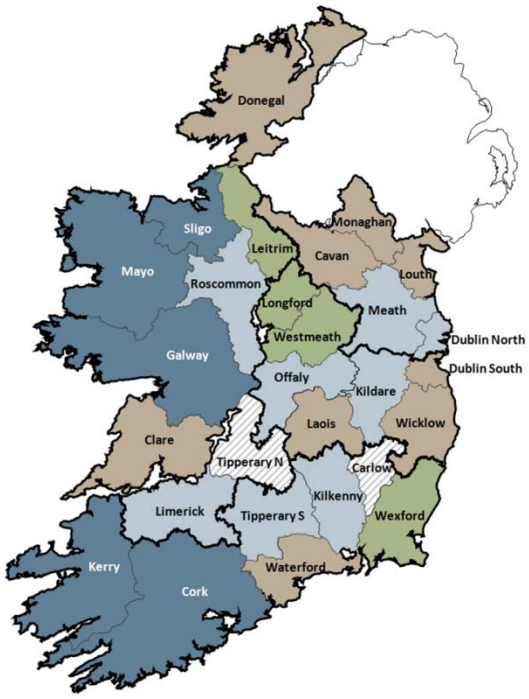


FIGURE 2.12b Day Patient Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Area of Residence (%)

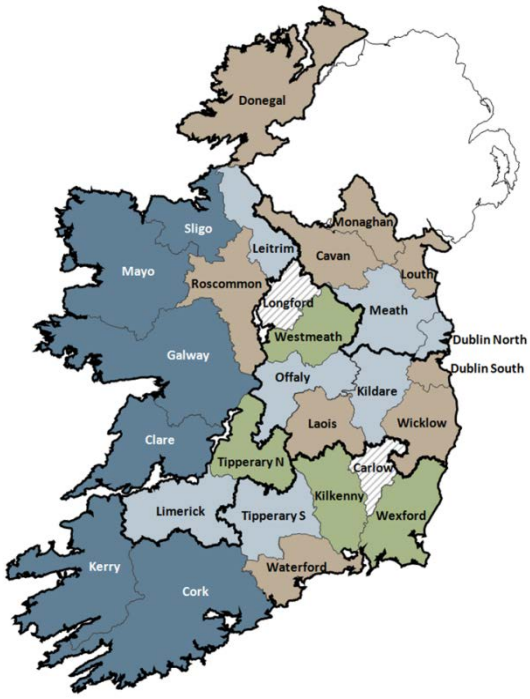


FIGURE 2.12c Elective In-Patient Discharges: Proportion of Discharges Hospitalised within their HSE Area of Residence (%)

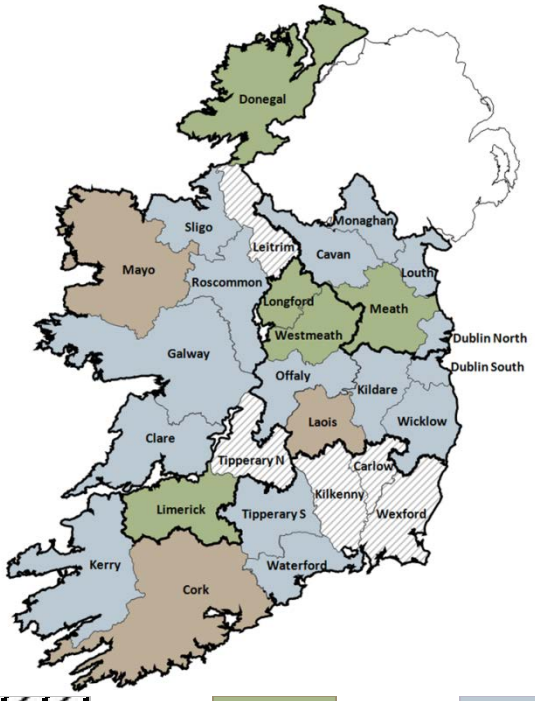
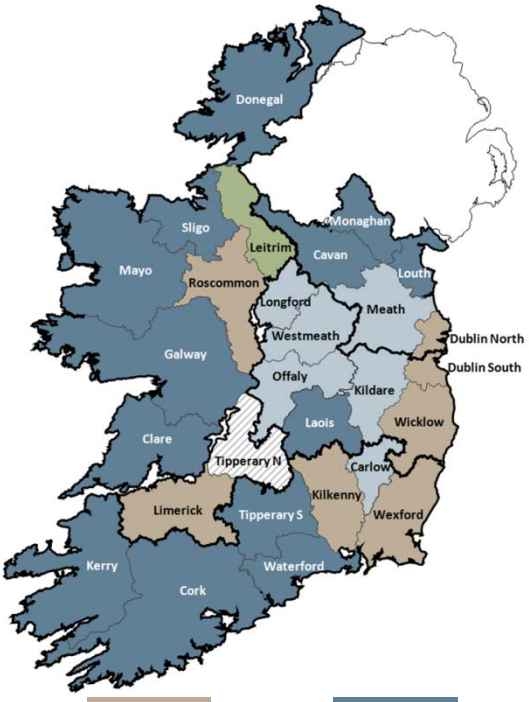


FIGURE 2.12d Emergency In-Patient Discharges[a]: Proportion of Discharges Hospitalised within their HSE Area of Residence (%)



45–69.9 70–79.9 80–89.9 90–94.9 95–100

Notes: The reference table containing the data for these figures is in Appendix VII.
The heavy black lines demarcate the four HSE regions.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). These figures exclude discharges for whom HSE area of residence was unknown or not applicable.

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 Hospital Type

Hospital types are broadly categorised into general hospitals and 'other' hospitals. General hospitals comprise voluntary, regional and county hospitals, and treated the largest volume of total discharges (excl. *Maternity*) (91.2 per cent), while the remainder were discharged from 'other' hospitals that specialise in the treatment of particular conditions or patient groupings.[7]

2.3.4.1 Hospital Type by Admission Type

Table 2.10 and Figure 2.13 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 73.0 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 (88.2 per cent) compared to voluntary hospitals which treated 72.6 per cent of their in-patients on an emergency basis.
- 'Other' hospitals treated 65.1 per cent of their discharges as day patients and the remaining 34.9 per cent as in-patients. Of these in-patient discharges, 50.7 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 3.9 days in regional hospitals compared to 5.9 days in 'other' hospitals.
- Across the general hospital groupings, the acute in-patient mean length of stay for emergency in-patient discharges was 4.0 days in county hospitals compared to 5.6 days in voluntary hospitals.
- Voluntary hospitals recorded the longest acute in-patient mean length of stay (5.3 days) compared to county hospitals (4.0 days).
- Voluntary hospitals recorded the longest extended stay in-patient mean length of stay (73.0 days) compared to regional hospitals (55.6 days).

[7] 'Other' hospitals include Cancer; Eye, Ear, Nose and Throat; Long Stay; Orthopaedic; Paediatric and 'Other Care' (covering a range of specialist services including infectious disease, elderly care, and care of the young disabled). See Appendix I for the list of hospitals participating in HIPE in 2012.

TABLE 2.10 Total Discharges (excl. *Maternity*): Hospital Type by Patient Type and Admission Type (N, % and In-Patient Length of Stay)

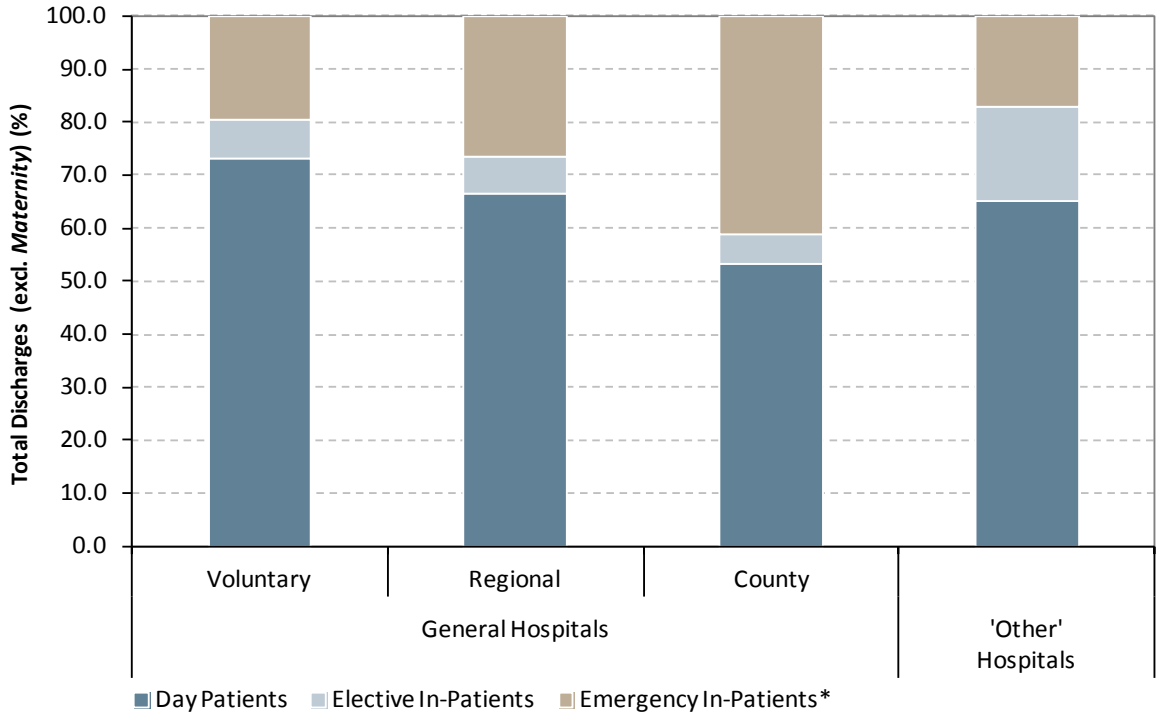
			Discharges											
			General Hospitals								'Other'		Total Discharges (excl. *Maternity*)	
			Voluntary		Regional		County		Total General					
			N	%	N	%	N	%	N	%	N	%	N	%
Day Patient			349,204	38.6	247,861	27.4	228,245	25.2	825,310	91.1	80,377	8.9	905,687	100
In-Patients	Elective	Acute (0–30 days)	34,570	33.5	25,410	24.6	22,975	22.3	82,955	80.4	20,195	19.6	103,150	100
		Extended (> 30 days)	874	23.9	438	12.0	716	19.6	2,028	55.5	1,629	44.5	3,657	100
		Total	35,444	33.2	25,848	24.2	23,691	22.2	84,983	79.6	21,824	20.4	106,807	100
	Emergency[a]	Acute (0–30 days)	88,473	23.3	96,973	25.5	173,515	45.7	358,961	94.6	20,584	5.4	379,545	100
		Extended (> 30 days)	5,312	46.1	2,485	21.6	3,131	27.2	10,928	94.8	595	5.2	11,523	100
		Total	93,785	24.0	99,458	25.4	176,646	45.2	369,889	94.6	21,179	5.4	391,068	100
	Total	Acute (0–30 days)	123,043	25.5	122,383	25.4	196,490	40.7	441,916	91.6	40,779	8.4	482,695	100
		Extended (> 30 days)	6,186	40.8	2,923	19.3	3,847	25.3	12,956	85.3	2,224	14.7	15,180	100
		Total	129,229	26.0	125,306	25.2	200,337	40.2	454,872	91.4	43,003	8.6	497,875	100
Total Discharges (excl. *Maternity*)			478,433	34.1	373,167	26.6	428,582	30.5	1,280,182	91.2	123,380	8.8	1,403,562	100

		In-Patient Length of Stay											
		General Hospitals								'Other'		Total Discharges (excl. *Maternity*)	
		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	3.9	2	4.1	2	4.2	2	5.9	4	4.6	2
	Extended (> 30 days)	62.0	44	56.9	43	63.5	48	61.5	45	64.3	48	62.7	46
	Total	6.0	3	4.8	2	5.9	2	5.6	2	10.3	4	6.6	3
Emergency[a]	Acute (0–30 days)	5.6	3	4.4	2	4.0	2	4.5	2	3.9	2	4.5	2
	Extended (> 30 days)	74.7	51	55.4	45	59.4	45	65.9	47	59.0	47	65.6	47
	Total	9.5	4	5.7	2	5.0	2	6.3	3	5.4	2	6.3	2
Total	Acute (0–30 days)	5.3	3	4.3	2	4.0	2	4.5	2	4.9	3	4.5	2
	Extended (> 30 days)	73.0	50	55.6	45	60.1	45	65.2	47	62.9	48	64.9	47
	Total In-Patients (excl. *Maternity*)	8.6	3	5.5	2	5.1	2	6.2	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 2.13 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 2.14a and 2.14b show the cumulative lengths of stay for elective and emergency discharges by hospital type.

- 69.0 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 (79.5 per cent), regional (84.8 per cent) and county (82.6 per cent) hospitals.
- 70.6 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 (80.6 per cent), county (83.9 per cent) and 'other' hospitals (84.0 per cent).

FIGURE 2.14a Elective In-Patient Discharges: Length of Stay by Hospital Type (Cumulative Percentage)

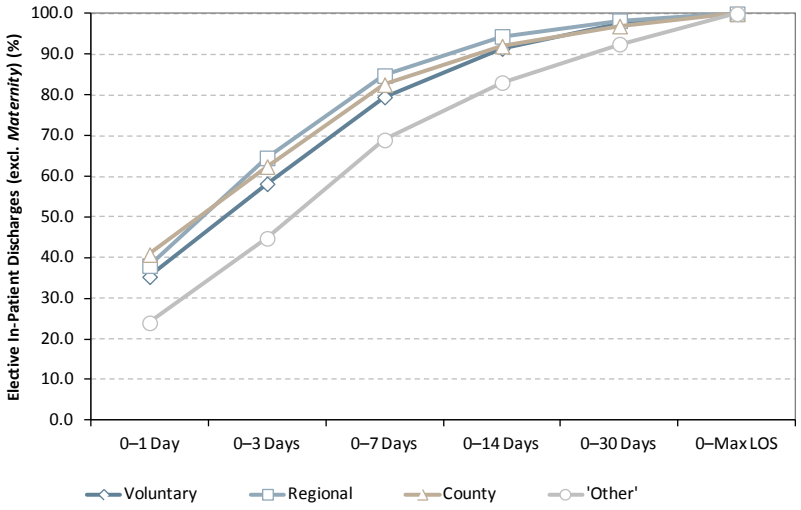
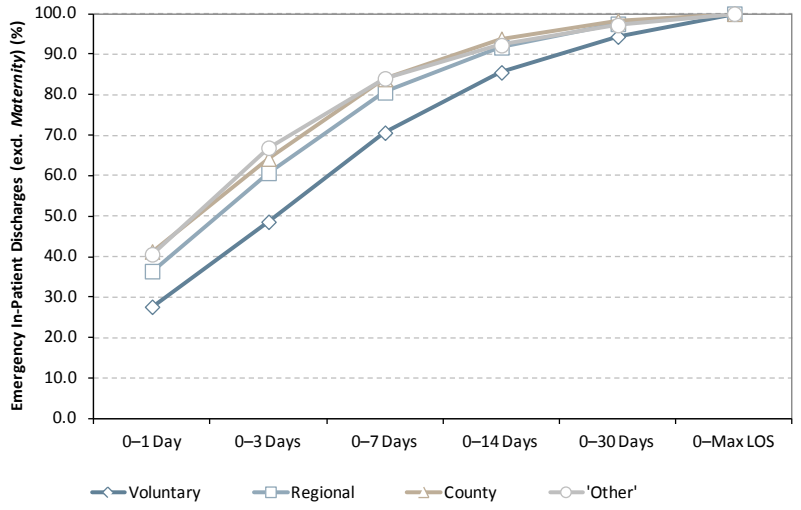


FIGURE 2.14b Emergency In-Patient Discharges[a]: Length of Stay by Hospital Type (Cumulative Percentage)



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.

2.3.4.2 Hospital Type by Public/Private Status

Table 2.11 disaggregates total discharges (excl. *Maternity*) by hospital type, public/private status and patient type.

Discharges

- Voluntary and county hospitals each treated the largest proportion of total discharges (excl. *Maternity*) on a public basis (84.6 per cent) compared to the smallest proportion in 'other' hospitals (76.1 per cent).
- 'Other' hospitals had the largest proportion of public discharges as extended stay in-patients (1.6 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 (7.8 per cent) compared to day patients (7.6 per cent).

Length of Stay

- Total mean in-patient length of stay was 6.5 days for public discharges compared to 5.8 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 4.3 days. This difference was greater for private discharges, with voluntary hospitals recording an acute in-patient mean length of stay of 5.6 days compared to 4.2 days in regional hospitals.
- County hospitals recorded the shortest acute in-patient mean length of stay for public and private discharges, both recording a length of stay of 4.0 days.
- For 'other' hospitals, acute in-patient mean length of stay for public discharges was 5.1 days compared to 4.5 days for private discharges.

TABLE 2.11 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. *Maternity*)	
			Voluntary		Regional		County		Total General					
			N	%	N	%	N	%	N	%	N	%	N	%
Public	Day Patient		305,499	63.9	214,796	57.6	195,579	45.6	715,874	55.9	62,510	50.7	778,384	55.5
	In-Patient	Acute (0–30 days)	94,129	19.7	90,649	24.3	163,433	38.1	348,211	27.2	29,497	23.9	377,708	26.9
		Extended (> 30 days)	4,903	1.0	2,325	0.6	3,386	0.8	10,614	0.8	1,936	1.6	12,550	0.9
		Total	99,032	20.7	92,974	24.9	166,819	38.9	358,825	28.0	31,433	25.5	390,258	27.8
	Total		404,531	84.6	307,770	82.5	362,398	84.6	1,074,699	83.9	93,943	76.1	1,168,642	83.3
Private	Day Patient		43,705	9.1	33,065	8.9	32,666	7.6	109,436	8.5	17,867	14.5	127,303	9.1
	In-Patient	Acute (0–30 days)	28,914	6.0	31,734	8.5	33,057	7.7	93,705	7.3	11,282	9.1	104,987	7.5
		Extended (> 30 days)	1,283	0.3	598	0.2	461	0.1	2,342	0.2	288	0.2	2,630	0.2
		Total	30,197	6.3	32,332	8.7	33,518	7.8	96,047	7.5	11,570	9.4	107,617	7.7
	Total		73,902	15.4	65,397	17.5	66,184	15.4	205,483	16.1	29,437	23.9	234,920	16.7
Total	Day Patient		349,204	73.0	247,861	66.4	228,245	53.3	825,310	64.5	80,377	65.1	905,687	64.5
	In-Patient	Acute (0–30 days)	123,043	25.7	122,383	32.8	196,490	45.8	441,916	34.5	40,779	33.1	482,695	34.4
		Extended (> 30 days)	6,186	1.3	2,923	0.8	3,847	0.9	12,956	1.0	2,224	1.8	15,180	1.1
		Total	129,229	27.0	125,306	33.6	200,337	46.7	454,872	35.5	43,003	34.9	497,875	35.5
	Total Discharges (excl. *Maternity*)		478,433	100	373,167	100	428,582	100	1,280,182	100	123,380	100	1,403,562	100

		In-Patient Length of Stay											
		General Hospitals								'Other'		Total Discharges (excl. *Maternity*)	
		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	4.3	2	4.0	2	4.4	2	5.1	3	4.5	2
	Extended (> 30 days)	76.4	51	56.4	45	61.1	46	67.1	48	64.2	48	66.7	48
	Total	8.8	3	5.6	2	5.1	2	6.3	2	8.7	3	6.5	2
Private	Acute (0–30 days)	5.6	3	4.2	2	4.0	2	4.6	3	4.5	3	4.6	3
	Extended (> 30 days)	59.7	46	52.8	43	53.3	42	56.7	44	54.6	45	56.4	44
	Total	7.9	4	5.1	2	4.7	2	5.9	3	5.7	3	5.8	3
Total	Acute (0–30 days)	5.3	3	4.3	2	4.0	2	4.5	2	4.9	3	4.5	2
	Extended (> 30 days)	73.0	50	55.6	45	60.1	45	65.2	47	62.9	48	64.9	47
	Total In-Patients (excl. *Maternity*)	8.6	3	5.5	2	5.1	2	6.2	2	7.9	3	6.3	2

Note: Percentage columns are subject to rounding.

Figures 2.15a and 2.15b show the cumulative distribution of length of stay for public and private in-patient discharges by hospital type.

- 81.0 per cent and 83.5 per cent of public in-patients discharged from regional and county hospitals, respectively, spent less than 7 days in hospital. In contrast, 73.4 per cent and 74.6 per cent of public in-patients discharged from voluntary and 'other' hospitals, respectively, had a length of stay of 7 days or less.
- 72.0 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 (82.9 per cent), county (84.7 per cent) and 'other' (81.2 per cent) hospitals.

FIGURE 2.15a Public In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage)

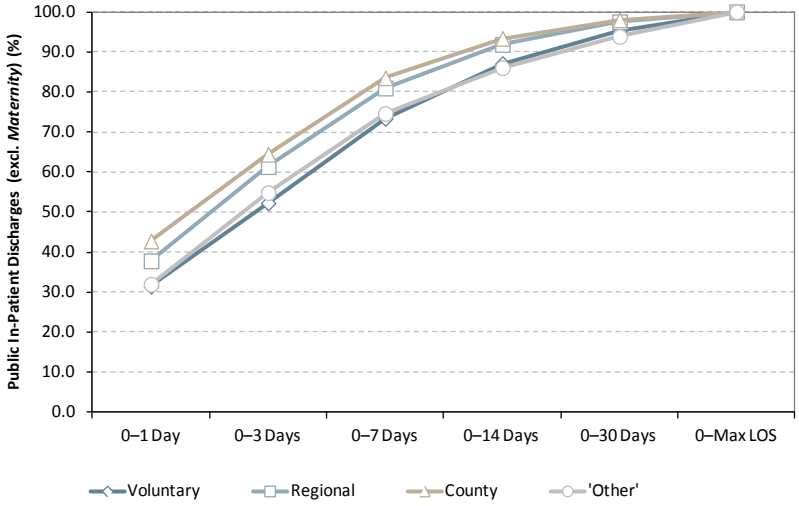
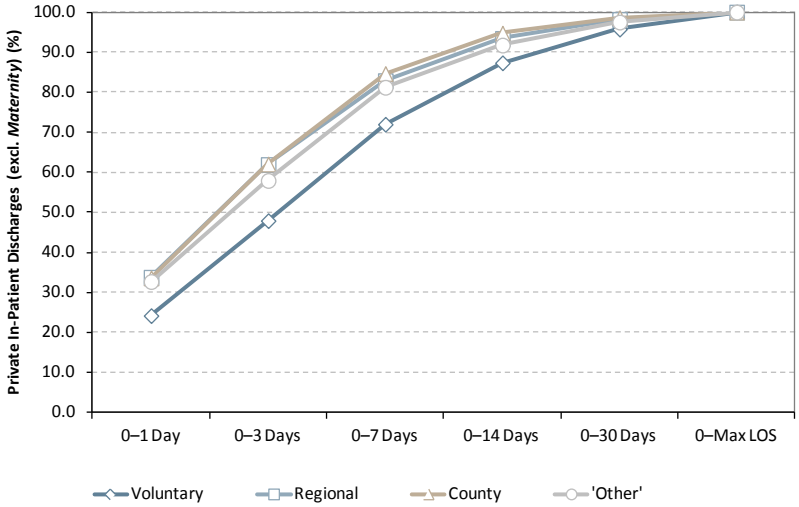


FIGURE 2.15b Private In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage)



2.3.5 Admission Source

Admission source describes where the patient was admitted from. It does not refer to where an emergency or accident occurred. Table 2.12 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation and admission source.

- The majority of total discharges (excl. *Maternity*) in all HSE areas were admitted from home, ranging from 95.4 per cent in the HSE Dublin North East area to 97.1 per cent in the HSE West area.
- The HSE Dublin North East area had the largest proportion of in-patient discharges who were transferred in from another hospital (7.4 per cent) compared to 3.3 per cent in the HSE West area.
- The HSE South area had the largest proportion of in-patient discharges admitted from long stay accommodation (2.4 per cent) compared to only 1.3 per cent of in-patients in the HSE Dublin North East area.

TABLE 2.12 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type, Admission Type and Admission Source (N, %)

		Discharges									
		HSE Area of Hospitalisation								Total Discharges (excl. *Maternity*)	
		Dublin North East		Dublin Mid Leinster		South		West			
		N	%	N	%	N	%	N	%	N	%
Day Patients	Home	206,745	98.7	276,839	99.9	192,110	99.4	224,889	99.6	900,583	99.4
	Long stay accommodation	389	0.2	190	0.1	273	0.1	200	0.1	1,052	0.1
	Transfer from other Hospital	2,358	1.1	116	0.0	871	0.5	606	0.3	3,951	0.4
	New Born	0	0.0	~	0.0	~	0.0	~	0.0	7	0.0
	Other	7	0.0	*	0.0	*	0.0	*	0.0	94	0.0
	Total Day Patients	**209,499**	**100**	**277,192**	**100**	**193,285**	**100**	**225,711**	**100**	**905,687**	**100**
In-Patients – Elective	Home	19,996	85.8	29,358	92.3	23,239	89.7	22,932	88.9	95,525	89.4
	Long stay accommodation	63	0.3	102	0.3	185	0.7	126	0.5	476	0.4
	Transfer from other Hospital	3,231	13.9	2,309	7.3	2,475	9.6	2,735	10.6	10,750	10.1
	New Born	0	0.0	~	.0	~	0.0	~	0.0	7	0.0
	Other	8	0.0	*	0.1	*	0.0	*	0.0	49	0.0
	Total Elective In-Patients	**23,298**	**100**	**31,795**	**100**	**25,913**	**100**	**25,801**	**100**	**106,807**	**100**
In-Patients – Emergency[a]	Home	77,335	89.8	94,275	90.7	93,499	91.6	92,443	93.5	357,552	91.4
	Long stay accommodation	1,330	1.5	1,755	1.7	2,828	2.8	2,610	2.6	8,523	2.2
	Transfer from other Hospital	4,891	5.7	4,096	3.9	2,442	2.4	1,421	1.4	12,850	3.3
	New Born	2,091	2.4	2,287	2.2	2,456	2.4	2,072	2.1	8,906	2.3
	Other	445	0.5	1,570	1.5	856	0.8	366	0.4	3,237	0.8
	Total Emergency In-Patients	**86,092**	**100**	**103,983**	**100**	**102,081**	**100**	**98,912**	**100**	**391,068**	**100**
In-Patients – Total	Home	97,331	89.0	123,633	91.1	116,738	91.2	115,375	92.5	453,077	91.0
	Long stay accommodation	1,393	1.3	1,857	1.4	3,013	2.4	2,736	2.2	8,999	1.8
	Transfer from other Hospital	8,122	7.4	6,405	4.7	4,917	3.8	4,156	3.3	23,600	4.7
	New Born	2,091	1.9	2,289	1.7	2,460	1.9	2,073	1.7	8,913	1.8
	Other	453	0.4	1,594	1.2	866	0.7	373	0.3	3,286	0.7
	Total In-Patients	**109,390**	**100**	**135,778**	**100**	**127,994**	**100**	**124,713**	**100**	**497,875**	**100**
Total	Home	304,076	95.4	400,472	97.0	308,848	96.1	340,264	97.1	1,353,660	96.4
	Long stay accommodation	1,782	0.6	2,047	0.5	3,286	1.0	2,936	0.8	10,051	0.7
	Transfer from other Hospital	10,480	3.3	6,521	1.6	5,788	1.8	4,762	1.4	27,551	2.0
	New Born	2,091	0.7	2,292	0.6	2,463	0.8	2,074	0.6	8,920	0.6
	Other	460	0.1	1,638	0.4	894	0.3	388	0.1	3,380	0.2
	Total Discharges (excl. *Maternity*)	**318,889**	**100**	**412,970**	**100**	**321,279**	**100**	**350,424**	**100**	**1,403,562**	**100**

Notes: Percentage columns are subject to rounding. ~ Denotes five or less discharges reported to HIPE.* Further suppression required to prevent disclosure of five or less discharges.
See Appendix VI 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.

2.3.6 Discharge Destination

Discharge destination identifies the destination of the discharge upon completion of their episode of care. Table 2.13 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation and discharge destination.

- The majority of in-patient discharges were discharged home, ranging from 86.9 per cent in the HSE West area to 87.6 per cent in the HSE Dublin Mid Leinster and HSE Dublin North East areas.
- The proportion of in-patient discharges discharged to long stay accommodation ranged from 3.7 per cent in the HSE Dublin Mid Leinster area to 6.0 per cent in the HSE West area.
- For emergency in-patient discharges, the proportion of discharges transferred to another hospital ranged from 4.6 per cent in the HSE West area to 5.6 per cent in the HSE Dublin Mid Leinster area.

TABLE 2.13 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type, Admission Type and Discharge Destination (N, %)

		Discharges									
		HSE Area of Hospitalisation								Total Discharges (excl. *Maternity*)	
		Dublin North East		Dublin Mid Leinster		South		West			
		N	%	N	%	N	%	N	%	N	%
Day Patients	Home	206,980	98.8	276,591	99.8	191,974	99.3	224,841	99.6	900,386	99.4
	Long stay accommodation	483	0.2	200	0.1	350	0.2	292	0.1	1,325	0.1
	Transfer to other Hospital	2,014	1.0	339	0.1	936	0.5	545	0.2	3,834	0.4
	Died[a]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Other	22	0.0	62	0.0	25	0.0	33	0.0	142	0.0
	Total Day Patients	**209,499**	**100**	**277,192**	**100**	**193,285**	**100**	**225,711**	**100**	**905,687**	**100**
In-Patients – Elective	Home	21,470	92.2	29,207	91.9	23,831	92.0	23,818	92.3	98,326	92.1
	Long stay accommodation	770	3.3	633	2.0	979	3.8	885	3.4	3,267	3.1
	Transfer to other Hospital	752	3.2	1,201	3.8	773	3.0	787	3.1	3,513	3.3
	Died	162	0.7	630	2.0	229	0.9	234	0.9	1,255	1.2
	Other	144	0.6	124	0.4	101	0.4	77	0.3	446	0.4
	Total Elective In-patients	**23,298**	**100**	**31,795**	**100**	**25,913**	**100**	**25,801**	**100**	**106,807**	**100**
In-Patients – Emergency[b]	Home	74,386	86.4	89,709	86.3	87,571	85.8	84,562	85.5	336,228	86.0
	Transfer to long stay accommodation	3,898	4.5	4,422	4.3	4,901	4.8	6,633	6.7	19,854	5.1
	Transfer to other Hospital	4,194	4.9	5,808	5.6	5,620	5.5	4,584	4.6	20,206	5.2
	Died	2,538	2.9	2,768	2.7	2,489	2.4	2,151	2.2	9,946	2.5
	Other	1,076	1.2	1,276	1.2	1,500	1.5	982	1.0	4,834	1.2
	Total Emergency In-Patients	**86,092**	**100**	**103,983**	**100**	**102,081**	**100**	**98,912**	**100**	**391,068**	**100**
In-Patients – Total	Home	95,856	87.6	118,916	87.6	111,402	87.0	108,380	86.9	434,554	87.3
	Long stay accommodation	4,668	4.3	5,055	3.7	5,880	4.6	7,518	6.0	23,121	4.6
	Transfer to other Hospital	4,946	4.5	7,009	5.2	6,393	5.0	5,371	4.3	23,719	4.8
	Died	2,700	2.5	3,398	2.5	2,718	2.1	2,385	1.9	11,201	2.2
	Other	1,220	1.1	1,400	1.0	1,601	1.3	1,059	0.8	5,280	1.1
	Total In-Patients	**109,390**	**100**	**135,778**	**100**	**127,994**	**100**	**124,713**	**100**	**497,875**	**100**
Total	Home	302,836	95.0	395,507	95.8	303,376	94.4	333,221	95.1	1,334,940	95.1
	Long stay accommodation	5,151	1.6	5,255	1.3	6,230	1.9	7,810	2.2	24,446	1.7
	Transfer to other Hospital	6,960	2.2	7,348	1.8	7,329	2.3	5,916	1.7	27,553	2.0
	Died	2,700	0.8	3,398	0.8	2,718	0.8	2,385	0.7	11,201	0.8
	Other	1,242	0.4	1,462	0.4	1,626	0.5	1,092	0.3	5,422	0.4
	Total Discharges (excl. *Maternity*)	**318,889**	**100**	**412,970**	**100**	**321,279**	**100**	**350,424**	**100**	**1,403,562**	**100**

Notes: Percentage columns are subject to rounding.
See Appendix VI for information on how the HIPE variable 'Discharge Destination' was grouped for this report.

a 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

b 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.

2.3.7 Admission Source by Discharge Destination

Table 2.14 disaggregates in-patient discharges (excl. *Maternity*) by discharge destination and admission source.

- Of in-patients who were admitted from home, 90.2 per cent were discharged home.
- In-patients admitted from long stay accommodation were primarily discharged back to a long stay accommodation (83.2 per cent).
- Almost a quarter of in-patients (24.9 per cent) who were admitted from another hospital were transferred to another hospital, while almost two-thirds were discharged home (63.8 per cent).

TABLE 2.14 In-Patient Discharges (excl. *Maternity*): Discharge Destination by Admission Source (N, %)

	Discharges											
	Discharge Destination										Total In-Patient Discharges (excl. *Maternity*)	
	Home		Long Stay Accommodation		Transfer to other Hospital		Died		Other			
Admission Source	N	%	N	%	N	%	N	%	N	%	N	%
Home	408,631	90.2	14,216	3.1	16,760	3.7	8,993	2.0	4,477	1.0	453,077	100
Long Stay Accommodation	155	1.7	7,491	83.2	338	3.8	1,004	11.2	11	0.1	8,999	100
Transfer from other Hospital	15,048	63.8	1,408	6.0	5,888	24.9	1,104	4.7	152	0.6	23,600	100
New Born	8,170	91.7	0	0.0	619	6.9	87	1.0	37	0.4	8,913	100
Other	2,550	77.6	6	0.2	114	3.5	13	0.4	603	18.4	3,286	100
Total In-Patient Discharges (excl. *Maternity*)	**434,554**	**87.3**	**23,121**	**4.6**	**23,719**	**4.8**	**11,201**	**2.2**	**5,280**	**1.1**	**497,875**	**100**

Notes: Percentage columns are subject to rounding.
See Appendix VI 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 2.15 disaggregates total discharges (excl. *Maternity*) by patient type, admission type, and day of admission (see also Figure 2.16).

Discharges

- The proportion of in-patient discharges (excl. *Maternity*) admitted on an elective basis decreased throughout the week, with over 63 per cent admitted between Monday and Wednesday, falling to 7.7 per cent at the weekend.
- Emergency in-patient admissions remained relatively constant throughout the week at approximately 16 per cent per day, but fell at weekends when no more than 11 per cent were admitted per day.
- The majority of day patients were admitted mid-week, ranging from 20.4 per cent on both Tuesday and Wednesday to only 2.8 per cent on Saturday and 1.1 per cent on Sunday.

Length of Stay

- Mean length of stay for elective in-patients ranged from 6.1 days for those admitted on a Wednesday to 10.1 days for those admitted on a Saturday.
- Mean length of stay for emergency in-patients ranged from 6.0 days for those admitted on a Sunday or a Monday to 6.7 days for those admitted on a Friday.

TABLE 2.15 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. *Maternity*)	
			Elective		Emergency[a]		Total			
	N	%	N	%	N	%	N	%	N	%
Monday	162,275	17.9	23,769	22.3	60,947	15.6	84,716	17.0	246,991	17.6
Tuesday	185,080	20.4	22,367	20.9	63,376	16.2	85,743	17.2	270,823	19.3
Wednesday	184,705	20.4	21,377	20.0	62,198	15.9	83,575	16.8	268,280	19.1
Thursday	177,419	19.6	19,182	18.0	60,794	15.5	79,976	16.1	257,395	18.3
Friday	160,513	17.7	11,934	11.2	61,637	15.8	73,571	14.8	234,084	16.7
Saturday	25,461	2.8	1,984	1.9	43,140	11.0	45,124	9.1	70,585	5.0
Sunday	10,234	1.1	6,194	5.8	38,976	10.0	45,170	9.1	55,404	3.9
Total Discharges (excl. *Maternity*)	**905,687**	**100**	**106,807**	**100**	**391,068**	**100**	**497,875**	**100**	**1,403,562**	**100**

	In-Patient Length of Stay					
	Elective		Emergency[a]		Total	
	Mean	Median	Mean	Median	Mean	Median
Monday	6.3	3	6.0	2	6.1	2
Tuesday	6.2	2	6.2	2	6.2	2
Wednesday	6.1	2	6.2	2	6.2	2
Thursday	6.3	2	6.3	2	6.3	2
Friday	8.1	3	6.7	3	6.9	3
Saturday	10.1	5	6.4	3	6.5	3
Sunday	6.8	4	6.0	2	6.1	3
In-Patient Discharges (excl. *Maternity*)	**6.6**	**3**	**6.3**	**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 2.16 disaggregates total discharges (excl. *Maternity*) by patient type, admission type and day of discharge (see also Figure 2.17).

Discharges

- The proportion of elective in-patients discharged increased throughout the week, from 10.2 per cent on Monday to 23.0 per cent on Friday, falling to 10.0 per cent on Saturday and 5.0 per cent on Sunday.
- The largest proportion of emergency in-patients was discharged on Friday (20.3 per cent), with the smallest proportion discharged on Sunday (6.9 per cent).

Length of Stay

- Elective in-patients discharged on a Monday had the longest mean length of stay (9.6 days).
- Emergency in-patient mean length of stay fell throughout the week from 6.9 days for those discharged on a Monday to 4.0 days for those discharged on a Sunday.

TABLE 2.16 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (N, % and In-Patient Length of Stay)

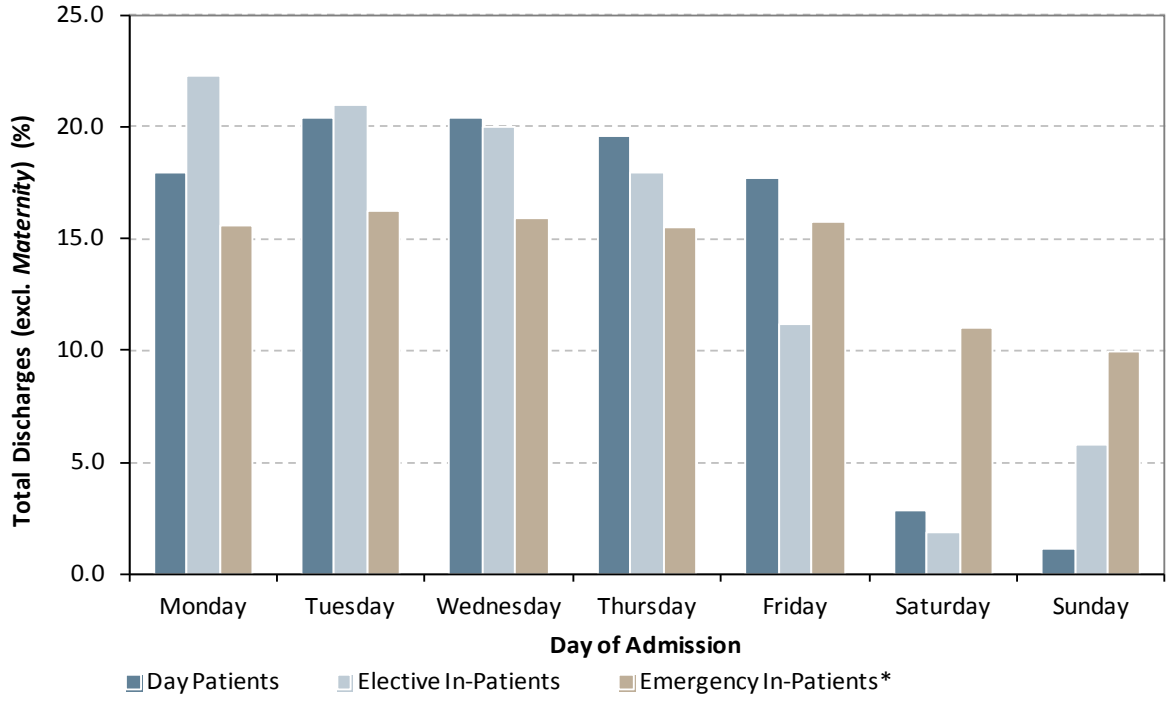
	Discharges									
	Day Patients		In-Patients						Total Discharges (excl. *Maternity*)	
			Elective		Emergency[a]		Total			
	N	%	N	%	N	%	N	%	N	%
Monday	162,275	17.9	10,912	10.2	60,896	15.6	71,808	14.4	234,083	16.7
Tuesday	185,080	20.4	16,925	15.8	62,880	16.1	79,805	16.0	264,885	18.9
Wednesday	184,705	20.4	19,153	17.9	64,483	16.5	83,636	16.8	268,341	19.1
Thursday	177,419	19.6	19,212	18.0	63,765	16.3	82,977	16.7	260,396	18.6
Friday	160,513	17.7	24,527	23.0	79,434	20.3	103,961	20.9	264,474	18.8
Saturday	25,461	2.8	10,693	10.0	32,752	8.4	43,445	8.7	68,906	4.9
Sunday	10,234	1.1	5,385	5.0	26,858	6.9	32,243	6.5	42,477	3.0
Total Discharges (excl. *Maternity*)	**905,687**	**100**	**106,807**	**100**	**391,068**	**100**	**497,875**	**100**	**1,403,562**	**100**

	In-Patient Length of Stay					
	Elective		Emergency[a]		Total	
	Mean	Median	Mean	Median	Mean	Median
Monday	9.6	5	6.9	3	7.3	4
Tuesday	6.4	2	6.8	3	6.7	3
Wednesday	6.7	2	6.7	2	6.7	2
Thursday	6.2	2	6.5	2	6.5	2
Friday	6.7	3	6.3	3	6.4	3
Saturday	4.1	2	4.5	2	4.4	2
Sunday	6.0	4	4.0	2	4.4	2
In-Patient Discharges (excl. *Maternity*)	**6.6**	**3**	**6.3**	**2**	**6.3**	**2**

Notes: Percentage columns are subject to rounding.

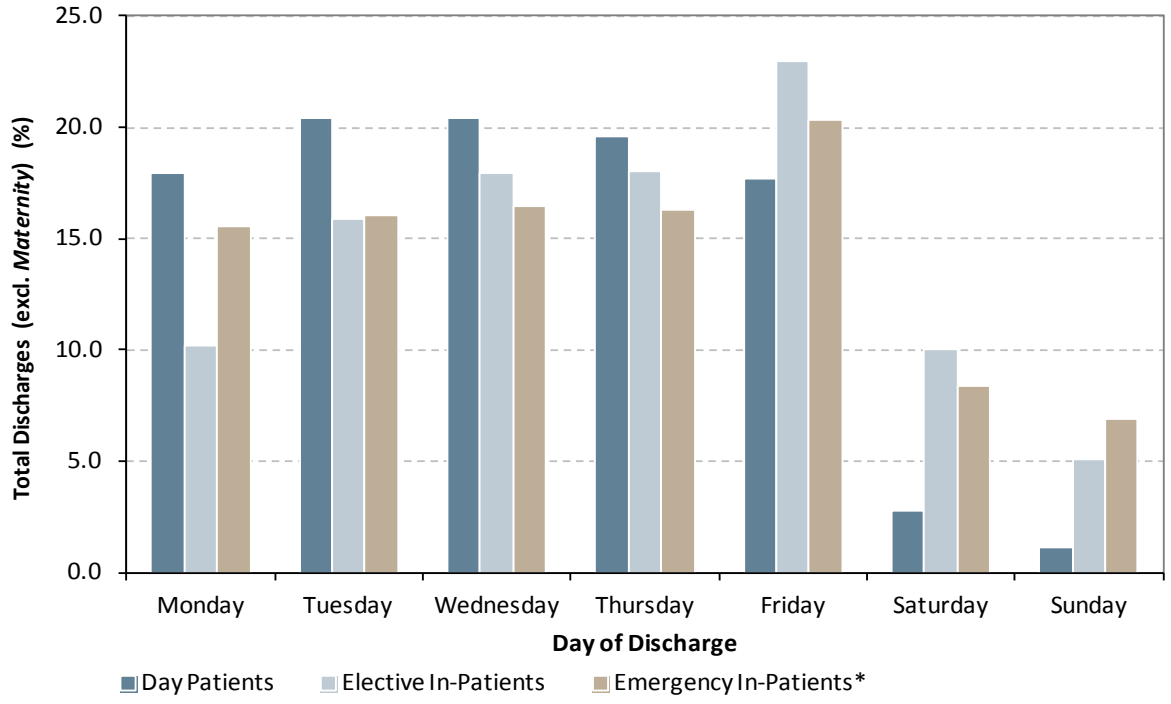
a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about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

FIGURE 2.16 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 2.17 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (%)



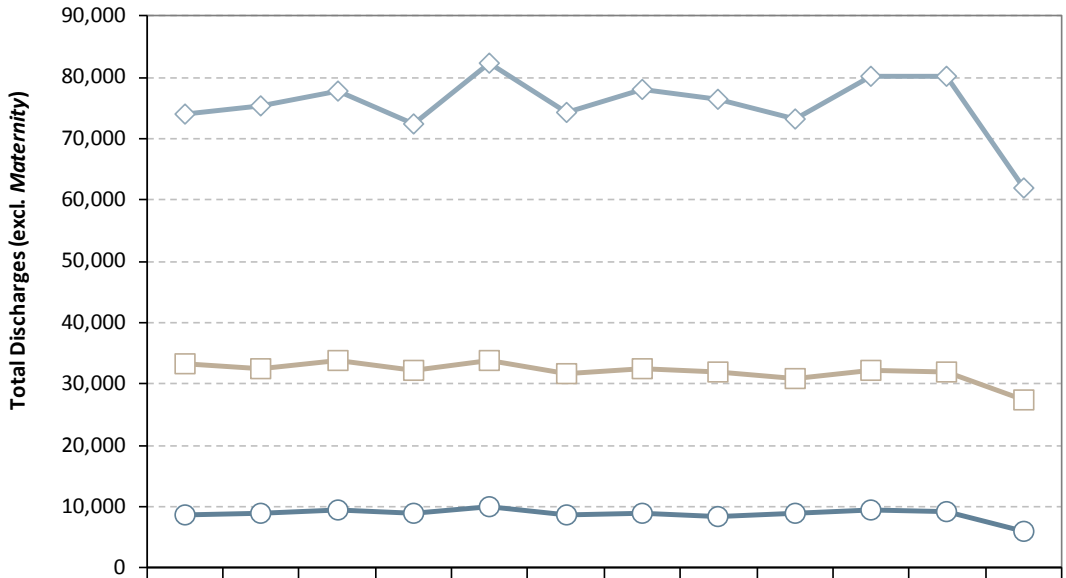
Note: * HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions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

2.4.3 Month of Admission

Figure 2.18 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 2012.

- The largest number of day patients was treated in May with 82,379 discharges, while December recorded the smallest number of day patients (62,031 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 May for elective in-patients (9,910 discharges), while August recorded the smallest number of elective in-patient admissions with only 8,481 in-patient discharges admitted in this month.
    - hospital admissions peaked in May for emergency in-patients (33,940 discharges), while the smallest number of emergency in-patients was admitted in September with 30,875 discharges

FIGURE 2.18 Total Discharges (excl. *Maternity*): Month of Admission by Patient Type and Admission Type (N)



	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
Day Patients	74,084	75,234	77,724	72,259	82,379	74,360	77,980	76,393	73,074	80,018	80,151	62,031
Elective In-Patients	8,793	8,941	9,387	8,857	9,910	8,677	9,070	8,481	8,931	9,538	9,358	5,903
Emergency In-Patients*	33,305	32,455	33,797	32,351	33,940	31,684	32,561	31,938	30,875	32,310	31,941	27,496

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

This does not include 7,376 discharges that were admitted prior to 2012 but were discharged in 2012.

Morbidity Analysis 2012

SECTION THREE

Table of Contents

3.1 INTRODUCTION 61

3.2 CODING OF DIAGNOSES AND PROCEDURES 62

3.2.1 Definition of a Diagnosis 65

3.2.2 Definition of a Procedure 66

3.3 MORBIDITY ANALYSIS: SUMMARY OF DAY PATIENT AND IN-PATIENT ACTIVITY 68

3.3.1 Day Patient Activity (excl. *Maternity*) 68

3.3.2 In-Patient Activity (excl. *Maternity*) 70

3.4 MORBIDITY ANALYSIS: TOTAL DISCHARGE ACTIVITY (EXCL. *MATERNITY*) 76

3.4.1 Total Discharges (excl. *Maternity*) by Principal Diagnosis, Sex and Age Group 76

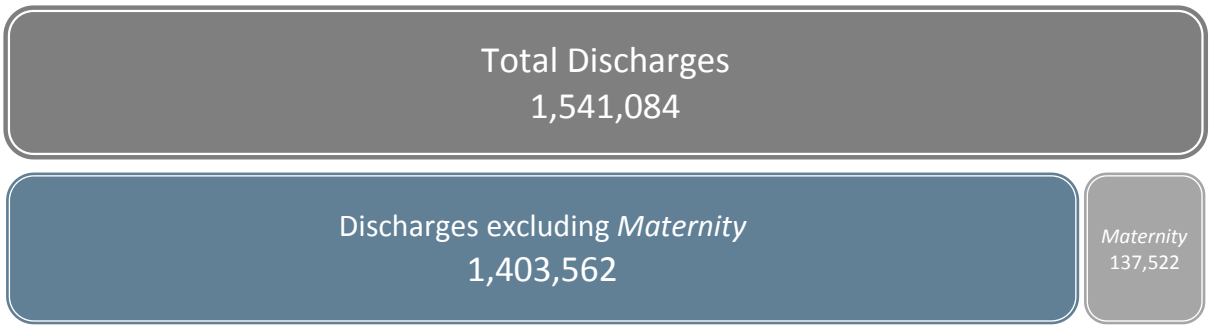
3.4.2 Acute In-Patient Mean Length of Stay by Principal Diagnosis, Sex and Age Group 76

3.4.3 All-Listed Diagnoses by Sex and Age Group 77

3.4.4 Total Discharges (excl. *Maternity*) by Principal Procedure, Sex and Age Group 84

3.4.5 Acute In-Patient Mean Length of Stay by Principal Procedure, Sex and Age Group 84

3.4.6 All-Listed Procedures by Sex and Age Group 85



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, 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*. 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 code; 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 2012, 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.[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 The Health Research and Information Division (HRID) of the ESRI is responsible for training coders. For further information see www.hipe.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.hipe.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.hipe.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

The 'core' disease classification of ICD-10-AM is the three character code, which is the mandatory level of coding for international reporting to the World Health Organization (WHO) for general international comparisons. This core set of codes has been expanded to four and five character codes so that important specific disease entities can be identified, while also maintaining the ability to present data in broad groups to enable useful and understandable information to be obtained.

The ICD-10-AM is a variable-axis classification. Its structure is designed principally to facilitate epidemiological analysis. Diseases are organised in the following groups: epidemic diseases; constitutional or general diseases; local disease arranged by site; developmental diseases; and injuries.

Most of the tabular is taken up with the main disease classification composed of 22 chapters. The first character of the ICD-10-AM code is a letter, and each letter is associated with a particular chapter, except for the letter D, which spans both Chapter 2 *Neoplasms* and Chapter 3 *Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism*, and the letter H, which is used in both Chapter 7 *Diseases of the eye and adnexa* and Chapter 8 *Diseases of the ear and mastoid process*. Four chapters (Chapters 1, 2, 19 and 20) use more than one letter in the first position of their codes.

WHO intends the codes U00–U99 to be used for provisional assignment of new diseases of uncertain aetiology and for specific research purposes. U50–U71 are used in ICD-10-AM to classify sporting activities previously classified to Y93.0 Activity, While engaged in sports.

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 codes are reserved for dental services.
3) The structure of the procedure classification is based on anatomy rather than surgical specialty. Chapters closely follow the chapter headings of the WHO ICD-10 to maintain parity with the disease classification.
4) Nonsurgical procedures are listed separately from the surgical procedures, whenever feasible.
5) A hierarchical structure with the following axes:
   - First level – anatomical site axis
   - Second level – procedure type axis
   - Third level – block axis
6) Inclusion of many more procedures which can be utilised in non-institutional settings, such as community based health and ambulatory care.

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 2012, 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 3.7, compared to 2.0 for day patients.
- The mean number of diagnoses recorded was slightly higher for male discharges (2.6) 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. *Maternity*)
Total	**2.0**	**3.7**	**2.6**
Sex			
Male	2.0	3.8	2.6
Female	1.9	3.6	2.5
Age Group			
< 15 Years	1.8	2.5	2.3
15–44 Years	1.7	2.8	2.1
45–64 Years	2.0	3.7	2.5
65 Years and Over	2.1	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 2012, 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 1,403,562 total discharges (excl. *Maternity*), principal procedures were recorded for 1,165,698 discharges (83.1 per cent).
- Close to 94 per cent of day patient discharges had a principal procedure recorded.
- Over 63 per cent of in-patient discharges had a principal procedure recorded, with 89.7 per cent of elective in-patients and 56.5 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 VIII).

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. *Maternity*)	Total Discharges (excl. *Maternity*) with a Principal Procedure	
	N	N	%
Total Discharges (excl. *Maternity*)	**1,403,562**	**1,165,698**	**83.1**
Day Patients	905,687	848,845	93.7
In-Patients	497,875	316,853	63.6
Elective In-Patients	106,807	95,787	89.7
Emergency In-Patients	391,068	221,066	56.5

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. *Maternity*)
Total (excl. *Maternity*)	**1.4**	**2.9**	**1.8**
Sex			
Male	1.4	2.9	1.8
Female	1.4	2.8	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	3.1	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 64.5 per cent of total discharges (excl. *Maternity*).
- Day patients aged 65–74 years accounted for 20.2 per cent of day patient discharges.

Day Patients – Top 20 Principal Diagnoses

- Day patients with a principal diagnosis of *other medical care* (includes *chemotherapy* and *radiotherapy*[18] encounters) accounted for 18.8 per cent of day patient discharges.
- *Care involving dialysis* accounted for 18.2 per cent of day patient discharges.

Day Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 93.7 per cent of day patient discharges (see Table 3.4).
- Procedures from the block *haemodialysis* were reported as a principal procedure for 19.4 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 over 36 per cent of day patient discharges reported to HIPE when analysed by diagnosis related group.[19]
- *Haemodialysis* accounted for 18.2 per cent, and *chemotherapy* and *radiotherapy* accounted for 10.3 and 8.1 per cent respectively of day patient discharges.

---

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

18 Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at 64,000 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]		N	%
Z51	Other medical care[c]	170,701	18.8
Z49	Care involving dialysis	164,621	18.2
E83	Disorders of mineral metabolism	23,379	2.6
L40	Psoriasis	14,092	1.6
K29	Gastritis and duodenitis	13,933	1.5
H35	Other retinal disorders	11,019	1.2
M54	Dorsalgia	10,806	1.2
M25	Other joint disorders, not elsewhere classified	9,353	1.0
I84	Haemorrhoids	8,882	1.0
C44	Other malignant neoplasms of skin	8,559	0.9
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	8,016	0.9
K57	Diverticular disease of intestine	7,991	0.9
R10	Abdominal and pelvic pain	7,808	0.9
K44	Diaphragmatic hernia	7,688	0.8
Z08	Follow-up examination after treatment for malignant neoplasms	7,540	0.8
E11	Type 2 diabetes mellitus	6,450	0.7
Z45	Adjustment and management of implanted device	6,334	0.7
H26	Other cataract	5,856	0.6
K21	Gastro-oesophageal reflux disease	5,819	0.6
Z13	Special screening examination for other diseases and disorders	5,751	0.6

Admission Source	N	%
Home	900,583	99.4
Long stay accommodation	1,052	0.1
Transfer from other hospital	3,951	0.4
Other (includes new born)	101	0.0

Discharge Destination	N	%
Home	900,386	99.4
Long stay accommodation	1,325	0.1
Transfer to other hospital	3,834	0.4
Other	142	0.0

Day Patients

905,687

Sex	N	%
Male	453,076	50.0
Female	452,611	50.0

Age Group	N	%
< 1 Years	4,569	0.5
1–14 Years	43,507	4.8
15–24 Years	33,749	3.7
25–34 Years	71,237	7.9
35–44 Years	103,559	11.4
45–54 Years	139,258	15.4
55–64 Years	176,181	19.5
65–74 Years	183,326	20.2
75–84 Years	122,588	13.5
85 Years and Over	27,713	3.1

Top 20 Principal Procedure Blocks[b]		N	%
1060	Haemodialysis	164,813	19.4
1920	Administration of pharmacotherapy[c]	122,089	14.4
1788	Megavoltage radiation treatment	69,851	8.2
1008	Panendoscopy with excision	44,267	5.2
1620	Excision of lesion(s) of skin and subcutaneous tissue	34,748	4.1
0905	Fibreoptic colonoscopy	27,734	3.3
0911	Fibreoptic colonoscopy with excision	25,883	3.0
0725	Other incision procedures on veins	23,177	2.7
1552	Administration of agent into other musculoskeletal sites	16,715	2.0
1893	Administration of blood and blood products	14,023	1.7
1610	Ultraviolet B [UVB] light therapy of skin	13,234	1.6
1089	Examination procedures on bladder	13,151	1.5
0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	12,589	1.5
0668	Coronary angiography	10,062	1.2
1005	Panendoscopy	9,390	1.1
0197	Extracapsular crystalline lens extraction by phacoemulsification	8,648	1.0
1279	Examination procedures on vagina	6,951	0.8
0544	Bronchoscopy with biopsy or removal of foreign body	5,526	0.7
1259	Examination procedures on uterus	4,539	0.5
0160	Examination procedures on eyeball	4,296	0.5

Top 10 AR-DRGs		N	%
L61Z	Haemodialysis	164,399	18.2
R63Z	Chemotherapy	93,479	10.3
R64Z	Radiotherapy[c]	73,373	8.1
G48C	Colonoscopy, sameday	41,565	4.6
G47C	Other gastroscopy, sameday	39,935	4.4
J11Z	Other skin, subcutaneous tissue and breast procedures	38,087	4.2
Q61B	Red blood cell disorders w/o catastrophic or severe cc	31,997	3.5
Z64B	Other factors influencing health status, sameday	25,921	2.9
J68C	Major skin disorders, sameday	17,472	1.9
R61C	Lymphoma and non-acute leukaemia, sameday	16,214	1.8

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 day patients with principal procedure reported.

c Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at 64,000 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 35.5 per cent of total discharges (excl. *Maternity*).
- Ninety-seven per cent (482,695) of in-patients were acute in-patient discharges (i.e., those with a length of stay of 30 days or less); they used 68.7 per cent of in-patient bed days (excl. *Maternity*). Extended stay in-patients accounted for 3.0 per cent of in-patient discharges and 31.3 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 4.1 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 2.6 per cent of in-patients.

In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 63.6 per cent of total in-patient discharges (Table 3.4).
- Procedures from the block *generalised allied health interventions* were reported for 15.5 per cent of in-patient discharges with at least one procedure reported. This block includes interventions such as physiotherapy, pharmacy, dietetics, occupational therapy, social work, and speech pathology. Together, these six interventions accounted for 92.6 per cent of cases within this procedure block.
- The procedures from the block *computerised tomography of brain* accounted for 9.7 per cent of in-patient discharges with a principal procedure reported.

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

- The top three AR-DRGs accounted for 8.2 per cent of in-patient discharges when analysed by diagnosis related group.[20]
- *Chest pain* accounted for 3.8 per cent of in-patient discharges. *Abdominal pain or mesenteric adenitis* and *oesophagitis and gastroenteritis w/o cat/sev cc* each accounted for 2.2 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	20,219	4.1	1.8	1.8
J22	Unspecified acute lower respiratory infection	13,167	2.6	6.4	5.1
J44	Other chronic obstructive pulmonary disease	12,940	2.6	8.2	6.6
R10	Abdominal and pelvic pain	11,893	2.4	2.3	2.3
J18	Pneumonia, organism unspecified	10,191	2.0	9.5	6.8
N39	Other disorders of urinary system	9,863	2.0	7.8	5.3
R55	Syncope and collapse	8,405	1.7	5.2	3.7
A09	Other gastroenteritis and colitis of infectious and unspecified origin	6,780	1.4	3.4	2.9
I48	Atrial fibrillation and flutter	6,310	1.3	4.6	4.0
I21	Acute myocardial infarction	6,290	1.3	6.9	5.6
K80	Cholelithiasis	6,124	1.2	4.7	4.3
K35	Acute appendicitis	5,981	1.2	3.3	3.3
I50	Heart failure	5,600	1.1	11.8	8.1
R51	Headache	5,565	1.1	2.3	2.2
L03	Cellulitis	5,216	1.0	6.5	5.4
Z50	Care involving use of rehabilitation procedures	5,039	1.0	25.6	13.3
J35	Chronic diseases of tonsils and adenoids	5,006	1.0	1.3	1.3
S52	Fracture of forearm	4,780	1.0	2.3	1.9
I25	Chronic ischaemic heart disease	4,769	1.0	5.0	4.1
R06	Abnormalities of breathing	4,365	0.9	2.2	2.0

In-Patients

497,875

Discharges	N	%
Total	**497,875**	**100**
Acute	482,695	97.0
Extended	15,180	3.0

Bed Days	N	%
Total	**3,151,749**	**100**
Acute	2,166,558	68.7
Extended	985,191	31.3

Length of Stay	Mean
Total	**6.3**
Acute	4.5
Extended	64.9

Top 20 Principal Procedure Blocks[b]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
1916	Generalised allied health interventions	49,070	15.5	11.4	7.8
1952	Computerised tomography of brain	30,790	9.7	9.3	5.3
1920	Administration of pharmacotherapy	11,605	3.7	6.6	5.0
2015	Magnetic resonance imaging	7,604	2.4	10.3	6.8
1963	Computerised tomography of abdomen and pelvis	7,568	2.4	6.5	5.4
1008	Panendoscopy with excision	7,283	2.3	8.8	6.5
1893	Administration of blood and blood products	6,888	2.2	8.0	5.9
0926	Appendicectomy	6,562	2.1	3.2	3.2
1966	Other computerised tomography	6,438	2.0	7.6	6.0
0668	Coronary angiography	5,929	1.9	5.4	4.6
0412	Tonsillectomy or adenoidectomy	4,881	1.5	1.3	1.3
1489	Arthroplasty of hip	4,793	1.5	11.3	7.9
0965	Cholecystectomy	3,895	1.2	3.7	3.4
0570	Noninvasive ventilatory support	3,731	1.2	13.8	9.0
0569	Ventilatory support	3,396	1.1	21.7	8.6
1961	Computerised tomography of chest, abdomen and pelvis	3,245	1.0	10.5	8.0
1960	Computerised tomography of chest	3,162	1.0	9.7	7.4
0671	Transluminal coronary angioplasty with stenting	3,099	1.0	3.6	3.2
0030	Lumbar puncture	3,036	1.0	7.6	5.2
1962	Computerised tomography of abdomen	3,000	0.9	6.8	5.5

Admission Source	N	%
Home	453,077	91.0
Long stay accommodation	8,999	1.8
Transfer from other hospital	23,600	4.7
New born	8,913	1.8
Other	3,286	0.7

Discharge Destination	N	%
Home	434,554	87.3
Long stay accommodation	23,121	4.6
Transfer to other hospital	23,719	4.8
Died	11,201	2.2
Other	5,280	1.1

Sex	N	%
Male	253,103	50.8
Female	244,772	49.2

Age Group	N	%
< 1 Years	29,819	6.0
1–14 Years	59,851	12.0
15–24 Years	32,257	6.5
25–34 Years	37,675	7.6
35–44 Years	44,166	8.9
45–54 Years	52,660	10.6
55–64 Years	63,929	12.8
65–74 Years	72,897	14.6
75–84 Years	71,388	14.3
85 Years and Over	33,233	6.7

Top 10 AR-DRGs		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
F74Z	Chest pain	18,943	3.8	1.8	1.8
G66Z	Abdominal pain or mesenteric adenitis	10,841	2.2	2.1	2.1
G67B	Oesophagitis and gastroenteritis w/o cat/sev cc	10,747	2.2	2.2	2.1
E65B	Chronic obstructive airways disease w/o cat cc	10,059	2.0	6.2	5.6
G70B	Other digestive system diagnoses w/o catastrophic or severe cc	9,167	1.8	3.2	3.0
D63Z	Otitis media and URI	9,107	1.8	1.9	1.9
B77Z	Headache	8,421	1.7	2.2	2.1
E75C	Other respiratory system diagnosis w/o cc	7,401	1.5	3.2	3.1
L63B	Kidney and urinary tract infections w/o catastrophic or severe cc	7,149	1.4	5.2	4.4
F73B	Syncope and collapse w/o catastrophic or severe cc	7,115	1.4	3.1	2.9

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 7.6 per cent of total discharges (excl. *Maternity*) and 21.5 per cent of in-patients.
- Elective in-patient discharges accounted for 699,940 bed days, or 22.2 per cent of total in-patient bed days (see Table 3.7).
- Almost 90 per cent of elective in-patient discharges were admitted from home and a further 10.1 per cent were admitted by transfer from another hospital.
- Over 92 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 *care involving use of rehabilitation procedures* accounted for 4.6 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 13.4 days.
- *Chronic diseases of tonsils and adenoids* accounted for 4.5 per cent of elective in-patient discharges.

Elective In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 89.7 per cent of elective in-patient discharges (see Table 3.4).
- The procedure block *generalised allied health interventions* was reported for 9.8 per cent of elective in-patients who had a principal procedure reported.
- Five per cent of elective in-patient discharges had a principal procedure from the block *tonsillectomy or adenoidectomy* reported, with an acute mean length of stay of 1.3 days.

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

- The top three AR-DRGs accounted for 11.4 per cent of elective in-patient discharges reported to HIPE when analysed by case mix.[21]
- *Tonsillectomy and/or adenoidectomy* accounted for 4.6 per cent, r*ehabilitation w/o catastrophic cc* accounted for 3.9 per cent, and *hip replacement w/o catastrophic cc* accounted for 2.9 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]
Z50	Care involving use of rehabilitation procedures	4,951	4.6	25.7	13.4
J35	Chronic diseases of tonsils and adenoids	4,852	4.5	1.3	1.3
M16	Coxarthrosis [arthrosis of hip]	3,184	3.0	6.2	6.0
K80	Cholelithiasis	2,620	2.5	2.4	2.3
G47	Sleep disorders	2,384	2.2	1.2	1.2
M17	Gonarthrosis [arthrosis of knee]	2,313	2.2	5.9	5.8
I25	Chronic ischaemic heart disease	2,121	2.0	4.2	3.2
Z48	Other surgical follow-up care	2,007	1.9	10.1	6.2
C50	Malignant neoplasm of breast	1,995	1.9	6.1	4.3
K40	Inguinal hernia	1,624	1.5	1.8	1.7
N81	Female genital prolapse	1,515	1.4	4.2	4.1
C34	Malignant neoplasm of bronchus and lung	1,430	1.3	10.6	7.8
N39	Other disorders of urinary system	1,026	1.0	4.1	3.1
C18	Malignant neoplasm of colon	1,014	0.9	11.5	8.6
C67	Malignant neoplasm of bladder	900	0.8	6.1	5.1
C61	Malignant neoplasm of prostate	873	0.8	12.3	6.3
K81	Cholecystitis	831	0.8	2.8	2.5
M25	Other joint disorders, not elsewhere classified	822	0.8	3.2	3.1
E11	Type 2 diabetes mellitus	810	0.8	6.7	4.9
R06	Abnormalities of breathing	797	0.7	2.1	1.5

Elective In-Patients

106,807

Discharges	N	%
Total	**106,807**	**100**
Acute	103,150	96.6
Extended	3,657	3.4

Bed Days	N	%
Total	**699,940**	**100**
Acute	470,480	67.2
Extended	229,460	32.8

Length of Stay	Mean
Total	**6.6**
Acute	4.6
Extended	62.7

Top 20 Principal Procedure Blocks[b]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
1916	Generalised allied health interventions	9,402	9.8	18.7	10.9
0412	Tonsillectomy or adenoidectomy	4,828	5.0	1.3	1.3
1920	Administration of pharmacotherapy	3,341	3.5	7.5	4.8
1489	Arthroplasty of hip	3,272	3.4	6.7	6.2
0965	Cholecystectomy	2,947	3.1	2.3	2.2
1828	Sleep study	2,635	2.8	1.2	1.2
1518	Arthroplasty of knee	2,164	2.3	6.4	6.2
1893	Administration of blood and blood products	1,680	1.8	4.9	3.7
0990	Repair of inguinal hernia	1,576	1.6	1.9	1.7
1268	Abdominal hysterectomy	1,525	1.6	6.3	6.0
0668	Coronary angiography	1,220	1.3	3.5	3.0
0671	Transluminal coronary angioplasty with stenting	1,174	1.2	1.6	1.6
1008	Panendoscopy with excision	975	1.0	5.7	4.5
1620	Excision of lesion(s) of skin and subcutaneous tissue	928	1.0	3.1	3.0
1269	Vaginal hysterectomy	903	0.9	4.7	4.6
0913	Colectomy	889	0.9	13.4	10.5
1744	Excision of lesion of breast	879	0.9	2.2	2.2
2015	Magnetic resonance imaging	878	0.9	7.7	5.8
1748	Simple mastectomy	824	0.9	4.9	4.7
1283	Repair of prolapse of uterus, pelvic floor or enterocele	770	0.8	3.9	3.9

Admission Source	N	%
Home	95,525	89.4
Long stay accommodation	476	0.4
Transfer from other hospital	10,750	10.1
Other (includes new born)	56	0.1

Discharge Destination	N	%
Home	98,326	92.1
Long stay accommodation	3,267	3.1
Transfer to other hospital	3,513	3.3
Died	1,255	1.2
Other	446	0.4

Sex	N	%
Male	52,331	49.0
Female	54,476	51.0

Age Group	N	%
< 1 Years	1,720	1.6
1–14 Years	10,668	10.0
15–24 Years	5,507	5.2
25–34 Years	7,105	6.7
35–44 Years	10,274	9.6
45–54 Years	14,230	13.3
55–64 Years	18,623	17.4
65–74 Years	20,104	18.8
75–84 Years	14,659	13.7
85 Years and Over	3,917	3.7

Top 10 AR-DRGs		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
D11Z	Tonsillectomy and/or adenoidectomy	4,880	4.6	1.3	1.3
Z60B	Rehabilitation w/o catastrophic cc	4,146	3.9	21.1	13.3
I03B	Hip replacement w/o catastrophic cc	3,132	2.9	6.1	6.0
H08B	Laparoscopic cholecystectomy w/o closed CDE w/o cat or sev cc	2,553	2.4	1.7	1.7
Z63B	Other surgical follow up and medical care w/o catastrophic cc	2,263	2.1	9.5	7.3
G10B	Hernia procedures w/o cc	2,130	2.0	1.8	1.8
E63Z	Sleep apnoea	2,094	2.0	1.2	1.2
I04B	Knee replacement w/o catastrophic or severe cc	1,876	1.8	5.8	5.8
J06Z	Major procedures for breast conditions	1,874	1.8	3.1	3.0
N04B	Hysterectomy for non-malignancy w/o catastrophic or severe cc	1,790	1.7	4.9	4.9

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 27.9 per cent of total discharges (excl. *Maternity*) and 78.5 per cent of in-patients.
- Emergency in-patient discharges accounted for 77.8 per cent of in-patient bed days (see Table 3.7).
- Seventy-four per cent of emergency in-patient discharges were admitted from an Emergency Department, with 5.0 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 5.0 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* each accounted for over 3 per cent of emergency in-patients.

Emergency In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 56.5 per cent of emergency in-patient discharges (see Table 3.4).
- Procedures from the block *generalised allied health interventions* were reported for 17.9 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 10.1 per cent of emergency in-patient discharges reported to HIPE when analysed by case mix.[24]
- *Chest pain* accounted for 4.7 per cent of emergency in-patient discharges. *Abdominal pain or mesenteric adenitis* and *oesophagitis and gastroenteritis w/o cat/sev cc* each accounted for 2.7 per cent of emergency in-patient discharges.

---

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 Section 1.5 for notes on emergency in-patients and data reporting guidelines.

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	19,658	5.0	1.8	1.8
J22	Unspecified acute lower respiratory infection	12,847	3.3	6.3	5.1
J44	Other chronic obstructive pulmonary disease	12,143	3.1	8.2	6.5
R10	Abdominal and pelvic pain	11,385	2.9	2.3	2.3
J18	Pneumonia, organism unspecified	9,939	2.5	9.5	6.8
N39	Other disorders of urinary system	8,837	2.3	8.2	5.6
R55	Syncope and collapse	8,230	2.1	5.2	3.7
A09	Other gastroenteritis and colitis of infectious and unspecified origin	6,617	1.7	3.3	2.9
K35	Acute appendicitis	5,940	1.5	3.3	3.3
I21	Acute myocardial infarction	5,838	1.5	7.1	5.8
I48	Atrial fibrillation and flutter	5,641	1.4	4.8	4.1
R51	Headache	5,397	1.4	2.2	2.1
I50	Heart failure	5,323	1.4	11.8	8.1
L03	Cellulitis	5,063	1.3	6.4	5.3
S52	Fracture of forearm	4,478	1.1	2.3	1.9
I63	Cerebral infarction	4,212	1.1	20.6	9.8
R56	Convulsions, not elsewhere classified	4,077	1.0	3.7	2.8
B34	Viral infection of unspecified site	3,970	1.0	1.8	1.8
S72	Fracture of femur	3,947	1.0	16.7	10.7
I20	Angina pectoris	3,709	.9	4.7	4.3

Emergency In-Patients
391,068

Discharges	N	%
Total	**391,068**	**100**
Acute	379,545	97.1
Extended	11,523	2.9

Bed Days	N	%
Total	**2,451,809**	**100**
Acute	1,696,078	69.2
Extended	755,731	30.8

Length of Stay		Mean
Total		**6.3**
Acute		4.5
Extended		65.6

Top 20 Principal Procedure Blocks[b]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
1916	Generalised allied health interventions	39,668	17.9	9.7	7.1
1952	Computerised tomography of brain	30,197	13.7	9.3	5.2
1920	Administration of pharmacotherapy	8,264	3.7	6.2	5.1
1963	Computerised tomography of abdomen and pelvis	7,287	3.3	6.4	5.3
2015	Magnetic resonance imaging	6,726	3.0	10.7	7.0
0926	Appendicectomy	6,418	2.9	3.2	3.2
1008	Panendoscopy with excision	6,308	2.9	9.3	6.8
1966	Other computerised tomography	6,166	2.8	7.5	5.9
1893	Administration of blood and blood products	5,208	2.4	9.0	6.6
0668	Coronary angiography	4,709	2.1	5.9	5.0
0569	Ventilatory support	3,291	1.5	21.5	8.6
0570	Noninvasive ventilatory support	3,105	1.4	15.6	10.3
1961	Computerised tomography of chest, abdomen and pelvis	2,903	1.3	10.7	8.1
1960	Computerised tomography of chest	2,901	1.3	9.9	7.5
1962	Computerised tomography of abdomen	2,878	1.3	6.8	5.5
0030	Lumbar puncture	2,823	1.3	7.4	5.2
1005	Panendoscopy	2,604	1.2	10.1	7.0
1427	Closed reduction of fracture of radius	2,166	1.0	1.7	1.5
0911	Fibreoptic colonoscopy with excision	2,057	0.9	11.5	8.2
0671	Transluminal coronary angioplasty with stenting	1,925	0.9	4.9	4.2

Admission Source	N	%
Home	357,552	91.4
Long stay accommodation	8,523	2.2
Transfer from other hospital	12,850	3.3
New born	8,906	2.3
Other	3,237	0.8

Discharge Destination	N	%
Home	336,228	86.0
Long stay accommodation	19,854	5.1
Transfer to other hospital	20,206	5.2
Died	9,946	2.5
Other	4,834	1.2

Mode of Emergency Admission	N	%
Emergency Department	289,327	74.0
Medical assessment unit - admitted as in-patient	19,480	5.0
Medical assessment unit - day only	31,383	8.0
Other	50,710	13.0
Unknown	168	0.0

Sex	N	%
Male	200,772	51.3
Female	190,296	48.7

Age Group	N	%
< 1 Years	28,099	7.2
1–14 Years	49,183	12.6
15–24 Years	26,750	6.8
25–34 Years	30,570	7.8
35–44 Years	33,892	8.7
45–54 Years	38,430	9.8
55–64 Years	45,306	11.6
65–74 Years	52,793	13.5
75–84 Years	56,729	14.5
85 Years and Over	29,316	7.5

Top 10 AR-DRGs		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
F74Z	Chest pain	18,517	4.7	1.8	1.8
G66Z	Abdominal pain or mesenteric adenitis	10,569	2.7	2.1	2.0
G67B	Oesophagitis and gastroenteritis w/o cat/sev cc	10,553	2.7	2.2	2.1
E65B	Chronic obstructive airways disease w/o catastrophic cc	9,311	2.4	6.0	5.5
D63Z	Otitis media and URI	8,809	2.3	1.9	1.9
G70B	Other digestive system diagnoses w/o catastrophic or severe cc	8,490	2.2	3.1	3.0
B77Z	Headache	8,238	2.1	2.1	2.1
E75C	Other respiratory system diagnosis w/o cc	7,252	1.9	3.2	3.0
F73B	Syncope and collapse w/o catastrophic or severe CC	6,963	1.8	3.1	2.9
L63B	Kidney and urinary tract infections w/o catastrophic or severe cc	6,942	1.8	5.2	4.4

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*[26] and *dialysis*).
- 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 15.0 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 diagnosis 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 patient on discharge. For example, a patient with a length of stay of one day for a diagnosis of chronic

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

[26] Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at 64,000 day cases, are not included in this report as these data were not submitted to HIPE.

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 analysed by sex, male discharges reported 7.4 days and females reported 6.7 days.
- For discharges aged less than 15 years, those with a principal diagnosis of *certain conditions originating in the perinatal period* recorded an acute in-patient mean length of stay of 5.8 days.
- The longest acute in-patient mean lengths of stay for discharges aged 15–44 years and 45–64 years were reported for those with a principal diagnosis of *neoplasms,* at 5.4 and 6.8 days respectively.
- The shortest acute in-patient mean length of stay (2.4 days) was recorded for acute in-patient discharges with a principal diagnosis from the chapter *diseases of the ear and mastoid process.* When analysed by sex, 2.4 days was reported for male discharges and 2.5 days for female discharges.

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 3.6 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 804,185 diagnoses, or 22.2 per cent of all-listed diagnoses (excl. *Maternity*) reported.
- *Neoplasms* accounted for 467,029 diagnoses or 12.9 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 12.0 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. *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*)	–	**77,329**	**144,090**	**213,962**	**270,798**	**706,179**	**60,417**	**178,553**	**218,066**	**240,347**	**697,383**	**137,746**	**322,643**	**432,028**	**511,145**	**1,403,562**
Certain infectious and parasitic diseases	**A00–B99**	**6,298**	**3,216**	**1,931**	**1,969**	**13,414**	**5,755**	**3,229**	**2,041**	**2,461**	**13,486**	**12,053**	**6,445**	**3,972**	**4,430**	**26,900**
Intestinal infectious diseases including diarrhoea	A00–A09	3,819	1,090	797	913	6,619	3,608	1,467	1,116	1,458	7,649	7,427	2,557	1,913	2,371	14,268
Tuberculosis	A15–A19	9	151	77	38	275	16	86	35	23	160	25	237	112	61	435
Septicaemia	A40–A41	90	95	230	651	1,066	60	69	214	543	886	150	164	444	1,194	1,952
Human immunodeficiency virus [HIV] disease	B20–B24	~	72	39	~	113	~	57	8	~	68	~	129	47	~	181
Neoplasms	**C00–D48**	**2,716**	**7,664**	**19,640**	**28,956**	**58,976**	**2,952**	**15,258**	**21,150**	**22,897**	**62,257**	**5,668**	**22,922**	**40,790**	**51,853**	**121,233**
Malignant neoplasms	C00–C96	2,037	4,013	14,973	22,281	43,304	2,089	4,863	14,586	17,136	38,674	4,126	8,876	29,559	39,417	81,978
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	~	165	1,768	2,675	4,610	0	164	1,128	1,538	2,830	~	329	2,896	4,213	7,440
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	0	63	1,320	1,965	3,348	0	94	1,076	1,649	2,819	0	157	2,396	3,614	6,167
Malignant neoplasm of skin (primary)	C43–C44	~	346	1,434	4,362	6,145	10	371	1,057	2,986	4,424	13	717	2,491	7,348	10,569
Malignant neoplasm of breast (primary)	C50	0	~	27	30	62	0	1,310	4,104	2,486	7,900	0	1,315	4,131	2,516	7,962
Malignant neoplasms of female genital organs (primary)	C51–C58	0	0	0	0	0	15	590	1,541	1,281	3,427	15	590	1,541	1,281	3,427
Malignant neoplasm of prostate (primary)	C61	0	34	1,625	2,581	4,240	0	0	~	0	~	0	34	1,628	2,581	4,243
Malignant neoplasm of bladder (primary)	C67	0	34	367	1,204	1,605	0	22	179	438	639	0	56	546	1,642	2,244
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	1,043	1,608	4,074	4,514	11,239	885	1,413	2,405	3,303	8,006	1,928	3,021	6,479	7,817	19,245
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	678	3,620	4,311	5,792	14,401	860	7,859	5,577	4,623	18,919	1,538	11,479	9,888	10,415	33,320
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**2,190**	**2,167**	**2,236**	**3,622**	**10,215**	**1,547**	**2,951**	**2,771**	**4,096**	**11,365**	**3,737**	**5,118**	**5,007**	**7,718**	**21,580**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**1,570**	**7,379**	**12,420**	**8,212**	**29,581**	**1,365**	**3,619**	**5,626**	**6,544**	**17,154**	**2,935**	**10,998**	**18,046**	**14,756**	**46,735**
Diabetes mellitus	E10–E14	336	1,178	2,655	3,822	7,991	301	783	1,362	2,975	5,421	637	1,961	4,017	6,797	13,412
Cystic fibrosis	E84	475	709	22	0	1,206	375	639	33	~	1,048	850	1,348	55	~	2,254
Mental and behavioural disorders	**F00–F99**	**364**	**1,196**	**1,079**	**742**	**3,381**	**266**	**878**	**683**	**838**	**2,665**	**630**	**2,074**	**1,762**	**1,580**	**6,046**
Mental and behavioural disorders due to alcohol	F10	27	668	736	238	1,669	42	279	303	72	696	69	947	1,039	310	2,365
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	~	94	19	~	121	0	75	15	10	100	~	169	34	15	221
Diseases of nervous system	**G00–G99**	**1,592**	**4,024**	**4,574**	**3,835**	**14,025**	**1,357**	**6,342**	**5,136**	**3,855**	**16,690**	**2,949**	**10,366**	**9,710**	**7,690**	**30,715**
Multiple sclerosis	G35	0	1,011	531	40	1,582	~	2,295	1,097	65	3,459	~	3,306	1,628	105	5,041
Epilepsy	G40, G41	679	817	496	307	2,299	630	701	326	266	1,923	1,309	1,518	822	573	4,222
Transient cerebral ischaemic attacks and related syndromes	G45	~	76	455	1,085	1,617	0	59	367	1,208	1,634	~	135	822	2,293	3,251
Diseases of the eye and adnexa	**H00–H59**	**769**	**1,714**	**3,706**	**9,958**	**16,147**	**722**	**1,626**	**3,449**	**13,858**	**19,655**	**1,491**	**3,340**	**7,155**	**23,816**	**35,802**
Diseases of the ear and mastoid process	**H60–H95**	**2,443**	**1,213**	**1,015**	**661**	**5,332**	**1,866**	**1,185**	**959**	**692**	**4,702**	**4,309**	**2,398**	**1,974**	**1,353**	**10,034**
Diseases of the circulatory system	**I00–I99**	**614**	**5,843**	**16,079**	**22,443**	**44,979**	**548**	**5,817**	**8,945**	**17,561**	**32,871**	**1,162**	**11,660**	**25,024**	**40,004**	**77,850**
Hypertensive diseases	I10–I15	32	302	452	380	1,166	17	268	366	556	1,207	49	570	818	936	2,373
Angina pectoris	I20	0	147	1,501	1,790	3,438	0	61	596	1,025	1,682	0	208	2,097	2,815	5,120
Acute myocardial infarction	I21–I22	0	278	1,907	2,300	4,485	0	56	493	1,563	2,112	0	334	2,400	3,863	6,597
Other ischaemic heart disease	I23–I25	~	245	3,101	3,643	6,990	~	87	970	1,829	2,888	~	332	4,071	5,472	9,878
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	10	154	294	397	855	33	206	263	559	1,061	43	360	557	956	1,916
Conduction disorders and cardiac arrhythmias	I44–I49	102	680	2,528	3,762	7,072	48	351	1,027	3,134	4,560	150	1,031	3,555	6,896	11,632
Heart failure	I50	6	30	420	2,792	3,248	9	16	174	2,365	2,564	15	46	594	5,157	5,812
Cerebrovascular disease	I60–I69	44	248	1,062	2,598	3,952	22	248	731	2,488	3,489	66	496	1,793	5,086	7,441
Atherosclerosis (non-coronary)	I70	0	44	316	703	1,063	0	15	106	415	536	0	59	422	1,118	1,599
Diseases of the respiratory system	**J00–J99**	**11,680**	**5,960**	**7,027**	**15,639**	**40,306**	**8,933**	**7,214**	**7,414**	**15,186**	**38,747**	**20,613**	**13,174**	**14,441**	**30,825**	**79,053**
Acute upper respiratory infections and influenza	J00–J11	3,300	842	201	129	4,472	2,453	1,332	286	175	4,246	5,753	2,174	487	304	8,718
Pneumonia	J12–J18	927	542	942	3,306	5,717	834	572	753	3,226	5,385	1,761	1,114	1,695	6,532	11,102
Chronic diseases of tonsils and adenoids	J35	1,879	535	41	11	2,466	1,807	1,276	58	15	3,156	3,686	1,811	99	26	5,622

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. *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
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	45	321	1,905	5,801	8,072	20	322	2,338	5,352	8,032	65	643	4,243	11,153	16,104
Asthma	J45–J46	1,408	493	735	193	2,829	791	1,021	1,105	466	3,383	2,199	1,514	1,840	659	6,212
Diseases of the digestive system	**K00–K93**	**6,234**	**22,184**	**23,215**	**18,883**	**70,516**	**5,103**	**24,514**	**23,128**	**18,920**	**71,665**	**11,337**	**46,698**	**46,343**	**37,803**	**142,181**
Diseases of oesophagus, stomach and duodenum	K20–K31	749	6,216	7,389	5,339	19,693	697	6,309	7,390	5,586	19,982	1,446	12,525	14,779	10,925	39,675
Diseases of appendix	K35–K38	1,086	1,954	346	88	3,474	914	1,876	301	75	3,166	2,000	3,830	647	163	6,640
Inguinal hernia	K40	511	789	1,182	1,161	3,643	102	55	68	101	326	613	844	1,250	1,262	3,969
Noninfective enteritis and colitis	K50–K52	276	3,811	1,553	757	6,397	206	3,519	1,647	837	6,209	482	7,330	3,200	1,594	12,606
Alcoholic liver disease	K70	0	242	524	100	866	0	102	224	37	363	0	344	748	137	1,229
Cholelithiasis	K80	12	456	887	1,227	2,582	18	2,449	1,661	1,428	5,556	30	2,905	2,548	2,655	8,138
Diseases of the skin and subcutaneous tissue	**L00–L99**	**1,757**	**12,155**	**8,265**	**6,289**	**28,466**	**1,590**	**10,806**	**7,235**	**6,895**	**26,526**	**3,347**	**22,961**	**15,500**	**13,184**	**54,992**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	426	1,213	1,018	1,073	3,730	370	727	693	1,229	3,019	796	1,940	1,711	2,302	6,749
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**1,779**	**8,945**	**11,452**	**8,591**	**30,767**	**1,743**	**8,705**	**15,562**	**14,103**	**40,113**	**3,522**	**17,650**	**27,014**	**22,694**	**70,880**
Rheumatoid arthritis	M05–M06	0	314	923	708	1,945	~	788	1,918	1,353	4,062	~	1,102	2,841	2,061	6,007
Coxarthrosis and Gonarthrosis	M16–M17	~	338	1,660	2,076	4,075	0	236	1,873	3,090	5,199	~	574	3,533	5,166	9,274
Intervertebral disc disorders	M50–M51	~	590	510	215	1,316	~	540	673	342	1,556	~	1,130	1,183	557	2,872
Dorsalgia (back pain)	M54	54	1,729	2,002	1,194	4,979	97	2,192	3,050	2,356	7,695	151	3,921	5,052	3,550	12,674
Diseases of the genitourinary system	**N00–N99**	**4,084**	**4,567**	**6,228**	**9,201**	**24,080**	**2,217**	**21,289**	**14,897**	**9,387**	**47,790**	**6,301**	**25,856**	**21,125**	**18,588**	**71,870**
Chronic kidney disease	N18	264	219	392	694	1,569	207	244	192	442	1,085	471	463	584	1,136	2,654
Urolithiasis	N20–N23	69	1,318	1,547	553	3,487	33	805	809	293	1,940	102	2,123	2,356	846	5,427
Hyperplasia of prostate	N40	0	60	1,196	2,700	3,956	0	0	0	0	0	0	60	1,196	2,700	3,956
Disorders of breast	N60–N64	17	98	26	20	161	19	1,277	1,159	300	2,755	36	1,375	1,185	320	2,916
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	17	1,328	409	81	1,835	17	1,328	409	81	1,835
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	201	14,308	9,030	2,307	25,846	201	14,308	9,030	2,307	25,846
Pregnancy, childbirth and the puerperium [a]	**O00–O99**	**0**	**0**	**0**	**0**	**0**	**0**	**69**	**~**	**0**	**71**	**0**	**69**	**~**	**0**	**71**
Pregnancy with abortive outcome	O00–O08	0	0	0	0	0	0	31	~	0	32	0	31	~	0	32
Certain conditions originating in the perinatal period	**P00–P96**	**5,656**	**0**	**0**	**0**	**5,656**	**4,348**	**0**	**0**	**0**	**4,348**	**10,004**	**0**	**0**	**0**	**10,004**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**5,184**	**602**	**180**	**107**	**6,073**	**3,570**	**780**	**255**	**84**	**4,689**	**8,754**	**1,382**	**435**	**191**	**10,762**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**6,408**	**15,169**	**18,713**	**18,819**	**59,109**	**5,620**	**23,385**	**19,670**	**18,807**	**67,482**	**12,028**	**38,554**	**38,383**	**37,626**	**126,591**
Abdominal and pelvic pain	R10	1,018	2,399	1,827	1,055	6,299	1,259	7,479	3,114	1,550	13,402	2,277	9,878	4,941	2,605	19,701
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**7,220**	**13,642**	**5,887**	**5,309**	**32,058**	**4,798**	**6,471**	**4,995**	**8,337**	**24,601**	**12,018**	**20,113**	**10,882**	**13,646**	**56,659**
Intracranial injury	S06	186	639	307	368	1,500	112	210	151	326	799	298	849	458	694	2,299
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	2,138	2,775	600	555	6,068	1,377	696	274	662	3,009	3,515	3,471	874	1,217	9,077
Fracture of femur	S72	137	125	227	823	1,312	61	44	266	2,324	2,695	198	169	493	3,147	4,007
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	219	1,066	420	116	1,821	230	1,387	569	142	2,328	449	2,453	989	258	4,149
Factors influencing health status and contact with health services [b]	**U00–U49, Z00–Z99**	**8,771**	**26,450**	**70,315**	**107,562**	**213,098**	**6,117**	**34,415**	**74,148**	**75,826**	**190,506**	**14,888**	**60,865**	**144,463**	**183,388**	**403,604**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,896	5,193	30,036	42,221	80,346	2,472	12,449	46,083	29,891	90,895	5,368	17,642	76,119	72,112	171,241

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

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. *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
Acute In-Patient Discharges	–	**2.7**	**3.1**	**4.4**	**6.4**	**4.4**	**2.8**	**3.0**	**4.3**	**6.6**	**4.5**	**2.7**	**3.0**	**4.4**	**6.5**	**4.5**
Certain infectious and parasitic diseases	**A00–B99**	**2.0**	**4.2**	**6.5**	**7.5**	**3.6**	**2.0**	**3.6**	**5.3**	**7.1**	**3.5**	**2.0**	**3.9**	**5.9**	**7.3**	**3.5**
Intestinal infectious diseases including diarrhoea	A00–A09	1.8	3.2	4.6	6.1	2.6	1.8	3.0	4.4	6.4	2.9	1.8	3.0	4.5	6.2	2.8
Tuberculosis	A15–A19	1.6	10.1	11.5	12.4	10.4	6.2	9.3	8.4	8.2	8.6	4.3	9.8	10.6	10.9	9.8
Septicaemia	A40–A41	5.1	7.6	9.9	9.2	8.8	4.4	7.1	8.6	9.1	8.5	4.8	7.4	9.3	9.1	8.6
Human immunodeficiency virus [HIV] disease	B20–B24	-	12.6	9.5	~	11.5	-	11.7	20.3	~	12.9	-	12.2	11.2	~	12.0
Neoplasms	**C00–D48**	**4.0**	**6.1**	**7.4**	**8.0**	**7.4**	**3.7**	**4.9**	**6.3**	**8.1**	**6.7**	**3.8**	**5.4**	**6.8**	**8.0**	**7.0**
Malignant neoplasms	C00–C96	4.0	6.5	7.6	8.3	7.8	3.9	5.9	6.8	8.5	7.3	3.9	6.2	7.2	8.4	7.5
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	~	7.3	8.7	10.0	9.4	-	9.0	7.8	10.3	9.4	~	8.1	8.4	10.1	9.4
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	-	9.0	7.7	8.8	8.4	-	10.1	8.4	9.3	9.0	-	9.5	8.0	9.0	8.6
Malignant neoplasm of skin (primary)	C43–C44	~	7.0	4.6	5.8	5.6	~	2.7	4.2	5.3	4.8	~	4.7	4.5	5.6	5.3
Malignant neoplasm of breast (primary)	C50	-	-	3.8	6.1	5.2	-	3.9	4.4	6.6	5.1	-	3.9	4.4	6.6	5.1
Malignant neoplasms of female genital organs (primary)	C51–C58	-	-	-	-	-	2.5	6.4	6.5	8.1	7.1	2.5	6.4	6.5	8.1	7.1
Malignant neoplasm of prostate (primary)	C61	-	5.9	6.1	7.3	6.8	-	-	~	-	~	-	5.9	6.1	7.3	6.8
Malignant neoplasm of bladder (primary)	C67	-	6.1	5.5	6.2	6.1	-	8.1	6.2	6.3	6.4	-	7.0	5.7	6.2	6.2
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	3.9	7.0	8.1	7.8	7.4	4.1	8.4	8.4	8.5	7.8	4.0	7.7	8.2	8.0	7.5
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	4.0	4.3	4.6	5.0	4.7	2.9	3.9	4.6	5.9	4.6	3.4	4.0	4.6	5.4	4.6
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**2.9**	**4.7**	**4.9**	**5.4**	**4.6**	**3.2**	**3.7**	**4.7**	**5.6**	**4.7**	**3.0**	**4.1**	**4.8**	**5.5**	**4.6**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**4.2**	**5.6**	**5.3**	**6.8**	**5.7**	**4.3**	**5.0**	**4.6**	**6.3**	**5.3**	**4.2**	**5.3**	**5.0**	**6.5**	**5.5**
Diabetes mellitus	E10–E14	3.7	3.2	5.7	7.2	5.5	3.8	3.3	5.0	6.7	5.1	3.8	3.2	5.4	7.0	5.4
Cystic fibrosis	E84	7.7	11.3	12.0	-	10.3	8.7	12.4	14.0	~	11.3	8.1	11.7	13.2	~	10.7
Mental and behavioural disorders	**F00–F99**	**2.4**	**3.3**	**3.9**	**8.2**	**4.4**	**3.7**	**4.5**	**4.4**	**7.8**	**5.3**	**3.2**	**3.8**	**4.1**	**8.0**	**4.8**
Mental and behavioural disorders due to alcohol	F10	1.0	2.5	3.8	6.0	3.5	1.2	2.8	3.5	6.0	3.3	1.1	2.6	3.7	6.0	3.5
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	~	10.7	7.8	~	10.0	-	13.1	14.6	10.7	13.1	~	11.7	10.6	10.1	11.4
Diseases of nervous system	**G00–G99**	**3.0**	**2.8**	**3.4**	**5.4**	**3.8**	**3.2**	**3.1**	**3.9**	**5.6**	**4.0**	**3.1**	**3.0**	**3.6**	**5.5**	**3.9**
Multiple sclerosis	G35	-	4.4	6.3	7.8	5.5	-	5.0	5.3	7.2	5.3	-	4.8	5.6	7.4	5.4
Epilepsy	G40, G41	3.1	2.8	3.8	5.3	3.5	3.0	3.6	4.4	6.1	4.0	3.1	3.2	4.0	5.7	3.7
Transient cerebral ischaemic attacks and related syndromes	G45	~	3.5	3.4	4.5	4.2	-	3.3	3.6	4.8	4.5	~	3.4	3.5	4.6	4.3
Diseases of the eye and adnexa	**H00–H59**	**2.2**	**2.7**	**3.3**	**3.4**	**3.1**	**2.2**	**2.6**	**3.0**	**3.0**	**2.9**	**2.2**	**2.7**	**3.2**	**3.2**	**3.0**
Diseases of the ear and mastoid process	**H60–H95**	**1.7**	**2.2**	**2.9**	**3.6**	**2.4**	**1.8**	**2.5**	**3.0**	**3.5**	**2.5**	**1.7**	**2.4**	**2.9**	**3.6**	**2.4**
Diseases of the circulatory system	**I00–I99**	**3.0**	**3.9**	**4.6**	**6.4**	**5.5**	**3.1**	**3.8**	**4.5**	**6.6**	**5.8**	**3.1**	**3.9**	**4.6**	**6.5**	**5.6**
Hypertensive diseases	I10–I15	4.1	2.6	2.3	3.6	2.8	3.4	2.3	2.2	3.4	2.8	3.8	2.5	2.3	3.5	2.8
Angina pectoris	I20	-	2.3	4.1	4.8	4.4	-	3.0	3.2	4.4	3.9	-	2.5	3.9	4.7	4.3
Acute myocardial infarction	I21–I22	-	3.6	4.3	6.3	5.3	-	4.2	4.3	7.1	6.3	-	3.7	4.3	6.6	5.6
Other ischaemic heart disease	I23–I25	-	3.1	3.7	4.5	4.1	-	3.9	3.6	4.4	4.1	-	3.3	3.7	4.5	4.1
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	5.2	5.9	6.4	9.0	7.5	7.1	5.5	7.5	9.1	8.0	6.4	5.7	6.9	9.1	7.8
Conduction disorders and cardiac arrhythmias	I44–I49	4.5	2.6	3.1	4.7	3.9	2.0	2.7	3.2	4.7	4.2	3.8	2.6	3.1	4.7	4.0
Heart failure	I50	~	8.5	7.7	8.1	8.0	7.2	5.0	7.4	8.3	8.2	5.7	7.2	7.6	8.2	8.1
Cerebrovascular disease	I60–I69	8.0	7.2	8.2	8.9	8.6	7.4	7.4	7.6	9.5	8.9	7.8	7.3	8.0	9.2	8.7
Atherosclerosis (non-coronary)	I70	-	7.0	6.4	8.5	7.8	-	6.4	6.7	8.1	7.8	-	6.9	6.5	8.3	7.8
Diseases of the respiratory system	**J00–J99**	**2.2**	**3.2**	**5.2**	**7.2**	**4.8**	**2.4**	**2.6**	**5.0**	**7.4**	**4.9**	**2.3**	**2.9**	**5.1**	**7.3**	**4.8**
Acute upper respiratory infections and influenza	J00–J11	1.7	2.1	2.3	4.1	1.8	1.8	2.0	2.3	4.7	2.0	1.7	2.0	2.3	4.5	1.9
Pneumonia	J12–J18	3.5	5.2	6.7	8.3	6.9	3.8	4.6	6.6	8.3	7.0	3.6	4.9	6.6	8.3	6.9
Chronic diseases of tonsils and adenoids	J35	1.2	1.4	2.2	1.3	1.3	1.2	1.4	1.7	2.0	1.3	1.2	1.4	1.9	1.7	1.3
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	4.0	4.7	5.4	6.7	6.4	5.8	4.1	5.5	7.2	6.7	4.7	4.4	5.5	7.0	6.5
Asthma	J45–J46	1.8	2.5	3.4	4.4	2.2	1.9	2.8	4.1	5.2	3.1	1.8	2.7	3.9	5.0	2.7
Diseases of the digestive system	**K00–K93**	**2.8**	**3.7**	**4.8**	**5.8**	**4.6**	**2.9**	**3.6**	**4.7**	**6.3**	**4.6**	**2.8**	**3.6**	**4.8**	**6.0**	**4.6**
Diseases of oesophagus, stomach and duodenum	K20–K31	2.4	2.6	3.8	5.2	3.7	2.2	2.9	3.5	5.3	3.8	2.3	2.8	3.7	5.2	3.7
Diseases of appendix	K35–K38	3.2	2.9	4.5	7.1	3.3	3.3	3.0	4.1	6.6	3.3	3.3	3.0	4.3	6.9	3.3

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. *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
Inguinal hernia	K40	1.9	1.5	1.8	2.8	2.2	1.4	1.8	2.6	4.1	3.0	1.8	1.5	1.8	2.9	2.2
Noninfective enteritis and colitis	K50–K52	3.7	6.1	7.0	5.8	6.1	3.4	6.1	5.9	6.7	6.1	3.6	6.1	6.4	6.3	6.1
Alcoholic liver disease	K70	-	7.2	8.6	9.9	8.4	-	8.6	9.2	12.0	9.2	-	7.7	8.8	10.4	8.6
Cholelithiasis	K80	3.9	3.6	4.5	6.3	5.2	3.3	2.9	3.5	6.3	3.9	3.5	3.0	3.9	6.3	4.3
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2.8**	**3.2**	**5.1**	**6.9**	**4.5**	**2.9**	**2.9**	**5.0**	**7.3**	**4.8**	**2.9**	**3.1**	**5.1**	**7.1**	**4.6**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	3.1	3.6	5.2	6.7	4.9	3.2	3.4	5.3	7.2	5.3	3.2	3.5	5.2	6.9	5.1
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**3.1**	**2.8**	**4.0**	**5.9**	**4.3**	**3.5**	**2.8**	**3.8**	**5.7**	**4.4**	**3.3**	**2.8**	**3.9**	**5.8**	**4.3**
Rheumatoid arthritis	M05–M06	-	4.8	4.5	5.0	4.7	~	3.1	4.5	5.1	4.6	~	3.6	4.5	5.1	4.6
Coxarthrosis and Gonarthrosis	M16–M17	-	4.8	5.0	6.4	5.8	-	4.7	5.4	6.4	6.0	-	4.7	5.2	6.4	5.9
Intervertebral disc disorders	M50–M51	~	3.2	3.9	7.0	4.0	~	3.7	4.1	7.0	4.5	~	3.4	4.0	7.0	4.3
Dorsalgia (back pain)	M54	2.9	2.6	3.7	5.5	3.8	3.1	2.8	3.6	5.9	4.0	3.1	2.7	3.6	5.7	3.9
Diseases of the genitourinary system	**N00–N99**	**2.6**	**2.9**	**4.2**	**6.5**	**4.6**	**2.7**	**2.8**	**3.8**	**6.7**	**4.2**	**2.7**	**2.8**	**3.9**	**6.6**	**4.3**
Chronic kidney disease	N18	4.3	5.3	5.9	6.3	5.7	4.5	5.0	5.0	7.5	6.0	4.4	5.1	5.6	6.7	5.8
Urolithiasis	N20–N23	2.5	2.4	2.9	4.2	2.9	2.4	2.7	3.3	4.5	3.2	2.5	2.5	3.0	4.3	3.0
Hyperplasia of prostate	N40	-	-	4.0	5.2	4.9	-	-	-	-	-	-	-	4.0	5.2	4.9
Disorders of breast	N60–N64	1.8	1.6	~	~	1.8	2.2	2.4	2.8	3.9	2.7	2.0	2.3	2.8	3.8	2.6
Inflammatory diseases of female pelvic organs	N70–N77	-	-	-	-	-	2.2	2.5	3.9	6.7	3.0	2.2	2.5	3.9	6.7	3.0
Noninflammatory disorders of female genital tract	N80–N98	-	-	-	-	-	2.2	2.4	3.4	4.3	3.0	2.2	2.4	3.4	4.3	3.0
Pregnancy, childbirth and the puerperium[b]	**O00–O99**	**-**	**-**	**-**	**-**	**-**	**-**	**3.2**	**~**	**-**	**3.4**	**-**	**3.2**	**~**	**-**	**3.4**
Pregnancy with abortive outcome	O00–O08	-	-	-	-	-	-	4.6	~	-	4.5	-	4.6	~	-	4.5
Certain conditions originating in the perinatal period	**P00–P96**	**5.7**	**-**	**-**	**-**	**5.7**	**6.0**	**-**	**-**	**-**	**6.0**	**5.8**	**-**	**-**	**-**	**5.8**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**4.4**	**4.5**	**5.2**	**5.3**	**4.5**	**4.6**	**3.8**	**4.9**	**3.9**	**4.5**	**4.5**	**4.1**	**5.0**	**4.6**	**4.5**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**1.8**	**1.8**	**2.5**	**4.0**	**2.7**	**2.0**	**2.0**	**2.5**	**4.1**	**2.7**	**1.9**	**1.9**	**2.5**	**4.0**	**2.7**
Abdominal and pelvic pain	R10	1.5	2.0	2.7	3.5	2.3	1.8	2.0	2.8	3.7	2.3	1.6	2.0	2.7	3.6	2.3
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**1.6**	**2.6**	**4.3**	**7.0**	**3.4**	**1.6**	**2.6**	**4.3**	**7.7**	**4.4**	**1.6**	**2.6**	**4.3**	**7.4**	**3.9**
Intracranial injury	S06	1.9	3.8	4.5	6.2	4.2	1.8	3.0	5.7	7.1	4.9	1.9	3.6	4.9	6.6	4.5
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1.3	2.0	2.9	4.6	2.1	1.2	1.9	2.4	4.8	2.3	1.3	1.9	2.7	4.7	2.2
Fracture of femur	S72	4.4	5.4	10.1	11.8	10.0	4.1	6.4	8.6	11.6	11.0	4.3	5.7	9.3	11.6	10.7
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	1.3	2.0	2.8	4.6	2.3	1.8	1.9	2.8	5.2	2.3	1.6	2.0	2.8	4.9	2.3
Factors influencing health status and contact with health services[c]	**U00–U49, Z00–Z99**	**2.1**	**4.4**	**5.8**	**8.8**	**5.6**	**2.1**	**3.6**	**6.9**	**11.7**	**7.3**	**2.1**	**3.9**	**6.4**	**10.4**	**6.5**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	4.7	3.8	5.1	9.8	7.3	8.0	7.3	3.1	12.6	10.7	6.1	5.4	4.4	11.5	9.1

Notes:
~ Denotes five or less discharges reported to HIPE.
\- Mean length of stay cannot be calculated as no acute in-patients (length of stay of 30 days or less) 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 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. *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*)		**77,329**	**144,090**	**213,962**	**270,798**	**706,179**	**60,417**	**178,553**	**218,066**	**240,347**	**697,383**	**137,746**	**322,643**	**432,028**	**511,145**	**1,403,562**
All Conditions	–	**177,566**	**322,487**	**539,168**	**831,474**	**1,870,695**	**134,751**	**350,571**	**526,651**	**736,139**	**1,748,112**	**312,317**	**673,058**	**1,065,819**	**1,567,613**	**3,618,807**
Certain infectious and parasitic diseases	**A00-B99**	**9,364**	**8,793**	**7,903**	**11,192**	**37,252**	**8,681**	**8,629**	**7,469**	**13,554**	**38,333**	**18,045**	**17,422**	**15,372**	**24,746**	**75,585**
Intestinal infectious diseases including diarrhoea	A00–A09	4,454	1,816	1,664	2,551	10,485	4,142	2,425	2,093	3,674	12,334	8,596	4,241	3,757	6,225	22,819
Tuberculosis	A15–A19	10	186	95	61	352	42	106	55	34	237	52	292	150	95	589
Septicaemia	A40–A41	173	400	979	2,407	3,959	124	278	824	2097	3,323	297	678	1,803	4,504	7,282
Human immunodeficiency virus [HIV] disease	B20–B24	~	261	210	11	486	~	335	82	~	421	6	596	292	13	907
Neoplasms	**C00–D48**	**6,326**	**18,034**	**77,985**	**110,078**	**212,423**	**6,287**	**41,517**	**117,087**	**89,715**	**254,606**	**12,613**	**59,551**	**195,072**	**199,793**	**467,029**
Malignant neoplasms	C00–C96	5,429	13,502	71,152	99,480	189,563	5,254	28,419	105,383	80,584	219,640	10,683	41,921	176,535	180,064	409,203
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	~	997	8,567	10,670	20,236	0	678	5,421	5,906	12,005	~	1,675	13,988	16,576	32,241
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	0	204	4,912	6,680	11,796	~	286	3,738	4,686	8,712	~	490	8,650	11,366	20,508
Malignant neoplasm of skin (primary)	C43–C44	~	621	2,284	6,939	9,849	12	537	1,443	4,323	6,315	17	1,158	3,727	11,262	16,164
Malignant neoplasm of breast (primary)	C50	0	70	156	121	347		8,921	32,852	14,886	56,659	0	8,991	33,008	15,007	57,006
Malignant neoplasms of female genital organs (primary)	C51–C58	0	0	0	0	0	31	2,399	7,085	5,608	15,123	31	2,399	7,085	5,608	15,123
Malignant neoplasm of prostate (primary)	C61	0	116	9,444	20,543	30,103	0	0	~	0	~	0	116	9,448	20,543	30,107
Malignant neoplasm of bladder (primary)	C67	0	62	853	2,570	3,485	0	68	386	878	1,332	0	130	1,239	3,448	4,817
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	3,076	3,564	9,667	13,103	29,410	2,343	3,171	6,166	8,860	20,540	5,419	6,735	15,833	21,963	49,950
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	896	4,488	6,310	9,339	21,033	1,030	9,592	8,001	6,973	25,596	1,926	14,080	14,311	16,312	46,629
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**4,043**	**4,513**	**7,491**	**15,211**	**31,258**	**2,729**	**5,367**	**7,795**	**15,125**	**31,016**	**6,772**	**9,880**	**15,286**	**30,336**	**62,274**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**5,948**	**14,410**	**38,614**	**62,705**	**121,677**	**5,068**	**10,530**	**23,142**	**50,655**	**89,395**	**11,016**	**24,940**	**61,756**	**113,360**	**211,072**
Diabetes mellitus	E10–E14	497	3,995	16,707	38,225	59,424	493	3,352	9,660	24,098	37,603	990	7,347	26,367	62,323	97,027
Cystic fibrosis	E84	590	1,112	37	0	1,739	476	953	46	6	1,481	1,066	2,065	83	6	3,220
Mental and behavioural disorders	**F00–F99**	**1,751**	**7,743**	**8,441**	**9,734**	**27,669**	**926**	**5,238**	**5,454**	**11,512**	**23,130**	**2,677**	**12,981**	**13,895**	**21,246**	**50,799**
Mental and behavioural disorders due to alcohol	F10	39	3,593	4,892	2,340	10,864	51	1,395	1,739	777	3,962	90	4,988	6,631	3,117	14,826
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	10	1,541	374	40	1,965	~	729	156	70	958	13	2,270	530	110	2,923
Diseases of nervous system	**G00–G99**	**3,851**	**7,356**	**8,929**	**12,134**	**32,270**	**3,053**	**9,053**	**8,856**	**11,641**	**32,603**	**6,904**	**16,409**	**17,785**	**23,775**	**64,873**
Multiple sclerosis	G35	0	1,127	814	208	2,149	~	2,551	1,671	343	4,568	~	3,678	2,485	551	6,717
Epilepsy	G40, G41	1,282	1,708	1,124	904	5,018	1,162	1,187	835	822	4,006	2,444	2,895	1,959	1,726	9,024
Transient cerebral ischaemic attacks and related syndromes	G45	~	91	512	1,270	1,874	0	73	428	1,451	1,952	~	164	940	2,721	3,826
Diseases of the eye and adnexa	**H00–H59**	**1,564**	**3,107**	**6,501**	**16,050**	**27,222**	**1,351**	**2,817**	**5,469**	**20,778**	**30,415**	**2,915**	**5,924**	**11,970**	**36,828**	**57,637**
Diseases of the ear and mastoid process	**H60–H95**	**3,749**	**1,679**	**1,450**	**1,231**	**8,109**	**2,795**	**1,628**	**1,318**	**1,317**	**7,058**	**6,544**	**3,307**	**2,768**	**2,548**	**15,167**
Diseases of the circulatory system	**I00–I99**	**1,711**	**13,123**	**51,825**	**114,305**	**180,964**	**1,251**	**10,881**	**27,807**	**92,604**	**132,543**	**2,962**	**24,004**	**79,632**	**206,909**	**313,507**
Hypertensive diseases	I10–I15	380	3,814	17,307	35,499	57,000	139	2,330	9,958	32,549	44,976	519	6,144	27,265	68,048	101,976
Angina pectoris	I20	0	174	1,913	2,837	4,924	0	76	760	1,891	2,727	0	250	2,673	4,728	7,651
Acute myocardial infarction	I21–I22	0	318	2,243	3,159	5,720	0	71	610	2,248	2,929	0	389	2,853	5,407	8,649
Other ischaemic heart disease	I23–I25	7	735	9,541	17,820	28,103	~	208	2,809	9,249	12,270	11	943	12,350	27,069	40,373
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	92	272	624	1,182	2,170	115	300	568	1,418	2,401	207	572	1,192	2,600	4,571
Conduction disorders and cardiac arrhythmias	I44–I49	270	1,250	5,785	21,501	28,806	144	654	2,529	17,129	20,456	414	1,904	8,314	38,630	49,262
Heart failure	I50	35	115	1,298	9,344	10,792	40	59	726	8,362	9,187	75	174	2,024	17,706	19,979
Cerebrovascular disease	I60–I69	118	435	2,026	5,778	8,357	89	417	1,332	5,229	7,067	207	852	3,358	11,007	15,424
Atherosclerosis (non-coronary)	I70	0	94	879	2,500	3,473	0	38	289	1,280	1,607	0	132	1,168	3,780	5,080
Diseases of the respiratory system	**J00–J99**	**15,679**	**10,591**	**16,059**	**38,786**	**81,115**	**11,951**	**11,513**	**15,038**	**35,998**	**74,500**	**27,630**	**22,104**	**31,097**	**74,784**	**155,615**
Acute upper respiratory infections and influenza	J00–J11	4,316	1,070	331	278	5,995	3,285	1,647	452	368	5,752	7,601	2,717	783	646	11,747
Pneumonia	J12–J18	1,119	1,256	1,760	6,059	10,194	986	1,146	1,369	5,775	9,276	2,105	2,402	3,129	11,834	19,470
Chronic diseases of tonsils and adenoids	J35	2,405	580	45	14	3,044	2,261	1,333	64	20	3,678	4,666	1,913	109	34	6,722

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. *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
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	77	610	4,027	13,174	17,888	40	585	4,197	11,208	16,030	117	1,195	8,224	24,382	33,918
Asthma	J45–J46	2,236	1,280	1,472	862	5,850	1,315	2,023	2,146	1,723	7,207	3,551	3,303	3,618	2,585	13,057
Diseases of the digestive system	**K00–K93**	**8,362**	**36,373**	**45,978**	**43,897**	**134,610**	**6,827**	**38,271**	**43,697**	**44,059**	**132,854**	**15,189**	**74,644**	**89,675**	**87,956**	**267,464**
Diseases of oesophagus, stomach and duodenum	K20–K31	1,440	12,421	16,907	13,711	44,479	1,187	11,328	15,625	13,787	41,927	2,627	23,749	32,532	27,498	86,406
Diseases of appendix	K35–K38	1,100	1,998	369	108	3,575	933	1,934	322	99	3,288	2,033	3,932	691	207	6,863
Inguinal hernia	K40	655	807	1,246	1,410	4,118	106	59	69	134	368	761	866	1,315	1,544	4,486
Noninfective enteritis and colitis	K50–K52	350	4,648	2,287	1,415	8,700	260	4,609	2,386	1,699	8,954	610	9,257	4,673	3,114	17,654
Alcoholic liver disease	K70	0	624	1,432	476	2,532	0	290	584	157	1,031	0	914	2,016	633	3,563
Cholelithiasis	K80	18	556	1,153	1,840	3,567	29	2,761	2,028	2,235	7,053	47	3,317	3,181	4,075	10,620
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2,643**	**13,795**	**10,796**	**11,458**	**38,692**	**2,255**	**12,197**	**9,332**	**12,074**	**35,858**	**4,898**	**25,992**	**20,128**	**23,532**	**74,550**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	554	1,693	1,771	2,624	6,642	474	994	1,199	2,875	5,542	1,028	2,687	2,970	5,499	12,184
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**2,695**	**11,657**	**16,530**	**16,779**	**47,661**	**2,569**	**12,098**	**21,788**	**27,895**	**64,350**	**5,264**	**23,755**	**38,318**	**44,674**	**112,011**
Rheumatoid arthritis	M05–M06	0	359	1,149	1,152	2,660	~	941	2,412	2,277	5,633	~	1,300	3,561	3,429	8,293
Coxarthrosis and Gonarthrosis	M16–M17	~	410	1,959	2,939	5,309	~	290	2,200	4,386	6,877	~	700	4,159	7,325	12,186
Intervertebral disc disorders	M50–M51	62	709	758	570	2,099	~	695	929	829	2,457	66	1,404	1,687	1,399	4,556
Dorsalgia (back pain)	M54	102	2,074	2,521	1,792	6,489	151	2,743	3,736	3,291	9,921	253	4,817	6,257	5,083	16,410
Diseases of the genitourinary system	**N00–N99**	**7,546**	**16,567**	**32,384**	**68,689**	**125,186**	**3,264**	**37,895**	**35,149**	**53,167**	**129,475**	**10,810**	**54,462**	**67,533**	**121,856**	**254,661**
Chronic kidney disease	N18	1,384	8,991	20,722	45,046	76,143	377	7,421	11,578	29,228	48,604	1,761	16,412	32,300	74,274	124,747
Urolithiasis	N20–N23	112	1,478	1,788	816	4,194	42	917	960	494	2,413	154	2,395	2,748	1,310	6,607
Hyperplasia of prostate	N40	0	89	1,748	5,174	7,011	0	0	0	0	0	0	89	1,748	5,174	7,011
Disorders of breast	N60–N64	18	111	49	45	223	25	1,535	1,520	467	3,547	43	1,646	1,569	512	3,770
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	54	2,405	881	256	3,596	54	2,405	881	256	3,596
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	302	19,005	13,002	4,022	36,331	302	19,005	13,002	4,022	36,331
Pregnancy, childbirth and the puerperium[a]	**O00–O99**	**0**	**0**	**0**	**0**	**0**	**0**	**343**	**12**	**0**	**355**	**0**	**343**	**12**	**0**	**355**
Pregnancy with abortive outcome	O00–O08	0	0	0	0	0	0	64	~	0	67	0	64	~	0	67
Certain conditions originating in the perinatal period	**P00–P96**	**15,282**	**13**	**0**	**0**	**15,295**	**11,887**	**~**	**0**	**0**	**11,892**	**27,169**	**18**	**0**	**0**	**27,187**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**15,375**	**2,040**	**1,107**	**559**	**19,081**	**10,969**	**2,425**	**1,579**	**1,157**	**16,130**	**26,344**	**4,465**	**2,686**	**1,716**	**35,211**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**13,671**	**27,285**	**35,861**	**48,766**	**125,583**	**11,444**	**38,326**	**35,821**	**48,751**	**134,342**	**25,115**	**65,611**	**71,682**	**97,517**	**259,925**
Abdominal and pelvic pain	R10	1,239	3,135	2,542	1,659	8,575	1,508	9,155	4,172	2,410	17,245	2,747	12,290	6,714	4,069	25,820
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**8,917**	**22,694**	**11,067**	**10,790**	**53,468**	**6,001**	**10,313**	**8,514**	**14,647**	**39,475**	**14,918**	**33,007**	**19,581**	**25,437**	**92,943**
Intracranial injury	S06	261	1,240	576	665	2,742	151	356	266	554	1,327	412	1,596	842	1,219	4,069
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	2,460	4,281	1,230	1,299	9,270	1,587	1,043	529	1,549	4,708	4,047	5,324	1,759	2,848	13,978
Fracture of femur	S72	156	168	291	1,101	1,716	65	59	367	3,084	3,575	221	227	658	4,185	5,291
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	274	1,937	741	224	3,176	310	2,478	1,100	271	4,159	584	4,415	1,841	495	7,335
External causes of morbidity and mortality	**U50–Y98**	**22,470**	**46,292**	**23,910**	**27,738**	**120,410**	**15,133**	**22,851**	**19,798**	**38,565**	**96,347**	**37,603**	**69,143**	**43,708**	**66,303**	**216,757**
Transport accidents	V01–V99	658	1,732	639	291	3,320	432	743	290	258	1,723	1,090	2,475	929	549	5,043
Factors influencing health status and contact with health services[b]	**U00–U49, Z00–Z99**	**26,619**	**56,422**	**136,337**	**211,372**	**430,750**	**20,310**	**68,674**	**131,526**	**152,925**	**373,435**	**46,929**	**125,096**	**267,863**	**364,297**	**804,185**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,995	5,503	31,789	46,008	86,295	2,625	12,962	47,723	33,298	96,608	5,620	18,465	79,512	79,306	182,903

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

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 2012, over 83 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 22.0 per cent of total discharges (excl. *Maternity*) with a principal procedure reported. Over 31 per cent of discharges aged less than 15 years and 22.3 per cent aged between 45–64 years had a procedure from this chapter recorded as a principal procedure. For the 15–44 year age group, the most common principal procedure was from the chapter *procedures on digestive system,* at 19.9 per cent. For discharges aged 65 years and older, the most common principal procedure was from the chapter *procedures on urinary system*, at 23.8 per cent.
- The chapter *procedures on urinary system* accounted for 20.4 per cent of all principal procedures for male discharges.
- The chapter *non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 23.8 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 75 per cent of total discharges (excl. *Maternity*) with a principal procedure from the chapter *procedures on endocrine system* were female discharges (excl. *Maternity*).
- Over 65 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]

- At chapter level, the longest acute in-patient mean length of stay was reported for *radiation oncology procedures* at 9.7 days, with male and female discharges reporting at 10.3 and 9.3 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.
- The longest acute in-patient mean length of stay for those less than 15 years was reported for the chapter *procedures on respiratory system* at 9.1 days.
- The shortest acute in-patient mean length of stay was reported for the chapter *procedures on nose, mouth and pharynx* at 2.1 days for total discharges (excl. *Maternity*); across the age groups this ranged from 1.3 days for discharges aged less than 15 years to 4.7 days for those aged 65 years and over.

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 887,233 of all-listed procedures or 42.3 per cent of all procedures reported for total discharges (excl. *Maternity*).
- Total discharges *(excl. Maternity)* aged 65 years and older accounted for over 64 per cent of procedures from the chapter *procedures on eye and adnexa*.
- Total discharges (excl. *Maternity)* aged less than 15 years accounted for over 50 per cent of procedures from the chapter *procedures on ear and mastoid process*.

[29] See Section Two for details of discharge destination.

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*)	-	**77,329**	**144,090**	**213,962**	**270,798**	**706,179**	**60,417**	**178,553**	**218,066**	**240,347**	**697,383**	**137,746**	**322,643**	**432,028**	**511,145**	**1,403,562**
All Principal Procedures	0001–2016	**45,658**	**119,157**	**185,611**	**235,620**	**586,046**	**34,042**	**147,836**	**192,009**	**205,765**	**579,652**	**79,700**	**266,993**	**377,620**	**441,385**	**1,165,698**
Procedures on nervous system	**0001–0086**	**920**	**3,534**	**3,651**	**2,271**	**10,376**	**670**	**4,035**	**5,150**	**3,600**	**13,455**	**1,590**	**7,569**	**8,801**	**5,871**	**23,831**
Lumbar puncture	0030	659	483	295	170	1,607	502	890	412	207	2,011	1,161	1,373	707	377	3,618
Procedures on endocrine system	**0110–0129**	**29**	**113**	**159**	**119**	**420**	**26**	**465**	**490**	**287**	**1,268**	**55**	**578**	**649**	**406**	**1,688**
Procedures on eye and adnexa	**0160–0256**	**835**	**1,746**	**4,324**	**10,201**	**17,106**	**721**	**1,248**	**3,377**	**13,448**	**18,794**	**1,556**	**2,994**	**7,701**	**23,649**	**35,900**
Lens extraction	0195–0202	35	152	786	3,519	4,492	30	99	843	5,060	6,032	65	251	1,629	8,579	10,524
Procedures on ear and mastoid process	**0300–0333**	**2,246**	**1,075**	**798**	**505**	**4,624**	**1,686**	**1,001**	**711**	**473**	**3,871**	**3,932**	**2,076**	**1,509**	**978**	**8,495**
Myringotomy	0309	1,667	339	301	220	2,527	1,207	351	304	190	2,052	2,874	690	605	410	4,579
Procedures on nose, mouth and pharynx	**0370–0422**	**3,057**	**2,822**	**2,101**	**1,412**	**9,392**	**2,530**	**3,122**	**1,710**	**1,228**	**8,590**	**5,587**	**5,944**	**3,811**	**2,640**	**17,982**
Tonsillectomy or adenoidectomy	0412	1,811	461	34	10	2,316	1,759	1,175	29	~	2,967	3,570	1,636	63	14	5,283
Dental services	**0450–0490**	**2,170**	**730**	**225**	**84**	**3,209**	**1,867**	**963**	**186**	**76**	**3,092**	**4,037**	**1,693**	**411**	**160**	**6,301**
Procedures on respiratory system	**0520–0570**	**2,005**	**2,108**	**3,836**	**4,840**	**12,789**	**1,404**	**1,603**	**3,218**	**3,948**	**10,173**	**3,409**	**3,711**	**7,054**	**8,788**	**22,962**
Bronchoscopy with/without biopsy	0543–0544, 41892-01[0545]	242	786	1,614	1,987	4,629	156	659	1,434	1,628	3,877	398	1,445	3,048	3,615	8,506
Procedures on cardiovascular system	**0600–0777**	**759**	**7,298**	**17,894**	**13,479**	**39,430**	**724**	**3,819**	**8,737**	**8,128**	**21,408**	**1,483**	**11,117**	**26,631**	**21,607**	**60,838**
Coronary angiography	0668	158	762	4,524	4,459	9,903	142	339	2,556	3,051	6,088	300	1,101	7,080	7,510	15,991
Transluminal coronary angioplasty with/without stenting	0670–0671	0	160	1,500	1,352	3,012	0	23	293	593	909	0	183	1,793	1,945	3,921
CABG	0672–0679	0	15	288	343	646	0	~	41	95	141	0	20	329	438	787
Leg varicose vein ligation	0727–0728	0	320	429	136	885	~	929	808	190	1,928	~	1,249	1,237	326	2,813
Procedures on blood and blood-forming organs	**0800–0817**	**179**	**456**	**811**	**907**	**2,353**	**145**	**501**	**898**	**747**	**2,291**	**324**	**957**	**1,709**	**1,654**	**4,644**
Procedures on digestive system	**0850–1011**	**2,843**	**23,665**	**30,205**	**25,723**	**82,436**	**2,105**	**29,427**	**30,441**	**24,565**	**86,538**	**4,948**	**53,092**	**60,646**	**50,288**	**168,974**
Fibreoptic colonoscopy with/without excision	0905, 0911	70	7,379	11,350	9,713	28,512	52	8,942	11,914	9,246	30,154	122	16,321	23,264	18,959	58,666
Appendicectomy	0926	1,057	1,935	309	81	3,382	906	1,965	277	58	3,206	1,963	3,900	586	139	6,588
Procedures for haemorrhoids	0941	0	980	937	272	2,189	~	891	692	281	1,865	~	1,871	1,629	553	4,054
Cholecystectomy	0965	~	327	535	416	1,281	7	1,885	1,246	486	3,624	10	2,212	1,781	902	4,905
Division of abdominal adhesions	0986	9	40	45	65	159	7	369	155	68	599	16	409	200	133	758
Repair of inguinal and obstructed hernia	0990, 0997	473	765	1,164	1,110	3,512	92	64	99	127	382	565	829	1,263	1,237	3,894
Panendoscopy with/without excision	1005–1008	276	9,075	11,358	9,517	30,226	311	10,851	12,486	10,331	33,979	587	19,926	23,844	19,848	64,205
Procedures on urinary system	**1040–1129**	**1,564**	**16,595**	**36,830**	**64,686**	**119,675**	**454**	**14,080**	**21,751**	**40,568**	**76,853**	**2,018**	**30,675**	**58,581**	**105,254**	**196,528**
Examination procedures on bladder (includes cystoscopy)	1089	63	1,138	2,712	5,067	8,980	48	1,279	1,797	2,195	5,319	111	2,417	4,509	7,262	14,299
Procedures on male genital organs	**1160–1203**	**3,629**	**1,665**	**2,873**	**2,845**	**11,012**	**0**	**0**	~	**0**	~	**3,629**	**1,665**	**2,875**	**2,845**	**11,014**
Prostatectomy	1165–1167	0	9	517	801	1,327	0	0	~	0	~	0	9	518	801	1,328
Circumcision	30653-00[1196]	1,942	517	220	121	2,800	0	0	0	0	0	1,942	517	220	121	2,800
Gynaecological procedures	**1240–1299**	**0**	**0**	~	**0**	~	**97**	**21,128**	**11,986**	**2,536**	**35,747**	**97**	**21,128**	**11,987**	**2,536**	**35,748**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	12	337	351	85	785	12	337	351	85	785
Salpingectomy	1251	0	0	0	0	0	~	92	16	~	114	~	92	16	~	114
Examination procedures on uterus	1259	0	0	0	0	0	0	1,955	2,657	518	5,130	0	1,955	2,657	518	5,130
Curettage and evacuation of uterus	1265	0	0	0	0	0	~	1,538	2,238	378	4,157	~	1,538	2,238	378	4,157
Hysterectomy	1268–1269	0	0	0	0	0	0	549	1,455	558	2,562	0	549	1,455	558	2,562
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	70	403	305	778	0	70	403	305	778
Obstetric procedures[a]	**1330–1347**	**0**	**0**	**0**	**0**	**0**	~	**13**	**0**	**0**	**14**	~	**13**	**0**	**0**	**14**
Induction and augmentation of labour	1334, 1335	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~
Vacuum extraction	1338	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caesarean section	1340	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~
Episiotomy associated with delivery	90472-00[1343]	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~
Postpartum suture	1344	0	0	0	0	0	~	~	0	0	6	~	~	0	0	6
Procedures on musculoskeletal system	**1360–1579**	**3,886**	**11,997**	**8,785**	**6,717**	**31,385**	**2,981**	**6,215**	**10,501**	**11,726**	**31,423**	**6,867**	**18,212**	**19,286**	**18,443**	**62,808**
Arthroplasty of hip	1489	~	110	740	1,343	2,194	0	78	609	1,912	2,599	~	188	1,349	3,255	4,793

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

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
Arthroplasty of knee	1518–1519	0	27	324	508	859	0	6	457	862	1,325	0	33	781	1,370	2,184
Dermatological and plastic procedures	**1600–1718**	**3,529**	**15,421**	**11,094**	**11,503**	**41,547**	**3,037**	**15,764**	**10,615**	**10,936**	**40,352**	**6,566**	**31,185**	**21,709**	**22,439**	**81,899**
Excision of lesion(s) of skin and subcutaneous tissue	1620	545	5,241	4,967	6,476	17,229	629	6,904	5,377	5,748	18,658	1,174	12,145	10,344	12,224	35,887
Other debridement of skin and subcutaneous tissue	1628	187	489	331	251	1,258	129	157	179	196	661	316	646	510	447	1,919
Skin graft	1640–1650	17	60	51	57	185	24	32	30	44	130	41	92	81	101	315
Procedures on breast	**1740–1759**	**~**	**93**	**35**	**43**	**172**	**15**	**3,650**	**4,114**	**1,664**	**9,443**	**16**	**3,743**	**4,149**	**1,707**	**9,615**
Breast biopsy	1743–1744	0	30	24	26	80	10	2,666	2,792	1,235	6,703	10	2,696	2,816	1,261	6,783
Mastectomy	1747–1748	0	38	~	9	52	0	178	429	239	846	0	216	434	248	898
Radiation oncology procedures	**1786–1799**	**329**	**1,789**	**15,258**	**22,938**	**40,314**	**281**	**5,169**	**19,210**	**10,716**	**35,376**	**610**	**6,958**	**34,468**	**33,654**	**75,690**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**13,637**	**19,459**	**35,489**	**49,524**	**118,109**	**11,651**	**26,327**	**48,570**	**51,304**	**137,852**	**25,288**	**45,786**	**84,059**	**100,828**	**255,961**
Administration of blood and blood products	1893	1,626	1,259	2,407	6,006	11,298	1,184	1,281	2,498	4,650	9,613	2,810	2,540	4,905	10,656	20,911
Conduction anaesthesia	1909	~	12	16	~	34	0	15	22	9	46	~	27	38	14	80
Cerebral anaesthesia	1910	9	17	20	10	56	7	20	19	12	58	16	37	39	22	114
Imaging services	**1940–2016**	**4,040**	**8,591**	**11,242**	**17,823**	**41,696**	**3,647**	**9,306**	**10,342**	**19,815**	**43,110**	**7,687**	**17,897**	**21,584**	**37,638**	**84,806**
Computerised tomography scan	1952–1966	961	6,743	8,542	14,413	30,659	726	6,925	7,981	16,302	31,934	1,687	13,668	16,523	30,715	62,593
Magnetic resonance imaging	2015	1,737	1,002	1,178	1,284	5,201	1,481	1,403	1,165	1,287	5,336	3,218	2,405	2,343	2,571	10,537

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

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.

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. *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
Acute In-Patient Discharges	-	**2.7**	**3.1**	**4.4**	**6.4**	**4.4**	**2.8**	**3.0**	**4.3**	**6.6**	**4.5**	**2.7**	**3.0**	**4.4**	**6.5**	**4.5**
All Principal Procedures	0001–2016	**3.7**	**3.7**	**5.4**	**7.6**	**5.6**	**3.9**	**3.7**	**5.2**	**7.9**	**5.8**	**3.8**	**3.7**	**5.3**	**7.8**	**5.7**
Procedures on nervous system	**0001–0086**	**4.8**	**4.6**	**6.2**	**8.1**	**5.6**	**4.8**	**4.6**	**6.3**	**8.3**	**5.8**	**4.8**	**4.6**	**6.3**	**8.2**	**5.7**
Lumbar puncture	0030	4.5	4.3	6.5	10.3	5.2	4.4	4.1	6.5	9.8	5.2	4.4	4.1	6.5	10.0	5.2
Procedures on endocrine system	**0110–0129**	**5.5**	**4.5**	**4.9**	**6.3**	**5.2**	**2.2**	**3.7**	**3.6**	**4.6**	**3.8**	**4.1**	**3.9**	**4.0**	**5.1**	**4.2**
Procedures on eye and adnexa	**0160–0256**	**2.3**	**2.8**	**3.2**	**3.1**	**3.0**	**2.3**	**2.3**	**2.9**	**3.1**	**2.9**	**2.3**	**2.7**	**3.1**	**3.1**	**2.9**
Lens extraction	0195–0202	2.7	2.6	2.8	2.4	2.5	2.1	2.1	2.1	2.3	2.3	2.4	2.4	2.4	2.4	2.4
Procedures on ear and mastoid process	**0300–0333**	**1.4**	**2.3**	**3.4**	**3.5**	**2.1**	**1.5**	**2.9**	**2.8**	**5.5**	**2.4**	**1.5**	**2.6**	**3.1**	**4.3**	**2.3**
Myringotomy	0309	1.3	2.6	2.4	~	1.5	1.5	2.4	1.7	~	1.6	1.4	2.5	2.1	2.2	1.6
Procedures on nose, mouth and pharynx	**0370–0422**	**1.3**	**2.0**	**3.4**	**4.9**	**2.2**	**1.3**	**1.8**	**3.3**	**4.6**	**1.9**	**1.3**	**1.9**	**3.4**	**4.7**	**2.1**
Tonsillectomy or adenoidectomy	0412	1.3	1.4	3.2	3.0	1.3	1.2	1.4	1.9	~	1.3	1.2	1.4	2.6	2.6	1.3
Dental services	**0450–0490**	**1.7**	**2.6**	**3.3**	**6.8**	**2.7**	**1.4**	**2.2**	**3.4**	**6.1**	**2.3**	**1.6**	**2.3**	**3.3**	**6.5**	**2.5**
Procedures on respiratory system	**0520–0570**	**8.9**	**7.0**	**7.7**	**9.4**	**8.5**	**9.3**	**7.5**	**8.2**	**10.1**	**9.1**	**9.1**	**7.2**	**7.9**	**9.7**	**8.7**
Bronchoscopy with/without biopsy	0543–0544, 41892-1 [0545]	5.6	8.2	9.5	10.3	9.3	4.9	8.3	9.4	11.2	9.7	5.3	8.3	9.5	10.7	9.5
Procedures on cardiovascular system	**0600–0777**	**7.8**	**5.7**	**5.0**	**6.6**	**6.0**	**7.3**	**5.2**	**5.0**	**6.7**	**6.0**	**7.6**	**5.5**	**5.0**	**6.7**	**6.0**
Coronary angiography	0668	3.4	3.6	4.2	5.5	4.7	2.8	4.1	3.8	5.3	4.5	3.1	3.8	4.0	5.4	4.6
Transluminal coronary angioplasty with/without stenting	0670–0671	-	2.9	2.8	3.4	3.1	-	3.5	2.9	3.9	3.6	-	3.0	2.9	3.6	3.2
CABG	0672–0679	-	9.7	11.1	14.0	12.6	-	~	12.8	14.9	14.2	-	10.9	11.3	14.2	12.9
Leg varicose vein ligation	0727–0728	-	1.1	1.3	1.2	1.2	-	1.0	1.2	1.3	1.2	-	1.0	1.2	1.3	1.2
Procedures on blood and blood-forming organs	**0800–0817**	**6.8**	**8.5**	**10.1**	**9.6**	**9.2**	**8.3**	**6.1**	**6.9**	**9.0**	**7.5**	**7.5**	**7.4**	**8.4**	**9.3**	**8.4**
Procedures on digestive system	**0850–1011**	**3.7**	**4.1**	**6.1**	**7.8**	**6.0**	**4.0**	**3.8**	**5.9**	**8.4**	**5.8**	**3.8**	**3.9**	**6.0**	**8.1**	**5.9**
Fibreoptic colonoscopy with/without excision	0905, 0911	6.9	5.7	6.1	7.3	6.7	4.2	5.5	6.1	7.3	6.6	5.5	5.6	6.1	7.3	6.6
Appendicectomy	0926	3.1	2.9	4.3	7.1	3.2	3.2	3.0	3.8	5.8	3.2	3.2	2.9	4.1	6.5	3.2
Procedures for haemorrhoids	0941	-	2.4	2.6	3.6	2.7	-	1.7	2.4	3.0	2.3	-	2.1	2.5	3.2	2.5
Cholecystectomy	0965	~	3.2	4.2	5.8	4.5	5.7	2.6	3.0	4.4	3.0	4.7	2.7	3.3	5.1	3.4
Division of abdominal adhesions	0986	7.8	6.9	9.5	12.3	9.8	6.2	3.8	6.4	11.5	5.7	7.1	4.2	7.2	11.9	6.7
Repair of inguinal and obstructed hernia	0990, 0997	1.9	1.6	2.0	3.1	2.4	1.4	2.2	4.1	6.0	4.4	1.9	1.6	2.2	3.4	2.6
Panendoscopy with/without excision	1005–1008	3.2	4.1	5.7	7.9	6.4	3.9	4.4	6.2	8.2	6.7	3.5	4.3	5.9	8.1	6.5
Procedures on urinary system	**1040–1129**	**5.4**	**4.2**	**5.0**	**6.6**	**5.7**	**5.3**	**4.2**	**4.7**	**6.8**	**5.4**	**5.4**	**4.2**	**4.9**	**6.6**	**5.6**
Examination procedures on bladder (includes cystoscopy)	1089	2.5	3.5	3.9	5.9	5.2	9.2	3.8	4.8	6.4	5.6	4.7	3.6	4.2	6.1	5.3
Procedures on male genital organs	**1160–1203**	**1.4**	**2.2**	**5.0**	**5.6**	**3.9**	**-**	**-**	**~**	**-**	**~**	**1.4**	**2.2**	**5.0**	**5.6**	**3.9**
Prostatectomy	1165–1167	-	9.1	5.8	6.1	6.0	-	-	~	-	~	-	9.1	5.8	6.1	6.0
Circumcision	30653-00 [1196]	1.1	1.6	2.3	2.3	1.5	-	-	-	-	-	1.1	1.6	2.3	2.3	1.5
Gynaecological procedures	**1240–1299**	**-**	**-**	**-**	**-**	**-**	**3.3**	**3.2**	**4.2**	**5.1**	**4.0**	**3.3**	**3.2**	**4.2**	**5.1**	**4.0**
Oophorectomy and salpingo-oophorectomy	1243, 1252	-	-	-	-	-	3.6	4.2	4.1	5.9	4.3	3.6	4.2	4.1	5.9	4.3
Salpingectomy	1251	-	-	-	-	-	~	3.0	2.9	~	2.9	~	3.0	2.9	~	2.9
Examination procedures on uterus	1259	-	-	-	-	-	-	1.6	1.9	3.3	2.1	-	1.6	1.9	3.3	2.1
Curettage and evacuation of uterus	1265	-	-	-	-	-	-	1.7	1.8	3.2	2.1	-	1.7	1.8	3.2	2.1
Hysterectomy	1268–1269	-	-	-	-	-	-	5.2	5.6	6.4	5.7	-	5.2	5.6	6.4	5.7
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	-	-	-	-	-	3.6	3.8	4.2	3.9	-	3.6	3.8	4.2	3.9
Obstetric procedures[b]	**1330–1347**	**-**	**-**	**-**	**-**	**-**	~	**2.8**	**-**	**-**	**2.7**	~	**2.8**	**-**	**-**	**2.7**
Induction and augmentation of labour	1334, 1335	-	-	-	-	-	-	~	-	-	~	-	~	-	-	~
Vacuum extraction	1338	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Caesarean section	1340	-	-	-	-	-	-	~	-	-	~	-	~	-	-	~

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. *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
Episiotomy associated with delivery	90472-00 [1343]	-	-	-	-	-	-	~	-	-	~	-	~	-	-	~
Postpartum suture	1344	-	-	-	-	-	~	~	-	-	~	~	~	-	-	~
Procedures on musculoskeletal system	**1360–1579**	**1.8**	**2.6**	**4.6**	**7.7**	**4.2**	**2.1**	**2.7**	**4.4**	**7.6**	**5.2**	**2.0**	**2.6**	**4.5**	**7.7**	**4.7**
Arthroplasty of hip	1489	~	5.2	5.5	8.4	7.2	-	5.8	6.2	9.3	8.5	~	5.4	5.8	8.9	7.9
Arthroplasty of knee	1518–1519	-	7.0	5.3	6.6	6.1	-	7.5	5.7	6.6	6.3	-	7.1	5.5	6.6	6.2
Dermatological and plastic procedures	**1600–1718**	**2.8**	**3.0**	**4.9**	**5.9**	**3.7**	**3.0**	**3.0**	**4.8**	**7.0**	**4.0**	**2.9**	**3.0**	**4.9**	**6.4**	**3.8**
Excision of lesion(s) of skin and subcutaneous tissue	1620	2.0	2.7	2.8	4.0	3.5	1.5	2.4	2.5	4.0	3.3	1.8	2.6	2.7	4.0	3.4
Other debridement of skin and subcutaneous tissue	1628	1.7	4.2	6.7	9.1	5.2	1.5	3.9	7.6	11.3	6.5	1.6	4.1	7.0	10.0	5.6
Skin graft	1640–1650	7.5	6.1	8.0	7.6	7.1	12.3	8.5	8.3	8.7	9.4	10.8	7.0	8.1	8.2	8.1
Procedures on breast	**1740–1759**	**~**	**1.8**	**2.9**	**3.6**	**2.3**	**~**	**3.0**	**3.5**	**4.0**	**3.4**	**~**	**2.9**	**3.5**	**4.0**	**3.4**
Breast biopsy	1743–1744	-	~	~	-	~	-	1.9	2.2	3.1	2.4	-	1.9	2.3	3.1	2.4
Mastectomy	1747–1748	-	1.9	~	3.7	2.3	-	4.4	4.8	5.2	4.8	-	4.1	4.8	5.1	4.8
Radiation oncology procedures	**1786–1799**	**-**	**8.8**	**9.6**	**10.9**	**10.3**	**-**	**5.3**	**9.8**	**10.8**	**9.3**	**-**	**6.1**	**9.7**	**10.8**	**9.7**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**4.1**	**4.5**	**5.5**	**8.0**	**6.2**	**4.4**	**4.8**	**6.0**	**8.8**	**7.0**	**4.2**	**4.7**	**5.7**	**8.4**	**6.6**
Administration of blood and blood products	1893	3.4	5.0	6.2	6.4	5.8	3.6	4.4	5.5	6.8	5.9	3.5	4.7	5.8	6.6	5.9
Conduction anaesthesia	1909	~	~	~	-	5.7	-	~	~	~	3.7	~	~	~	~	4.6
Cerebral anaesthesia	1910	~	~	3.1	~	2.1	~	~	2.3	~	4.5	~	2.6	2.7	6.9	3.3
Imaging services	**1940–2016**	**3.9**	**3.6**	**5.4**	**7.6**	**5.8**	**4.0**	**3.6**	**5.0**	**7.6**	**5.8**	**4.0**	**3.6**	**5.2**	**7.6**	**5.8**
Computerised tomography scan	1952-1966	2.5	3.4	5.0	7.4	5.7	3.1	3.2	4.7	7.5	5.7	2.7	3.3	4.9	7.4	5.7
Magnetic resonance imaging	2015	4.2	5.1	7.2	9.3	7.0	4.3	5.1	6.6	9.4	6.7	4.2	5.1	6.9	9.3	6.8

Notes:
~ Denotes five or less discharges reported to HIPE.
- Mean length of stay cannot be calculated as no acute in-patients (length of stay of 30 days or less) 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.

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

All Procedures	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*)	-	77,329	144,090	213,962	270,798	706,179	60,417	178,553	218,066	240,347	697,383	137,746	322,643	432,028	511,145	1,403,562
All Procedures	0001–2016	99,529	212,101	319,707	415,037	1,046,374	73,962	262,645	331,414	382,637	1,050,658	173,491	474,746	651,121	797,674	2,097,032
Procedures on nervous system	**0001–0086**	**1,922**	**4,813**	**4,856**	**3,150**	**14,741**	**1,460**	**5,323**	**6,613**	**4,766**	**18,162**	**3,382**	**10,136**	**11,469**	**7,916**	**32,903**
Lumbar puncture	0030	1,430	968	616	411	3,425	1,142	1,506	779	453	3,880	2,572	2,474	1,395	864	7,305
Procedures on endocrine system	**0110–0129**	**41**	**123**	**195**	**152**	**511**	**36**	**488**	**551**	**324**	**1,399**	**77**	**611**	**746**	**476**	**1,910**
Procedures on eye and adnexa	**0160–0256**	**1,088**	**2,032**	**4,739**	**10,896**	**18,755**	**882**	**1,402**	**3,684**	**14,156**	**20,124**	**1,970**	**3,434**	**8,423**	**25,052**	**38,879**
Lens extraction	0195–0202	38	162	804	3,547	4,551	32	100	859	5,105	6,096	70	262	1,663	8,652	10,647
Procedures on ear and mastoid process	**0300–0333**	**3,027**	**1,199**	**908**	**589**	**5,723**	**2,271**	**1,140**	**782**	**544**	**4,737**	**5,298**	**2,339**	**1,690**	**1,133**	**10,460**
Myringotomy	0309	2,129	368	328	236	3,061	1,561	382	323	209	2,475	3,690	750	651	445	5,536
Procedures on nose, mouth and pharynx	**0370–0422**	**3,681**	**3,564**	**2,827**	**1,821**	**11,893**	**2,966**	**3,676**	**2,138**	**1,456**	**10,236**	**6,647**	**7,240**	**4,965**	**3,277**	**22,129**
Tonsillectomy or adenoidectomy	0412	1,951	467	40	13	2,471	1,867	1,186	30	8	3,091	3,818	1,653	70	21	5,562
Dental services	**0450–0490**	**4,805**	**1,155**	**365**	**129**	**6,454**	**3,796**	**1,294**	**255**	**97**	**5,442**	**8,601**	**2,449**	**620**	**226**	**11,896**
Procedures on respiratory system	**0520–0570**	**3,468**	**3,270**	**6,149**	**7,986**	**20,873**	**2,503**	**2,228**	**4,578**	**6,076**	**15,385**	**5,971**	**5,498**	**10,727**	**14,062**	**36,258**
Bronchoscopy with/without biopsy	0543–0544, 41892-01[0545]	331	924	1,900	2,380	5,535	220	734	1,619	1,905	4,478	551	1,658	3,519	4,285	10,013
Procedures on cardiovascular system	**0600–0777**	**2,480**	**9,143**	**25,259**	**22,108**	**58,990**	**2,081**	**4,991**	**11,866**	**13,095**	**32,033**	**4,561**	**14,134**	**37,125**	**35,203**	**91,023**
Coronary angiography	0668	189	939	5,955	5,851	12,934	169	378	2,849	3,683	7,079	358	1,317	8,804	9,534	20,013
Transluminal coronary angioplasty with/without stenting	0670–0671	0	205	1,928	1,810	3,943	~	34	375	799	1,209	~	239	2,303	2,609	5,152
CABG	0672–0679	0	33	678	825	1,536	~	8	91	230	330	~	41	769	1,055	1,866
Leg varicose vein ligation	0727–0728	0	326	438	139	903	~	946	828	195	1,970	~	1,272	1,266	334	2,873
Procedures on blood and blood-forming organs	**0800–0817**	**363**	**692**	**1,266**	**1,487**	**3,808**	**318**	**1,129**	**2,558**	**1,800**	**5,805**	**681**	**1,821**	**3,824**	**3,287**	**9,613**
Procedures on digestive system	**0850–1011**	**3,321**	**28,870**	**38,728**	**34,657**	**105,576**	**2,496**	**36,325**	**38,666**	**32,596**	**110,083**	**5,817**	**65,195**	**77,394**	**67,253**	**215,659**
Fibreoptic colonoscopy with/without excision	0905, 0911	179	9,318	14,422	12,868	36,787	150	11,504	15,147	12,193	38,994	329	20,822	29,569	25,061	75,781
Appendicectomy	0926	1,083	1,981	333	108	3,505	926	2,071	402	130	3,529	2,009	4,052	735	238	7,034
Procedures for haemorrhoids	0941	~	1,823	1,765	602	4,191	~	1,693	1,360	586	3,640	~	3,516	3,125	1,188	7,831
Cholecystectomy	0965	~	346	597	464	1,410	7	1,913	1,295	529	3,744	10	2,259	1,892	993	5,154
Division of abdominal adhesions	0986	35	167	273	314	789	30	1,004	590	340	1,964	65	1,171	863	654	2,753
Repair of inguinal and obstructed hernia	0990, 0997	509	779	1,188	1,137	3,613	92	68	101	137	398	601	847	1,289	1,274	4,011
Panendoscopy with/without excision	1005–1008	298	9,925	12,970	11,692	34,885	334	11,796	13,911	12,290	38,331	632	21,721	26,881	23,982	73,216
Procedures on urinary system	**1040–1129**	**1,815**	**17,465**	**39,021**	**68,894**	**127,195**	**605**	**14,939**	**23,088**	**42,168**	**80,800**	**2,420**	**32,404**	**62,109**	**111,062**	**207,995**
Examination procedures on bladder (includes cystoscopy)	1089	86	1,194	2,877	5,390	9,547	54	1,424	2,071	2,396	5,945	140	2,618	4,948	7,786	15,492
Procedures on male genital organs	**1160–1203**	**3,961**	**1,816**	**3,181**	**3,184**	**12,142**	**0**	**0**	**~**	**0**	**~**	**3,961**	**1,816**	**3,184**	**3,184**	**12,145**
Prostatectomy	1165–1167	0	9	544	880	1,433	0	0	~	0	~	0	9	546	880	1,435
Circumcision	30653-00[1196]	2,020	526	229	130	2,905	0	0	0	0	0	2,020	526	229	130	2,905
Gynaecological procedures	**1240–1299**	**0**	**0**	**~**	**0**	**~**	**122**	**35,123**	**20,657**	**4,001**	**59,903**	**122**	**35,123**	**20,658**	**4,001**	**59,904**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	12	371	409	112	904	12	371	409	112	904
Salpingectomy	1251	0	0	0	0	0	~	133	32	~	175	~	133	32	~	175
Examination procedures on uterus	1259	0	0	0	0	0	~	3,676	4,352	775	8,804	~	3,676	4,352	775	8,804
Curettage and evacuation of uterus	1265	0	0	0	0	0	~	3,440	4,615	817	8,875	~	3,440	4,615	817	8,875
Hysterectomy	1268–1269	0	0	0	0	0	0	562	1,494	585	2,641	0	562	1,494	585	2,641
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	120	749	608	1,477	0	120	749	608	1,477
Obstetric procedures[a]	**1330–1347**	**0**	**0**	**0**	**0**	**0**	**~**	**21**	**0**	**0**	**22**	**~**	**21**	**0**	**0**	**22**
Induction and augmentation of labour	1334, 1335	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~
Vacuum extraction	1338	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caesarean section	1340	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~
Episiotomy associated with delivery	90472-00[1343]	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~
Postpartum suture	1344	0	0	0	0	0	~	8	0	0	9	~	8	0	0	9

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

All Procedures	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
Procedures on musculoskeletal system	**1360–1579**	**5,045**	**14,893**	**10,928**	**8,193**	**39,059**	**3,969**	**7,783**	**12,841**	**13,978**	**38,571**	**9,014**	**22,676**	**23,769**	**22,171**	**77,630**
Arthroplasty of hip	1489	~	112	749	1,366	2,228	0	78	617	1,939	2,634	~	190	1,366	3,305	4,862
Arthroplasty of knee	1518–1519	0	27	324	509	860	0	6	458	863	1,327	0	33	782	1,372	2,187
Dermatological and plastic procedures	**1600–1718**	**5,307**	**18,577**	**13,568**	**14,897**	**52,349**	**4,332**	**17,792**	**12,661**	**13,501**	**48,286**	**9,639**	**36,369**	**26,229**	**28,398**	**100,635**
Excision of lesion(s) of skin and subcutaneous tissue	1620	602	5,919	5,671	7,614	19,806	668	7,802	6,181	6,673	21,324	1,270	13,721	11,852	14,287	41,130
Other debridement of skin and subcutaneous tissue	1628	490	1,597	1,001	757	3,845	366	506	589	540	2,001	856	2,103	1,590	1,297	5,846
Skin graft	1640–1650	50	186	250	553	1,039	69	109	168	443	789	119	295	418	996	1,828
Procedures on breast	**1740–1759**	**~**	**98**	**37**	**45**	**181**	**15**	**4,189**	**5,297**	**1,986**	**11,487**	**16**	**4,287**	**5,334**	**2,031**	**11,668**
Breast biopsy	1743–1744	0	31	26	27	84	10	2,759	2,929	1,307	7,005	10	2,790	2,955	1,334	7,089
Mastectomy	1747–1748	0	38	~	9	52	0	188	437	242	867	0	226	442	251	919
Radiation oncology procedures	**1786–1799**	**367**	**2,055**	**17,476**	**25,426**	**45,324**	**296**	**5,966**	**20,837**	**11,835**	**38,934**	**663**	**8,021**	**38,313**	**37,261**	**84,258**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**51,530**	**84,591**	**122,382**	**170,435**	**428,938**	**39,455**	**99,573**	**139,624**	**179,643**	**458,295**	**90,985**	**184,164**	**262,006**	**350,078**	**887,233**
Administration of blood and blood products	1893	2,987	2,444	5,009	11,280	21,720	2,327	2,307	4,801	9,523	18,958	5,314	4,751	9,810	20,803	40,678
Conduction anaesthesia	1909	184	1,452	2,925	4,772	9,333	75	1,080	3,173	6,074	10,402	259	2,532	6,098	10,846	19,735
Cerebral anaesthesia	1910	24,559	44,313	49,833	45,603	164,308	17,040	52,900	56,786	43,569	170,295	41,599	97,213	106,619	89,172	334,603
Imaging services	**1940–2016**	**7,307**	**17,745**	**27,821**	**40,988**	**93,861**	**6,358**	**19,263**	**24,715**	**40,615**	**90,951**	**13,665**	**37,008**	**52,536**	**81,603**	**184,812**
Computerised tomography scan	1952–1966	1,387	11,891	16,957	28,482	58,717	1,078	11,033	14,823	29,355	56,289	2,465	22,924	31,780	57,837	115,006
Magnetic resonance imaging	2015	2,254	2,453	3,303	3,678	11,688	1,977	3,223	3,064	3,645	11,909	4,231	5,676	6,367	7,323	23,597

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

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.

Maternity Discharges 2012

SECTION FOUR

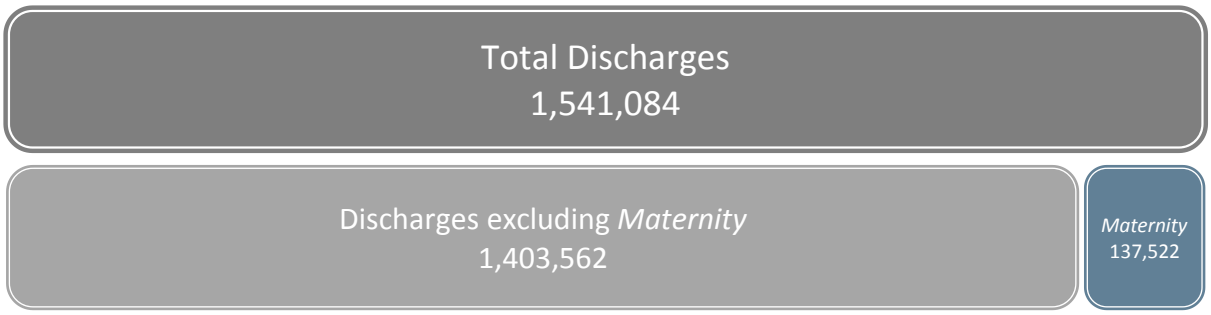
Table of Contents

4.1 INTRODUCTION 95

4.2 MATERNITY DISCHARGES – TOTAL 96
4.2.1 *Maternity* Discharges: Profile 96

4.3 MATERNITY DISCHARGES – DELIVERY 99
4.3.1 *Delivery* Discharges: Outcome of Delivery 99
4.3.2 *Delivery* Discharges: Method of Delivery 100
4.3.3 *Delivery* Discharges: Age 103
4.3.4 *Delivery* Discharges: Marital/Civil Status 105
4.3.5 *Delivery* Discharges: Public/Private Status 106
4.3.6 *Delivery* Discharges: Day of Admission 107
4.3.7 *Delivery* Discharges: Morbidity Analysis 108
4.3.8 *Delivery* Discharges: Caesarean Section Deliveries 111

4.4 MATERNITY DISCHARGES – NON-DELIVERIES 114
4.4.1 *Non-Delivery* Discharges: Day Patient Activity 114
4.4.2 *Non-Delivery* Discharges: In-Patient Activity 114



4.1 INTRODUCTION

Section Four examines *Maternity* discharges only. In 2012, 8.9 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 code *Maternity*.[1]

The Health Research and Information Division at the ESRI 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 currently 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 2011 and the mother is discharged on 1 January 2012 will be recorded as a 2011 delivery in NPRS and a 2012 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 2012 Version 4.0 available at www.esri.ie

2 See www.nprs.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 (< 10 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 137,522 *Maternity* discharges reported to HIPE. Of those discharges registered as *Maternity*, there were 68,990 (50.2 per cent) *Delivery* discharges and 68,532 (49.8 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 10,331 (7.5 per cent) of *Maternity* discharges. The remaining 127,191 (92.5 per cent) of *Maternity* discharges were in-patients.
- 56.7 per cent of *Maternity* discharges were aged 25–34 years (see Figure 4.1).
- Single women accounted for 38.5 per cent of *Maternity* discharges while married women accounted for 58.7 per cent (see Figure 4.2).
- Just over 17 per cent of *Maternity* discharges were discharged on a private basis and 82.9 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, for discharges staying 3 days or less, 63.1 per cent of *Delivery* in-patient discharges used 39.8 per cent of bed days, whereas a higher proportion of *Non-Delivery* discharges (93.8 per cent) were discharged in the same time period using 75.1 per cent of bed days.

---

4 Maternal parity is the number of previous live births and number of previous stillbirths (>500g). Maternal parity was introduced to the HIPE system in 2011 and is collected for all cases with admission type code *Maternity.* Data from 2012 provide the first complete year that parity data are available for analysis.

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]	-	-	66,577	53.7	202,462	70.9	2,413	77.8	33,635	79.2	68,990	54.2	236,097	71.9	68,990	50.2	236,097	69.7
Non-Delivery	10,331	100	57,512	46.3	83,226	29.1	689	22.2	8,859	20.8	58,201	45.8	92,085	28.1	68,532	49.8	102,416	30.3
Total *Maternity*	**10,331**	**100**	**124,089**	**100**	**285,688**	**100**	**3,102**	**100**	**42,494**	**100**	**127,191**	**100**	**328,182**	**100**	**137,522**	**100**	**338,513**	**100**

In-Patient Length of Stay								
	0–7 Days		> 7 Days		Total *Maternity* In-Patient	
	Mean	Median	Mean	Median	Mean	Median
Delivery	3.0	3	13.9	10	3.4	3
Non-Delivery	1.4	1	12.9	10	1.6	1
Total *Maternity*	**2.3**	**2**	**13.7**	**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.nprs.ie).

FIGURE 4.1 *Maternity* Discharges: Age (N, %)

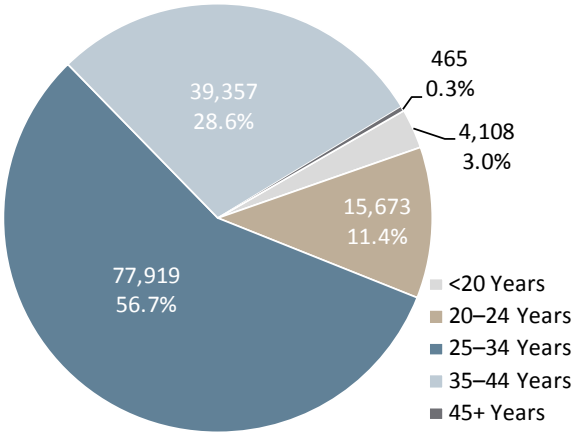


FIGURE 4.2 *Maternity* Discharges: Marital/Civil Status (N, %)

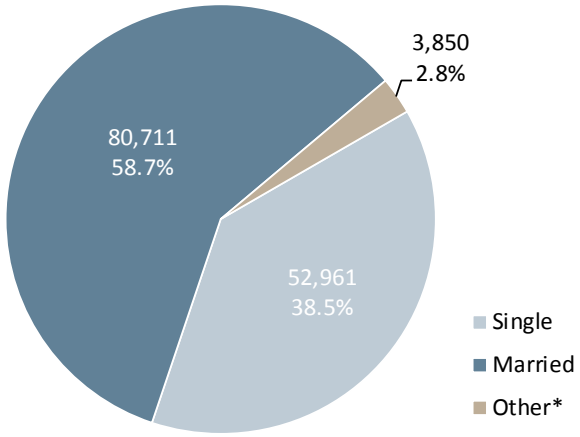
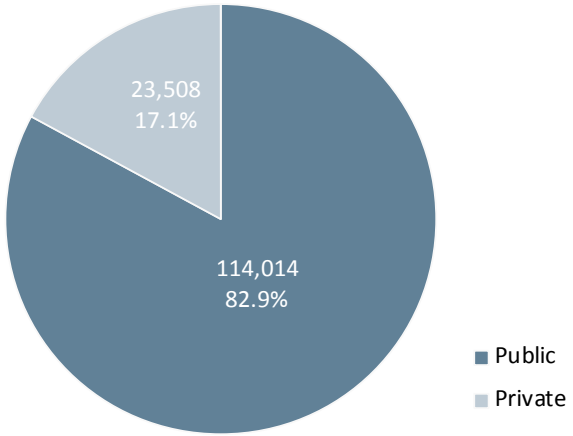


FIGURE 4.3 *Maternity* Discharges: Public/Private Status (N, %)



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.nprs.ie).

* 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]

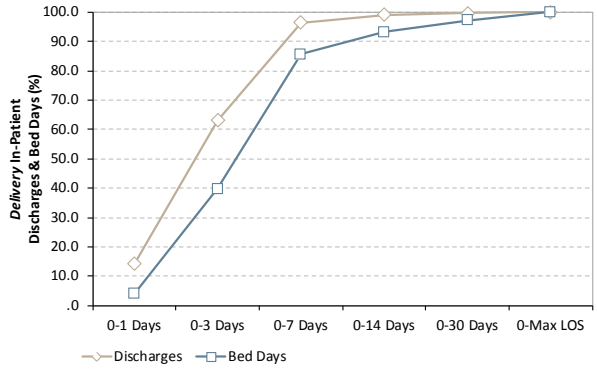


FIGURE 4.4b *Non-Delivery* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)

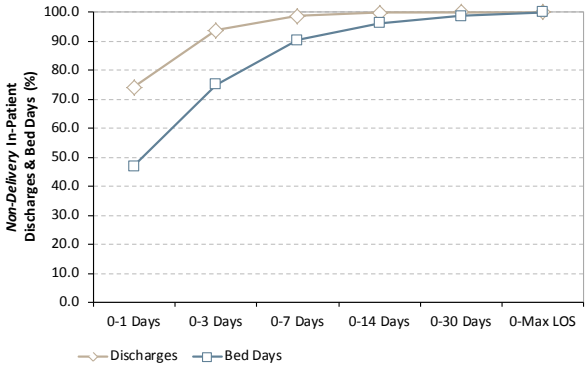
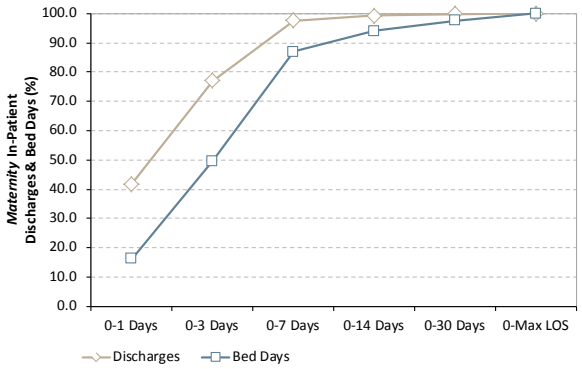


FIGURE 4.4c *Maternity* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)



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.nprs.ie).

b *Delivery* discharges are all in-patients.

4.3 MATERNITY DISCHARGES – DELIVERY

There were 68,990 *Maternity* discharges with a diagnosis of *outcome of delivery* reported to HIPE (50.2 per cent of *Maternity* discharges and 4.5 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 98.2 per cent of total *Delivery* discharges while multiple deliveries accounted for 1.8 per cent.
- The in-patient mean length of stay for a single delivery was 3.4 days compared to 6.7 days for a multiple delivery.

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

		Delivery Discharges[a]		In-Patient Length of Stay[b]	
		N	%	Mean	Median
Z37.0–Z37.1	Single Deliveries	67,749	98.2	3.4	3
Z37.2–Z37.7	Multiple Deliveries	1,222	1.8	6.7	5
Z37.9	Unspecified	19	0.0	5.5	4
Total *Delivery* Discharges		**68,990**	**100**	**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.nprs.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 (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.nprs.ie).

4.3.2 *Delivery* Discharges: Method of Delivery

Method of delivery is derived from delivery procedure codes and 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 (41.3 per cent) and elective Caesarean section deliveries (7.9 per cent) than multiparous *Delivery* discharges (65.9 per cent and 19.1 per cent respectively).[15]
- Instrumental deliveries accounted for 28.9 per cent of primiparous *Delivery* discharges and 7.0 per cent of multiparous *Delivery* discharges.
- Emergency Caesarean section deliveries accounted for 21.9 per cent of primiparous and 8.1 per cent of multiparous *Delivery* discharges.

Single and Multiple Deliveries

- Non-instrumental deliveries accounted for 57.0 per cent of single deliveries and 24.1 per cent of multiple deliveries.
- Caesarean section accounted for 27.5 per cent of single deliveries and 65.1 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 both the single and multiple deliveries (see Table 4.3).

Length of Stay

- The in-patient mean length of stay was 2.5 days for non-instrumental, 3.3 days for instrumental, and 5.3 days for Caesarean section deliveries.
- In-patient mean length of stay was shorter for single deliveries compared to multiple deliveries for all methods of delivery (see Table 4.3).
- For singleton deliveries, in-patient mean length of stay was shorter for elective (4.8 days) than emergency (5.5 days) Caesarean section deliveries. For multiple deliveries, the in-patient mean length of stay was similar for elective (7.9 days) and emergency (7.8 days) Caesarean section deliveries.
- Only 3.5 per cent of total *Delivery* discharges had an in-patient length of stay of more than 7 days (see Figure 4.6).

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

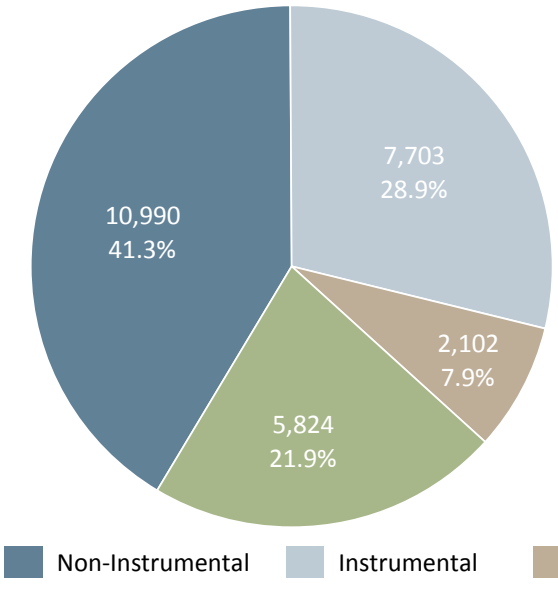
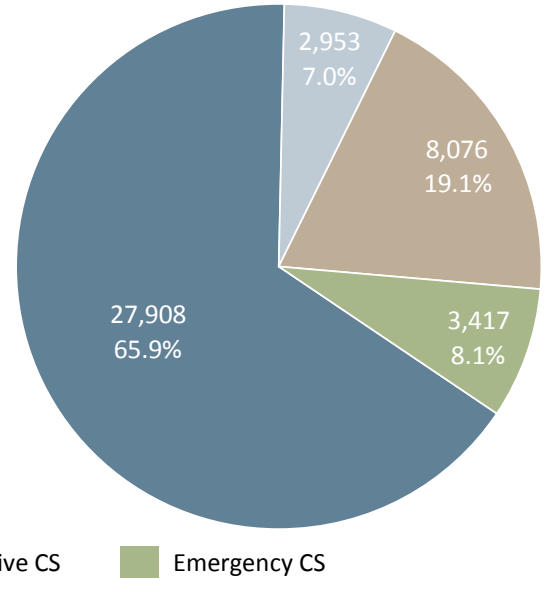
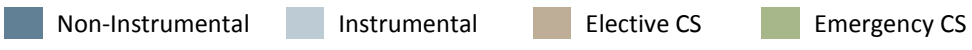


FIGURE 4.5b Multiparous *Delivery* Discharges: Method of Delivery (%)





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.nprs.ie).
There were 17 discharges with 'unknown' parity; these were excluded from these figures.

TABLE 4.3 *Delivery* Discharges: Method of Delivery by Outcome of Delivery (N, % 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	38,122	58.1	10,329	15.7	9,136	13.9	7,996	12.2	17,132	26.1	65,583	100
	> 7 Days	481	22.2	195	9.0	606	28.0	884	40.8	1,490	68.8	2,166	100
	Total Single	**38,603**	**57.0**	**10,524**	**15.5**	**9,742**	**14.4**	**8,880**	**13.1**	**18,622**	**27.5**	**67,749**	**100**
Multiple	0–7 Days	264	27.0	118	12.1	341	34.9	255	26.1	596	60.9	978	100
	> 7 Days	31	12.7	14	5.7	93	38.1	106	43.4	199	81.6	244	100
	Total Multiple	**295**	**24.1**	**132**	**10.8**	**434**	**35.5**	**361**	**29.5**	**795**	**65.1**	**1,222**	**100**
Total[a]	0–7 Days	38,386	57.7	10,447	15.7	9,477	14.2	8,251	12.4	17,728	26.6	66,561	100
	> 7 Days	512	21.2	209	8.7	699	29.0	990	41.1	1,689	70.1	2,410	100
	Total *Delivery* Discharges	**38,898**	**56.4**	**10,656**	**15.4**	**10,176**	**14.8**	**9,241**	**13.4**	**19,417**	**28.2**	**68,971**	**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	3.1	3	4.1	4	4.7	5	4.4	4	3.0	3
	> 7 Days	13.0	10	11.4	9	15.7	11	13.2	10	14.2	11	13.7	10
	Total Single	**2.5**	**2**	**3.3**	**3**	**4.8**	**4**	**5.5**	**5**	**5.1**	**4**	**3.4**	**3**
Multiple	0–7 Days	3.5	3	4.1	4	4.8	5	5.0	5	4.9	5	4.4	4
	> 7 Days	12.5	11	10.1	10	19.4	14	14.7	11	16.8	12	15.9	11
	Total Multiple	**4.4**	**3**	**4.7**	**4**	**7.9**	**5**	**7.8**	**6**	**7.9**	**5**	**6.7**	**5**
Total[a]	0–7 Days	2.4	2	3.1	3	4.1	4	4.7	5	4.4	4	3.0	3
	> 7 Days	13.0	10	11.3	9	16.2	12	13.4	10	14.6	11	13.9	10
	Total *Delivery* Discharges	**2.5**	**2**	**3.3**	**3**	**4.9**	**4**	**5.6**	**5**	**5.3**	**4**	**3.4**	**3**

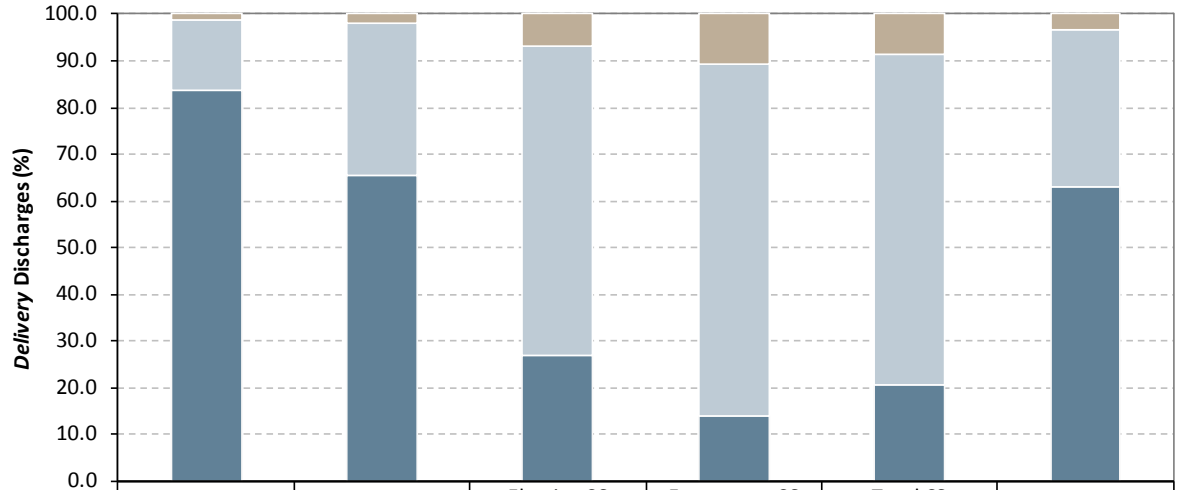
Notes: Percentage columns are subject to rounding.

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.nprs.ie).

a There were 19 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 (%)



	Non-Instrumental	Instrumental	Caesarean Section: Elective CS	Caesarean Section: Emergency CS	Caesarean Section: Total CS	Total
>7 Days	1.3	2.0	6.9	10.7	8.7	3.5
4–7 Days	15.0	32.7	66.4	75.4	70.7	33.4
0–3 Days	83.6	65.4	26.7	13.8	20.6	63.1

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.nprs.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

- With the exception of mothers aged 45 years and over, the majority of mothers in the younger age groups had non-instrumental deliveries.
- A larger proportion of older mothers delivered by elective Caesarean section (22.4 per cent for mothers aged 35–44 compared to 12.6 per cent for mothers aged 25–34).
- With the exception of mothers aged 45 years and over, a similar proportion of mothers delivered by emergency Caesarean section in all age groups.
- For mothers aged 45 years and over, 63.1 per cent delivered by Caesarean section and 30.1 per cent had non-instrumental deliveries.
- Seven per cent of primiparous *Delivery* discharges aged 25–34 years had an elective Caesarean section compared to 16.5 per cent of multiparous *Delivery* discharges in the same age group.
- Almost 22 per cent of primiparous *Delivery* discharges aged 25–34 years had an emergency Caesarean section compared to 7.8 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 2.9 days.
- In-patient mean length of stay was longest for emergency Caesarean section deliveries for all age groups, this ranged from 5.4 days to 7.2 days.
- In-patient mean length of stay varied from 3.3 days for mothers aged 20–34 years to 4.9 days for mothers aged 45 years and over for total *Delivery* discharges.

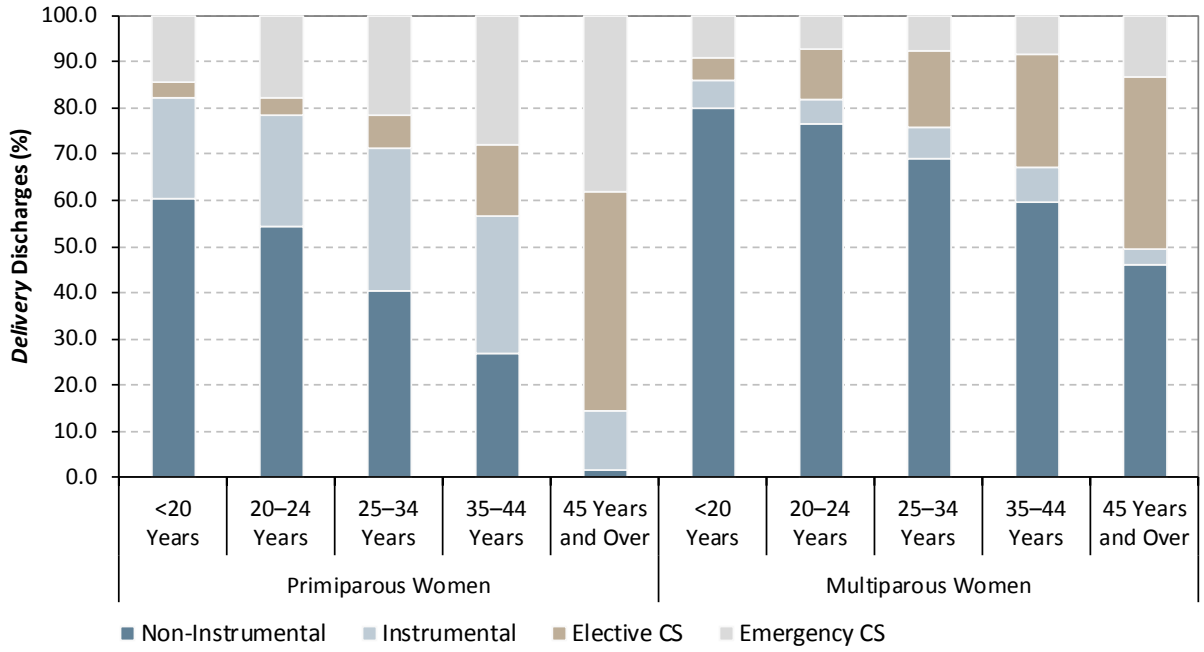
TABLE 4.4 *Delivery* Discharges: Method of Delivery by Mother's Age (N, % and Length of Stay)

	Delivery Discharges											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	N	%	N	%	N	%	N	%	N	%	N	%
<20 Years	1,011	63.0	316	19.7	56	3.5	223	13.9	279	17.4	1,606	100
20–24 Years	4,290	63.1	1,127	16.6	451	6.6	931	13.7	1,382	20.3	6,799	100
25–34 Years	22,951	57.2	6,686	16.7	5,053	12.6	5,417	13.5	10,470	26.1	40,107	100
35–44 Years	10,604	52.2	2,517	12.4	4,548	22.4	2,633	13.0	7,181	35.4	20,302	100
45 Years and Over	53	30.1	12	6.8	72	40.9	39	22.2	111	63.1	176	100
Total *Delivery* Discharges	**38,909**	**56.4**	**10,658**	**15.4**	**10,180**	**14.8**	**9,243**	**13.4**	**19,423**	**28.2**	**68,990**	**100**

	Delivery In-Patient Length of Stay[a]											
	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
<20 Years	2.9	3	3.2	3	4.6	4	5.4	5	5.2	5	3.4	3
20–24 Years	2.6	2	3.2	3	5.0	4	5.7	5	5.5	5	3.3	3
25–34 Years	2.5	2	3.3	3	4.8	4	5.4	5	5.1	4	3.3	3
35–44 Years	2.6	2	3.4	3	5.1	4	5.9	5	5.4	4	3.7	3
45 Years and Over	2.5	2	4.0	3	5.5	5	7.2	6	6.1	5	4.9	4
Total *Delivery* Discharges	**2.5**	**2**	**3.3**	**3**	**4.9**	**4**	**5.6**	**5**	**5.3**	**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.nprs.ie).
a *Delivery* discharges are all in-patients.

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

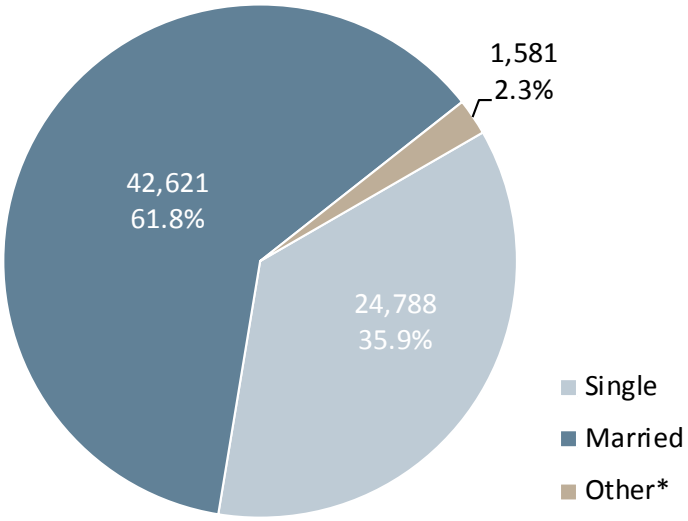


Notes: Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.nprs.ie). There were 17 discharges with 'unknown' 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 61.8 per cent of *Delivery* discharges were married while 35.9 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.nprs.ie).

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

4.3.5 *Delivery* Discharges: Public/Private Status[16]

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

Discharges

- Over 80 per cent of *Delivery* discharges were treated on a public basis (see Figure 4.10).
- Of *Delivery* discharges treated on a public basis, 58.7 per cent had a non-instrumental delivery, 15.3 per cent had an instrumental delivery, while the remaining 25.9 per cent delivered by Caesarean Section.
- Of *Delivery* discharges treated on a private basis, 46.9 per cent had a non-instrumental delivery, 15.9 per cent had an instrumental delivery, while the remaining 37.3 per cent delivered by Caesarean Section.
- Over 24 per cent of *Delivery* discharges treated on a private basis had an elective Caesarean section compared to 12.5 per cent of discharges who were treated publicly. Similar proportions of public (13.4 per cent) and private (13.2 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 the same for discharges treated on a private or public basis.

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

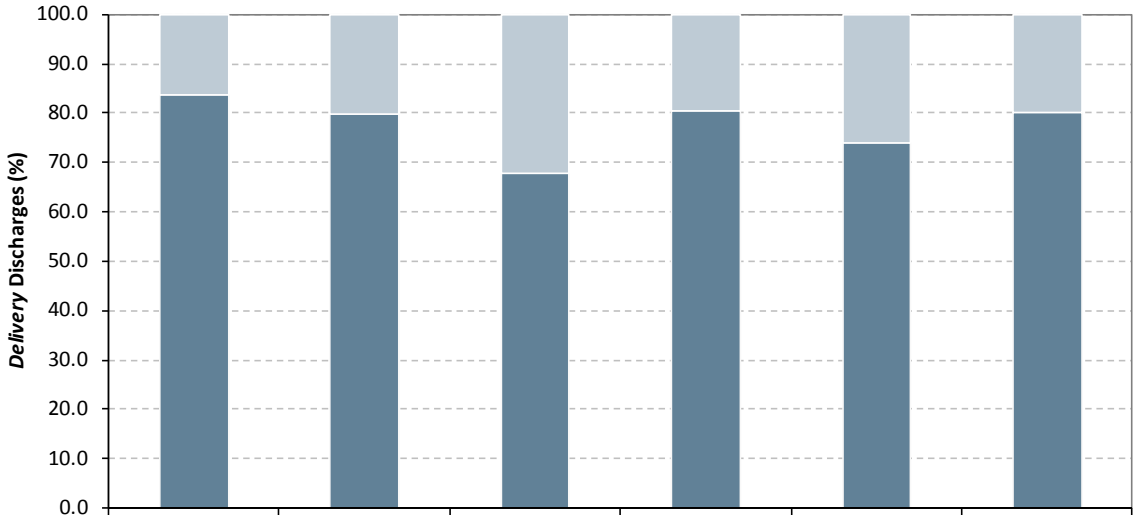
	Delivery Discharges											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	N	%	N	%	N	%	N	%	N	%	N	%
Public	32,519	58.7	8,497	15.3	6,900	12.5	7,446	13.4	14,346	25.9	55,362	100
Private	6,390	46.9	2,161	15.9	3,280	24.1	1,797	13.2	5,077	37.3	13,628	100
Total *Delivery* Discharges	**38,909**	**56.4**	**10,658**	**15.4**	**10,180**	**14.8**	**9,243**	**13.4**	**19,423**	**28.2**	**68,990**	**100**

	Delivery In-Patient Length of Stay[a]											
	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
Public	2.5	2	3.3	3	4.9	4	5.5	5	5.3	4	3.3	3
Private	2.8	3	3.4	3	5.0	4	5.8	5	5.3	5	3.8	3
Total *Delivery* Discharges	**2.5**	**2**	**3.3**	**3**	**4.9**	**4**	**5.6**	**5**	**5.3**	**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.nprs.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 (%)



	Non-Instrumental	Instrumental	Caesarean Section: Elective CS	Caesarean Section: Emergency CS	Caesarean Section: Total CS	Total
Private	16.4	20.3	32.2	19.4	26.1	19.8
Public	83.6	79.7	67.8	80.6	73.9	80.2

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.nprs.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 midweek with 16.6 per cent of *Delivery* discharges admitted on Thursday.
- Caesarean section admissions were most frequent on Wednesdays (18.4 per cent). The highest proportion of emergency Caesarean sections were admitted on Mondays (17.0 per cent).
- Over 92 per cent of elective Caesarean sections were admitted on a weekday compared to 78.2 per cent of emergency Caesarean sections.

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

	Non-Instrumental		Instrumental		Caesarean Section: Elective CS		Caesarean Section: Emergency CS		Caesarean Section: Total CS		Total *Delivery* Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
Monday	5,956	15.3	1,693	15.9	1,869	18.4	1,568	17.0	3,437	17.7	11,086	16.1
Tuesday	5,930	15.2	1,625	15.2	1,932	19.0	1,526	16.5	3,458	17.8	11,013	16.0
Wednesday	6,122	15.7	1,696	15.9	2,076	20.4	1,489	16.1	3,565	18.4	11,383	16.5
Thursday	6,177	15.9	1,728	16.2	2,070	20.3	1,481	16.0	3,551	18.3	11,456	16.6
Friday	5,663	14.6	1,396	13.1	1,437	14.1	1,169	12.6	2,606	13.4	9,665	14.0
Saturday	4,426	11.4	1,165	10.9	255	2.5	886	9.6	1,141	5.9	6,732	9.8
Sunday	4,635	11.9	1,355	12.7	541	5.3	1,124	12.2	1,665	8.6	7,655	11.1
Total *Delivery* Discharges	**38,909**	**100**	**10,658**	**100**	**10,180**	**100**	**9,243**	**100**	**19,423**	**100**	**68,990**	**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.nprs.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 3.4 for total *Delivery* discharges, 3.7 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.

- Just over 81 per cent of primiparous *Delivery* discharges record one of the top 10 principal diagnoses compared to almost 83 per cent for multiparous *Delivery* discharges.[17]
- A principal diagnosis of *labour and delivery complicated by fetal stress [distress]* was recorded for 22.8 per cent of primiparous *Delivery* discharges. This was followed by *perineal laceration during delivery* (15.7 per cent).
- A principal diagnosis of *perineal laceration during delivery* was recorded for 23.4 per cent of multiparous *Delivery* discharges. This was followed by *single spontaneous delivery* (18.0 per cent).
- For *Delivery* in-patient discharges staying seven days or less, mean length of stay for primiparous *Delivery* discharges was 3.5 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 Top 10 Principal Diagnoses for Deliveries	% of Total Deliveries	In-Patient Mean LOS[a] (0–7 Days)
Primiparous	O68	Labour and delivery complicated by fetal stress [distress]	6,078	28.2	22.8	3.5
	O70	Perineal laceration during delivery	4,184	19.4	15.7	2.8
	O42	Premature rupture of membranes	2,008	9.3	7.5	3.6
	O48	Prolonged pregnancy	1,859	8.6	7.0	3.9
	O80	Single spontaneous delivery[b]	1,642	7.6	6.2	2.5
	O63	Long labour	1,453	6.7	5.5	3.7
	O62	Abnormalities of forces of labour	1,364	6.3	5.1	3.6
	O36	Maternal care for other known or suspected fetal problems	1,192	5.5	4.5	4.1
	O32	Maternal care for known or suspected malpresentation of fetus	1,090	5.1	4.1	4.2
	O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	709	3.3	2.7	4.7
Top 10 Principal Diagnoses for Primiparous *Delivery* Discharges			**21,579**	**100**	**81.1**	**3.4**
Primiparous *Delivery* Discharges – Total			**26,619**	**-**	**-**	**3.5**
Multiparous	O70	Perineal laceration during delivery	9,919	28.3	23.4	2.1
	O80	Single spontaneous delivery[b]	7,626	21.8	18.0	1.9
	O34	Maternal care for known or suspected abnormality of pelvic organs	6,159	17.6	14.5	3.9
	O68	Labour and delivery complicated by fetal stress [distress]	3,947	11.3	9.3	2.7
	O48	Prolonged pregnancy	1,837	5.2	4.3	2.6
	O36	Maternal care for other known or suspected fetal problems	1,518	4.3	3.6	3.2
	O42	Premature rupture of membranes	1,413	4.0	3.3	3.2
	O32	Maternal care for known or suspected malpresentation of fetus	1,080	3.1	2.5	4.1
	O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	816	2.3	1.9	3.1
	O24	Diabetes mellitus in pregnancy	729	2.1	1.7	2.9
Top 10 Principal Diagnoses for Multiparous *Delivery* Discharges			**35,044**	**100**	**82.7**	**2.6**
Multiparous *Delivery* Discharges – Total			**42,354**	**-**	**-**	**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.nprs.ie).
Parity is 'unknown' for 17 discharges; these are not included here due to the small numbers.

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 NCCH eBook, July 2008, Pregnancy, Childbirth and the Puerperium.]

4.3.7.2 Top 10 Principal Procedure Blocks

In 2012, 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, 3.2 for primiparous *Delivery* discharges and 2.3 for multiparous *Delivery* discharges.[18]

- The top principal procedure for primiparous *Delivery* discharges with a principal procedure was *Caesarean section* (29.8 per cent) compared to *postpartum suture* (31.1 per cent) for multiparous *Delivery* discharges.[19]
- For *Delivery* in-patient discharges staying seven days or less with a principal procedure, mean length of stay for primiparous *Delivery* discharges was 3.6 days compared to 2.8 days for multiparous *Delivery* discharges.

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

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

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

	Principal Procedure Block		N	% of Top 10 Procedure Blocks for Deliveries	% of Deliveries with a Principal Procedure	In-Patient Mean LOS[a] (0–7 Days)
Primiparous	1340	Caesarean section[b]	7,768	30.1	29.8	4.7
	1344	Postpartum suture	5,759	22.3	22.1	2.9
	1338	Vacuum extraction	4,452	17.2	17.1	3.2
	1343	Other procedures associated with delivery[c]	3,035	11.7	11.6	3.1
	1337	Forceps delivery	1,793	6.9	6.9	3.5
	1334	Medical or surgical induction of labour	1,044	4.0	4.0	3.8
	1333	Analgesia and anaesthesia during labour and delivery procedure	885	3.4	3.4	3.0
	1335	Medical or surgical augmentation of labour	786	3.0	3.0	2.8
	1345	Postpartum evacuation of uterus	164	0.6	0.6	3.4
	1336	Spontaneous vertex delivery[d]	160	0.6	0.6	2.3
Top 10 Principal Procedure Blocks for Primiparous *Delivery* Discharges			**25,846**	**100**	**99.1**	**3.6**
Primiparous *Delivery* Discharges with a Principal Procedure – Total			**26,073**	**-**	**-**	**3.6**
Primiparous *Delivery* Discharges – Total (including those with and without a Principal Procedure)			**26,619**	**-**	**-**	**3.5**
Multiparous	1344	Postpartum suture	12,011	31.9	31.1	2.2
	1340	Caesarean section[b]	11,443	30.4	29.6	4.1
	1334	Medical or surgical induction of labour	3,301	8.8	8.5	2.7
	1335	Medical or surgical augmentation of labour	3,117	8.3	8.1	2.0
	1333	Analgesia and anaesthesia during labour and delivery procedure	2,777	7.4	7.2	2.3
	1338	Vacuum extraction	1,946	5.2	5.0	2.6
	1343	Other procedures associated with delivery[c]	1,578	4.2	4.1	2.4
	1336	Spontaneous vertex delivery[d]	755	2.0	2.0	1.9
	1337	Forceps delivery	414	1.1	1.1	2.9
	1345	Postpartum evacuation of uterus	354	0.9	0.9	2.8
Top 10 Principal Procedure Blocks for Multiparous *Delivery* Discharges			**37,696**	**100**	**97.5**	**2.8**
Multiparous *Delivery* Discharges with a Principal Procedure – Total			**38,669**	**-**	**-**	**2.8**
Multiparous *Delivery* Discharges – Total (including those with and without a Principal Procedure)			**42,354**	**-**	**-**	**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.nprs.ie).
Parity is 'unknown' for 17 discharges; these are not included here due to the small numbers.

a *Delivery* discharges are all in-patients.

b 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.

c Includes episiotomy.

d 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]

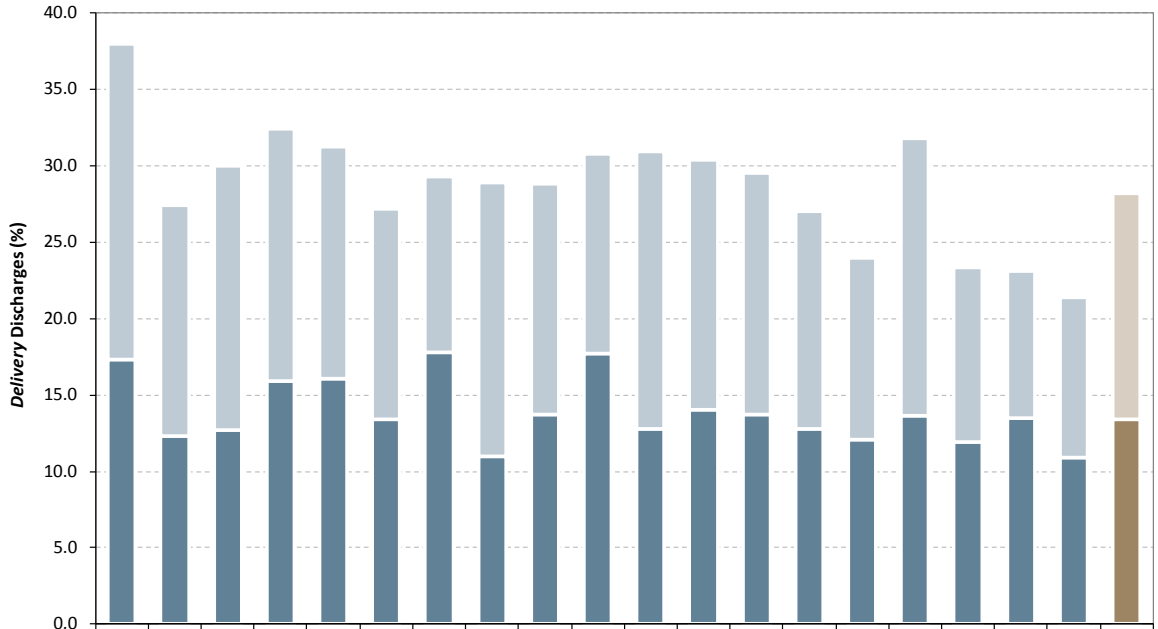
4.3.8 *Delivery* Discharges: Caesarean Section Deliveries

A Caesarean section was reported for 19,423 (28.2 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 Hospital[21]

Figure 4.10 presents the proportion of *Delivery* discharges with an emergency/ elective Caesarean section procedure by (anonymised) hospital. It shows that the proportion ranged from 21.4 per cent to 38.0 per cent, compared to the national proportion of 28.2 per cent.

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



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
Elective CS	20.7	15.1	17.3	16.5	15.1	13.8	11.5	17.9	15.1	13.1	18.1	16.4	15.8	14.2	11.9	18.2	11.4	9.6	10.5	14.8
Emergency CS	17.3	12.3	12.7	15.9	16.1	13.4	17.8	11.0	13.7	17.7	12.8	14.0	13.7	12.8	12.1	13.6	11.9	13.5	10.9	13.4

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, 2010 and 2011. See www.hipe.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.nprs.ie).
Four hospitals had <10 deliveries and were excluded from this presentation.

[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.nprs.ie

4.3.8.2 Previous Caesarean Section by Method of Delivery

Table 4.9 disaggregates multiparous *Delivery* discharges into two categories according to their Caesarean section history. Previous Caesarean refers to mothers with a diagnosis of *outcome of delivery* and had evidence of a previous Caesarean section coded.[22]

- Over 20 per cent of multiparous *Delivery* discharges had a previous Caesarean section.
- Of those multiparous *Delivery* discharges who had a previous Caesarean section, 85.6 per cent delivered by Caesarean section this episode (72.3 per cent by elective Caesarean section), 10.2 per cent had a non-instrumental delivery and 4.2 per cent had an instrumental delivery.
- Of those multiparous *Delivery* discharges who did not have a Caesarean section previously, 11.6 per cent delivered by Caesarean section this episode, 80.6 per cent had a non-instrumental delivery, and 7.7 per cent had an instrumental delivery.

TABLE 4.9 Multiparous *Delivery* Discharges: Previous Caesarean Section by Method of Delivery (N, %)

	Previous Caesarean Delivery[a]		Previous Non-Caesarean Delivery[b]		Total *Delivery* Discharges	
	N	%	N	%	N	%
Non-Instrumental	908	10.2	27,000	80.6	27,908	65.9
Instrumental	372	4.2	2,581	7.7	2,953	7.0
Caesarean Section	7,594	85.6	3,899	11.6	11,493	27.1
Elective	6,415	72.3	1,661	5.0	8,076	19.1
Emergency	1,179	13.3	2,238	6.7	3,417	8.1
Total *Delivery* Discharges	**8,874**	**100**	**33,480**	**100**	**42,354**	**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.nprs.ie).

a Includes *Maternal care due to uterine scar from previous surgery* (O34.2) and *Vaginal delivery following previous Caesarean section* (O75.7), which should be assigned for all cases where a trial of Caesarean scar proceeds to a vaginal delivery.

b These are mothers for whom no evidence of a previous Caesarean section has been coded. This category includes mothers that have previously delivered vaginally.

4.3.8.3 Caesarean Section Deliveries: Top 10 Principal Diagnoses

Table 4.10 presents the top 10 principal diagnoses for *Delivery* discharges with a Caesarean section procedure by parity. The top three principal diagnoses accounted for 43.7 per cent of all principal diagnoses for primiparous *Delivery* discharges and 69.0 per cent for multiparous *Delivery* discharges.

- Just over 23 per cent of Caesarean section primiparous *Delivery* discharges had a principal diagnosis of *labour and delivery complicated by fetal stress [distress].* Of these, over 95 per cent were emergency Caesarean sections.

[22] Evidence of a previous Caesarean section includes *Maternal care due to uterine scar from previous surgery* (O34.2) and *Vaginal delivery following previous Caesarean section* (O75.7), which should be assigned for all cases where a trial of Caesarean scar proceeds to a vaginal delivery.

- Over 52 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, 94.2 per cent were elective Caesarean sections.

TABLE 4.10 *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 *Delivery* Discharges		
			N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Primiparous	O68	Labour and delivery complicated by fetal stress [distress]	78	3.7	4.2	1,759	30.2	95.8	1,837	23.2	100
	O32	Maternal care for known or suspected malpresentation of fetus	933	44.4	88.9	117	2.0	11.1	1,050	13.2	100
	O48	Prolonged pregnancy	20	1.0	3.4	561	9.6	96.6	581	7.3	100
	O62	Abnormalities of forces of labour	11	0.5	2.2	490	8.4	97.8	501	6.3	100
	O36	Maternal care for other known or suspected fetal problems	181	8.6	36.6	314	5.4	63.4	495	6.2	100
	O42	Premature rupture of membranes	26	1.2	5.5	449	7.7	94.5	475	6.0	100
	O63	Long labour	12	0.6	3.3	353	6.1	96.7	365	4.6	100
	O64	Labour and delivery affected by malposition and malpresentation of fetus	72	3.4	24.3	224	3.8	75.7	296	3.7	100
	O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	46	2.2	15.7	247	4.2	84.3	293	3.7	100
	O14	Gestational [pregnancy-induced] hypertension with significant proteinuria	41	2.0	14.5	241	4.1	85.5	282	3.6	100
	All Other Diagnoses		682	32.4	38.9	1,069	18.4	61.1	1,751	22.1	100
	Total Caesarean Section Primiparous *Delivery* Discharges		**2,102**	**100**	**26.5**	**5,824**	**100**	**73.5**	**7,926**	**100**	**100**
Multiparous	O34[a]	Maternal care for known or suspected abnormality of pelvic organs	5,690	70.5	94.2	351	10.3	5.8	6,041	52.6	100
	O68	Labour and delivery complicated by fetal stress [distress]	61	0.8	6.4	888	26.0	93.6	949	8.3	100
	O32	Maternal care for known or suspected malpresentation of fetus	798	9.9	85.3	138	4.0	14.7	936	8.1	100
	O36	Maternal care for other known or suspected fetal problems	203	2.5	53.1	179	5.2	46.9	382	3.3	100
	O64	Labour and delivery affected by malposition and malpresentation of fetus	79	1.0	24.0	250	7.3	76.0	329	2.9	100
	O82	Single delivery by caesarean section	271	3.4	94.4	16	0.5	5.6	287	2.5	100
	O62	Abnormalities of forces of labour	11	0.1	3.9	271	7.9	96.1	282	2.5	100
	O42	Premature rupture of membranes	62	0.8	24.9	187	5.5	75.1	249	2.2	100
	O63	Long labour	9	0.1	4.5	193	5.6	95.5	202	1.8	100
	O44	Placenta praevia	116	1.4	58.0	84	2.5	42.0	200	1.7	100
	All Other Diagnoses		776	9.6	47.4	860	25.2	52.6	1,636	14.2	100
	Total Caesarean Section Multiparous *Delivery* Discharges		**8,076**	**100**	**70.3**	**3,417**	**100**	**29.7**	**11,493**	**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.nprs.ie).
There were <5 discharges 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 2012 there were 68,532 *Non-Delivery* discharges reported to HIPE (49.8 per cent of total *Maternity* discharges and 4.4 per cent of total HIPE discharges). *Non-Delivery* discharges are examined by day patient activity in Tables 4.11–4.12 and Figures 4.11–4.13 and in-patient activity in Tables 4.13–4.14 and Figures 4.14–4.16.

4.4.1 *Non-Delivery* Discharges: Day Patient Activity

Day patients accounted for 15.1 per cent (10,331) of *Non-Delivery* discharges.

- The top two principal diagnoses for *Non-Delivery* day patient discharges were; *special screening examination for other diseases and disorders* (29.5 per cent), followed by *other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* (15.7 per cent).
- *Non-Delivery* day patient discharges recorded a principal procedure for 30.8 per cent of discharges. Of these, the top two principal procedure blocks were; *curettage and evacuation of uterus* (56.1 per cent), and *administration of pharmacotherapy* (21.9 per cent).

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

In-patients accounted for 84.9 per cent (58,201) 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* (24.0 per cent), followed by *false labour* (12.3 per cent).
- At 1.9 days, the longest mean length of stay, for *Non-Delivery* in-patient discharges staying seven days or less in the top 10 principal diagnoses, was recorded for *excessive vomiting in pregnancy.*
- *Non-Delivery* in-patient discharges recorded a principal procedure for 17.9 per cent of discharges. Of these the top two principal procedures were; *curettage and evacuation of uterus* (27.6 per cent), and *administration of pharmaco-therapy* (19.9 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 2.3 days for *generalised allied health interventions, procedures for management of ectopic pregnancy* and *postpartum suture*.

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

		N	% of Top 10 Principal Diagnoses for Day Patients	% of Total Day Patients
Z13	Special screening examination for other diseases and disorders	3,047	32.7	29.5
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	1,620	17.4	15.7
O02	Other abnormal products of conception	1,287	13.8	12.5
Z36	Antenatal screening	1,082	11.6	10.5
O03	Spontaneous abortion	923	9.9	8.9
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	463	5.0	4.5
O24	Diabetes mellitus in pregnancy	308	3.3	3
Z34	Supervision of normal pregnancy	233	2.5	2.3
O14	Gestational [pregnancy-induced] hypertension with significant proteinuria	206	2.2	2
O21	Excessive vomiting in pregnancy	148	1.6	1.4
Top 10 Principal Diagnoses for Day Patients – Total		**9,317**	**100**	**90.3**
Day Patients – Total		**10,331**	**-**	**100**

TABLE 4.12 *Non-Delivery* Discharges: Day Patient Top 10 Principal Procedure Blocks (N, %)

		N	% of Top 10 Principal Procedure Blocks for Day Patients	% of Total Day Patients with a Principal Procedure
1265	Curettage and evacuation of uterus	1,788	58.2	56.1
1920	Administration of pharmacotherapy	697	22.7	21.9
1857	Other cardiovascular diagnostic tests, measures or investigations	271	8.8	8.5
1916	Generalised allied health interventions	83	2.7	2.6
1893	Administration of blood and blood products	73	2.4	2.3
1256	Procedures for management of ectopic pregnancy	49	1.6	1.5
1274	Application, insertion or removal procedures on cervix	43	1.4	1.3
63	Administration of anaesthetic agent around other peripheral nerve	40	1.3	1.3
1259	Examination procedures on uterus	16	0.5	0.5
1943	Ultrasound of abdomen or pelvis	14	0.5	0.4
Top 10 Principal Procedure Blocks for Day Patients – Total		**3,074**	**100**	**96.5**
Day Patients with a Principal Procedure – Total		**3,187**	**-**	**100**
Day Patients – Total (including those with and without a procedure		**10,331**	**-**	**-**

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

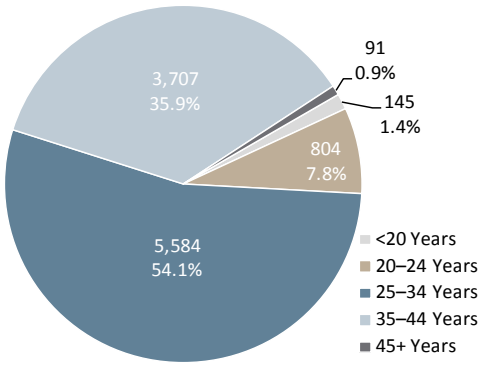


FIGURE 4.12 *Non-Delivery* Discharges: Day Patient Marital/Civil Status (N, %)

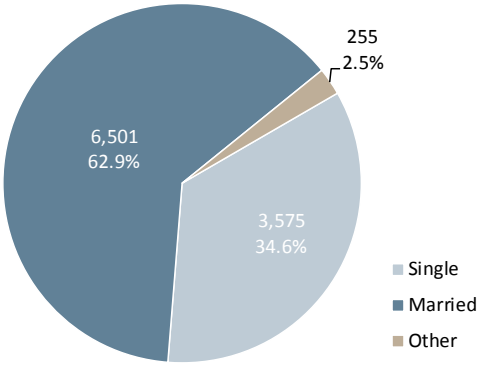


FIGURE 4.13 *Non-Delivery* Discharges: Day Patient Public/Private Status (N, %)

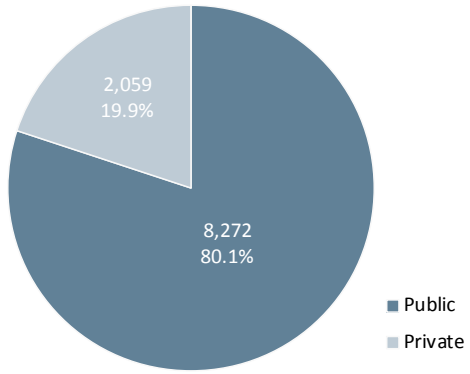


TABLE 4.13 *Non-Delivery* Discharges: In-Patient Top 10 Principal Diagnoses (N, %, and Length of Stay)

		N	% of Top 10 Principal Diagnoses for In-Patients	% of Total In-Patients	Mean LOS (0–7 Days)
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	13,975	31.6	24.0	1.5
O47	False labour	7,135	16.2	12.3	1.2
O03	Spontaneous abortion	3,828	8.7	6.6	1.3
O21	Excessive vomiting in pregnancy	3,354	7.6	5.8	1.9
Z13	Special screening examination for other diseases and disorders	2,972	6.7	5.1	1.0
Z36	Antenatal screening	2,803	6.3	4.8	1.1
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	2,667	6.0	4.6	1.5
O46	Antepartum haemorrhage, not elsewhere classified	2,661	6.0	4.6	1.5
O20	Haemorrhage in early pregnancy	2,494	5.6	4.3	1.1
O02	Other abnormal products of conception	2,288	5.2	3.9	1.2
Top 10 Principal Diagnoses for In-Patients – Total		**44,177**	**100**	**76.0**	**1.4**
In-Patients – Total		**58,201**	**-**	**100**	**1.4**

TABLE 4.14 *Non-Delivery* Discharges: In-Patient Top 10 Principal Procedure Blocks (N, %, and Length of Stay)

		N	% of Top 10 Principal Procedure Blocks for In-Patients	% of Total In-Patients with a Principal Procedure	Mean LOS (0–7 Days)
1265	Curettage and evacuation of uterus	2,884	32.1	27.6	1.3
1920	Administration of pharmacotherapy	2,073	23.1	19.9	1.7
1916	Generalised allied health interventions	1,317	14.7	12.6	2.3
1884	Immunisation	847	9.4	8.1	1.4
1256	Procedures for management of ectopic pregnancy	724	8.1	6.9	2.3
1330	Antepartum application, insertion or removal procedures	354	3.9	3.4	1.4
1274	Application, insertion or removal procedures on cervix	253	2.8	2.4	1.4
1344	Postpartum suture	224	2.5	2.1	2.3
1334	Medical or surgical induction of labour	160	1.8	1.5	2.1
1345	Postpartum evacuation of uterus	148	1.6	1.4	2.2
Top 10 Principal Procedure Blocks for In-Patients – Total		**8,984**	**100**	**86.1**	**1.7**
In-Patients with a Principal Procedure – Total		**10,432**	**-**	**100**	**1.8**
In-Patients – Total (including those with and without a procedure		**58,201**	**-**	**-**	**1.4**

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

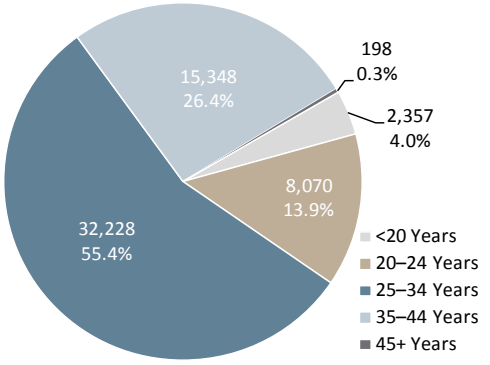


FIGURE 4.15 *Non-Delivery* Discharges: In-Patient Marital/Civil Status (N, %)

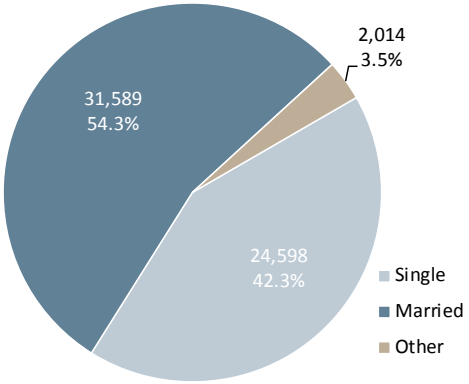
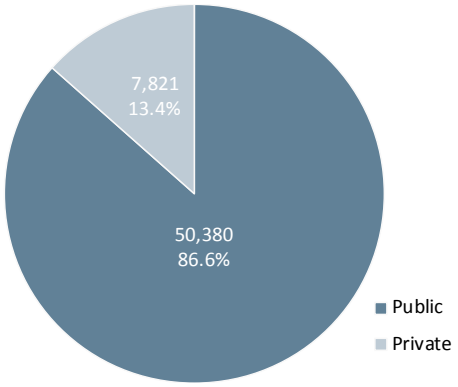


FIGURE 4.16 *Non-Delivery* Discharges: In-Patient Public/Private Status (N, %)



Case Mix Analysis 2012

SECTION FIVE

Table of Contents

5.1 INTRODUCTION 119
5.1.1 Case Mix Classification 119
5.1.2 Assignment of Discharges to MDC and AR-DRG 120

5.2 ANALYSIS OF HIPE DATA BY CASE MIX 122
5.2.1 Analysis of Day Patients by MDC and AR-DRG 123
5.2.2 Analysis of In-Patients by MDC and AR-DRG 124

Total Discharges
1,541,084

5.1 INTRODUCTION

The analysis in this Section focuses on the case mix classification for all discharges reported to the Hospital In-Patient Enquiry (HIPE) scheme in 2012. 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 patient, in-patient, and total discharges.

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, 3]
- 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 was the coding system used for AR-DRG grouping in 2012.[4] 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.[5]

---

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 For further information on the National Casemix Programme, HSE, see www.casemix.ie

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

5 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.[6]
- 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 'ADDS':

- '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).[7]
- 'DD' identifies the partition to which the adjacent DRG belongs.[8] Both characters are numbers whose values indicate whether the code is surgical, medical or other.[9] Discharges with a surgical procedure performed are assigned to the surgical AR-DRGs where classification is based on the most resource intensive procedure performed. Medical discharges are assigned to an AR-DRG on the basis of principal diagnosis.

---

6 '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.

7 '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.

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

9 '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.

- '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.[10, 11] 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.[12]

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. Over 53 per cent of extended stay in-patients were assigned to complexity group A '*Highest consumption of resources'*, compared to 11.5 per cent of acute in-patients. Acute in-patients therefore accounted for 82.1 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	7,163	0.8	70,387	11.5	8,159	53.1	78,546	12.6	85,709	5.6
	B Second highest consumption of resources	214,409	23.4	284,003	46.6	4,958	32.3	288,961	46.2	503,370	32.7
	C Third highest consumption of resources	167,230	18.3	34,262	5.6	510	3.4	34,772	5.6	202,002	13.1
	D Fourth highest consumption of resources	422	0.0	5,122	0.8	47	0.3	5,169	0.8	5,591	0.4
	Z No complexity split	526,794	57.5	215,938	35.4	1,680	10.9	217,618	34.8	744,412	48.3
	Total Discharges	**916,018**	**100**	**609,712**	**100**	**15,354**	**100**	**625,066**	**100**	**1,541,084**	**100**

Note: Percentage columns are subject to rounding.

10 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.

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

12 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 2012 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.[13]

The following analysis is provided for Tables 5.3 to 5.15 and 5.17 to 5.27 for each MDC and its associated AR-DRGs.

MDC and AR-DRG Analysis

Total Day Patients		
In-Patients	Discharges	Elective In-Patients
		Emergency In-Patients[14]
		Total In-Patients
	Mean Length of Stay	Elective In-Patients
		Emergency In-Patients
		Total In-Patients
Total Discharges		

In-patient discharges are made up of elective, emergency, and *Maternity* in-patients. The analysis of in-patients presented in this section is based on admission type, indicating the priority of admission, elective or emergency. The majority of *Maternity* in-patients (97.2 per cent) are assigned to MDC 14, *Pregnancy, Childbirth and the Puerperium* and its associated AR-DRGs (see Tables 5.2 and 5.16). The remaining *Maternity* in-patients (2.8 per cent) assigned to other MDCs and their associated AR-DRGs cannot be differentiated between elective and emergency in-patients but are included in the overall figure for total in-patients. The sum of elective in-patients and emergency in-patients will therefore not equal total in-patients.[15]

[13] See Glossary & Abbreviations for details of the abbreviations used in this section.

[14] 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.

[15] As DRG assignment is the result of a multivariate process, the confidentiality of individual discharges is ensured. In this context, cells in this section with small numbers have not been suppressed.

5.2.1 Analysis of Day Patients by MDC and AR-DRG

- The MDC with the largest proportion of day patients reported was *Neoplastic Disorders (Haematological and Solid Neoplasms)* (MDC 17), which accounted for 191,022 discharges or 20.9 per cent of day patients (see Tables 5.2 and 5.19 and Figure 5.3)
    - *Chemotherapy* (AR-DRG R63Z) and *Radiotherapy*[16] (AR-DRG R64Z) accounted for 48.9 per cent and 38.4 per cent respectively of day patients within this MDC; they accounted for 10.2 per cent and 8.0 per cent respectively of total day patients.

- *Diseases and Disorders of the Kidney and Urinary Tract* (MDC 11), with 187,839 discharges accounted for 20.5 per cent of day patients (see Tables 5.2 and 5.13 and Figure 5.3).
    - *Haemodialysis* (AR-DRG L61Z) accounted for 87.5 per cent of day patients within this MDC and 17.9 per cent of total day patients.

[16] Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at 64,000 day cases, are not included in this report as these data were not submitted to HIPE.

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 123,680 discharges, which accounted for 19.8 per cent of in-patients (see Tables 5.2 and 5.16 and Figure 5.3).
    - *Vaginal Delivery* (AR-DRG O60Z) accounted for 39.1 per cent of in-patients within this MDC and 7.7 per cent of total in-patient discharges.
    - *Antenatal and Other Obstetric Admission* (AR-DRG O66Z) accounted for 30.3 per cent of in-patients within this MDC and 6.0 per cent of total in-patients.
    - *Caesarean Delivery without Catastrophic or Severe Complication and/or Comorbidity* (AR-DRG O01B) accounted for 13.0 per cent of in-patients within this MDC and 2.6 per cent of total in-patients.
- *Diseases and Disorders of the Musculoskeletal System and Connective Tissue* (MDC 8) accounted for 16,357 elective in-patients or 15.3 per cent of total elective in-patients (see Tables 5.2 and 5.10).
    - Within this MDC, the AR-DRG *Hip Replacement without Catastrophic Complication and/or Comorbidity* (AR-DRG I03B) accounted for 4,303 in-patients, of which 3,132 or 72.8 per cent were elective in-patient discharges. The mean length of stay was 6.1 days for elective in-patients; emergency in-patients reported a mean length of stay of 14.0 days.
- The largest proportion of emergency in-patients was accounted for by *Diseases and Disorders of the Circulatory System* (MDC 5) at 65,698 discharges, or 16.8 per cent of total emergency in-patients (see Tables 5.2 and 5.7).
    - *Chest Pain* (AR-DRG F74Z) accounted for 28.2 per cent of emergency in-patients within MDC 5 and 4.7 per cent of total emergency in-patients.

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

Major Diagnostic Category	Day Patients[a]		In-Patients								Total Discharges[b]	
			Elective		Emergency		*Maternity*		Total			
	N	%	N	%	N	%	N	%	N	%	N	%
01 Diseases and disorders of the nervous system	18,415	2.0	4,139	3.9	41,353	10.6	17	0.0	45,509	7.3	63,924	4.1
02 Diseases and disorders of the eye	39,861	4.4	2,414	2.3	2,855	0.7	1	0.0	5,270	0.8	45,131	2.9
03 Diseases and disorders of the ear, nose, mouth and throat	27,826	3.0	10,311	9.7	17,660	4.5	3	0.0	27,974	4.5	55,800	3.6
04 Diseases and disorders of the respiratory system	16,342	1.8	7,300	6.8	59,269	15.2	5	0.0	66,574	10.7	82,916	5.4
05 Diseases and disorders of the circulatory system	24,667	2.7	9,505	8.9	65,698	16.8	15	0.0	75,218	12.0	99,885	6.5
06 Diseases and disorders of the digestive system	117,605	12.8	11,449	10.7	58,123	14.9	95	0.1	69,667	11.1	187,272	12.2
07 Diseases and disorders of the hepatobiliary system and pancreas	7,036	0.8	5,069	4.7	10,516	2.7	4	0.0	15,589	2.5	22,625	1.5
08 Diseases and disorders of the musculoskeletal system and connective tissue	56,223	6.1	16,357	15.3	31,412	8.0	13	0.0	47,782	7.6	104,005	6.7
09 Diseases and disorders of the skin, subcutaneous tissue and breast	82,925	9.1	5,210	4.9	12,658	3.2	7	0.0	17,875	2.9	100,800	6.5
10 Endocrine, nutritional and metabolic diseases and disorders	5,539	0.6	2,909	2.7	7,887	2.0	6	0.0	10,802	1.7	16,341	1.1
11 Diseases and disorders of the kidney and urinary tract	187,839	20.5	5,219	4.9	19,451	5.0	15	0.0	24,685	3.9	212,524	13.8
12 Diseases and disorders of the male reproductive system	12,707	1.4	2,570	2.4	2,457	0.6	0	0.0	5,027	0.8	17,734	1.2
13 Diseases and disorders of the female reproductive system	29,998	3.3	8,431	7.9	4,611	1.2	141	0.1	13,183	2.1	43,181	2.8
14 Pregnancy, childbirth and the puerperium	7,244	0.8	8	0.0	45	0.0	123,627	97.2	123,680	19.8	130,924	8.5
15 Newborns and other neonates	591	0.1	257	0.2	14,778	3.8	0	0.0	15,035	2.4	15,626	1.0
16 Diseases and disorders of blood, blood forming organs, immunological disorders	39,632	4.3	1,128	1.1	5,002	1.3	1	0.0	6,131	1.0	45,763	3.0
17 Neoplastic disorders (haematological and solid neoplasms)[c]	191,022	20.9	2,794	2.6	2,524	0.6	0	0.0	5,318	0.9	196,340	12.7
18 Infectious and parasitic diseases, systemic or unspecified sites	1,481	0.2	459	0.4	9,152	2.3	10	0.0	9,621	1.5	11,102	0.7
19 Mental diseases and disorders	769	0.1	435	0.4	1,861	0.5	1	0.0	2,297	0.4	3,066	0.2
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	6	0.0	171	0.2	2,091	0.5	2	0.0	2,264	0.4	2,270	0.1
21 Injuries, poisonings and toxic effects of drugs	1192	0.1	383	0.4	14,464	3.7	137	0.1	14,984	2.4	16,176	1.0
22 Burns	54	0.0	65	0.1	555	0.1	0	0.0	620	0.1	674	0.0
23 Factors influencing health status and other contacts with health services	46,361	5.1	8,904	8.3	3,500	0.9	3,081	2.4	15,485	2.5	61,846	4.0
00 Unassignable to MDC	508	0.1	498	0.5	1,007	0.3	2	0.0	1,507	0.2	2,015	0.1
Pre-MDC	175	0.0	822	0.8	2,139	0.5	8	0.0	2,969	0.5	3,144	0.2
Total Discharges	**916,018**	**100**	**106,807**	**100**	**391,068**	**100**	**127,191**	**100**	**625,066**	**100**	**1,541,084**	**100**

Notes:

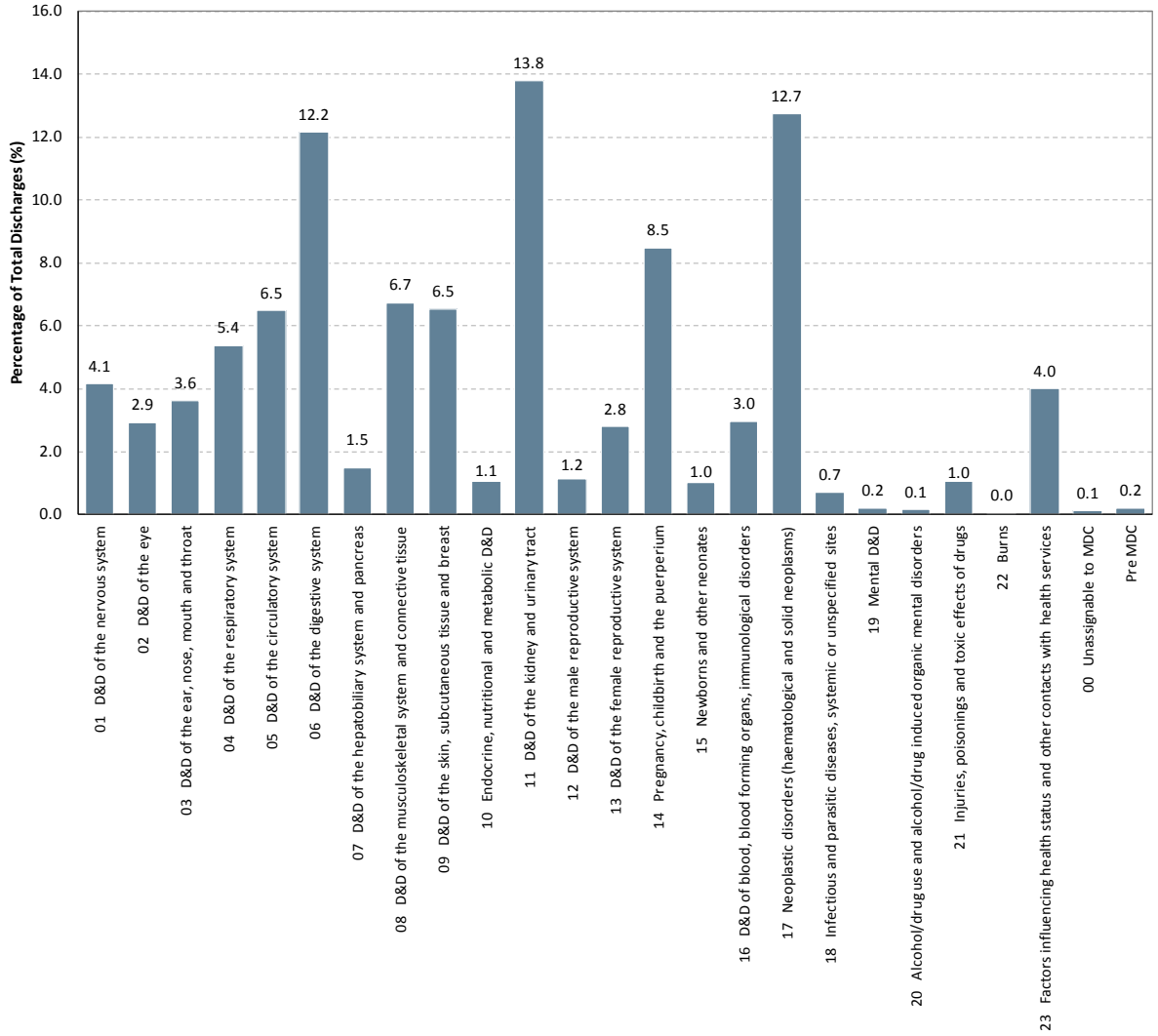
Percentage columns are subject to rounding.

a Includes *Maternity* day patients.

b Includes day patients and in-patients.

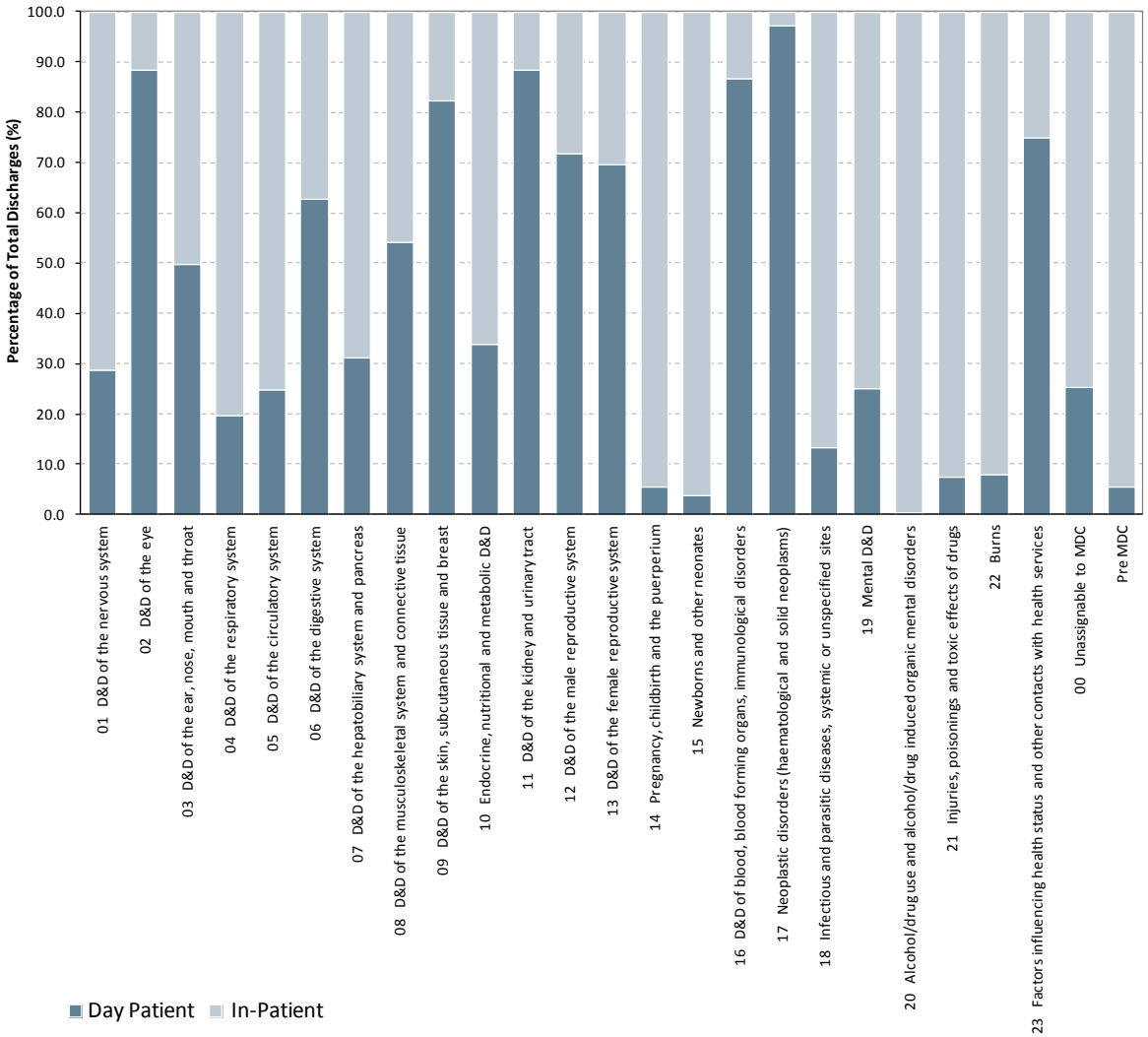
c Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at 64,000 day cases, are not included in this report as these data were not submitted to HIPE.

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 and Admission Type (N, In-Patient Length of Stay)

MDC 1 Diseases and Disorders of the Nervous System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
B01A Ventricular Shunt Revision W Cat or Sev CC	0	9	22	31	3.2	3	5.1	3	4.5	3	31
B01B Ventricular Shunt Revision W/O Cat or Sev CC	0	19	50	69	4.9	3	4.3	3	4.4	3	69
B02A Cranial Procedures W Cat CC	0	28	125	153	15.6	9	21.5	12	20.4	12	153
B02B Cranial Procedures W Sev CC	0	72	236	308	9.6	7	13.7	10	12.7	9	308
B02C Cranial Procedures W/O Cat or Sev CC	7	521	579	1,100	6.5	5	9.0	7	7.8	6	1,107
B03A Spinal Procedures W Cat or Sev CC	0	15	22	37	18.5	9	15.3	11	16.6	11	37
B03B Spinal Procedures W/O Cat or Sev CC	44	109	49	158	6.1	4	10.0	5	7.3	4	202
B04A Extracranial Vascular Procedures W Cat CC	0	21	45	66	10.4	6	36.8	17	28.4	14	66
B04B Extracranial Vascular Procedures W/O Cat CC	2	180	143	323	5.0	4	11.5	9	7.9	6	325
B05Z Carpal Tunnel Release	1,644	63	11	74	1.5	1	3.4	1	1.8	1	1,718
B06A Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W CC	9	17	61	78	11.1	3	57.5	36	47.4	26	87
B06B Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O CC	157	99	28	127	2.3	1	17.8	10	5.7	2	284
B07A Peripheral and Cranial Nerve and Other Nervous System Procedures W CC	5	9	68	77	10.6	3	19.8	6	18.7	6	82
B07B Peripheral and Cranial Nerve and Other Nervous System Procedures W/O CC	68	76	395	471	2.8	2	2.3	1	2.4	2	539
B40Z Plasmapheresis W Neurological Disease, Sameday	29	0	0	0	-	-	-	-	-	-	29
B41Z Telemetric EEG Monitoring	16	145	133	278	4.1	3	7.4	4	5.7	4	294
B42A Nervous System Diagnosis W Ventilator Support W Cat CC	0	1	37	38	156	156	17.9	10	21.6	10	38
B42B Nervous System Diagnosis W Ventilator Support W/O Cat CC	0	2	179	181	12.5	13	11.4	4	11.4	4	181
B60A Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	0	1	16	17	153.0	153	26.2	19	33.6	21	17
B60B Acute Paraplegia/Quadriplegia W or W/O OR Procs W/O Cat CC	7	22	36	58	36.4	29	10.9	7	20.6	9	65
B61A Spinal Cord Conditions W or W/O OR Procedures W Cat or Sev CC	0	8	39	47	50.8	16	25.1	21	29.4	20	47
B61B Spinal Cord Conditions W or W/O OR Procedures W/O Cat or Sev CC	21	16	92	108	7.0	5	9.9	6	9.5	6	129
B62Z Apheresis	210	6	6	12	3.5	3	2.7	2	3.1	2	222
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	202	49	697	746	27.5	13	39.4	16	38.6	15	948
B64A Delirium W Cat CC	0	7	203	210	25.7	15	40.7	15	40.2	15	210
B64B Delirium W/O Cat CC	170	44	1,524	1,568	16.2	5	10.4	4	10.5	4	1,738
B65Z Cerebral Palsy	268	41	22	63	11.4	2	7.7	4	10.1	3	331
B66A Nervous System Neoplasm W Cat or Sev CC	58	99	282	381	15.1	11	15.8	8	15.7	9	439
B66B Nervous System Neoplasm W/O Cat or Sev CC	1,210	280	535	815	13.5	5	7.5	4	9.5	5	2,025
B67A Degenerative Nervous System Disorders W Cat or Sev CC	15	52	346	398	19.8	12	34.0	13	32.1	13	413
B67B Degenerative Nervous System Disorders W Moderate CC	42	62	297	359	13.5	8	13.2	7	13.2	7	401
B67C Degenerative Nervous System Disorders W/O CC	796	226	507	733	8.1	4	8.2	4	8.1	4	1,529
B68A Multiple Sclerosis and Cerebellar Ataxia W CC	23	48	159	207	8.6	4	19.3	10	16.8	8	230
B68B Multiple Sclerosis and Cerebellar Ataxia W/O CC	4,315	202	434	636	3.9	3	5.9	4	5.3	4	4,951
B69A TIA and Precerebral Occlusion W Cat or Sev CC	4	23	657	680	7.3	7	9.2	5	9.1	5	684
B69B TIA and Precerebral Occlusion W/O Cat or Sev CC	89	87	2,340	2,427	4.4	3	4.0	3	4.0	3	2,516

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

MDC 1 Diseases and Disorders of the Nervous System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
B70A Stroke and Other Cerebrovascular Disorders W Cat CC	0	23	954	977	45.4	33	46.8	25	46.8	25	977
B70B Stroke and Other Cerebrovascular Disorders W Sev CC	2	39	1,427	1,467	24.1	15	19.4	11	19.5	11	1,469
B70C Stroke and Other Cerebrovascular Disorders W/O Cat or Sev CC	38	83	2,632	2,715	11.8	7	11.1	7	11.1	7	2,753
B70D Stroke and Other Cerebrovascular Disorders, Died or Transferred <5 Days	3	14	608	622	2.4	2	1.9	1	1.9	1	625
B71A Cranial and Peripheral Nerve Disorders W CC	181	60	277	337	8.1	4	13.0	6	12.1	5	518
B71B Cranial and Peripheral Nerve Disorders W/O CC	3,169	124	731	855	5.9	4	3.7	1	4.0	2	4,024
B72A Nervous System Infection Except Viral Meningitis W Cat or Sev CC	0	10	95	105	32.3	17	24.1	14	24.9	14	105
B72B Nervous System Infection Except Viral Meningitis W/O Cat or Sev CC	142	17	265	283	11.9	8	8.4	6	8.6	6	425
B73Z Viral Meningitis	9	2	241	243	5.5	6	5.4	5	5.4	5	252
B74A Nontraumatic Stupor and Coma W CC	6	6	122	128	6.5	6	7.4	4	7.4	4	134
B74B Nontraumatic Stupor and Coma W/O CC	48	12	79	91	1.0	1	2.1	1	1.9	1	139
B75Z Febrile Convulsions	29	2	859	861	1.5	2	1.7	1	1.7	1	890
B76A Seizure W Cat or Sev CC	10	28	983	1,012	8.6	6	10.5	5	10.4	5	1,022
B76B Seizure W/O Cat or Sev CC	1,129	249	5,420	5,669	4.4	3	3.0	2	3.1	2	6,798
B77Z Headache	1,269	183	8,238	8,426	3.0	1	2.1	1	2.2	1	9,695
B78A Intracranial Injury W Cat or Sev CC	0	7	194	201	69.6	55	25.1	12	26.7	13	201
B78B Intracranial Injury W/O Cat or Sev CC	3	13	606	619	12.4	6	6.8	3	7.0	3	622
B79A Skull Fractures W Cat or Sev CC	0	1	39	40	117	117	11.8	6	14.4	7	40
B79B Skull Fractures W/O Cat or Sev CC	3	5	383	388	7.4	3	3.3	2	3.4	2	391
B80Z Other Head Injury	6	1	2,937	2,943	1.0	1	2.0	1	2.0	1	2,949
B81A Other Disorders of the Nervous System W Cat or Sev CC	35	51	733	784	14.3	8	21.3	9	20.8	9	819
B81B Other Disorders of the Nervous System W/O Cat or Sev CC	2,611	260	2,761	3,021	4.4	2	4.8	2	4.8	2	5,632
B82A Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	1	55	82	138	83.5	67	34.8	18	54.0	30	139
B82B Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Sev CC	15	76	114	190	67.0	42	20.4	9	39.0	12	205
B82C Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Pr W/O Cat/Sev CC	295	159	198	360	41.9	13	8.7	4	23.3	6	655
Total Discharges	**18,415**	**4,139**	**41,353**	**45,509**	**11.8**	**4**	**8.3**	**2**	**8.6**	**3**	**63,924**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 2 Diseases and Disorders of the Eye	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
C01Z Procedures for Penetrating Eye Injury	6	5	111	116	2.8	2	4.8	4	4.7	4	122
C02Z Enucleations and Orbital Procedures	56	75	26	101	2.2	2	6.6	6	3.3	2	157
C03Z Retinal Procedures	14,432	731	387	1,118	3.0	2	3.9	3	3.3	3	15,550
C04Z Major Corneal, Scleral and Conjunctival Procedures	26	145	10	155	2.8	2	8.1	7	3.1	2	181
C05Z Dacryocystorhinostomy	128	93	7	100	1.2	1	3.0	1	1.3	1	228
C10Z Strabismus Procedures	590	167	8	175	1.2	1	3.1	1	1.3	1	765
C11Z Eyelid Procedures	773	35	84	119	1.3	1	1.8	1	1.6	1	892
C12Z Other Corneal, Scleral and Conjunctival Procedures	249	27	49	76	1.5	1	4.6	3	3.5	2	325
C13Z Lacrimal Procedures	525	9	6	15	1.3	1	3.2	2	2.1	1	540
C14Z Other Eye Procedures	1,938	43	120	163	3.0	2	4.4	3	4.0	2	2,101
C15A Glaucoma and Complex Cataract Procedures	0	213	66	279	2.4	2	4.8	4	3.0	2	279
C15B Glaucoma and Complex Cataract Procedures, Sameday	520	3	9	12	1	1	1.0	1	1.0	1	532
C16Z Lens Procedures	9,584	587	37	624	1.9	2	2.4	1	1.9	2	10,208
C60A Acute and Major Eye Infections W CC	4	4	61	65	34.3	18	7.8	6	9.4	6	69
C60B Acute and Major Eye Infections W/O CC	47	10	144	154	7.7	6	5.5	4	5.6	4	201
C61A Neurological and Vascular Disorders of the Eye W CC	52	12	119	131	9.1	6	5.1	4	5.5	4	183
C61B Neurological and Vascular Disorders of the Eye W/O CC	752	37	352	389	4.1	2	3.5	2	3.5	2	1,141
C62Z Hyphema and Medically Managed Trauma to the Eye	115	9	448	457	1.3	1	3.6	1	3.6	1	572
C63Z Other Disorders of the Eye	10,064	209	811	1,021	3.5	1	3.0	1	3.1	1	11,085
Total Discharges	**39,861**	**2,414**	**2,855**	**5,270**	**2.5**	**2**	**3.8**	**2**	**3.2**	**2**	**45,131**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
D01Z Cochlear Implant	0	94	1	95	3.9	3	3.0	3	3.9	3	95
D02A Head and Neck Procedures W Cat or Sev CC	0	48	15	63	15.6	10	37.7	23	20.8	14	63
D02B Head and Neck Procedures W Malignancy or Moderate CC	1	78	15	93	12.1	9	12.3	9	12.2	9	94
D02C Head and Neck Procedures W/O Malignancy W/O CC	18	100	12	112	3.7	3	7.2	3	4.1	3	130
D03Z Surgical Repair for Cleft Lip or Palate Diagnosis	15	133	2	135	3.3	3	5.5	6	3.3	3	150
D04A Maxillo Surgery W CC	3	18	49	67	2.8	3	5.2	4	4.6	4	70
D04B Maxillo Surgery W/O CC	90	230	459	689	2.5	2	2.7	2	2.6	2	779
D05Z Parotid Gland Procedures	4	166	5	171	3.7	3	4.6	4	3.7	3	175
D06Z Sinus and Complex Middle Ear Procedures	101	254	15	269	2.0	1	4.7	4	2.1	1	370
D10Z Nasal Procedures	498	692	27	719	1.4	1	4.2	3	1.5	1	1,217
D11Z Tonsillectomy and/or Adenoidectomy	557	4,880	413	5,293	1.3	1	2.7	2	1.4	1	5,850
D12Z Other Ear, Nose, Mouth and Throat Procedures	1,314	558	262	820	2.2	1	3.9	1	2.8	1	2,134
D13Z Myringotomy W Tube Insertion	2,718	179	21	200	1.3	1	5.9	4	1.8	1	2,918
D14Z Mouth and Salivary Gland Procedures	1,000	197	151	348	3.8	2	5.6	3	4.6	3	1,348
D15Z Mastoid Procedures	15	211	18	229	2.5	2	8.7	7	3.0	2	244
D40Z Dental Extractions and Restorations	5,619	143	91	234	1.4	1	9.3	2	4.5	1	5,853
D60A Ear, Nose, Mouth and Throat Malignancy W Cat or Sev CC	63	128	128	256	27.5	22	17.9	10	22.7	16	319
D60B Ear, Nose, Mouth and Throat Malignancy W/O Cat or Sev CC	693	401	186	587	9.6	4	9.4	6	9.5	4	1,280
D61Z Dysequilibrium	657	66	2,795	2,863	3.7	3	2.6	1	2.7	1	3,520
D62Z Epistaxis	559	43	965	1,009	2.5	1	3.4	3	3.4	3	1,568
D63Z Otitis Media and URI	2,279	298	8,809	9,107	1.8	1	1.9	1	1.9	1	11,386
D64Z Laryngotracheitis and Epiglottitis	23	7	473	480	2.1	2	1.6	1	1.6	1	503
D65Z Nasal Trauma and Deformity	1,125	91	399	490	1.4	1	2.4	1	2.2	1	1,615
D66A Other Ear, Nose, Mouth and Throat Diagnoses W CC	272	175	146	321	3.8	1	6.2	3	4.9	2	593
D66B Other Ear, Nose, Mouth and Throat Diagnoses W/O CC	8,355	1,033	779	1,812	1.4	1	2.5	1	1.9	1	10,167
D67A Oral and Dental Disorders Except Extractions and Restorations	0	63	890	953	4.1	2	3.2	2	3.3	2	953
D67B Oral and Dental Disorders Except Extractions and Restorations, Sameday	1,847	25	534	559	1.0	1	1.0	1	1.0	1	2,406
Total Discharges	**27,826**	**10,311**	**17,660**	**27,974**	**2.5**	**1**	**2.6**	**1**	**2.6**	**1**	**55,800**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 4 Diseases and Disorders of the Respiratory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
E01A Major Chest Procedures W Cat CC	0	270	150	420	13.1	11	20.2	16	15.7	13	420
E01B Major Chest Procedures W/O Cat CC	30	316	187	503	8.8	8	11.6	9	9.8	8	533
E02A Other Respiratory System OR Procedures W Cat CC	5	35	149	184	14.0	7	30.9	19	27.7	16	189
E02B Other Respiratory System OR Procedures W Sev or Moderate CC	28	67	59	126	7.0	6	15.8	12	11.1	8	154
E02C Other Respiratory System OR Procedures W/O CC	83	130	58	188	3.8	2	10.8	9	6.0	3	271
E40A Respiratory System Diagnosis W Ventilator Support W Cat CC	0	5	139	144	21.2	15	17.0	11	17.1	12	144
E40B Respiratory System Diagnosis W Ventilator Support W/O Cat CC	0	4	88	92	7.8	7	9.8	8	9.7	8	92
E41Z Respiratory System Diagnosis W Non-Invasive Ventilation	0	80	1,181	1,261	17.1	10	15.9	11	16.0	11	1,261
E42A Bronchoscopy W Cat CC	0	38	250	288	17.8	13	23.7	19	22.9	18	288
E42B Bronchoscopy W/O Cat CC	0	306	907	1,213	6.0	3	10.9	9	9.7	8	1,213
E42C Bronchoscopy, Sameday	5,701	14	24	38	1.0	1	1.0	1	1.0	1	5,739
E60A Cystic Fibrosis W Cat or Sev CC	130	117	288	408	15.0	13	16.5	14	16.0	14	538
E60B Cystic Fibrosis W/O Cat or Sev CC	999	362	345	707	9.5	10	9.4	9	9.4	9	1,706
E61A Pulmonary Embolism W Cat CC	0	3	173	176	14.0	14	15.0	12	15.0	12	176
E61B Pulmonary Embolism W/O Cat CC	52	52	1,283	1,335	6.4	5	7.2	6	7.2	6	1,387
E62A Respiratory Infections/Inflammations W Cat CC	2	65	2,860	2,925	16.8	9	17.0	10	17.0	10	2,927
E62B Respiratory Infections/Inflammations W Sev or Moderate CC	36	104	4,381	4,485	9.1	7	9.1	6	9.1	6	4,521
E62C Respiratory Infections/Inflammations W/O CC	114	95	4,082	4,177	4.9	4	4.2	3	4.2	3	4,291
E63Z Sleep Apnoea	72	2,094	86	2,180	1.2	1	4.0	2	1.3	1	2,252
E64A Pulmonary Oedema and Respiratory Failure W Cat CC	2	8	208	216	35.3	14	14.0	8	14.8	8	218
E64B Pulmonary Oedema and Respiratory Failure W/O Cat CC	7	24	407	431	7.8	3	6.9	5	7.0	5	438
E65A Chronic Obstructive Airways Disease W Cat CC	43	130	2,326	2,456	12.2	9	12.5	8	12.5	8	2,499
E65B Chronic Obstructive Airways Disease W/O Cat CC	1,544	748	9,311	10,059	8.0	6	6.0	4	6.2	5	11,603
E66A Major Chest Trauma W Cat CC	0	0	32	32	-	-	16.7	10	16.7	10	32
E66B Major Chest Trauma W Sev or Moderate CC	0	1	188	189	1	1	7.1	4	7.0	4	189
E66C Major Chest Trauma W/O CC	0	1	197	198	1	1	3.7	2	3.7	2	198
E67A Respiratory Signs and Symptoms W Cat or Sev CC	125	56	577	633	11.7	4	5.3	3	5.9	3	758
E67B Respiratory Signs and Symptoms W/O Cat or Sev CC	1,537	226	4,121	4,348	2.4	1	1.8	1	1.8	1	5,885
E68A Pneumothorax W CC	3	14	252	266	14.4	9	9.1	6	9.4	6	269
E68B Pneumothorax W/O CC	9	8	376	384	2.1	2	4.2	3	4.1	3	393
E69A Bronchitis and Asthma W CC	33	41	499	540	8.3	5	5.3	4	5.5	4	573
E69B Bronchitis and Asthma W/O CC	1,951	131	3,646	3,777	3.6	2	2.2	1	2.2	1	5,728
E70A Whooping Cough and Acute Bronchiolitis W CC	2	9	289	298	10.0	10	6.0	4	6.1	4	300
E70B Whooping Cough and Acute Bronchiolitis W/O CC	22	25	3,206	3,231	2.5	2	3.1	2	3.1	2	3,253
E71A Respiratory Neoplasms W Cat CC	167	119	454	573	13.4	9	14.6	9	14.4	9	740
E71B Respiratory Neoplasms W/O Cat CC	2,537	891	1,013	1,904	7.6	4	8.0	5	7.8	5	4,441
E72Z Respiratory Problems Arising from Neonatal Period	14	14	73	87	5.7	2	2.5	1	3.0	1	101
E73A Pleural Effusion W Cat CC	2	13	177	190	9.5	7	15.2	12	14.8	11	192
E73B Pleural Effusion W Sev or Moderate CC	53	59	375	434	8.8	7	8.2	6	8.2	6	487

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

MDC 4 Diseases and Disorders of the Respiratory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
E73C Pleural Effusion W/O CC	84	28	209	237	5.4	5	4.7	3	4.8	3	321
E74A Interstitial Lung Disease W Cat CC	13	33	107	140	6.0	3	16.0	10	13.6	9	153
E74B Interstitial Lung Disease W Sev or Moderate CC	47	60	211	271	9.1	7	9.5	6	9.4	6	318
E74C Interstitial Lung Disease W/O CC	250	85	298	383	4.8	3	4.9	2	4.9	3	633
E75A Other Respiratory System Diagnosis W Cat CC	8	46	1,604	1,650	10.8	8	14.0	9	13.9	9	1,658
E75B Other Respiratory System Diagnosis W Sev or Moderate CC	102	197	5,022	5,219	8.4	6	6.9	5	7.0	5	5,321
E75C Other Respiratory System Diagnosis W/O CC	507	149	7,252	7,402	4.2	3	3.2	2	3.2	2	7,909
E76Z Respiratory Tuberculosis	28	27	149	176	13.8	7	11.7	7	12.0	7	204
Total Discharges	**16,342**	**7,300**	**59,269**	**66,574**	**6.4**	**3**	**7.0**	**4**	**6.9**	**4**	**82,916**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
F01A Implantation or Replacement of AICD, Total System W Cat CC	7	28	55	83	10.5	2	23.3	19	19.0	11	90
F01B Implantation or Replacement of AICD, Total System W/O Cat CC	103	148	84	232	2.5	1	7.3	7	4.2	1	335
F02Z Other AICD Procedures	12	21	21	42	2.5	2	5.0	4	3.7	2	54
F03A Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC	0	15	25	40	25.3	26	39.2	31	34.0	27	40
F03B Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W/O Cat CC	0	4	7	11	5.0	5	19.9	21	14.5	16	11
F04A Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC	0	198	89	287	14.7	12	16.6	12	15.3	12	287
F04B Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O Cat CC	3	185	37	222	10.0	9	14.2	12	10.7	9	225
F05A Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC	0	18	65	83	21.4	21	26.3	23	25.2	23	83
F05B Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat CC	0	21	77	98	18.0	17	18.9	18	18.7	18	98
F06A Coronary Bypass W/O Invasive Cardiac Inves W Reoperation or W Cat or Sev CC	0	223	226	449	12.3	10	13.8	11	13.0	10	449
F06B Coronary Bypass W/O Invasive Cardiac Inves W/O Reoperation W/O Cat or Sev CC	0	115	46	161	9.9	9	12.3	9	10.6	9	161
F07A Other Cardiothoracic/Vascular Procedures W CPB Pump W Cat CC	0	28	16	44	14.5	12	21.0	19	16.8	13	44
F07B Other Cardiothoracic/Vascular Procedures W CPB Pump W Sev or Moderate CC	0	33	9	42	11.4	9	17.9	21	12.8	10	42
F07C Other Cardiothoracic/Vascular Procedures W CPB Pump W/O CC	0	70	9	79	10.0	8	8.9	9	9.8	8	79
F08A Major Reconstruct Vascular Procedures W/O CPB Pump W Cat CC	1	106	135	241	21.8	16	36.1	23	29.8	19	242
F08B Major Reconstruct Vascular Procedures W/O CPB Pump W/O Cat CC	16	360	202	562	8.4	7	13.2	10	10.1	8	578
F09A Other Cardiothoracic Procedures W/O CPB Pump W Cat CC	1	14	49	63	12.1	11	14.1	9	13.7	9	64
F09B Other Cardiothoracic Procedures W/O CPB Pump W Sev or Moderate CC	6	27	29	56	7.4	5	7.4	6	7.4	6	62
F09C Other Cardiothoracic Procedures W/O CPB Pump W/O CC	34	35	41	76	4.1	3	6.7	4	5.5	3	110
F10A Interventional Coronary Procedures W AMI W Cat CC	0	11	132	143	5.8	4	13.8	8	13.2	8	143
F10B Interventional Coronary Procedures W AMI W/O Cat CC	142	128	1,317	1,445	2.4	1	3.9	3	3.8	3	1,587
F11A Amputation for Circ System Except Upper Limb and Toe W Cat CC	0	17	52	69	26.6	16	61.3	45	52.8	40	69
F11B Amputation for Circ System Except Upper Limb and Toe W/O Cat CC	0	35	62	97	26.9	17	28.2	20	27.8	19	97
F12A Implantation or Replacement of Pacemaker, Total System W Cat CC	3	15	81	96	14.8	7	15.4	10	15.3	9	99
F12B Implantation or Replacement of Pacemaker, Total System W/O Cat CC	320	196	426	622	2.2	1	6.6	5	5.2	3	942
F13A Upper Limb and Toe Amputation for Circulatory Sys Disorders W Cat or Sev CC	4	10	43	53	24.7	16	18.0	14	19.2	14	57
F13B Upper Limb and Toe Amputation for Circulatory Sys Disorders W/O Cat or Sev CC	5	18	24	42	14.2	9	13.1	12	13.6	11	47

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

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
F14A Vascular Procs Except Major Reconstruction W/O CPB Pump W Cat CC	0	65	176	241	12.5	7	20.1	14	18.0	12	241
F14B Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev or Mod CC	25	174	163	337	4.9	2	9.5	7	7.1	5	362
F14C Vascular Procs Except Major Reconstruction W/O CPB Pump W/O CC	171	402	165	567	3.1	2	6.4	5	4.1	2	738
F15A Interventional Coronary Procs W/O AMI W Stent Implantation W Cat or Sev CC	24	187	242	429	2.4	1	9.6	5	6.4	3	453
F15B Interventional Coronary Procs W/O AMI W Stent Implantation W/O Cat or Sev CC	607	998	754	1,752	1.3	1	3.4	2	2.2	1	2,359
F16A Interventional Coronary Procedures W/O AMI W/O Stent Implantation W CC	3	18	26	44	5.1	1	8.0	5	6.8	3	47
F16B Interventional Coronary Procedures W/O AMI W/O Stent Implantation W/O CC	21	31	29	60	1.4	1	4.6	4	2.9	2	81
F17A Insertion or Replacement of Pacemaker Generator W Cat or Sev CC	8	6	17	23	1.5	1	21.4	7	16.2	4	31
F17B Insertion or Replacement of Pacemaker Generator W/O Cat or Sev CC	134	42	39	81	2.0	1	5.0	4	3.5	2	215
F18A Other Pacemaker Procedures W CC	5	11	25	36	8.3	2	14.5	7	12.6	6	41
F18B Other Pacemaker Procedures W/O CC	13	12	26	38	2.2	2	3.3	2	3.0	2	51
F19Z Trans-Vascular Percutaneous Cardiac Intervention	46	188	26	214	2.4	2	15.1	10	4.0	2	260
F20Z Vein Ligation and Stripping	2,953	561	16	577	1.2	1	3.6	1	1.2	1	3,530
F21A Other Circulatory System OR Procedures W Cat CC	1	9	46	55	12.7	4	22.2	14	20.6	12	56
F21B Other Circulatory System OR Procedures W/O Cat CC	17	37	59	96	8.1	3	9.9	7	9.2	5	113
F40A Circulatory System Diagnosis W Ventilator Support W Cat CC	0	1	60	61	23.0	23	15.2	7	15.3	7	61
F40B Circulatory System Diagnosis W Ventilator Support W/O Cat CC	0	2	58	60	22.5	23	5.8	3	6.4	3	60
F41A Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	8	8	182	190	4.5	2	10.7	8	10.5	8	198
F41B Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	135	36	510	546	3.6	1	4.6	3	4.5	3	681
F42A Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	0	110	533	643	8.0	4	11.5	8	10.9	8	643
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	0	609	2,351	2,960	3.0	1	4.1	3	3.9	3	2,960
F42C Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc, Sameday	9,167	237	378	615	1.0	1	1.0	1	1.0	1	9,782
F43Z Circulatory System Diagnosis W Non-Invasive Ventilation	0	6	136	142	12.8	14	19.6	12	19.3	12	142
F60A Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W Cat CC	0	8	483	491	16.4	14	15.7	11	15.7	11	491
F60B Circulatory Disorders W AMI W/O Invasive Cardiac Inves Pr W/O Cat CC	16	234	2,833	3,067	3.9	2	5.6	4	5.5	4	3,083

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

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
F61A Infective Endocarditis W Cat CC	1	4	38	42	26.8	24	30.6	31	30.2	29	43
F61B Infective Endocarditis W/O Cat CC	66	13	42	55	12.5	10	21.0	13	19.0	13	121
F62A Heart Failure and Shock W Cat CC	3	48	1,237	1,285	22.8	11	20.1	12	20.2	12	1,288
F62B Heart Failure and Shock W/O Cat CC	141	184	3,788	3,974	8.8	5	8.2	6	8.2	6	4,115
F63A Venous Thrombosis W Cat or Sev CC	13	15	278	293	6.6	5	11.2	7	10.9	7	306
F63B Venous Thrombosis W/O Cat or Sev CC	323	68	1,332	1,400	2.9	2	3.7	2	3.7	2	1,723
F64A Skin Ulcers in Circulatory Disorders W Cat or Sev CC	0	9	104	113	30.3	29	21.0	14	21.7	14	113
F64B Skin Ulcers in Circulatory Disorders W/O Cat or Sev CC	66	39	147	186	10.6	6	8.9	7	9.2	7	252
F65A Peripheral Vascular Disorders W Cat or Sev CC	28	90	286	376	10.9	6	11.4	7	11.3	6	404
F65B Peripheral Vascular Disorders W/O Cat or Sev CC	846	291	680	971	4.1	2	4.7	3	4.5	3	1,817
F66A Coronary Atherosclerosis W Cat or Sev CC	19	97	304	401	6.4	4	7.9	6	7.5	5	420
F66B Coronary Atherosclerosis W/O Cat or Sev CC	386	373	1,669	2,043	3.1	1	3.5	2	3.5	2	2,429
F67A Hypertension W Cat or Sev CC	11	5	145	150	4.6	4	6.4	3	6.3	3	161
F67B Hypertension W/O Cat or Sev CC	319	90	1,508	1,599	2.5	2	2.4	1	2.4	1	1,918
F68A Congenital Heart Disease W CC	103	37	25	62	5.6	2	6.4	4	6.0	2	165
F68B Congenital Heart Disease W/O CC	446	107	47	154	2.5	1	4.3	1	3.0	1	600
F69A Valvular Disorders W Cat or Sev CC	40	40	259	299	7.0	6	9.4	6	9.1	6	339
F69B Valvular Disorders W/O Cat or Sev CC	856	165	2,422	2,588	2.9	1	2.0	1	2.1	1	3,444
F72A Unstable Angina W Cat or Sev CC	2	32	286	318	4.4	2	7.2	5	6.9	5	320
F72B Unstable Angina W/O Cat or Sev CC	44	167	1,589	1,756	2.8	1	3.8	2	3.7	2	1,800
F73A Syncope and Collapse W Cat or Sev CC	10	43	2,072	2,115	12.9	5	11.6	5	11.6	5	2,125
F73B Syncope and Collapse W/O Cat or Sev CC	2,861	152	6,963	7,117	5.2	3	3.1	1	3.1	1	9,978
F74Z Chest Pain	1,485	426	18,517	18,948	2.0	1	1.8	1	1.8	1	20,433
F75A Other Circulatory System Diagnoses W Cat CC	0	15	185	201	11.4	8	14.7	9	14.4	9	201
F75B Other Circulatory System Diagnoses W Sev or Moderate CC	135	128	884	1,012	5.9	4	6.8	4	6.7	4	1,147
F75C Other Circulatory System Diagnoses W/O CC	319	121	829	950	4.7	2	3.3	2	3.5	2	1,269
F76A Arrhythmia, Cardiac Arrest and Conduction Disorders W Cat or Sev CC	46	68	1,406	1,474	7.4	5	9.0	6	8.9	5	1,520
F76B Arrhythmia, Cardiac Arrest and Conduction Disorders W/O Cat or Sev CC	2,087	607	5,964	6,573	2.5	1	3.3	2	3.2	2	8,660
Total Discharges	**24,667**	**9,505**	**65,698**	**75,218**	**5.0**	**2**	**5.0**	**2**	**5.0**	**2**	**99,885**

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

a Includes *Maternity* day patients.

b Includes day patients and in-patients.

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

d Total in-patients include *Maternity* in-patients.

e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 6 Diseases and Disorders of the Digestive System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
G01A Rectal Resection W Cat CC	0	130	98	228	23.8	18	37.1	24	29.5	21	228
G01B Rectal Resection W/O Cat CC	1	489	110	599	11.2	9	16.2	14	12.1	10	600
G02A Major Small and Large Bowel Procedures W Cat CC	0	266	579	845	20.7	16	31.3	23	27.9	20	845
G02B Major Small and Large Bowel Procedures W/O Cat CC	113	1,002	748	1,750	9.3	8	14.7	12	11.6	9	1,863
G03A Stomach, Oesophageal and Duodenal Procedure W Malignancy or W Cat CC	5	232	117	349	18.3	14	25.0	21	20.6	15	354
G03B Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W Sev or Mod CC	2	46	61	107	7.0	4	13.5	8	10.7	7	109
G03C Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W/O CC	64	216	83	299	3.0	2	7.3	6	4.2	3	363
G04A Peritoneal Adhesiolysis W Cat CC	0	13	61	74	28.2	18	24.7	18	25.3	18	74
G04B Peritoneal Adhesiolysis W Sev or Moderate CC	1	48	99	147	11.1	7	13.6	11	12.8	9	148
G04C Peritoneal Adhesiolysis W/O CC	68	200	356	556	3.6	2	6.2	5	5.3	4	624
G05A Minor Small and Large Bowel Procedures W Cat CC	0	28	7	35	13.4	9	28.4	22	16.4	11	35
G05B Minor Small and Large Bowel Procedures W Sev or Moderate CC	2	73	16	89	9.0	7	22.6	11	11.4	8	91
G05C Minor Small and Large Bowel Procedures W/O CC	21	242	11	253	6.6	6	8.8	10	6.7	6	274
G06Z Pyloromyotomy Procedure	0	3	67	70	3.0	2	3.6	4	3.6	4	70
G07A Appendicectomy W Malignancy or Peritonitis or W Cat or Sev CC	3	16	1,058	1,074	4.3	4	5.2	4	5.2	4	1,077
G07B Appendicectomy W/O Malignancy or Peritonitis W/O Cat or Sev CC	18	105	5,164	5,270	1.8	1	2.8	2	2.7	2	5,288
G10A Hernia Procedures W CC	36	318	218	536	4.9	3	10.6	8	7.2	5	572
G10B Hernia Procedures W/O CC	2,493	2,130	456	2,586	1.8	1	3.5	3	2.1	1	5,079
G11Z Anal and Stomal Procedures	4,277	645	968	1,615	2.9	1	3.9	2	3.5	2	5,892
G12A Other Digestive System OR Procedures W Cat CC	6	32	131	163	18.2	13	26.2	18	24.6	17	169
G12B Other Digestive System OR Procedures W Sev or Moderate CC	70	116	180	296	6.1	4	11.9	9	9.6	6	366
G12C Other Digestive System OR Procedures W/O CC	444	173	478	654	3.9	2	5.9	4	5.4	4	1,098
G46A Complex Gastroscopy W Cat CC	0	23	203	226	14.4	14	22.7	15	21.8	15	226
G46B Complex Gastroscopy W/O Cat CC	0	633	1,466	2,099	4.1	2	8.8	7	7.4	5	2,099
G46C Complex Gastroscopy, Sameday	12,005	25	29	54	1.0	1	1.0	1	1.0	1	12,059
G47A Other Gastroscopy W Cat CC	0	28	352	380	12.7	9	18.0	11	17.6	11	380
G47B Other Gastroscopy W/O Cat CC	0	599	4,686	5,285	3.7	2	5.0	3	4.8	3	5,285
G47C Other Gastroscopy, Sameday	39,935	31	361	392	1.0	1	1.0	1	1.0	1	40,327
G48A Colonoscopy W Cat or Sev CC	0	104	497	601	7.0	4	15.4	10	13.9	9	601
G48B Colonoscopy W/O Cat or Sev CC	0	809	1,950	2,759	2.7	2	6.1	5	5.1	4	2,759
G48C Colonoscopy, Sameday	41,565	60	64	124	1.0	1	1.0	1	1.0	1	41,689
G60A Digestive Malignancy W Cat CC	87	107	252	359	17.0	9	13.1	9	14.3	9	446
G60B Digestive Malignancy W/O Cat CC	4,346	894	774	1,668	9.4	3	8.0	5	8.7	4	6,014
G61A GI Haemorrhage W Cat or Sev CC	13	13	382	395	6.9	3	8.5	4	8.4	4	408
G61B GI Haemorrhage W/O Cat or Sev CC	276	42	1,195	1,238	4.3	2	3.0	2	3.0	2	1,514
G62Z Complicated Peptic Ulcer	81	7	75	82	1.9	1	5.4	3	5.1	3	163
G63Z Uncomplicated Peptic Ulcer	9	4	74	78	4.0	4	2.2	1	2.3	1	87

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

MDC 6 Diseases and Disorders of the Digestive System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
G64A Inflammatory Bowel Disease W CC	87	26	169	195	6.6	5	8.3	6	8.0	6	282
G64B Inflammatory Bowel Disease W/O CC	4,804	101	761	863	3.9	4	4.3	3	4.3	3	5,667
G65A GI Obstruction W Cat or Sev CC	5	12	371	383	15.8	11	10.7	7	10.9	7	388
G65B GI Obstruction W/O Cat or Sev CC	5	13	816	829	8.1	4	4.4	3	4.4	3	834
G66Z Abdominal Pain or Mesenteric Adenitis	920	272	10,569	10,909	2.9	2	2.1	1	2.1	1	11,829
G67A Oesophagitis and Gastroenteritis W Cat/Sev CC	36	55	1,327	1,382	11.1	6	7.9	4	8.1	4	1,418
G67B Oesophagitis and Gastroenteritis W/O Cat/Sev CC	657	194	10,553	10,755	3.4	2	2.2	1	2.2	1	11,412
G70A Other Digestive System Diagnoses W Cat or Sev CC	155	197	1,641	1,838	7.7	4	7.4	4	7.4	4	1,993
G70B Other Digestive System Diagnoses W/O Cat or Sev CC	4,995	677	8,490	9,178	3.9	2	3.1	2	3.2	2	14,173
Total Discharges	**117,605**	**11,449**	**58,123**	**69,667**	**6.0**	**3**	**4.7**	**2**	**4.9**	**2**	**187,272**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
H01A Pancreas, Liver and Shunt Procedures W Cat CC	0	84	53	137	16.8	11	30.5	22	22.1	15	137
H01B Pancreas, Liver and Shunt Procedures W/O Cat CC	8	144	47	191	8.6	7	14.1	12	10.0	8	199
H02A Major Biliary Tract Procedures W Cat CC	0	28	50	78	22.0	17	25.5	23	24.3	22	78
H02B Major Biliary Tract Procedures W Sev CC	2	23	42	65	8.9	7	17.1	15	14.2	10	67
H02C Major Biliary Tract Procedures W/O Cat or Sev CC	28	55	68	123	6.3	6	13.3	11	10.2	9	151
H05A Hepatobiliary Diagnostic Procedures W Cat CC	3	14	13	27	16.4	11	20.7	17	18.5	13	30
H05B Hepatobiliary Diagnostic Procedures W/O Cat CC	99	57	46	103	3.9	3	13.1	10	8.0	5	202
H06A Other Hepatobiliary and Pancreas OR Procedures W Cat CC	0	19	56	75	9.2	10	32.2	23	26.3	17	75
H06B Other Hepatobiliary and Pancreas OR Procedures W/O Cat CC	20	106	64	170	4.2	2	14.7	12	8.1	4	190
H07A Open Cholecystectomy W Closed CDE or W Cat CC	0	16	30	46	13.0	11	18.8	17	16.8	16	46
H07B Open Cholecystectomy W/O Closed CDE W/O Cat CC	14	198	68	266	5.1	5	10.0	10	6.4	5	280
H08A Laparoscopic Cholecystectomy W Closed CDE or W (Cat or Sev CC)	10	138	174	312	5.2	3	12.3	10	9.2	7	322
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	984	2,553	651	3,204	1.7	1	5.6	5	2.5	2	4,188
H40A Endoscopic Procedures for Bleeding Oesophageal Varices W Cat CC	0	0	29	29	-	-	16.9	14	16.9	14	29
H40B Endoscopic Procedures for Bleeding Oesophageal Varices W/O Cat CC	6	7	60	67	7.3	2	10.4	8	10.1	7	73
H43A ERCP Procedures W Cat or Sev CC	23	50	246	296	10.9	6	16.8	12	15.8	12	319
H43B ERCP Procedures W/O Cat or Sev CC	1,415	272	625	897	3.2	1	7.9	7	6.5	5	2,312
H60A Cirrhosis and Alcoholic Hepatitis W Cat CC	9	28	264	292	19.3	7	20.0	13	19.9	12	301
H60B Cirrhosis and Alcoholic Hepatitis W Sev or Moderate CC	122	64	521	585	7.6	3	10.0	6	9.7	6	707
H60C Cirrhosis and Alcoholic Hepatitis W/O CC	328	32	138	170	2.6	1	5.8	4	5.2	3	498
H61A Malignancy of Hepatobiliary System, Pancreas W Cat CC	43	45	211	256	11.0	8	16.2	11	15.3	11	299
H61B Malignancy of Hepatobiliary System, Pancreas W/O Cat CC	1,264	332	562	894	6.2	3	9.3	7	8.2	5	2,158
H62A Disorders of Pancreas Except for Malignancy W Cat or Sev CC	13	20	362	382	26.4	11	11.1	8	11.9	8	395
H62B Disorders of Pancreas Except for Malignancy W/O Cat or Sev CC	369	46	1,263	1,309	5.2	4	5.3	4	5.3	4	1,678
H63A Disorders of Liver Except Malig, Cirrhosis, Alcoholic Hepatitis W Cat/Sev CC	55	41	396	437	7.2	2	10.7	7	10.4	7	492
H63B Disorders of Liver Excep Malig, Cirrhosis, Alcoholic Hepatitis W/O Cat/Sev CC	1,626	296	749	1,047	2.1	1	4.6	3	3.9	2	2,673
H64A Disorders of the Biliary Tract W CC	53	120	969	1,089	5.4	3	8.8	7	8.4	7	1,142
H64B Disorders of the Biliary Tract W/O CC	542	281	2,759	3,042	2.7	2	4.2	3	4.1	3	3,584
Total Discharges	**7,036**	**5,069**	**10,516**	**15,589**	**3.8**	**2**	**8.0**	**5**	**6.7**	**4**	**22,625**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
I01A Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC	0	19	15	34	32.9	21	127.6	71	74.7	38	34
I01B Bilateral/Multiple Major Joint Pr of Lower Extremity W/O Revision W/O Cat CC	0	34	1	35	10.7	7	17.0	17	10.9	7	35
I02A Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC), Excluding Hand	1	16	34	50	12.9	9	41.1	29	32.0	21	51
I02B Skin Graft W/O Cat or Sev CC, Excluding Hand	12	41	38	79	3.9	2	15.0	11	9.3	3	91
I03A Hip Replacement W Cat CC	0	100	296	396	14.7	11	34.6	21	29.6	18	396
I03B Hip Replacement W/O Cat CC	0	3,132	1,171	4,303	6.1	6	14.0	10	8.3	6	4,303
I04A Knee Replacement W Cat or Sev CC	1	291	1	292	10.2	8	14.0	14	10.2	8	293
I04B Knee Replacement W/O Cat or Sev CC	1	1,876	11	1,887	5.8	5	8.6	6	5.8	5	1,888
I05A Other Joint Replacement W Cat or Sev CC	0	19	10	29	6.8	5	27.5	13	14.0	7	29
I05B Other Joint Replacement W/O Cat or Sev CC	2	148	68	216	3.8	3	5.4	4	4.3	3	218
I06Z Spinal Fusion W Deformity	19	148	2	150	8.7	7	11.5	12	8.7	7	169
I07Z Amputation	0	10	20	30	7.3	5	80.7	35	56.2	20	30
I08A Other Hip and Femur Procedures W Cat CC	0	19	409	428	21.2	14	33.3	24	32.7	24	428
I08B Other Hip and Femur Procedures W/O Cat CC	39	329	1,873	2,202	5.7	3	12.7	9	11.7	8	2,241
I09A Spinal Fusion W Cat CC	0	21	32	53	26.3	14	20.5	11	22.8	13	53
I09B Spinal Fusion W/O Cat CC	1	262	139	401	6.3	4	9.7	7	7.5	5	402
I10A Other Back and Neck Procedures W Cat or Sev CC	4	66	53	119	10.6	6	23.2	8	16.2	7	123
I10B Other Back and Neck Procedures W/O Cat or Sev CC	930	805	281	1,086	2.8	2	4.7	3	3.3	2	2,016
I11Z Limb Lengthening Procedures	2	49	2	51	5.4	5	9.0	9	5.5	5	53
I12A Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Cat CC	1	10	48	58	23.9	18	37.3	27	35.0	26	59
I12B Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Sev or Mod CC	3	24	79	103	12.0	10	20.6	16	18.6	16	106
I12C Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W/O CC	52	115	154	269	5.2	2	11.1	8	8.6	5	321
I13A Humerus, Tibia, Fibula and Ankle Procedures W CC	2	74	438	512	4.1	3	12.7	6	11.5	6	514
I13B Humerus, Tibia, Fibula and Ankle Procedures W/O CC	148	594	3,064	3,658	2.4	2	3.2	2	3.1	2	3,806
I15Z Cranio-Facial Surgery	0	76	2	78	4.0	4	8.0	8	4.1	4	78
I16Z Other Shoulder Procedures	227	828	45	873	1.5	1	3.4	2	1.6	1	1,100
I17A Maxillo-Facial Surgery W CC	0	5	8	13	3.0	4	5.5	3	4.5	3	13
I17B Maxillo-Facial Surgery W/O CC	5	21	27	48	3.8	3	3.6	3	3.7	3	53
I18Z Other Knee Procedures	2,564	386	206	592	1.5	1	4.2	3	2.4	1	3,156
I19A Other Elbow or Forearm Procedures W CC	9	24	264	288	7.1	2	5.5	3	5.6	3	297
I19B Other Elbow or Forearm Procedures W/O CC	367	337	2,420	2,757	1.5	1	1.9	1	1.8	1	3,124
I20Z Other Foot Procedures	436	766	431	1,197	1.8	1	3.8	2	2.5	2	1,633

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

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
I21Z Local Excision and Removal of Internal Fixation Devices of Hip and Femur	112	76	5	81	2.7	1	10.0	9	3.2	1	193
I23Z Local Excision and Removal of Internal Fixation Devices Excl Hip and Femur	2,485	444	43	487	2.0	1	8.6	2	2.5	1	2,972
I24Z Arthroscopy	928	201	77	278	1.3	1	4.9	2	2.3	1	1,206
I25A Bone and Joint Diagnostic Procedures Including Biopsy W CC	22	12	32	44	5.3	1	33.0	21	25.4	17	66
I25B Bone and Joint Diagnostic Procedures Including Biopsy W/O CC	89	26	35	61	3.4	2	5.7	3	4.7	2	150
I27A Soft Tissue Procedures W CC	39	57	100	157	5.5	3	19.7	11	14.6	7	196
I27B Soft Tissue Procedures W/O CC	656	221	316	537	2.6	1	4.0	2	3.4	2	1,193
I28A Other Musculoskeletal Procedures W CC	14	45	91	136	7.4	4	14.6	10	12.2	7	150
I28B Other Musculoskeletal Procedures W/O CC	179	239	314	553	2.2	2	3.0	2	2.7	2	732
I29Z Knee Reconstruction or Revision	17	569	20	589	1.4	1	2.3	2	1.4	1	606
I30Z Hand Procedures	1,825	562	1,783	2,345	1.3	1	1.7	1	1.6	1	4,170
I31A Hip Revision W Cat CC	0	21	26	47	20.0	15	44.2	31	33.4	22	47
I31B Hip Revision W/O Cat CC	0	420	87	507	8.2	7	23.1	13	10.8	7	507
I32A Knee Revision W Cat CC	0	9	7	16	16.8	17	42.1	26	27.9	19	16
I32B Knee Revision W Sev CC	0	32	0	32	11.1	8	-	-	11.1	8	32
I32C Knee Revision W/O Cat or Sev CC	1	90	14	104	9.0	7	16.5	12	10.0	7	105
I60Z Femoral Shaft Fractures	4	3	89	92	9.3	1	5.9	3	6.1	3	96
I61A Distal Femoral Fractures W CC	0	1	26	27	98.0	98	18.5	8	21.4	8	27
I61B Distal Femoral Fractures W/O CC	2	6	70	76	3.3	3	3.6	2	3.6	2	78
I63A Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W CC	0	1	37	38	8.0	8	13.9	8	13.8	8	38
I63B Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W/O CC	1	2	148	150	5.0	5	4.7	1	4.7	1	151
I64A Osteomyelitis W Cat or Sev CC	6	19	107	126	17.1	12	23.5	15	22.6	15	132
I64B Osteomyelitis W/O Cat or Sev CC	323	36	173	209	17.5	6	9.8	7	11.1	7	532
I65A Musculoskeletal Malignant Neoplasms W Cat CC	10	22	75	97	9.9	7	14.9	9	13.8	9	107
I65B Musculoskeletal Malignant Neoplasms W/O Cat CC	869	372	375	747	5.8	4	8.1	5	7.0	4	1,616
I66A Inflammatory Musculoskeletal Disorders W Cat or Sev CC	92	52	158	210	11.0	5	16.7	10	15.3	9	302
I66B Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	7,698	282	551	833	4.2	4	5.5	3	5.0	3	8,531
I67A Septic Arthritis W Cat or Sev CC	2	3	37	40	42.3	42	21.8	15	23.3	16	42
I67B Septic Arthritis W/O Cat or Sev CC	42	12	77	89	7.3	7	6.8	5	6.9	5	131
I68A Non-surgical Spinal Disorders W CC	0	115	904	1,019	9.3	4	12.8	7	12.4	6	1,019
I68B Non-surgical Spinal Disorders W/O CC	0	323	1,722	2,049	4.0	2	5.1	3	5.0	3	2,049
I68C Non-surgical Spinal Disorders, Sameday	13,144	40	589	630	1.0	1	1.0	1	1.0	1	13,774
I69A Bone Diseases and Arthropathies W Cat or Sev CC	27	47	186	233	5.2	2	14.1	8	12.3	7	260
I69B Bone Diseases and Arthropathies W/O Cat or Sev CC	5,417	374	693	1,067	2.9	2	5.5	2	4.6	2	6,484
I71A Other Musculotendinous Disorders W Cat or Sev CC	72	19	280	299	9.7	5	9.5	4	9.5	4	371
I71B Other Musculotendinous Disorders W/O Cat or Sev CC	10,052	338	3,072	3,414	3.2	2	2.0	1	2.1	1	13,466

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

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
I72A Specific Musculotendinous Disorders W Cat or Sev CC	16	7	92	99	45.3	28	12.8	8	15.1	9	115
I72B Specific Musculotendinous Disorders W/O Cat or Sev CC	3,362	97	673	770	3.7	2	3.3	2	3.4	2	4,132
I73A Aftercare of Musculoskeletal Implants/Prostheses W Cat or Sev CC	0	14	39	53	34.9	31	20.4	13	24.2	16	53
I73B Aftercare of Musculoskeletal Implants/Prostheses W/O Cat or Sev CC	1,522	102	243	345	7.9	2	5.4	3	6.2	2	1,867
I74Z Injury to Forearm, Wrist, Hand or Foot	398	82	2,468	2,552	2.3	1	2.2	1	2.2	1	2,950
I75A Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W CC	6	9	438	447	20.6	9	16.4	7	16.5	7	453
I75B Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W/O CC	236	69	1,639	1,710	4.0	1	2.5	1	2.5	1	1,946
I76A Other Musculoskeletal Disorders W Cat or Sev CC	27	13	136	149	7.1	3	14.5	7	13.9	7	176
I76B Other Musculoskeletal Disorders W/O Cat or Sev CC	1,675	189	641	830	2.6	1	3.3	1	3.1	1	2,505
I77A Fractures of Pelvis W Cat or Sev CC	0	3	214	217	12.3	12	24.7	16	24.5	15	217
I77B Fractures of Pelvis W/O Cat or Sev CC	1	2	357	359	9.0	9	10.1	6	10.1	6	360
I78A Fractures of Neck of Femur W Cat or Sev CC	0	6	84	90	19.3	18	23.9	11	23.6	13	90
I78B Fractures of Neck of Femur W/O Cat or Sev CC	1	13	184	197	19.0	14	7.2	3	7.9	4	198
I79A Pathological Fracture W Cat CC	0	0	35	35	-	-	36.8	22	36.8	22	35
I79B Pathological Fracture W/O Cat CC	25	15	208	223	10.2	7	12.6	8	12.4	8	248
Total Discharges	**56,223**	**16,357**	**31,412**	**47,782**	**4.7**	**3**	**6.8**	**2**	**6.1**	**2**	**104,005**

Notes: - Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
J01A Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev CC	0	5	1	6	18.6	14	59	59	25.3	21	6
J01B Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev CC	2	31	0	31	8.2	7	-	-	8.2	7	33
J06Z Major Procedures for Breast Conditions	654	1,874	55	1,929	3.1	2	2.9	1	3.1	2	2,583
J07Z Minor Procedures for Breast Conditions	2,101	280	20	300	2.3	1	8.3	4	2.7	1	2,401
J08A Other Skin Graft and/or Debridement Procedures W CC	15	91	59	150	9.8	6	20.8	12	14.2	8	165
J08B Other Skin Graft and/or Debridement Procedures W/O CC	790	244	80	324	2.7	2	7.1	4	3.8	2	1,114
J09Z Perianal and Pilonidal Procedures	368	188	121	309	1.9	1	2.1	2	2.0	1	677
J10Z Skin, Subcutaneous Tissue and Breast Plastic OR Procedures	1,000	276	10	286	3.6	2	7.5	4	3.8	2	1,286
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	38,088	652	363	1,015	2.8	1	5.8	2	3.9	2	39,103
J12A Lower Limb Procs W Ulcer/Cellulitis W Cat CC	0	6	24	30	22.0	11	41.8	23	37.8	21	30
J12B Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W Skin Graft/Flap Repair	2	13	9	22	7.8	8	12.0	11	9.5	9	24
J12C Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W/O Skin Graft/Flap Repair	13	20	51	71	19.9	12	12.7	10	14.7	11	84
J13A Lower Limb Procs W/O Ulcer/Cellulitis W Cat CC or W (Skin Graft and Sev CC)	2	23	8	31	9.9	8	26.8	21	14.3	10	33
J13B Lower Limb Procs W/O Ulcer/Cellulitis W/O Cat CC W/O (Skin Graft and Sev CC)	95	94	26	120	4.0	2	9.3	6	5.2	2	215
J14Z Major Breast Reconstructions	6	212	5	217	6.7	7	6.2	7	6.7	7	223
J60A Skin Ulcers W Cat CC	0	8	72	80	47.6	20	44.0	19	44.4	19	80
J60B Skin Ulcers W/O Cat CC	0	52	354	406	9.1	6	13.2	7	12.7	7	406
J60C Skin Ulcers, Sameday	792	0	34	34	.	.	1.0	1	1.0	1	826
J62A Malignant Breast Disorders W CC	2,057	227	381	608	16.0	9	11.7	7	13.3	8	2,665
J62B Malignant Breast Disorders W/O CC	2,595	132	51	183	20.1	18	4.0	2	15.6	6	2,778
J63A Non-Malignant Breast Disorders W CC	27	3	34	37	2.7	2	6.7	5	6.4	4	64
J63B Non-Malignant Breast Disorders W/O CC	3,122	23	271	295	2.0	1	2.3	1	2.3	1	3,417
J64A Cellulitis W Cat or Sev CC	12	45	874	919	15.6	12	13.3	8	13.5	8	931
J64B Cellulitis W/O Cat or Sev CC	522	209	5,545	5,755	5.3	3	4.2	3	4.3	3	6,277
J65A Trauma to the Skin, Subcutaneous Tissue and Breast W Cat or Sev CC	0	1	185	186	4	4	15.3	7	15.2	7	186
J65B Trauma to the Skin, Subcutaneous Tissue and Breast W/O Cat or Sev CC	63	10	1,159	1,171	6.4	3	2.6	1	2.7	1	1,234
J67A Minor Skin Disorders	0	219	1,136	1,356	3.3	2	2.9	2	3.0	2	1,356
J67B Minor Skin Disorders, Sameday	11,719	28	642	671	1.0	1	1.0	1	1.0	1	12,390
J68A Major Skin Disorders W Cat or Sev CC	0	10	86	97	12.2	5	10.4	7	10.5	7	97
J68B Major Skin Disorders W/O Cat or Sev CC	0	73	694	767	4.8	4	4.0	3	4.1	3	767
J68C Major Skin Disorders, Sameday	17,472	5	211	216	1.0	1	1.0	1	1.0	1	17,688

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

MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
J69A Skin Malignancy W Cat CC	0	21	26	47	26.9	14	16.6	13	21.2	13	47
J69B Skin Malignancy W/O Cat CC	0	130	64	194	13.4	8	9.8	7	12.2	7	194
J69C Skin Malignancy, Sameday	1,408	5	7	12	1.0	1	1.0	1	1.0	1	1,420
Total Discharges	**82,925**	**5,210**	**12,658**	**17,875**	**5.2**	**2**	**5.5**	**2**	**5.4**	**2**	**100,800**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
K01A OR Procedures for Diabetic Complications W Cat CC	0	27	94	121	26.0	19	41.8	24	38.2	23	121
K01B OR Procedures for Diabetic Complications W/O Cat CC	10	45	117	162	9.6	7	19.7	12	16.9	10	172
K02A Pituitary Procedures W CC	0	36	8	44	9.4	8	16.4	15	10.7	9	44
K02B Pituitary Procedures W/O CC	0	62	2	64	5.4	4	3.5	4	5.3	4	64
K03Z Adrenal Procedures	1	40	15	55	9.2	6	25.2	23	13.6	8	56
K04A Major Procedures for Obesity W CC	1	11	2	13	4.2	5	13.5	14	5.6	5	14
K04B Major Procedures for Obesity W/O CC	0	31	1	32	6.5	4	5	5	6.4	4	32
K05A Parathyroid Procedures W Cat or Sev CC	1	13	5	18	6.0	5	38.6	15	15.1	7	19
K05B Parathyroid Procedures W/O Cat or Sev CC	23	109	7	116	2.2	2	8.7	8	2.6	2	139
K06A Thyroid Procedures W Cat or Sev CC	0	52	6	58	6.2	5	16.7	13	7.3	5	58
K06B Thyroid Procedures W/O Cat or Sev CC	10	755	29	784	3.1	3	7.5	7	3.2	3	794
K07Z Obesity Procedures	9	39	0	39	3.4	3	-	-	3.4	3	48
K08Z Thyroglossal Procedures	6	55	2	57	2.1	2	3.5	4	2.2	2	63
K09A Other Endocrine, Nutritional and Metabolic OR Procedures W Cat CC	0	9	26	35	22.0	17	27.2	20	25.9	19	35
K09B Other Endocrine, Nutritional and Metabolic OR Procs W Sev or Moderate CC	8	14	22	36	9.9	7	14.0	15	12.4	10	44
K09C Other Endocrine, Nutritional and Metabolic OR Procedures W/O CC	45	37	12	49	3.6	2	10.5	8	5.3	2	94
K40A Endoscopic or Investigative Proc for Metabolic Disorders W Cat CC	0	10	58	68	18.5	10	33.6	20	31.4	17	68
K40B Endoscopic or Investigative Proc for Metabolic Disorders W/O Cat CC	0	122	229	351	5.1	4	11.9	8	9.5	7	351
K40C Endoscopic or Investigative Procedure for Metabolic Disorders, Sameday	1,044	2	4	6	1.0	1	1	1	1.0	1	1,050
K60A Diabetes W Cat or Sev CC	23	57	760	817	11.2	8	11.4	7	11.4	7	840
K60B Diabetes W/O Cat or Sev CC	284	371	2,903	3,275	3.9	3	4.3	3	4.2	3	3,559
K61Z Sev Nutritional Disturbance	0	4	39	43	34.5	30	54.9	20	53.0	20	43
K62A Miscellaneous Metabolic Disorders W Cat or Sev CC	91	69	897	966	8.5	4	10.2	6	10.1	6	1,057
K62B Miscellaneous Metabolic Disorders W/O Cat or Sev CC	1,145	341	1,830	2,175	3.6	2	3.6	2	3.6	2	3,320
K63A Inborn Errors of Metabolism W CC	64	45	30	75	7.5	4	9.1	5	8.1	4	139
K63B Inborn Errors of Metabolism W/O CC	770	89	75	164	2.6	2	2.3	1	2.4	2	934
K64A Endocrine Disorders W Cat or Sev CC	82	54	121	175	5.5	4	12.3	8	10.2	6	257
K64B Endocrine Disorders W/O Cat or Sev CC	1,922	410	593	1,004	3.4	3	3.9	2	3.7	2	2,926
Total Discharges	**5,539**	**2,909**	**7,887**	**10,802**	**4.5**	**3**	**7.1**	**3**	**6.4**	**3**	**16,341**

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

a Includes *Maternity* day patients.

b Includes day patients and in-patients.

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

d Total in-patients include *Maternity* in-patients.

e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 11 Diseases and Disorders of the Kidney and Urinary Tract	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
L02A Operative Insertion of Peritoneal Catheter for Dialysis W Cat or Sev CC	0	22	22	44	5.0	4	17.0	14	11.0	7	44
L02B Operative Insertion of Peritoneal Catheter for Dialysis W/O Cat or Sev CC	0	51	17	68	3.6	2	9.0	8	5.0	3	68
L03A Kidney, Ureter and Major Bladder Procedures for Neoplasm W Cat CC	0	81	40	121	16.4	14	25.9	23	19.5	16	121
L03B Kidney, Ureter and Major Bladder Procedures for Neoplasm W Sev CC	1	101	17	118	11.2	8	14.6	13	11.7	9	119
L03C Kidney, Ureter and Major Bladder Procedures for Neoplasm W/O Cat or Sev CC	10	303	33	336	7.3	6	11.9	8	7.8	6	346
L04A Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W Cat CC	6	42	100	142	13.5	9	25.5	19	22.0	17	148
L04B Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm W Sev CC	15	74	85	159	6.9	6	15.8	9	11.6	8	174
L04C Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/O Cat or Sev CC	226	522	188	710	4.7	4	7.5	6	5.4	4	936
L05A Transurethral Prostatectomy W Cat or Sev CC	0	16	25	41	9.0	7	26.4	15	19.6	13	41
L05B Transurethral Prostatectomy W/O Cat or Sev CC	7	90	31	121	4.4	4	12.3	10	6.5	5	128
L06A Minor Bladder Procedures W Cat or Sev CC	17	35	62	97	10.0	5	15.3	9	13.4	8	114
L06B Minor Bladder Procedures W/O Cat or Sev CC	556	187	105	292	3.5	3	6.2	5	4.5	3	848
L07A Transurethral Procedures Except Prostatectomy W CC	55	287	202	489	5.2	3	9.1	6	6.8	4	544
L07B Transurethral Procedures Except Prostatectomy W/O CC	701	638	412	1,050	2.6	2	3.4	3	2.9	2	1,751
L08A Urethral Procedures W CC	3	17	10	27	4.2	3	5.0	5	4.5	3	30
L08B Urethral Procedures W/O CC	80	107	28	135	2.8	2	3.4	3	2.9	2	215
L09A Other Procedures for Kidney and Urinary Tract Disorders W Cat CC	1	33	59	92	14.1	5	28.2	18	23.2	13	93
L09B Other Procedures for Kidney and Urinary Tract Disorders W Sev CC	9	54	27	81	4.8	2	14.7	12	8.1	5	90
L09C Other Procedures for Kidney and Urinary Tract Disorders W/O Cat or Sev CC	98	126	50	176	2.7	2	14.7	7	6.1	2	274
L40Z Ureteroscopy	74	47	114	161	2.5	2	4.3	3	3.8	2	235
L41Z Cystourethroscopy, Sameday	9,103	25	25	50	1.0	1	1.0	1	1.0	1	9,153
L42Z ESW Lithotripsy for Urinary Stones	1,647	22	39	61	2.0	1	4.0	4	3.3	2	1,708
L60A Renal Failure W Cat CC	3	28	387	415	11.0	8	19.6	13	19.0	12	418
L60B Renal Failure W Sev CC	296	117	682	799	6.6	4	9.6	7	9.2	6	1,095
L60C Renal Failure W/O Cat or Sev CC	1,018	206	999	1,205	3.7	2	6.5	4	6.0	4	2,223
L61Z Haemodialysis	164,399	11	0	11	2.0	1	-	-	2.0	1	164,410
L62A Kidney and Urinary Tract Neoplasms W Cat or Sev CC	339	82	236	318	10.2	8	11.9	8	11.5	8	657
L62B Kidney and Urinary Tract Neoplasms W/O Cat or Sev CC	948	245	199	444	6.3	3	5.2	3	5.8	3	1,392
L63A Kidney and Urinary Tract Infections W Cat or Sev CC	10	70	2,603	2,673	16.0	6	14.4	7	14.4	7	2,683
L63B Kidney and Urinary Tract Infections W/O Cat or Sev CC	1,353	207	6,942	7,160	6.8	4	5.2	3	5.2	3	8,513

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

MDC 11 Diseases and Disorders of the Kidney and Urinary Tract	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
L64Z Urinary Stones and Obstruction	379	310	2,181	2,491	3.4	2	3.0	2	3.0	2	2,870
L65A Kidney and Urinary Tract Signs and Symptoms W Cat or Sev CC	23	51	401	452	5.8	3	9.7	5	9.2	5	475
L65B Kidney and Urinary Tract Signs and Symptoms W/O Cat or Sev CC	1,795	239	1,449	1,689	2.6	2	3.4	2	3.3	2	3,484
L66Z Urethral Stricture	196	82	30	112	2.3	2	4.2	4	2.8	2	308
L67A Other Kidney and Urinary Tract Diagnoses W Cat or Sev CC	192	124	584	708	7.4	4	11.9	8	11.1	7	900
L67B Other Kidney and Urinary Tract Diagnoses W/O Cat or Sev CC	4,133	566	1,067	1,636	2.8	2	4.9	3	4.2	2	5,769
L68Z Peritoneal Dialysis	146	1	0	1	2	2	-	-	2	2	147
Total Discharges	**187,839**	**5,219**	**19,451**	**24,685**	**5.0**	**3**	**7.3**	**4**	**6.8**	**4**	**212,524**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 12 Diseases and Disorders of the Male Reproductive System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
M01A Major Male Pelvic Procedures W Cat or Sev CC	0	58	1	59	10.4	8	7.0	7	10.4	8	59
M01B Major Male Pelvic Procedures W/O Cat or Sev CC	2	384	3	387	6.0	6	7.7	6	6.0	6	389
M02A Transurethral Prostatectomy W Cat or Sev CC	0	79	22	101	7.5	6	17.1	13	9.6	7	101
M02B Transurethral Prostatectomy W/O Cat or Sev CC	13	578	69	647	4.5	4	8.9	8	5.0	4	660
M03Z Penis Procedures	437	191	38	229	3.0	2	3.9	1	3.2	2	666
M04Z Testes Procedures	1,255	388	402	790	1.9	1	1.9	1	1.9	1	2,045
M05Z Circumcision	2,442	218	44	262	1.3	1	2.2	1	1.5	1	2,704
M06A Other Male Reproductive System OR Procedures W CC	20	15	23	38	4.7	4	10.5	7	8.2	6	58
M06B Other Male Reproductive System OR Procedures W/O CC	320	40	12	52	2.4	1	3.1	1	2.6	1	372
M40Z Cystourethroscopy, Sameday	1,631	2	0	2	1.0	1	-	-	1.0	1	1,633
M60A Malignancy, Male Reproductive System W Cat or Sev CC	245	118	242	360	12.5	5	11.4	8	11.8	7	605
M60B Malignancy, Male Reproductive System W/O Cat or Sev CC	2,949	352	174	526	18.8	6	7.1	5	14.9	5	3,475
M61Z Benign Prostatic Hypertrophy	1,634	75	84	159	2.3	1	4.5	3	3.5	2	1,793
M62Z Inflammation of the Male Reproductive System	772	25	822	847	2.0	1	3.0	2	3.0	2	1,619
M63Z Sterilisation, Male	372	8	0	8	1.0	1	-	-	1.0	1	380
M64Z Other Male Reproductive System Diagnoses	615	39	521	560	1.5	1	2.1	1	2.1	1	1,175
Total Discharges	**12,707**	**2,570**	**2,457**	**5,027**	**6.3**	**3**	**4.2**	**2**	**5.3**	**2**	**17,734**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 13 Diseases and Disorders of the Female Reproductive System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
N01Z Pelvic Evisceration and Radical Vulvectomy	0	37	8	45	12.1	8	26.6	12	14.6	8	45
N04A Hysterectomy for Non-Malignancy W Cat or Sev CC	0	164	9	173	7.6	7	11.7	9	7.8	7	173
N04B Hysterectomy for Non-Malignancy W/O Cat or Sev CC	8	1,790	55	1,849	4.9	5	7.2	7	5.0	5	1,857
N05A Oophorectomies and Complex Fallopian Tube Procs for Non-Malig W Cat or Sev CC	1	32	15	47	11.4	8	8.9	7	10.6	7	48
N05B Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W/O Cat or Sev CC	68	429	127	557	3.2	3	5.0	4	3.6	3	625
N06A Female Reproductive System Reconstructive Procs W Cat or Sev CC	0	93	4	97	5.7	4	13.8	14	6.0	4	97
N06B Female Reproductive System Reconstructive Procs W/O Cat or Sev CC	122	1,468	11	1,485	3.0	3	5.2	3	3.1	3	1,607
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	2,403	1,282	416	1,705	2.4	2	3.9	3	2.8	2	4,108
N08Z Endoscopic and Laparoscopic Procedures for Female Reproductive System	1,722	473	284	765	1.6	1	4.2	2	2.5	1	2,487
N09Z Conisation, Vagina, Cervix and Vulva Procedures	10,329	624	298	928	4.8	1	4.4	2	4.6	1	11,257
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	7,077	633	145	787	1.6	1	3.9	3	2.0	1	7,864
N11Z Other Female Reproductive System OR Procedures	38	80	59	139	7.8	6	17.6	9	11.9	7	177
N12A Uterine and Adnexa Procedures for Malignancy W Cat CC	0	63	18	81	17.5	10	22.7	22	18.6	13	81
N12B Uterine and Adnexa Procedures for Malignancy W/O Cat CC	18	499	80	580	6.1	6	10.5	8	6.7	6	598
N60A Malignancy, Female Reproductive System W Cat CC	45	39	117	156	13.5	7	15.4	11	14.9	10	201
N60B Malignancy, Female Reproductive System W/O Cat CC	1,267	318	336	656	9.7	3	7.2	5	8.4	4	1,923
N61Z Infections, Female Reproductive System	211	9	342	357	1.3	1	3.4	2	3.3	2	568
N62Z Menstrual and Other Female Reproductive System Disorders	6,689	398	2,287	2,776	2.3	1	2.2	1	2.2	1	9,465
Total Discharges	**29,998**	**8,431**	**4,611**	**13,183**	**4.1**	**3**	**4.1**	**2**	**4.1**	**2**	**43,181**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 14 Pregnancy, Childbirth and the Puerperium	Day Patients[a]	In-Patients												Total Discharges[b]
		Discharges				Length of Stay[c]								
		Elective	Emergency	*Maternity*	Total[d]	Elective		Emergency		*Maternity*		Total[e]		
	N	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	Mean	Median	N
O01A Caesarean Delivery W Cat or Sev CC	0	0	1	3,367	3,368	-	-	3.0	3	8.5	6	8.5	6	3,368
O01B Caesarean Delivery W/O Cat or Sev CC	0	0	0	16,053	16,053	-	-	-	-	4.6	4	4.6	4	16,053
O02A Vaginal Delivery W OR Procedure W Cat or Sev CC	0	0	0	189	189	-	-	-	-	5.1	4	5.1	4	189
O02B Vaginal Delivery W OR Procedure W/O Cat or Sev CC	0	0	0	992	992	-	-	-	-	3.3	3	3.3	3	992
O03A Ectopic Pregnancy W CC	2	0	0	33	33	-	-	-	-	4.2	3	4.2	3	35
O03B Ectopic Pregnancy W/O CC	45	0	2	692	694	-	-	3.5	4	2.3	2	2.3	2	739
O04A Postpartum and Post Abortion W OR Procedure W Cat or Sev CC[f]	2	0	0	38	38	-	-	-	-	4.8	3	4.8	3	40
O04B Postpartum and Post Abortion W OR Procedure W/O Cat or Sev CC[f]	34	0	0	217	217	-	-	-	-	2.6	2	2.6	2	251
O05Z Abortion W OR Procedure[f]	1,763	0	1	2,833	2,834	-	-	5.0	5	1.3	1	1.3	1	4,597
O60Z Vaginal Delivery	0	1	2	48,382	48,385	4.0	4	2.0	2	2.7	2	2.7	2	48,385
O61Z Postpartum and Post Abortion W/O OR Procedure[f]	75	2	9	2,856	2,867	3.0	3	2.8	2	2.2	1	2.2	1	2,942
O63Z Abortion W/O OR Procedure[f]	523	2	4	3,347	3,353	3.5	4	7.3	3	1.3	1	1.3	1	3,876
O64Z False Labour	22	0	0	7,133	7,133	-	-	-	-	1.3	1	1.3	1	7,155
O66Z Antenatal and Other Obstetric Admission	4,778	3	26	37,495	37,524	2.7	3	2.8	2	1.7	1	1.7	1	42,302
Total Discharges	**7,244**	**8**	**45**	**123,627**	**123,680**	**3.1**	**4**	**3.2**	**2**	**2.6**	**2**	**2.6**	**2**	**130,924**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.
f This includes pregnancy with abortive outcome.

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

MDC 15 Newborns and Other Neonates	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
P01Z Neonate, Died or Transferred <5 Days of Admission W Significant OR Procedure	2	0	23	23	-	-	2.8	3	2.8	3	25
P02Z Cardiothoracic/Vascular Procedures for Neonates	0	4	58	62	18.8	18	38.2	20	37.0	20	62
P03Z Neonate, AdmWt 1000-1499 g W Significant OR Procedure	0	3	238	241	32.0	33	46.5	46	46.3	46	241
P04Z Neonate, AdmWt 1500-1999 g W Significant OR Procedure	0	5	140	145	31.6	42	33.7	29	33.7	29	145
P05Z Neonate, AdmWt 2000-2499 g W Significant OR Procedure	0	4	87	91	71.8	31	27.6	19	29.5	19	91
P06A Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	0	13	161	174	22.9	15	28.3	18	27.9	18	174
P06B Neonate, AdmWt >2499 g W Significant OR Procedure W/O Multi Major Problems	4	17	146	163	6.0	5	14.2	11	13.4	10	167
P60A Neonate, Died or Transferred <5 Days of Adm, W/O Significant OR Proc, Newborn	0	0	467	467	-	-	1.4	1	1.4	1	467
P60B Neonate, Died or Transf <5 Days of Adm, W/O Significant OR Proc, Not Newborn	4	5	186	191	1.2	1	1.7	1	1.7	1	195
P61Z Neonate, AdmWt <750 g	0	0	74	74	-	-	69.1	79	69.1	79	74
P62Z Neonate, AdmWt 750-999 g	22	2	141	143	20.5	21	58.1	63	57.6	63	165
P63Z Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure	0	3	75	78	40.0	46	30.1	35	30.4	35	78
P64Z Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure	2	5	127	132	32.0	30	29.9	30	30.0	30	134
P65A Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems	0	2	47	49	28.5	29	26.9	26	27.0	26	49
P65B Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem	1	7	232	239	31.4	34	22.8	21	23.1	22	240
P65C Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Other Problem	0	2	274	276	35.5	36	17.4	16	17.5	17	276
P65D Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W/O Problem	2	10	158	168	15.9	16	13.3	12	13.5	12	170
P66A Neonate, AdmWt 2000-2499 g W/O Significant OR Proc W Multi Major Problems	0	9	49	58	24.4	10	19.0	14	19.9	14	58
P66B Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Major Problem	2	8	277	285	25.9	26	14.2	13	14.5	13	287
P66C Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Other Problem	0	9	744	753	8.8	6	9.1	8	9.1	8	753
P66D Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W/O Problem	11	8	477	485	9.1	8	5.0	3	5.1	3	496
P67A Neonate, AdmWt >2499 g W/O Significant OR Procedure W Multi Major Problems	20	33	313	346	10.4	7	10.5	7	10.5	7	366
P67B Neonate, AdmWt >2499 g W/O Significant OR Procedure W Major Problem	105	42	1,388	1,430	7.9	5	6.7	5	6.7	5	1,535
P67C Neonate, AdmWt >2499 g W/O Significant OR Procedure W Other Problem	10	24	5,160	5,184	8.5	3	2.9	2	2.9	2	5,194

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

MDC 15 Newborns and Other Neonates	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
P67D Neonate, AdmWt >2499 g W/O Significant OR Procedure W/O Problem	406	42	3,736	3,778	4.5	2	2.3	1	2.3	1	4,184
Total Discharges	**591**	**257**	**14,778**	**15,035**	**13.6**	**7**	**7.5**	**3**	**7.6**	**3**	**15,626**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 16 Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
Q01Z Splenectomy	0	22	26	48	6.1	6	10.4	8	8.4	7	48
Q02A Other OR Procedure of Blood and Blood Forming Organs W Cat or Sev CC	24	24	41	65	10.0	4	22.4	14	17.8	11	89
Q02B Other OR Procedure of Blood and Blood Forming Organs W/O Cat or Sev CC	493	137	59	196	2.6	2	7.9	5	4.2	2	689
Q60A Reticuloendothelial and Immunity Disorders W Cat or Sev CC	168	120	528	648	7.2	6	8.3	6	8.1	6	816
Q60B Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W Malignancy	148	66	238	304	4.6	4	4.7	4	4.6	4	452
Q60C Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	2,918	102	527	629	3.5	1	3.4	2	3.4	2	3,547
Q61A Red Blood Cell Disorders W Cat or Sev CC	214	102	695	797	7.4	3	9.6	6	9.3	6	1,011
Q61B Red Blood Cell Disorders W/O Cat or Sev CC	31,998	422	1,738	2,161	3.0	2	3.9	2	3.7	2	34,159
Q62Z Coagulation Disorders	3,669	133	1,150	1,283	3.4	1	3.8	1	3.8	1	4,952
Total Discharges	**39,632**	**1,128**	**5,002**	**6,131**	**4.2**	**2**	**5.3**	**3**	**5.1**	**3**	**45,763**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms)	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
R01A Lymphoma and Leukaemia W Major OR Procedures W Cat or Sev CC	1	16	37	53	19.4	16	34.4	21	29.8	21	54
R01B Lymphoma and Leukaemia W Major OR Procedures W/O Cat or Sev CC	21	37	45	82	6.9	6	14.1	11	10.9	8	103
R02A Other Neoplastic Disorders W Major OR Procedures W Cat CC	0	8	9	17	21.5	18	31.9	36	27.0	18	17
R02B Other Neoplastic Disorders W Major OR Procedures W Sev or Moderate CC	5	47	12	59	9.3	7	22.8	20	12.0	9	64
R02C Other Neoplastic Disorders W Major OR Procedures W/O CC	43	115	12	127	4.8	4	10.5	9	5.4	4	170
R03A Lymphoma and Leukaemia W Other OR Procedures W Cat or Sev CC	3	32	105	137	23.9	15	31.7	26	29.9	24	140
R03B Lymphoma and Leukaemia W Other OR Procedures W/O Cat or Sev CC	159	109	97	206	5.0	3	11.8	9	8.2	5	365
R04A Other Neoplastic Disorders W Other OR Procedures W CC	75	39	31	70	9.1	4	21.5	16	14.6	10	145
R04B Other Neoplastic Disorders W Other OR Procedures W/O CC	909	62	15	77	4.5	3	7.4	4	5.1	3	986
R60A Acute Leukaemia W Cat CC	103	103	150	253	26.7	27	21.3	15	23.5	22	356
R60B Acute Leukaemia W/O Cat CC	4,208	343	361	704	8.7	5	6.9	2	7.8	3	4,912
R61A Lymphoma and Non-Acute Leukaemia W Cat CC	0	118	300	418	16.7	12	18.9	12	18.3	12	418
R61B Lymphoma and Non-Acute Leukaemia W/O Cat CC	0	1,510	1,044	2,554	5.3	3	8.9	6	6.8	4	2,554
R61C Lymphoma and Non-Acute Leukaemia, Sameday	16,214	17	99	116	1.0	1	1.0	1	1.0	1	16,330
R62A Other Neoplastic Disorders W CC	443	105	123	228	8.6	5	11.1	7	9.9	6	671
R62B Other Neoplastic Disorders W/O CC	1,986	133	84	217	6.3	3	7.7	5	6.8	3	2,203
R63Z Chemotherapy	93,479	0	0	0	-	-	-	-	-	-	93,479
R64Z Radiotherapy[f]	73,373	0	0	0	-	-	-	-	-	-	73,373
Total Discharges	**191,022**	**2,794**	**2,524**	**5,318**	**7.6**	**4**	**12.1**	**7**	**9.7**	**5**	**196,340**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.
f Activity from the St. Luke's Radiation Oncology Network centres in Beaumont and St. James's Hospitals, estimated at 64,000 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 and Admission Type (N, In-Patient Length of Stay)

MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
S60Z HIV, Sameday	93	2	8	10	1.0	1	1.0	1	1.0	1	103
S65A HIV-Related Diseases W Cat CC	0	4	56	60	30.3	31	28.7	15	28.8	17	60
S65B HIV-Related Diseases W Sev CC	0	11	59	70	6.6	5	11.8	8	11.0	8	70
S65C HIV-Related Diseases W/O Cat or Sev CC	0	109	55	164	135.3	18	11.4	5	93.7	12	164
T01A OR Procedures for Infectious and Parasitic Diseases W Cat CC	6	9	124	133	41.0	10	32.1	21	32.7	20	139
T01B OR Procedures for Infectious and Parasitic Diseases W Sev or Moderate CC	7	21	120	141	14.1	8	17.9	14	17.4	13	148
T01C OR Procedures for Infectious and Parasitic Diseases W/O CC	40	51	175	226	9.6	7	10.0	7	9.9	7	266
T40Z Infectious and Parasitic Diseases W Ventilator Support	0	0	26	26	-	-	13.2	5	13.2	5	26
T60A Septicaemia W Cat CC	0	8	718	726	15.1	14	17.5	10	17.5	10	726
T60B Septicaemia W/O Cat CC	15	22	1,045	1,067	9.7	8	8.0	6	8.1	6	1,082
T61A Postoperative and Post-Traumatic Infections W Cat or Sev CC	8	19	208	227	16.8	11	11.2	7	11.6	7	235
T61B Postoperative and Post-Traumatic Infections W/O Cat or Sev CC	150	66	846	918	6.8	5	5.3	4	5.3	4	1,068
T62A Fever of Unknown Origin W CC	22	33	266	300	4.3	3	5.3	3	5.2	3	322
T62B Fever of Unknown Origin W/O CC	36	26	470	498	3.4	2	2.8	2	2.8	2	534
T63Z Viral Illness	1,008	59	4,664	4,723	3.5	2	2.0	1	2.0	1	5,731
T64A Other Infectious and Parasitic Diseases W Cat CC	0	3	37	40	8.3	10	14.0	12	13.6	11	40
T64B Other Infectious and Parasitic Diseases W Sev or Moderate CC	8	7	84	91	11.0	8	9.0	7	9.2	7	99
T64C Other Infectious and Parasitic Diseases W/O CC	88	9	191	201	3.6	3	3.8	3	3.8	3	289
Total Discharges	**1,481**	**459**	**9,152**	**9,621**	**38.7**	**6**	**5.8**	**2**	**7.4**	**2**	**11,102**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 19 Mental Diseases and Disorders	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
U40Z Mental Health Treatment, Sameday, W ECT	101	0	0	0	-	-	-	-	-	-	101
U60Z Mental Health Treatment, Sameday, W/O ECT	668	10	753	763	1.0	1	1.0	1	1.0	1	1,431
U61Z Schizophrenia Disorders	0	23	89	112	124.4	45	32.1	15	51.0	19	112
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	3	14	17	47.0	61	30.3	17	33.2	17	17
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	7	53	60	21.0	6	9.3	6	10.6	6	60
U63Z Major Affective Disorders	0	37	129	166	24.3	15	26.6	15	26.1	15	166
U64Z Other Affective and Somatoform Disorders	0	12	157	169	8.2	7	8.4	4	8.4	4	169
U65Z Anxiety Disorders	0	266	348	615	2.5	1	7.9	3	5.6	1	615
U66Z Eating and Obsessive-Compulsive Disorders	0	35	91	126	22.2	6	16.5	8	18.1	7	126
U67Z Personality Disorders and Acute Reactions	0	18	186	204	6.4	4	20.8	4	19.5	4	204
U68Z Childhood Mental Disorders	0	24	41	65	1.7	1	3.3	2	2.7	2	65
Total Discharges	**769**	**435**	**1,861**	**2,297**	**13.2**	**1**	**9.4**	**1**	**10.1**	**1**	**3,066**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
V60Z Alcohol Intoxication and Withdrawal	3	15	1,273	1,290	3.8	3	3.3	2	3.4	2	1,293
V61Z Drug Intoxication and Withdrawal	1	0	55	55	-	-	5.5	2	5.5	2	56
V62A Alcohol Use Disorder and Dependence	0	30	574	604	14.6	14	4.8	3	5.3	3	604
V62B Alcohol Use Disorder and Dependence, Sameday	2	0	155	155	-	-	1.0	1	1.0	1	157
V63Z Opioid Use Disorder and Dependence	0	70	13	83	18.1	19	4.5	1	16.0	16	83
V64Z Other Drug Use Disorder and Dependence	0	56	21	77	19.7	20	10.1	1	17.1	15	77
Total Discharges	**6**	**171**	**2,091**	**2,264**	**16.8**	**17**	**3.7**	**2**	**4.7**	**2**	**2,270**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 21 Injuries, Poisonings and Toxic Effects of Drugs	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
W01Z Ventilation or Cranial Procedures for Multiple Significant Trauma	0	1	31	32	180	180	26.8	17	31.6	18	32
W02A Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W Cat/Sev CC	0	0	27	27	-	-	36.7	30	36.7	30	27
W02B Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W/O Cat/Sev CC	0	0	33	33	-	-	16.6	12	16.6	12	33
W03Z Abdominal Procedures for Multiple Significant Trauma	0	0	17	17	-	-	22.5	15	22.5	15	17
W04A Other OR Procs for Multiple Significant Trauma W Cat or Sev CC	0	0	13	13	-	-	31.1	15	31.1	15	13
W04B Other OR Procs for Multiple Significant Trauma W/O Cat or Sev CC	0	1	40	42	10.0	10	15.6	10	15.3	10	42
W60Z Multiple Trauma, Died or Transferred to Another Acute Care Facility <5 Days	0	0	63	63	-	-	2.0	1	2.0	1	63
W61A Multiple Trauma W/O Significant Procedures W Cat or Sev CC	0	4	35	39	75.3	77	21.8	13	27.3	16	39
W61B Multiple Trauma W/O Significant Procedures W/O Cat or Sev CC	0	5	86	91	17.0	20	11.1	8	11.5	8	91
X02A Microvascular Tiss Transfer or (Skin Graft W Cat/Sev CC) for Injuries to Hand	0	1	22	23	2.0	2	6.0	3	5.8	3	23
X02B Skin Graft for Injuries to Hand W/O Cat or Sev CC	7	5	74	79	1.8	1	3.2	2	3.1	1	86
X04A Other Procedures for Injuries to Lower Limb W Cat or Sev CC	0	4	23	27	16.5	19	20.6	12	20.0	13	27
X04B Other Procedures for Injuries to Lower Limb W/O Cat or Sev CC	13	13	126	139	6.9	2	4.0	2	4.3	2	152
X05A Other Procedures for Injuries to Hand W CC	4	2	63	65	2.0	2	3.4	3	3.4	3	69
X05B Other Procedures for Injuries to Hand W/O CC	170	38	1,214	1,252	1.4	1	1.3	1	1.3	1	1,422
X06A Other Procedures for Other Injuries W Cat or Sev CC	11	24	208	233	14.5	10	16.0	9	15.8	9	244
X06B Other Procedures for Other Injuries W/O Cat or Sev CC	141	87	968	1,055	3.2	2	3.0	2	3.0	2	1,196
X07A Skin Graft for Injuries Ex Hand W Microvascular Tiss Tfr or W (Cat or Sev CC)	0	8	26	34	12.8	9	29.1	17	25.2	12	34
X07B Skin Graft for Injuries Ex Hand W/O Microvascular Tiss Tfr W/O Cat or Sev CC	5	16	72	88	6.1	6	8.8	6	8.3	6	93
X40Z Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support	0	2	77	79	4.5	5	7.2	5	7.1	5	79
X60A Injuries W Cat or Sev CC	2	5	459	465	9.4	9	15.2	5	15.1	5	467
X60B Injuries W/O Cat or Sev CC	245	63	4,070	4,155	2.0	1	2.0	1	2.0	1	4,400
X61Z Allergic Reactions	4	4	326	330	1.8	1	1.7	1	1.7	1	334
X62A Poisoning/Toxic Effects of Drugs and Other Substances W Cat or Sev CC	0	8	528	536	8.8	5	5.1	3	5.1	3	536
X62B Poisoning/Toxic Effects of Drugs and Other Substances W/O Cat or Sev CC	206	15	3,604	3,623	1.7	1	1.8	1	1.8	1	3,829
X63A Sequelae of Treatment W Cat or Sev CC	18	19	290	309	9.3	5	9.9	6	9.9	6	327
X63B Sequelae of Treatment W/O Cat or Sev CC	362	58	1,555	1,616	3.3	2	3.0	2	3.0	2	1,978
X64A Other Injury, Poisoning and Toxic Effect Diagnosis W Cat or Sev CC	0	0	72	73	-	-	12.0	5	11.8	4	73
X64B Other Injury, Poisoning and Toxic Effect Diagnosis W/O Cat or Sev CC	4	0	342	446	-	-	2.3	1	2.0	1	450
Total Discharges	**1,192**	**383**	**14,464**	**14,984**	**6.0**	**2**	**3.5**	**1**	**3.6**	**1**	**16,176**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 22 Burns	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
Y01Z Ventilation for Burns and Sev Full Thickness Burns	0	0	22	22	-	-	38.9	29	38.9	29	22
Y02A Other Burns W Skin Graft W CC	2	1	33	34	2.0	2	27.7	23	26.9	22	36
Y02B Other Burns W Skin Graft W/O CC	6	14	65	79	3.7	3	13.3	11	11.6	9	85
Y03Z Other OR Procedures for Other Burns	15	33	36	69	4.6	3	10.9	6	7.9	4	84
Y60Z Burns, Transferred to Another Acute Care Facility <5 Days	0	0	60	60	-	-	1.2	1	1.2	1	60
Y61Z Severe Burns	1	11	41	52	16.3	5	7.0	4	9.0	5	53
Y62A Other Burns W CC	0	1	46	47	3.0	3	8.4	5	8.3	5	47
Y62B Other Burns W/O CC	30	5	252	257	2.6	2	4.5	3	4.5	3	287
Total Discharges	**54**	**65**	**555**	**620**	**6.2**	**3**	**8.8**	**4**	**8.6**	**4**	**674**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 23 Factors Influencing Health Status and Other Contacts with Health Services	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
Z01A OR Procedures W Diagnoses of Other Contacts W Health Services W Cat/Sev CC	74	93	21	115	14.4	4	40.8	16	19.1	7	189
Z01B OR Procedures W Diagnoses of Other Contacts W Health Services W/O Cat/Sev CC	889	183	18	201	3.4	2	6.6	4	3.7	2	1,090
Z40Z Endoscopy W Diagnoses of Other Contacts W Health Services, Sameday	13,585	14	3	17	1.0	1	1	1	1.0	1	13,602
Z60A Rehabilitation W Cat CC	0	608	5	613	42.4	30	89.0	30	42.8	30	613
Z60B Rehabilitation W/O Cat CC	0	4,146	73	4,219	21.1	15	15.7	3	21.0	14	4,219
Z60C Rehabilitation, Sameday	102	10	8	18	1.0	1	1.0	1	1.0	1	120
Z61A Signs and Symptoms	0	236	1,262	1,502	5.7	2	7.5	4	7.2	3	1,502
Z61B Signs and Symptoms, Sameday	1,520	12	653	666	1.0	1	1.0	1	1.0	1	2,186
Z63A Other Surgical Follow Up and Medical Care W Cat CC	1	377	11	389	21.6	11	34.1	9	22.0	11	390
Z63B Other Surgical Follow Up and Medical Care W/O Cat CC	1,123	2,263	69	2,348	9.5	5	7.5	1	9.4	5	3,471
Z64A Other Factors Influencing Health Status	0	849	519	1,414	4.4	2	8.7	2	5.9	2	1,414
Z64B Other Factors Influencing Health Status, Sameday	28,976	79	816	3,907	1.0	1	1.0	1	1.0	1	32,883
Z65Z Congenital Anomalies and Problems Arising from Neonatal Period	91	34	42	76	2.1	1	5.2	1	3.8	1	167
Total Discharges	**46,361**	**8,904**	**3,500**	**15,485**	**16.8**	**11**	**5.5**	**1**	**11.1**	**3**	**61,846**

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

a Includes *Maternity* day patients.

b Includes day patients and in-patients.

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

d Total in-patients include *Maternity* in-patients.

e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

Unassignable to MDC	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
801A OR Procedures Unrelated to Principal Diagnosis W Cat CC	14	99	505	604	33.6	15	46.3	25	44.2	23	618
801B OR Procedures Unrelated to Principal Diagnosis W Sev or Moderate CC	37	126	257	384	10.0	6	19.0	12	16.0	9	421
801C OR Procedures Unrelated to Principal Diagnosis W/O CC	450	273	245	519	3.8	2	8.7	4	6.1	3	969
963Z Neonatal Diagnosis Not Consistent W Age/Weight	7	0	0	0	-	-	-	-	-	-	7
Total Discharges	**508**	**498**	**1,007**	**1,507**	**11.3**	**4**	**30.2**	**15**	**23.9**	**10**	**2,015**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

Pre-MDC	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
A01Z Liver Transplant	0	19	26	45	25.5	21	32.2	22	29.3	21	45
A03Z Lung or Heart/Lung Transplant	0	11	2	13	25.8	20	186.0	186	50.5	21	13
A05Z Heart Transplant	0	6	6	12	22.5	20	86.3	22	54.4	21	12
A06A Tracheostomy W Ventilation >95 hours W Cat CC	0	88	424	512	95.3	71	80.4	59	83.0	61	512
A06B Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	0	243	1,297	1,547	44.1	29	34.7	21	36.1	22	1,547
A06C Ventilation >95 hours W/O Cat CC	0	27	158	186	28.7	17	19.1	13	20.4	14	186
A06D Tracheostomy W/O Cat CC	0	61	55	116	27.8	23	26.8	18	27.3	22	116
A07Z Allogeneic Bone Marrow Transplant	1	92	3	95	38.9	37	46.3	33	39.1	37	96
A08A Autologous Bone Marrow Transplant W Cat CC	0	58	4	62	25.3	22	28.5	26	25.5	22	62
A08B Autologous Bone Marrow Transplant W/O Cat CC	31	64	9	73	14.3	15	25.8	20	15.7	16	104
A09A Renal Transplant W Pancreas Transplant or W Cat CC	0	8	32	40	15.8	15	21.8	14	20.6	14	40
A09B Renal Transplant W/O Pancreas Transplant W/O Cat CC	0	33	88	121	10.9	10	10.0	9	10.2	9	121
A10Z Insertion of Ventricular Assist Devices	1	0	1	1	-	-	42.0	42	42.0	42	2
A11A Insertion of Implantable Spinal Infusion Device W Cat CC	1	4	4	8	12.8	10	130.8	148	71.8	34	9
A11B Insertion of Implantable Spinal Infusion Device W/O Cat CC	4	20	3	23	5.6	4	14.7	14	6.7	4	27
A12Z Insertion of Neurostimulator Device	137	81	9	90	3.7	2	69.7	2	10.3	2	227
A40Z ECMO	0	7	18	25	49.0	30	73.9	42	67.0	36	25
Total Discharges	**175**	**822**	**2,139**	**2,969**	**36.2**	**24**	**42.1**	**23**	**40.3**	**23**	**3,144**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

Annex
2012

Table of Contents

A.1.1 INTRODUCTION 165

A.1.2 DIABETES TYPE AND ADMISSION TYPE 166

A.1.3 DEMOGRAPHIC ANALYSIS 167

A.1.4 PRINCIPAL PROCEDURES 169

Tables

TABLE A 1.1 Diabetes Discharges: Diabetes Type by Sex and Age Group (N, % and In-Patient Length of Stay) 167

TABLE A 1.2 Diabetes Discharges: Top 5 Principal Procedure Blocks, by Patient Type (N, %) 169

Figures

FIGURE A 1.1 Diabetes Discharges: Diabetes Type by Patient Type and Admission Type (% and In-Patient Length of Stay) 166

FIGURE A 1.2 Diabetes In-Patient Discharges: Sex by Age Group (Bed Days) 168

DIABETES DISCHARGE PROFILE, 2012

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 discharges with a principal diagnosis[1] of diabetes. While recognising that services relating to diabetes are mostly delivered in the community, this Annex provides a snapshot of acute hospital services delivered for this condition in 2012.

What is Diabetes?[2]

Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood sugar. Hyperglycaemia, or raised blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels.

Type 1 diabetes (previously known as insulin-dependent, juvenile or childhood-onset) is characterized by deficient insulin production and requires daily administration of insulin. The cause of type 1 diabetes is not known and it is not preventable with current knowledge.

Type 2 diabetes (formerly called non-insulin-dependent or adult-onset) results from the body's ineffective use of insulin. Type 2 diabetes comprises 90% of people with diabetes around the world and is largely the result of excess body weight and physical inactivity. Until recently, this type of diabetes was seen only in adults but it is now also occurring in children.

Other categories of diabetes include gestational diabetes (a state of hyperglycaemia which develops during pregnancy) and 'other' rarer causes (genetic syndromes, acquired processes such as pancreatitis, diseases such as cystic fibrosis, exposure to certain drugs, viruses, and unknown causes).

This Annex will focus on the two main types of diabetes using ICD-10-AM diagnosis codes E10 *type 1 diabetes mellitus* and E11 *type 2 diabetes mellitus*. In 2012, 13,382 discharges had a principal diagnosis of either *type 1 diabetes mellitus* (23.5 per cent) or *type 2 diabetes mellitus* (76.5 per cent) – referred to hereafter as diabetes discharges. These diabetes discharges accounted for 1.0 per cent of total discharges (excl. *Maternity*) and 1.6 per cent of in-patient bed days (excl. *Maternity*).[3]

---

1 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'. Diabetes may be reported as a secondary diagnosis in HIPE but analysis of this activity is beyond the scope of this Annex. See Section Three for details of clinical coding and classifications.

2 Source: WHO Diabetes Fact sheet No. 312, date consulted 4 November 2013. http://www.who.int/mediacentre/factsheets/fs312/en

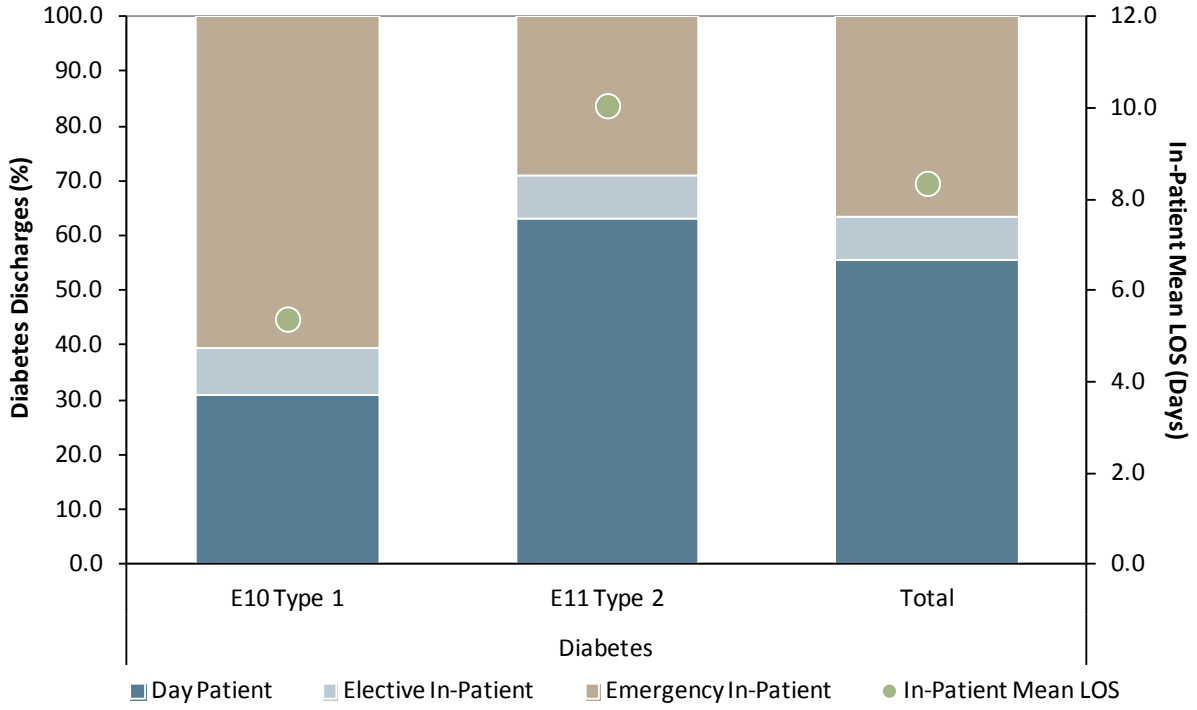
3 In 2012, there were 2,208 *Maternity* discharges with a principal diagnosis of *Diabetes mellitus in pregnancy* (O24), this category includes pre-existing diabetes mellitus and diabetes mellitus arising during pregnancy. These cases are not included in this analysis.

A.1.2 DIABETES TYPE AND ADMISSION TYPE

Figure A 1.1 presents diabetes discharges by diabetes type, length of stay, and admission type.

- Of total diabetes discharges, 55.5 per cent were admitted as day patients and 44.5 per cent were admitted as in-patients.
- Of in-patient diabetes discharges, 82.0 per cent were admitted as emergency in-patients and 18.0 per cent as elective in-patients.
- In-patient diabetes discharges had a mean length of stay of 8.4 days compared to 6.3 days for total HIPE discharges (excl. *Maternity*). They accounted for 49,748 in-patient bed days.
- In-patients with a principal diagnosis of *type 1 diabetes mellitus* reported a mean length of stay of 5.4 days, (11,668 in-patient bed days).
- In-patients with a principal diagnosis of *type 2 diabetes mellitus* reported a mean length of stay of 10.1 days (38,080 in-patient bed days).

FIGURE A 1.1 Diabetes Discharges: Diabetes Type by Patient Type and Admission Type (% and In-Patient Length of Stay)



A.1.3 DEMOGRAPHIC ANALYSIS

Table A 1.1 disaggregates diabetes discharges by sex, age group, and diabetes type.

- Males accounted for 59.6 per cent of total diabetes discharges.
- Over 80 per cent of total diabetes discharges were aged 45 years and over, with the majority in the 65 years and over age group (50.7 per cent).
- Of total discharges with a principal diagnosis of *type 1 diabetes mellitus*, 56.0 per cent were male and 44.0 per cent were female. The majority were aged less than 45 years (62.6 per cent).
- Of total discharges with a principal diagnosis of *type 2 diabetes mellitus*, 60.7 per cent were male and 39.3 per cent were female. The majority were aged 45 years and over (94.0 per cent).
- Male in-patient diabetes discharges had a mean length of stay of 8.7 days, compared with female in-patient diabetes discharges, with a mean length of stay of 7.8 days.

TABLE A 1.1 Diabetes Discharges: Diabetes Type by Sex and Age Group (N, % and In-Patient Length of Stay)

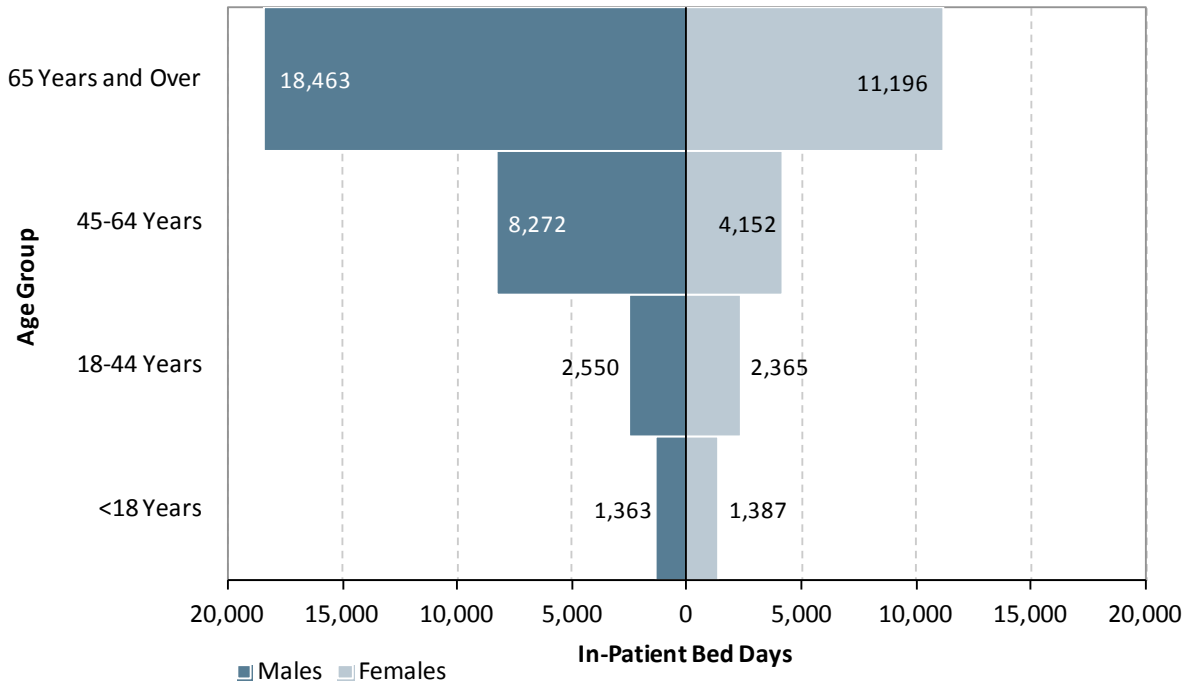
		E10 (*Type 1 Diabetes Mellitus*)			E11 (*Type 2 Diabetes Mellitus*)			Total Diabetes Discharges		
		N	%	Mean In-Patient Length of Stay	N	%	Mean In-Patient Length of Stay	N	%	Mean In-Patient Length of Stay
Male	<18 Years	384	12.2	3.6	14	0.1	2.3	398	3.0	3.6
	18-44 Years	714	22.7	3.7	396	3.9	3.7	1,110	8.3	3.7
	45-64 Years	423	13.5	8.9	2,223	21.7	8.5	2,646	19.8	8.6
	65 Years and Over	238	7.6	11.8	3,579	35.0	12.7	3,817	28.5	12.6
	Total	**1,759**	**56.0**	**5.3**	**6,212**	**60.7**	**10.5**	**7,971**	**59.6**	**8.7**
Female	<18 Years	384	12.2	3.7	7	0.1	4.3	391	2.9	3.7
	18-44 Years	486	15.5	5.3	203	2.0	3.4	689	5.1	4.9
	45-64 Years	315	10.0	7.6	1,042	10.2	7.2	1,357	10.1	7.3
	65 Years and Over	199	6.3	10.1	2,775	27.1	11.1	2,974	22.2	11.0
	Total	**1,384**	**44.0**	**5.5**	**4,027**	**39.3**	**9.3**	**5,411**	**40.4**	**7.8**
Total	<18 Years	768	24.4	3.7	21	0.2	3.0	789	5.9	3.7
	18-44 Years	1,200	38.2	4.4	599	5.9	3.6	1,799	13.4	4.2
	45-64 Years	738	23.5	8.3	3,265	31.9	8.0	4,003	29.9	8.1
	65 Years and Over	437	13.9	11.0	6,354	62.1	12.0	6,791	50.7	11.9
	Total Discharges	**3,143**	**100**	**5.4**	**10,239**	**100**	**10.1**	**13,382**	**100**	**8.4**

Note: Percentage columns are subject to rounding.

Figure A 1.2 disaggregates diabetes in-patient bed days by sex and age group.

- The largest number of in-patient diabetes bed days was accounted for by those aged 65 years and over for both males (18,463 bed days) and females (11,196 bed days).
- The ratio of male to female diabetes in-patient bed days among discharges aged 45 years and over is 1.74 compared to 1.04 among those aged less than 45 years.

FIGURE A 1.2 Diabetes In-Patient Discharges: Sex by Age Group (Bed Days)



A.1.4 PRINCIPAL PROCEDURES

Table A 1.2 presents the top 5 principal procedures for diabetes discharges (day, in-patient, and total) based on ICD-10-AM classification.[4]

- Overall, 83.6 per cent of diabetes discharges underwent a procedure. Over 95 per cent of day patient diabetes discharges had a principal procedure, compared to 69.1 per cent of in-patient diabetes discharges.
- Procedure block *Application, insertion or removal procedures on retina, choroid or posterior chamber* accounted for the highest proportion of day patient diabetes discharges that underwent a principal procedure (37.7 per cent).
- *Generalised allied health interventions* were reported as a principal procedure block for 46.0 per cent of in-patient discharges with at least one procedure reported.[5]

TABLE A 1.2 Diabetes Discharges: Top 5 Principal Procedure Blocks, by Patient Type (N, %)

	Principal Procedure Block		N	% of Top 5 Principal Procedure Blocks	% of Total Discharges with a Principal Procedure
Day Patients	0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	2,664	45.4	37.7
	0211	Destruction procedures on retina, choroid or posterior chamber	1,080	18.4	15.3
	0197	Extracapsular crystalline lens extraction by phacoemulsification	1,048	17.9	14.8
	0160	Examination procedures on eyeball	807	13.8	11.4
	1954	Computerised tomography of orbit (and brain)	264	4.5	3.7
	Top 5 Principal Procedures for Diabetes Day Patients – Total		**5,863**	**100**	**82.9**
	Day Patients with a Principal Procedure		**7,074**	**-**	**100**
	Day Patients – Total (including those with and without a procedure)		**7,424**	**-**	**-**
In-Patients	1916	Generalised allied health interventions	1,896	73.4	46.0
	1952	Computerised tomography of brain	235	9.1	5.7
	1533	Amputation of ankle or foot*	181	7.0	4.4
	1920	Administration of pharmacotherapy	151	5.8	3.7
	0207	Vitrectomy	121	4.7	2.9
	Top 5 Principal Procedures for Diabetes In-Patients – Total		**2,584**	**100**	**62.7**
	In-Patients with a Principal Procedure		**4,119**	**-**	**100**
	In-Patients – Total (including those with and without a procedure)		**5,958**	**-**	**-**
Total	0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	2,684	34.9	24.0
	1916	Generalised allied health interventions	1,948	25.3	17.4
	0197	Extracapsular crystalline lens extraction by phacoemulsification	1,130	14.7	10.1
	0211	Destruction procedures on retina, choroid or posterior chamber	1,117	14.5	10.0
	0160	Examination procedures on eyeball	809	10.5	7.2
	Top 5 Principal Procedures for Diabetes Discharges – Total		**7,688**	**100**	**68.7**
	Total Discharges with a Principal Procedure		**11,193**	**-**	**100**
	Discharges – Total (including those with and without a procedure)		**13,382**	**-**	**-**

Notes: Percentage columns are subject to rounding.

* Includes the following procedures; Amputation of toe, Amputation of toe including metatarsal bone, Transmetatarsal amputation and Amputation of ankle through malleoli of tibia and fibula

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

5 *Generalised allied health interventions* include interventions such as diabetes education, dietetics, physiotherapy, pharmacy, occupational therapy, and social work.

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 who is discharged alive, as scheduled, on the same day (Department of Health and Children, 2001). Births are not included.

Delivery discharges

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

Delivery status

Refers to the disaggregation of *maternity* discharges into delivery and non-delivery status determined by the presence of a diagnosis of delivery (Z37).

Diagnosis Related Group (DRG)

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

Discharge rate

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

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

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

Elective admission	This is an admission or procedure that has been arranged in advance (Department of Health and Children, 2001). This term is generally used to refer to in-patient discharges. The term planned admission may also be used.
Emergency admission	An emergency admission is unforeseen and requires urgent care (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. Up to 2004, the General Medical Services (Payments) Board was responsible for making payments on behalf of the health boards/regional authorities for national schemes (including GP services and prescriptions used by medical card holders). At the end of 2004, the GMS (Payments) Board was replaced by the Primary Care Reimbursement Service.
HSE area of hospitalisation	Refers to the HSE area in which the patient was treated.
HSE area of residence	Refers to the HSE area in which the patient resides.
Hospital In-Patient Enquiry (HIPE)	HIPE is a 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 V4.0 was used in the collection of HIPE data in 2012.
Length of stay	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. Mean length of stay is computed by dividing the number of days stayed by the number of discharges. The median length of stay is the middle value among the ordered lengths of stay, such that half of the values for length of stay are below the median and half the values for length of stay are above the median.
Major Diagnostic Category (MDC)	The MDC is a category generally based on a single body system or aetiology that is associated with a particular medical specialty. However, records assigned to MDCs 01, 15, 18 and 21 may have principal diagnoses associated with other categories. In AR-DRG Version 6.0, there are 23 MDCs.
Medical Assessment Unit	A medical assessment unit (MAU) is a consultant led unit that accepts direct referrals from GPs. It offers priority access to diagnostic facilities and preferably closes at night.
Method of delivery	Refers to the method of delivery derived for 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 code 'Maternity'.

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

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
HIPE collects the number of previous live births and number of previous stillbirths (over 500g) for all cases with admission type code *Maternity.*

Primiparous: These are women who have had no previous pregnancy resulting in a live birth or stillbirth.
Multiparous: These are women who have had at least one previous pregnancy resulting in a live birth or stillbirth.

Patient type
A patient may be admitted to hospital as a day patient (which is planned and does not involve an overnight stay), or an in-patient.

Principal diagnosis
This is the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care, or an attendance at the health care establishment, as represented by a code (Health Data Standards Committee (2006), National Health Data Dictionary, Version 13, AIHW).

Principal and additional procedure
A procedure is defined as a clinical intervention that
- is surgical in nature, and/or
- carries a procedural risk, and/or
- carries an anaesthetic risk, and/or
- requires specialised training, and/or
- requires special facilities or equipment only available in an acute care setting.

The order of codes should be determined using the following hierarchy:
- procedure performed for treatment of the principal diagnosis
- procedure performed for treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care (NCCH, 2008).

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

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
Fx	Fracture
g	Grams
GMS	General Medical Services
GP	General Practitioner
HIPE	Hospital In-Patient Enquiry
HIV	Human Immunodeficiency Virus
HSE	Health Service Executive
ICD-10-AM	Tenth Revision of the International Classification of Diseases, Australian Modification, 6th 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

Table of Contents

APPENDIX I:	**HIPE HOSPITALS**	**181**
APPENDIX II:	**HIPE DATA COLLECTED**	**183**
APPENDIX III:	**HIPE DATA ENTRY FORM**	**185**
APPENDIX IV:	**BED DATA**	**186**
APPENDIX V:	**POPULATION ESTIMATES, 2012**	**188**
APPENDIX VI:	**DERIVED VARIABLES**	**189**
APPENDIX VII:	**REFERENCE TABLES**	**190**
APPENDIX VIII:	**AUSTRALIAN CODING STANDARD 0042**	**191**

APPENDIX I: HIPE HOSPITALS

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

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

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

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

Notes: Total number of hospitals participating in 2012: 57

a There was some under reporting of data in particular hospitals in 2012. Roscommon Hospital (coded and returned 61.3 per cent of their discharges), Bantry Hospital (coded and returned 71.2 per cent of their discharges), and Our Lady of Lourdes Hospital, Drogheda (coded and returned 97.1 per cent of their discharges.

b Cherry Orchard Hospital, Ballyfermot ceased submitting data to HIPE in September 2012. No 2012 data was submitted for St. Mary's Orthopaedic Hospital, Gurranebraher; acute services have now transferred to Cork university Hospital.

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.[a]
	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 Parity: Still births Mandatory for all cases with admission type maternity.
	Specialty	Refers to specialty of consultant associated with the principal diagnosis and is assigned locally based on a list provided by the Department of Health 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[b]

Notes: * For details of all variables collected by HIPE see HIPE Data Dictionary 2012 Version 4.0.

a For *Maternity* discharges on or after 1 January 2009 there is no longer a distinction between elective and emergency admissions as in previous years.

b 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 2012 Version 4.0, available at www.hipe.ie

APPENDIX III: HIPE DATA ENTRY FORM

FIGURE III.1 HIPE Data Entry Form, 2012

Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with HIPE on ALL DISCHARGES FROM 01.01.2012

Hospital No. | | MRN | | | | | | |

Sex

Admission Date / /

Admission Time _ _ : _ _

Discharge Date / /

Discharge Time _ _ : _ _

W/List If=1-2 | Mode If=4,5,7

Type (priority) of admission

Admission Source

Discharge Code

Date of Birth / /

FOR LOCAL COLLECTION ONLY

*Name:_____

*Address:_____

_____

Affix Label

Area of Residence | | |

Marital /Civil Status

Medical Card

*GMS Number | | | | | | | |

Discharge Status

Health Insurer

Parity Still + Live

Admitting Ward | | | | |

Discharge Ward | | | | |

Transfer from | | |

Transfer to | | |

Temp Leave Days

Date of Transfer to rehab/PDU / /

Infant Admit Weight (grams) | | |

Day Case

Day Ward

Day Ward ID | | | | |

Oncology Day Ward Flag

Days in a Private Bed

Days in a Semi-Private Bed

Days in a Public Bed

Days (or part there of) in ICU

For use on all discharges from 01.01.2012

Admitting Consultant | | |

Discharge Consultant | | |

Primary Consultant | | |

Intensive Care Consultant | | |

Up to 10 **Intensive Care** consultants may be recorded

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:

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

** More than one consultant can be recorded.

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

APPENDIX IV: BED DATA

The HIPE Report has historically reported on figures for the number of beds in HIPE hospitals.[1] These were initially produced by the Department of Health, but since 2006 have been provided by the HSE.

Number of Beds in HIPE Hospitals, 2008–2012

Table IV.1 shows the number of beds in HIPE hospitals over the years 2008–2012.

TABLE IV.1 Number of Beds in HIPE Hospitals, 2008-2012

	2008 (%)	2009 (%)	2010 (%)	2011 (%)	2012 (%)	Average Annual % Change[a]	% Change
						2008-2012	2011-2012
Day Patient Beds	1,697 (12.2)	1,774 (13.1)	1,859 (14.0)	1,938 (14.8)	2,051 (16.0)	4.9	5.8
In-Patient Beds	12,182 (87.8)	11,751 (86.9)	11,417 (86.0)	11,113 (85.2)	10,766 (84.0)	-3.0	-3.1
Total Hospital Beds	**13,879 (100)**	**13,525 (100)**	**13,276 (100)**	**13,051 (100)**	**12,817 (100)**	**-2.0**	**-1.8**

Notes: Percentages are reported in parentheses.
It should be noted when interpreting data on the number of hospital beds that the number of participating hospitals will have changed over time.
Source: Most up to date data was provided by the Business Information Unit in the HSE (November 2013) and via personal communication from particular hospitals (October–November 2013).

The following tables indicate the volume and distribution of beds across the health system for 2012.

Number of Beds in HIPE Hospitals by HSE Region

Table IV.2 shows the number of HIPE hospital beds by HSE Region.

TABLE IV.2 Number of Beds in HIPE Hospitals by HSE Region, 2012

	Day Patient Beds		In-Patient Beds		Total HIPE Hospital Beds	
	N	%	N	%	N	%
HSE Dublin North East	506 24.7	17.5	2,389 22.2	82.5	2,895 22.6	100
HSE Dublin Mid Leinster	615 30.0	14.7	3,567 33.1	85.3	4,182 32.6	100
HSE South	429 20.9	15.0	2,425 22.5	85.0	2,854 22.3	100
HSE West	501 24.4	17.4	2,385 22.2	82.6	2,886 22.5	100
Total Hospital Beds	**2,051 100**	**16.0**	**10,766 100**	**84.0**	**12,817 100**	**100**

Notes: Percentages columns are subject to rounding.
See additional notes and Source under Table IV.1.

[1] The Business Information Unit in the HSE estimated the number of beds as the average number of beds per day that were available throughout the year and is exclusive of bed closures.

Number of Beds in HIPE Hospitals by Hospital Type

Table IV.3 shows the number of HIPE hospital beds by Hospital Type.

TABLE IV.3 Number of Beds in HIPE Hospitals by Hospital Type, 2012

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
General Hospitals	**1,842** **89.8**	**16.6**	**9,234** **85.8**	**83.4**	**11,076** **86.4**	**100**
Voluntary	728 35.5	17.8	3,362 31.2	82.2	4,090 31.9	100
Regional	482 23.5	17.0	2,361 21.9	83.0	2,843 22.2	100
County	632 30.8	15.3	3,511 32.6	84.7	4,143 32.3	100
Special Hospitals	**209** **10.2**	**12.0**	**1,532** **14.2**	**88.0**	**1,741** **13.6**	**100**
Total (All Hospital Types)	**2,051** **100**	**16.0**	**10,766** **100**	**84.0**	**12,817** **100**	**100**

Notes: Percentages columns are subject to rounding.
See additional notes and Source under Table IV.1.

APPENDIX V: POPULATION ESTIMATES, 2012

Table V.1 presents the population data estimated in the ESRI which was used to calculate rates in Section Two. These are presented by sex, age group and HSE area of residence.

TABLE V.1 Population Estimates (Total, Male, Female by Age Group) by HSE Area of Residence, 2012

		HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
Total Population	<1 Years	17,892	22,573	17,939	15,663	74,067
	1-14 Years	215,020	266,086	233,364	206,793	921,263
	15-24 Years	130,476	162,395	136,492	126,268	555,631
	25-34 Years	185,202	231,112	170,373	148,776	735,464
	35-44 Years	167,406	207,610	174,619	152,649	702,284
	45-54 Years	132,191	166,035	154,706	136,209	589,141
	55-64 Years	103,208	127,982	125,005	115,661	471,857
	65-74 Years	68,545	83,065	86,672	77,931	316,213
	75-84 Years	37,948	45,318	48,077	44,207	175,550
	85 and Over	12,194	14,433	15,335	15,748	57,710
	Total	**1,070,081**	**1,326,610**	**1,162,581**	**1,039,906**	**4,599,179**
Male Population	<1 Years	9,446	11,590	9,225	7,826	38,087
	1-14 Years	114,767	135,849	119,375	101,058	471,049
	15-24 Years	68,100	80,969	68,753	61,154	278,975
	25-34 Years	91,777	110,817	82,043	70,084	354,722
	35-44 Years	86,646	103,152	87,543	73,054	350,395
	45-54 Years	68,078	81,624	77,429	65,650	292,781
	55-64 Years	53,428	62,799	63,191	56,170	235,588
	65-74 Years	35,177	40,009	42,929	37,505	155,620
	75-84 Years	17,117	19,346	21,396	19,276	77,135
	85 and Over	4,004	4,360	4,816	4,699	17,879
	Total	**548,539**	**650,515**	**576,700**	**496,477**	**2,272,231**
Female Population	<1 Years	8,445	10,983	8,714	7,837	35,980
	1-14 Years	100,253	130,237	113,989	105,735	450,214
	15-24 Years	62,376	81,427	67,739	65,114	276,655
	25-34 Years	93,425	120,295	88,329	78,692	380,741
	35-44 Years	80,760	104,459	87,075	79,596	351,889
	45-54 Years	64,113	84,411	77,276	70,559	296,359
	55-64 Years	49,781	65,183	61,814	59,491	236,269
	65-74 Years	33,368	43,056	43,743	40,426	160,594
	75-84 Years	20,831	25,972	26,681	24,931	98,415
	85 and Over	8,190	10,073	10,519	11,049	39,831
	Total	**521,542**	**676,095**	**585,881**	**543,429**	**2,326,948**

Notes: Data were constructed by single year of age, sex and county with counties Dublin and Tipperary split into north and south components as per the HSE area definitions. The estimates were derived using a cohort component model using actual births and deaths taken from the CSO Vital Statistics. International migration figures were taken from the CSO Migration and Population Estimates and county level international and internal migration was generated using assumptions about the spatial pattern of migration.

Data was provided at decimal level, therefore the totals are subject to rounding.

Source: Population estimates for 2012 were obtained from the ESRI (October 2013).

APPENDIX VI: DERIVED VARIABLES

For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. Table VI.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 VI.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	'New born' (7)
5	'Transfer from hospice - not in HIPE listing'	5	'Other' (8, 9, 0)
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'		

Note: For further information on all variables collected by HIPE see HIPE Data Dictionary 2012 Version 4.0 available at www.hipe.ie

APPENDIX VII: REFERENCE TABLES

Table VII.1 presents the data used to produce Figures 2.12a to 2.12d in Section Two.

TABLE VII.1 Total Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Region of Residence by County of Residence and Patient Type (N, %)

		Day Patients		Elective In-Patients		Emergency In-Patients		Total Discharges (excl. *Maternity*)	
		N	%	N	%	N	%	N	%
HSE Dublin North East	Dublin North	103,712	86.9	9,827	86.0	36,468	90.1	150,007	87.6
	Cavan	15,847	92.0	1,397	80.8	8,480	95.4	25,724	92.4
	Monaghan	12,886	92.5	1,028	81.7	5,748	96.2	19,662	92.9
	Louth	22,974	90.9	2,136	83.0	12,057	96.6	37,167	92.2
	Meath	24,727	81.5	2,543	74.1	13,994	87.8	41,264	83.0
	Total	**180,146**	**87.4**	**16,931**	**82.9**	**76,747**	**91.6**	**273,824**	**88.3**
HSE Dublin Mid Leinster	Dublin South	119,619	93.0	10,680	85.6	43,563	92.8	173,862	92.5
	Kildare	27,282	81.2	3,266	80.6	13,578	85.5	44,126	82.4
	Wicklow	27,563	94.6	2,532	85.0	8,283	92.2	38,378	93.4
	Longford	5,536	67.4	776	74.2	4,072	89.1	10,384	75.1
	Westmeath	16,731	77.3	1,626	74.0	8,267	82.6	26,624	78.7
	Offaly	16,418	88.1	1,505	82.8	6,409	89.4	24,332	88.1
	Laois	15,802	93.7	1,667	90.4	7,329	95.1	24,798	93.9
	Total	**228,951**	**89.2**	**22,052**	**83.5**	**91,501**	**90.4**	**342,504**	**89.1**
HSE South	Carlow	4,480	52.3	678	52.0	5,878	88.5	11,036	66.8
	Wexford	19,294	74.2	1,717	54.3	14,994	92.7	36,005	79.4
	Kilkenny	8,225	79.5	1,086	62.8	8,554	94.7	17,865	84.6
	Tipp South	11,889	85.9	2,548	84.3	8,835	95.4	23,272	89.1
	Waterford	18,025	93.6	1,961	80.6	9,562	97.0	29,548	93.7
	Cork	103,055	98.2	13,935	93.9	38,529	98.2	155,519	97.8
	Kerry	22,828	96.2	2,779	86.9	10,503	97.4	36,110	95.8
	Total	**187,796**	**90.9**	**24,704**	**83.2**	**96,855**	**95.9**	**309,355**	**91.7**
HSE West	Limerick	28,459	88.1	4,061	79.7	15,042	91.0	47,562	88.2
	Clare	16,226	95.2	2,386	86.4	9,081	96.2	27,693	94.7
	Tipp North	10,337	72.5	1,248	60.7	4,061	59.2	15,646	67.5
	Galway	55,487	97.1	5,166	88.7	21,831	97.3	82,484	96.6
	Roscommon	13,065	90.3	1,671	83.3	4,733	90.9	19,469	89.8
	Mayo	35,835	96.8	4,522	91.0	12,374	97.2	52,731	96.3
	Leitrim	5,654	79.9	501	65.0	2,160	79.6	8,315	78.8
	Sligo	19,848	95.3	1,851	83.9	7,930	96.9	29,629	95.0
	Donegal	33,344	94.2	3,326	74.6	17,426	95.9	54,096	93.3
	Total	**218,255**	**92.7**	**24,732**	**82.0**	**94,638**	**92.5**	**337,625**	**91.8**

Note: Percentage columns are subject to rounding.

APPENDIX VIII: AUSTRALIAN CODING STANDARD 0042

Australian Coding Standard 0042 Procedures not Normally Coded[2]

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)

[2] 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)

Health Research and Information Division
The Economic and Social Research Institute

Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ireland

Telephone + 353 1 8632000
Fax + 353 1 8632100

www.esri.ie

ISBN 978-0-7070-03603