

Activity in Acute Public Hospitals in Ireland

2014
ANNUAL REPORT

Healthcare Pricing Office
December 2015



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Summary Description

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

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

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

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EXECUTIVE SUMMARY

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

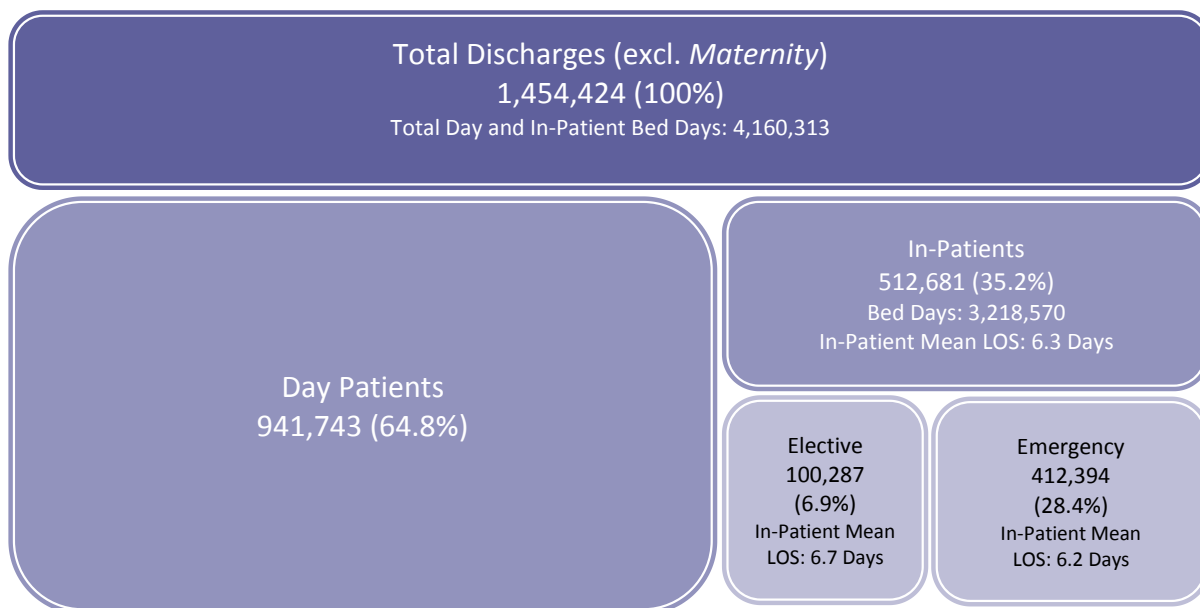
This report relates to discharges that occurred in the 2014 calendar year. The aim is to present an overview of discharge activity in acute public hospitals in Ireland. The demographic and morbidity analysis for *Maternity* discharges are presented separately in specified sections of the *Activity in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

Total Discharges
1,592,672 (100%)

Total Discharges (excl. *Maternity*)
1,454,424 (91.3%)

Maternity
138,248
(8.7%)

TOTAL DISCHARGES (EXCL. *MATERNITY*), 2014



Sex

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

Age

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

Marital/Civil Status

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

Public/Private Status

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

General Medical Service (GMS) Status

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

Admission Source

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

Discharge Destination

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

Day of Admission

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

Day of Discharge

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

Month of Admission

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

MORBIDITY ANALYSIS

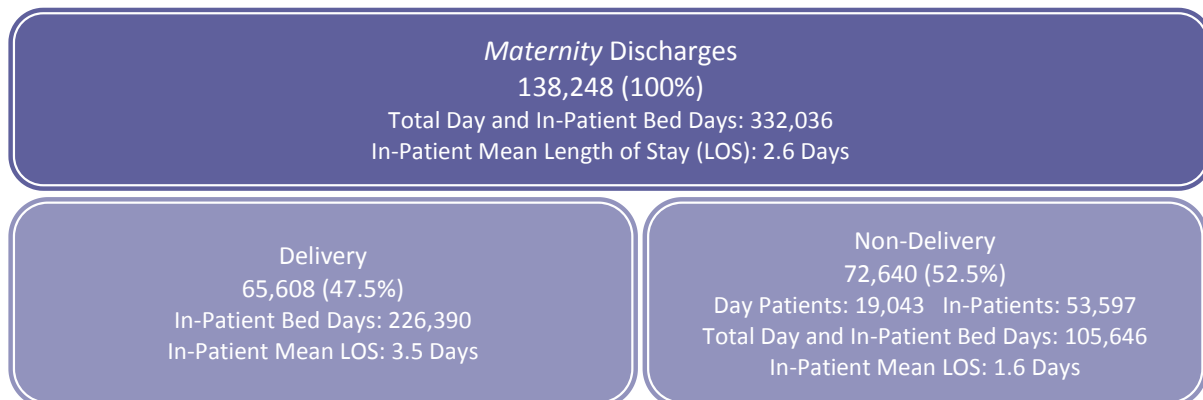
Day Patients

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

In-Patients

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

MATERNITY DISCHARGES, 2014



DELIVERY

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

CASE MIX ANALYSIS

Total Discharges
1,592,672 (100%)

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

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

Overview SECTION

ONE

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1.1 INTRODUCTION

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

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

1.2 BACKGROUND

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

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

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

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

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

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

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

⁶ Available at www.hpo.ie

1.3 DATA SOURCES FOR ANNUAL REPORT 2014

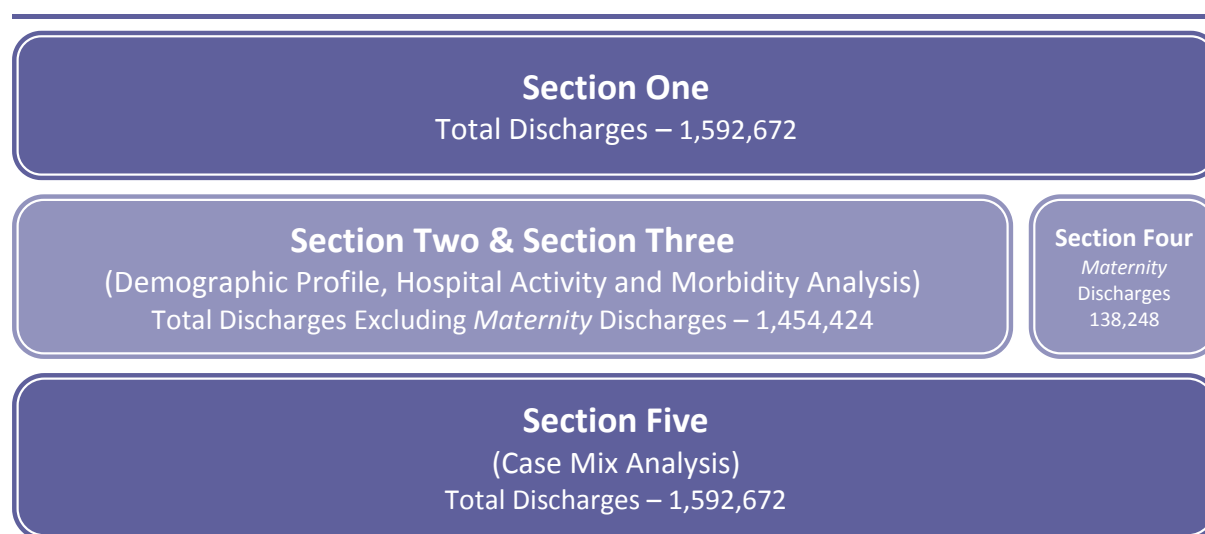
HIPE: The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland.^{7,8} In 2014, 54 public hospitals in Ireland participated in HIPE (see Appendix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

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

1.4 STRUCTURE OF ANNUAL REPORT 2014

Figure 1.1 outlines the structure of the Annual Report 2014. It presents the number of discharges included in each of the five sections of the report. The report follows the same structure as *Activity in Acute Public Hospitals in Ireland* Annual Reports 2010–2013.¹⁰

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



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

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

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

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

The remainder of the report is structured as follows:

Section Two

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

Section Three

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

Section Four

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

Section Five

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

Annex

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

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

Glossary and Abbreviations

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

1.5 SCOPE OF HIPE DATA

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

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

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

1.6 METHODS AND DEFINITIONS

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

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

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

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

1.7 DISCHARGES REPORTED TO HIPE, 2010-2014

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

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

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

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

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

Contd. overleaf

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

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

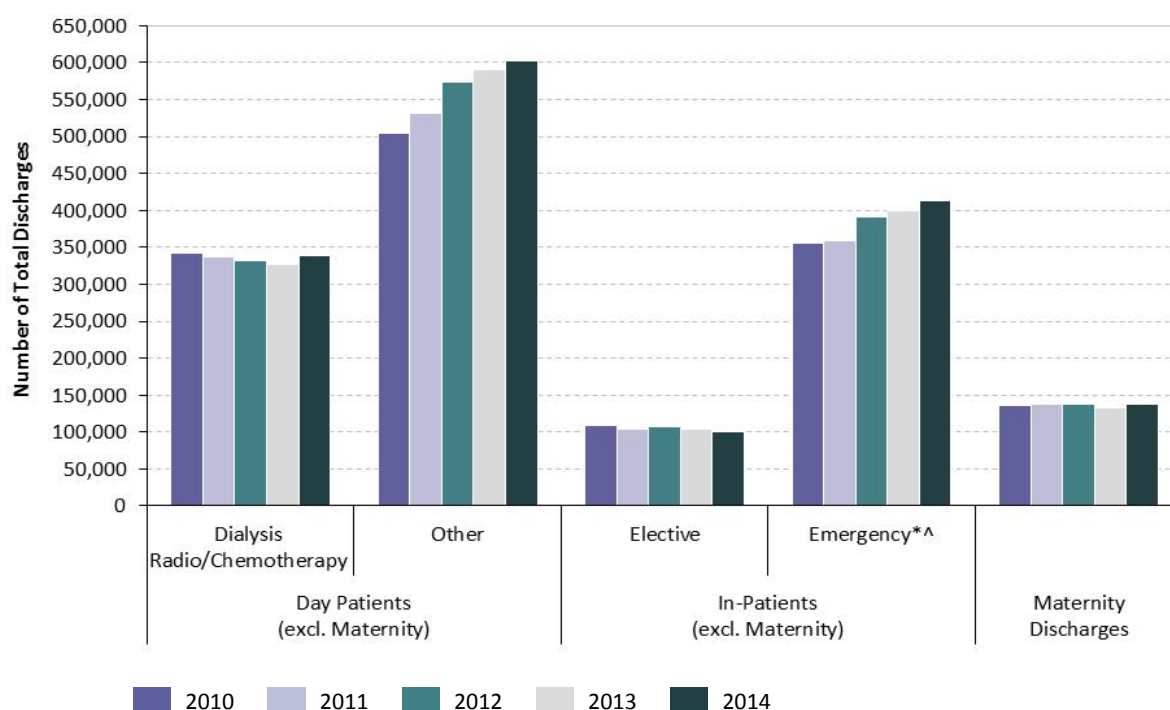
Notes: Percentage columns are subject to rounding.

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

Sources: Data on discharges and bed days for 2010–2014 were obtained from HIPE.

Population estimates for 2010–2014 were obtained from the Central Statistics Office.

(<http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/Define.asp?maintable=PEA01&PLanguage=0> – Accessed 4th August 2015.)

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

Notes:

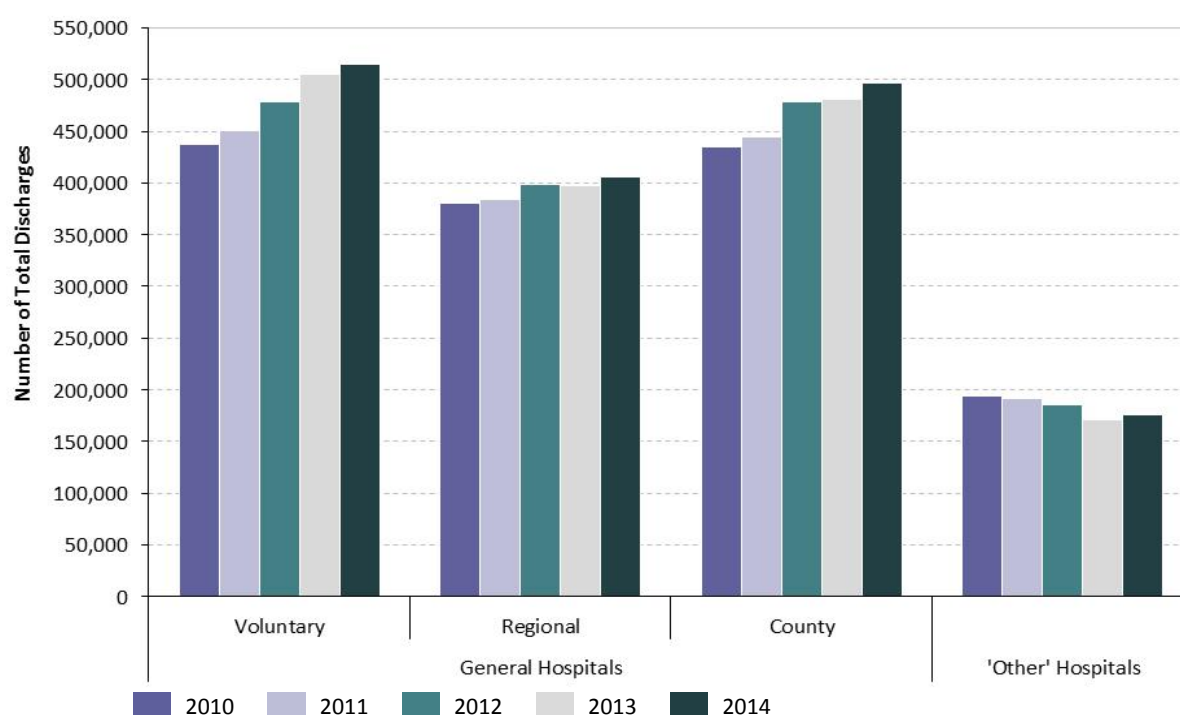
See Appendix I for a list of hospitals that participated in HIPE in 2014.

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

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

Source:

Data for 2010–2014 were obtained from HIPE.

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

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

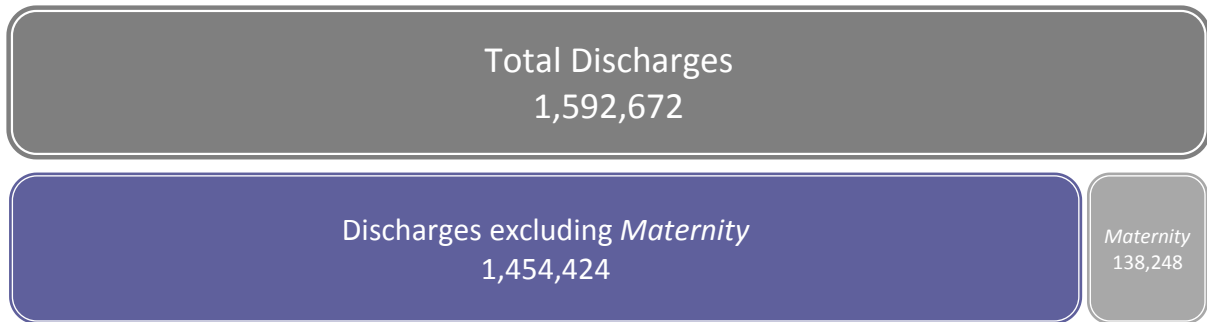
Source: Data for 2010–2014 were obtained from HIPE.

Discharge Overview SECTION
2014

TWO

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2.1 INTRODUCTION

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

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

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

2.2 WHO

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

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

2.2.1 Age

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

Discharges

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

Length of Stay

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

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

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

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

Note: Percentage columns are subject to rounding.

2.2.1.1 Age and Sex

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

Discharges

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

Length of Stay

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

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

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

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

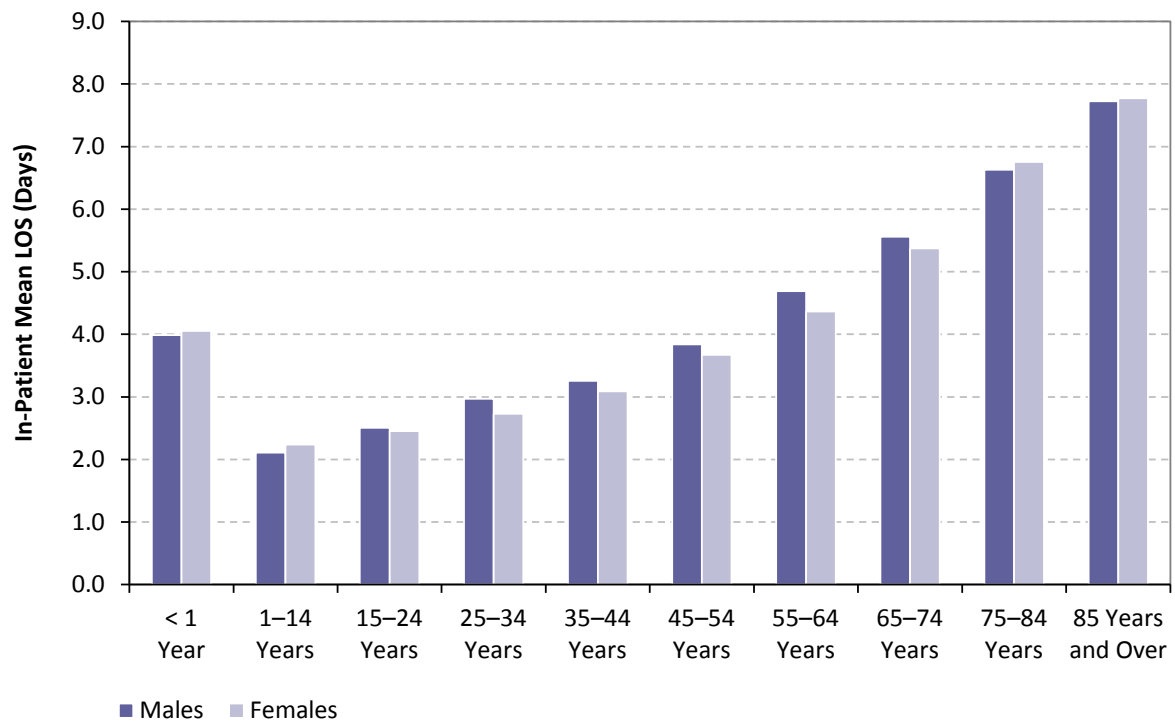
Note: Percentage columns are subject to rounding.

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

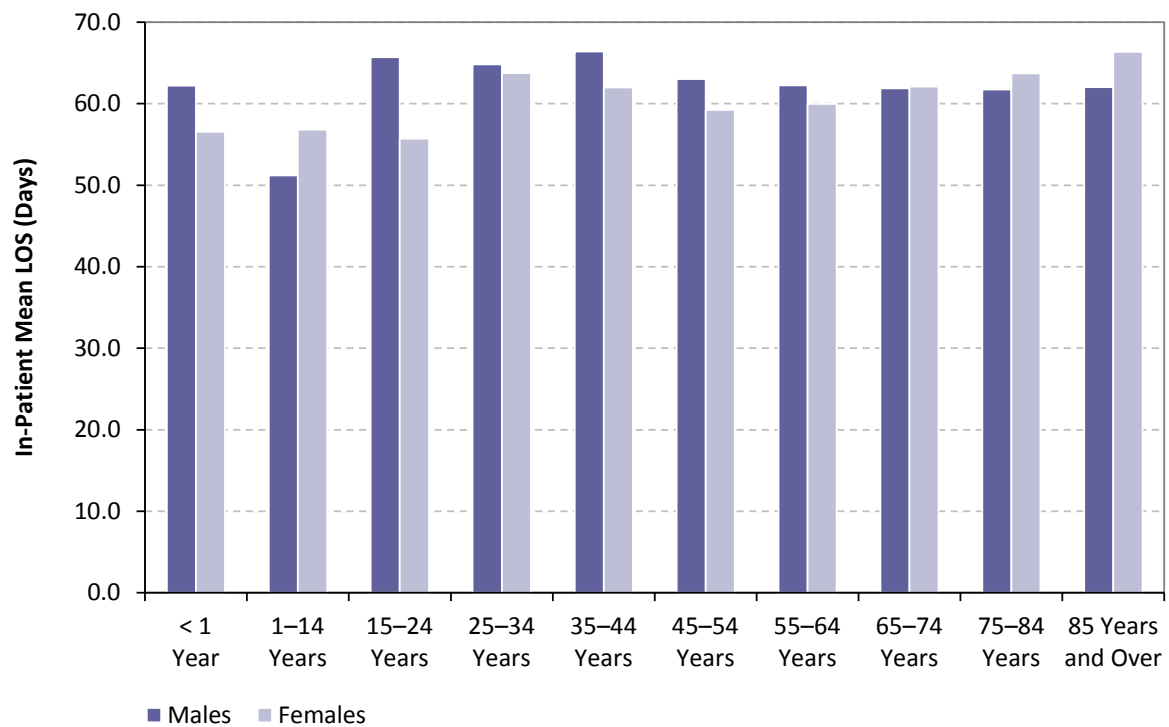
| | Discharges and Bed Days | | | | | | | | | | | | | | | |
|--|-------------------------|------|-------------------|------|-----------|------|---------------------|------|----------|------|-------------------|------|-----------|------|--|------|
| | Day Patients | | In-Patients | | | | | | | | | | |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

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

Note: Percentage columns are subject to rounding.

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

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

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

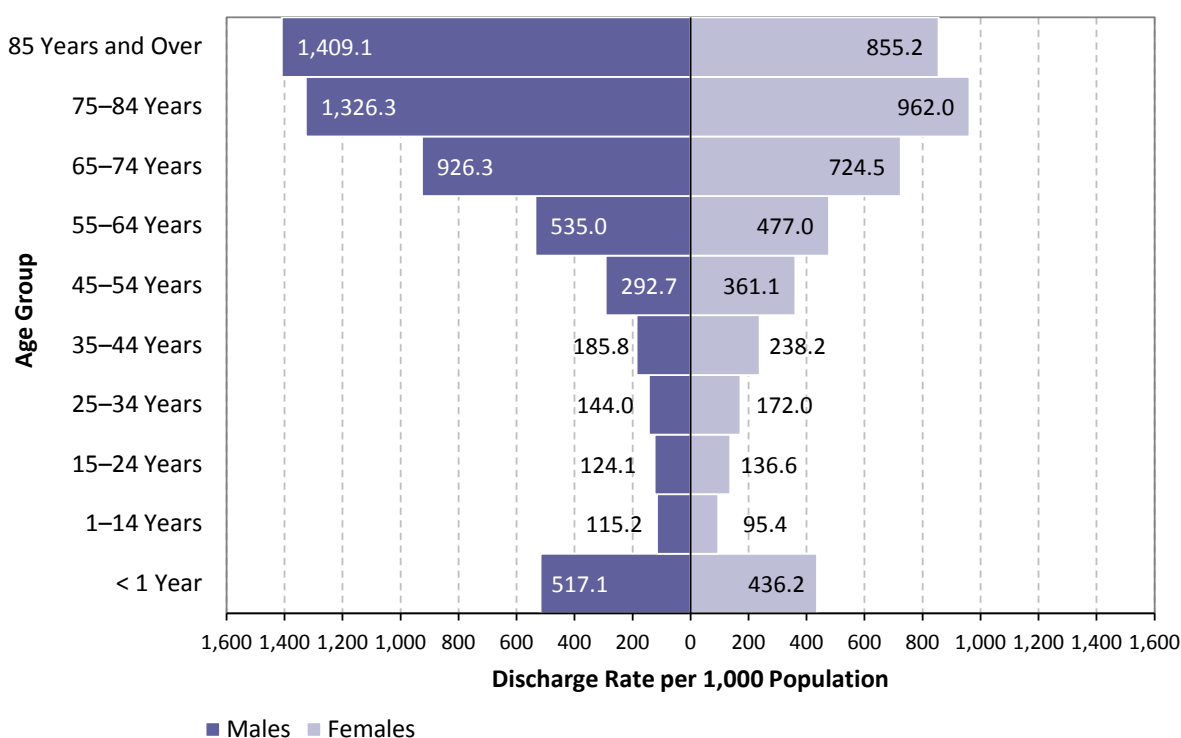
Note: Extended stay in-patient discharges have a length of stay in excess of 30 days.

2.2.1.2 Discharge Rates by Age and Sex

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

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

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



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

2.2.2 Marital/Civil Status

2.2.2.1 Marital/Civil Status by Patient Type

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

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

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

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

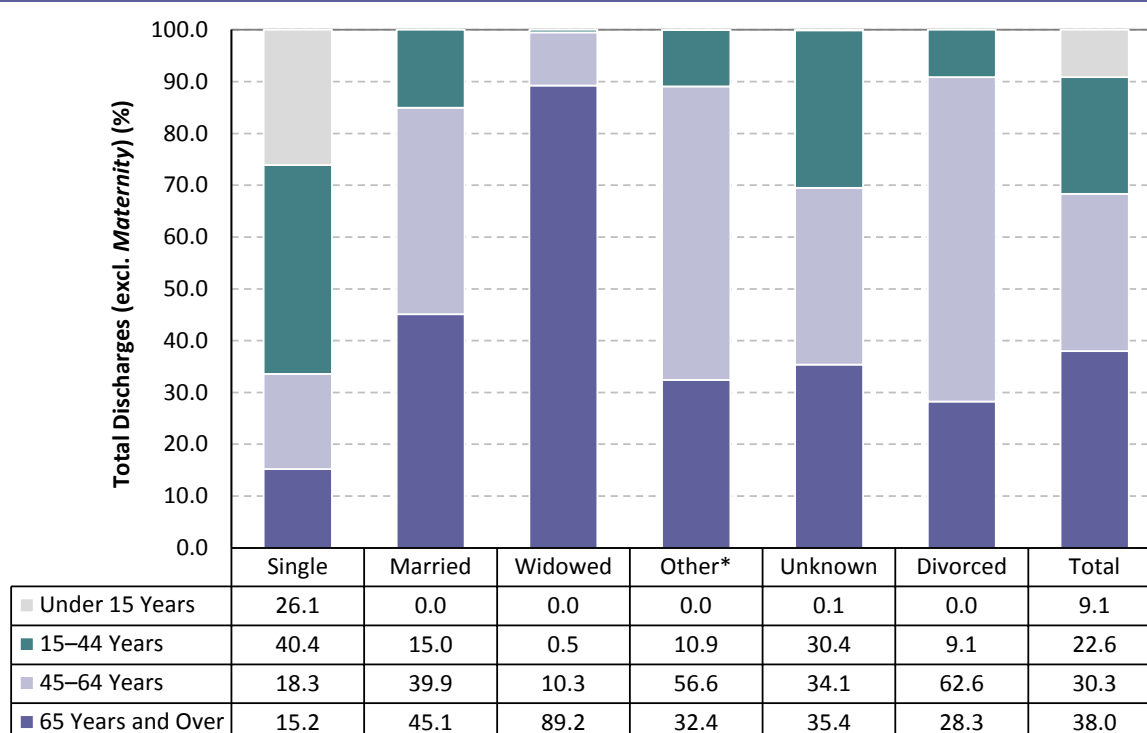
Notes: Percentage columns are subject to rounding.

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

2.2.2.2 Marital/Civil Status by Age

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

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

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

Notes: Percentage columns are subject to rounding.

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

2.2.3 Public/Private Status

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

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

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

² For length of stay analysis see Table 2.8.

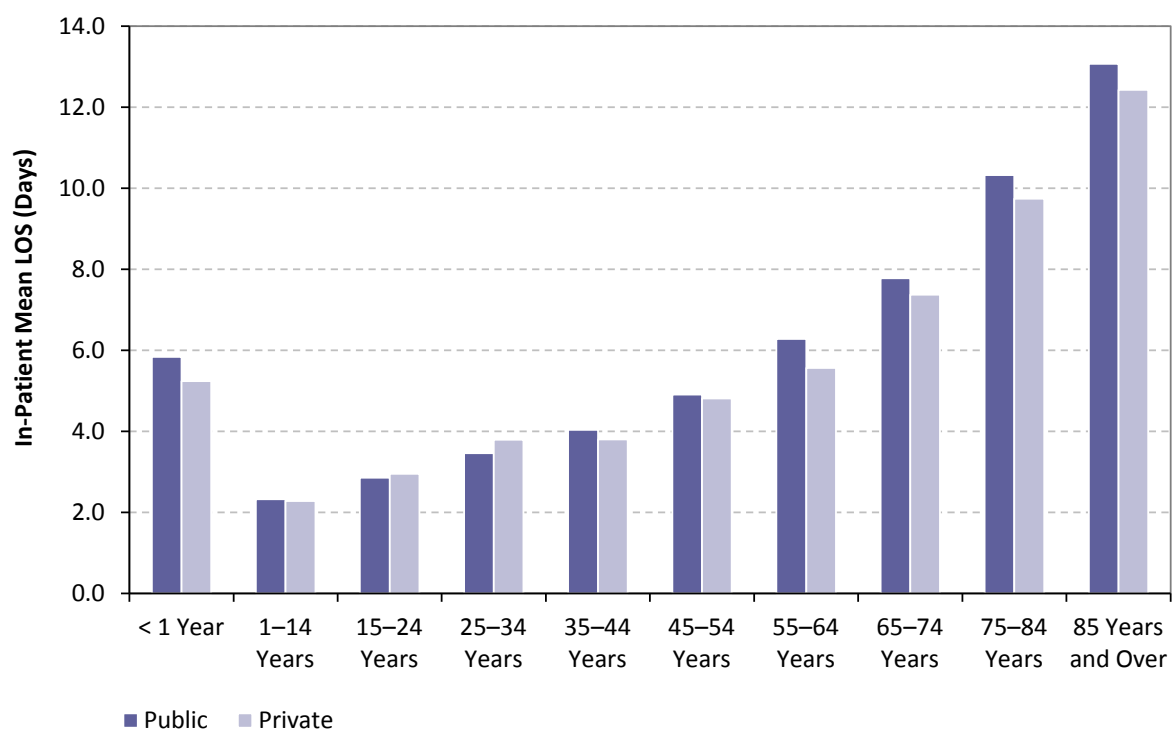
TABLE 2.3 Total Discharges (excl. *Maternity*): Public/Private Status by Age Group (N, %)

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

Note: Percentage columns are subject to rounding.

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

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

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

2.2.4 GMS Status

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

2.2.4.1 GMS Status by Age Group

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

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

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

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

Notes: Percentage columns are subject to rounding.

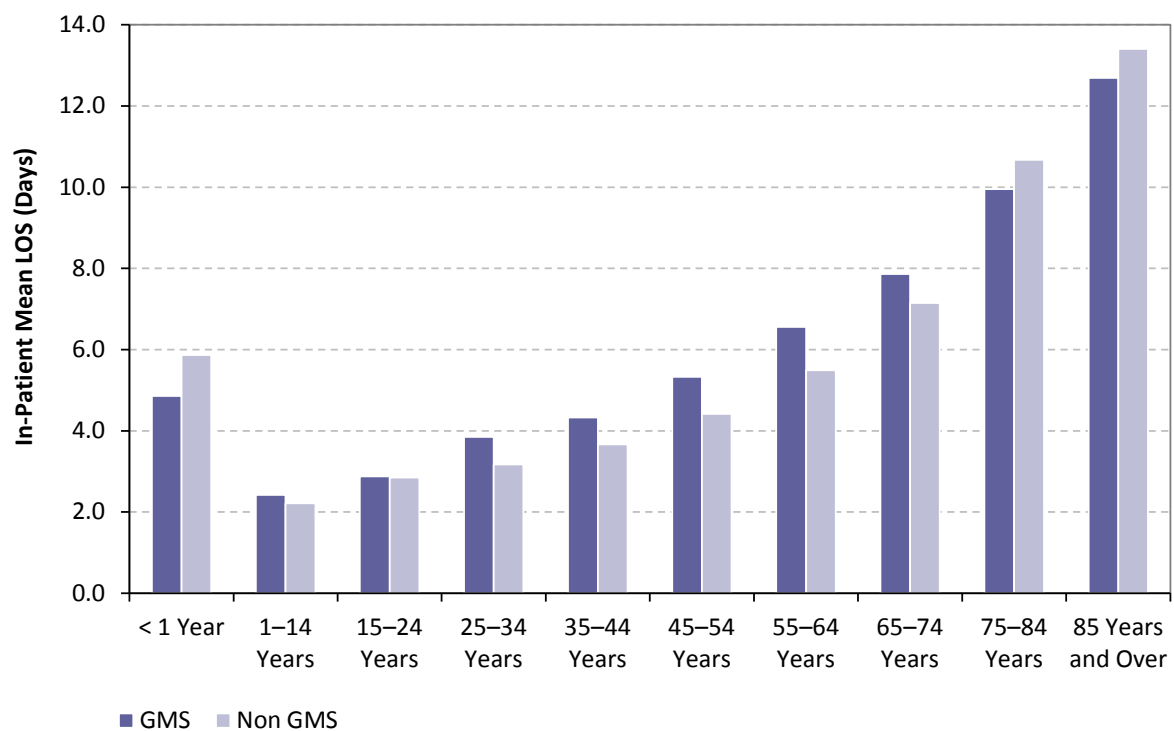
a Relates to discharges for whom GMS status was not known.

³ For length of stay analysis see Table 2.5.

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

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

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



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

2.2.4.2 GMS Status by Patient Type

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

2.2.6 Public/Private Status by GMS Status and Patient Type

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

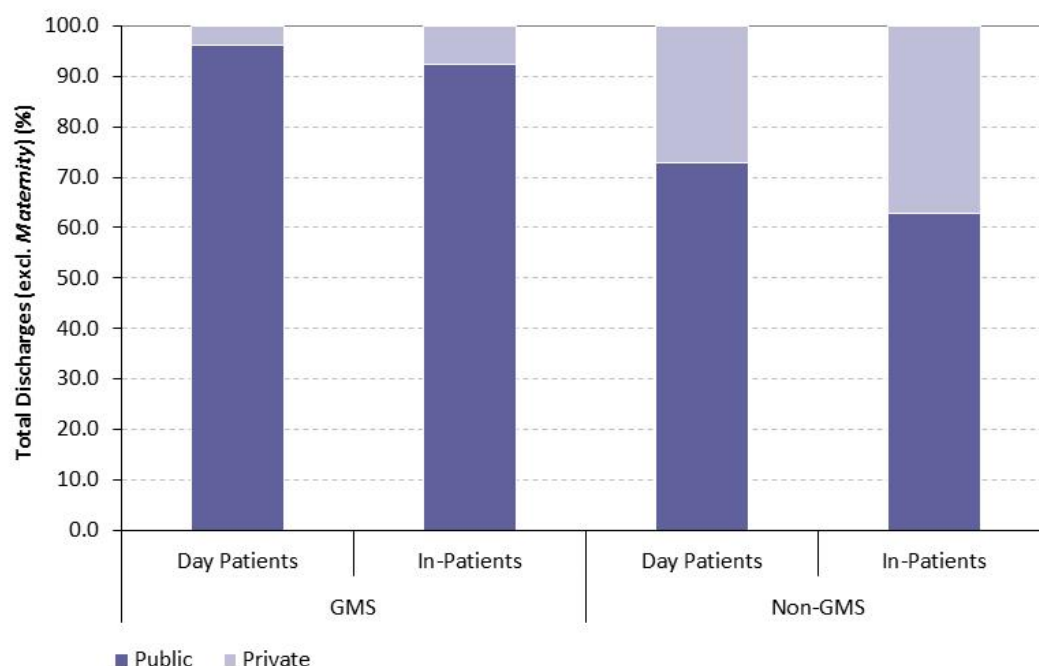
- For GMS in-patient discharges, 92.4 per cent were treated on a public basis compared to 7.6 per cent who were treated privately.
- For non-GMS in-patient discharges, 62.8 per cent were treated on a public basis with the remaining 37.2 per cent treated on a private basis.

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

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

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

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



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

2.3 WHERE

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

2.3.1 Hospital Group

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

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

Discharges

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

Length of Stay

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

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

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

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

Notes:

Percentage columns are subject to rounding

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

2.3.2 Hospital Type

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

2.3.2.1 Hospital Type by Admission Type

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

Discharges

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

Length of Stay

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

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

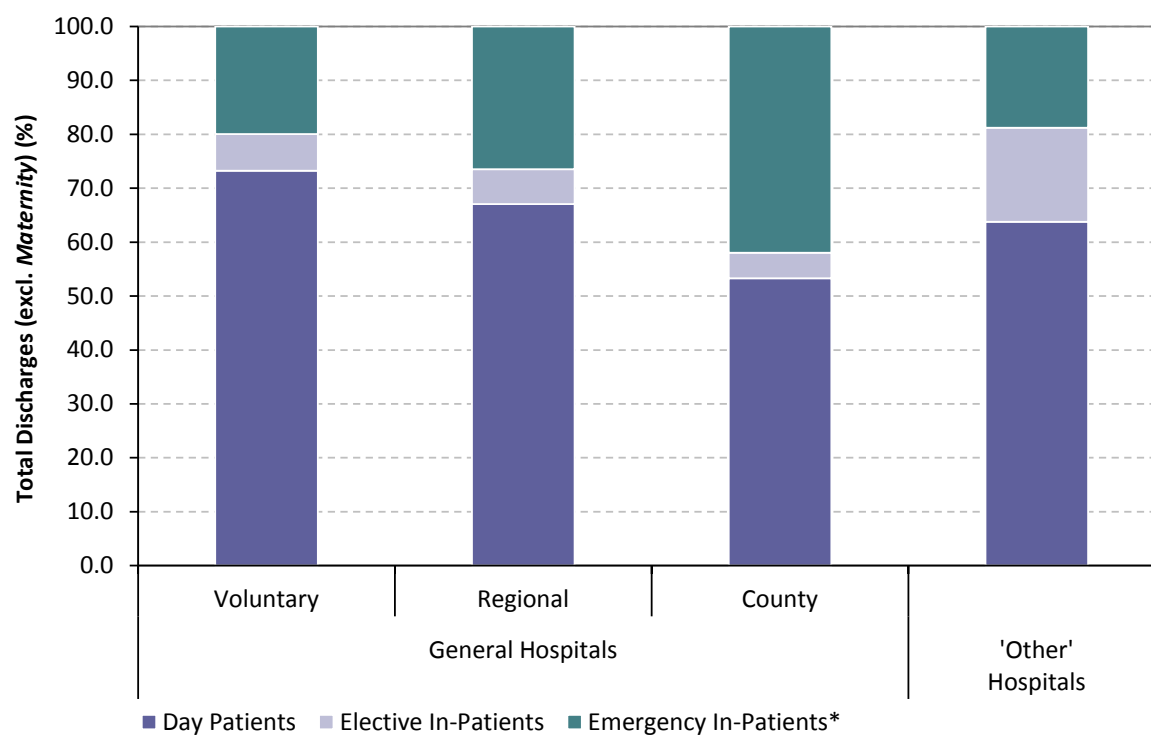
TABLE 2.8 Total Discharges (excl. *Maternity*): Hospital Type by Patient Type and Admission Type (N, % and In-Patient Length of Stay)

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

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

Notes: Percentage columns are subject to rounding.

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

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

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

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

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

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

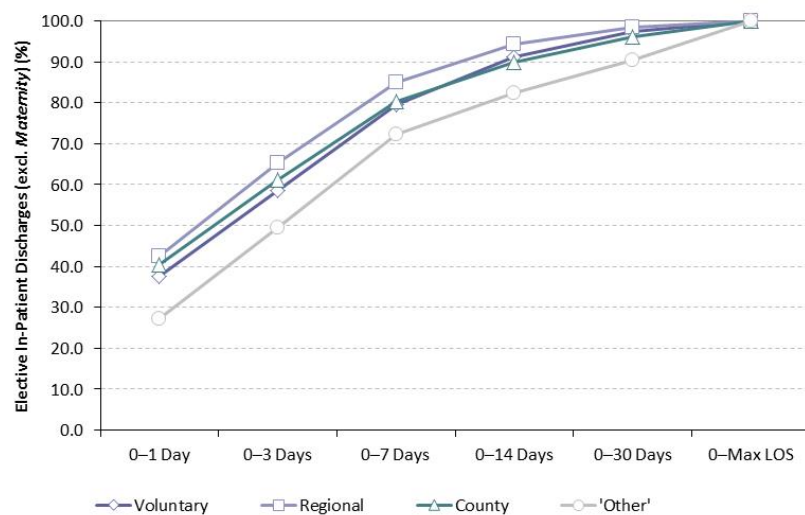
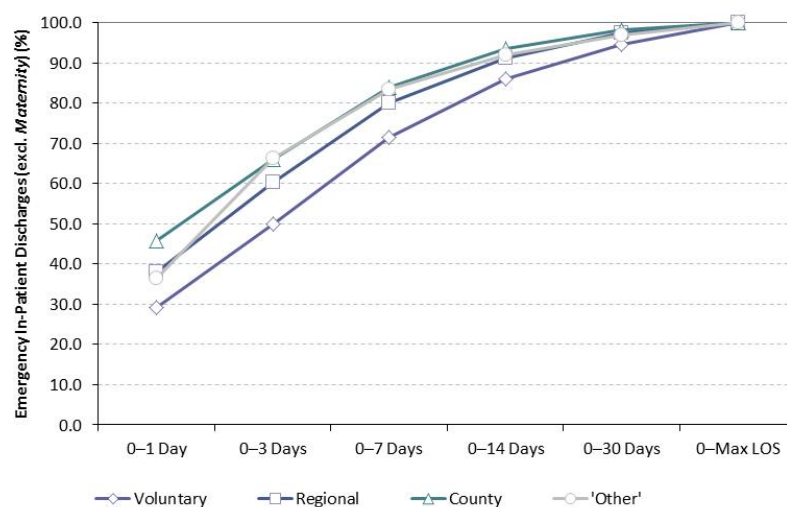


FIGURE 2.9b Emergency In-Patient Discharges^a: Length of Stay by Hospital Type (Cumulative Percentage)



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

2.3.2.2 Hospital Type by Public/Private Status

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

Discharges

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

Length of Stay

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

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

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

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

Note: Percentage columns are subject to rounding.

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

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

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

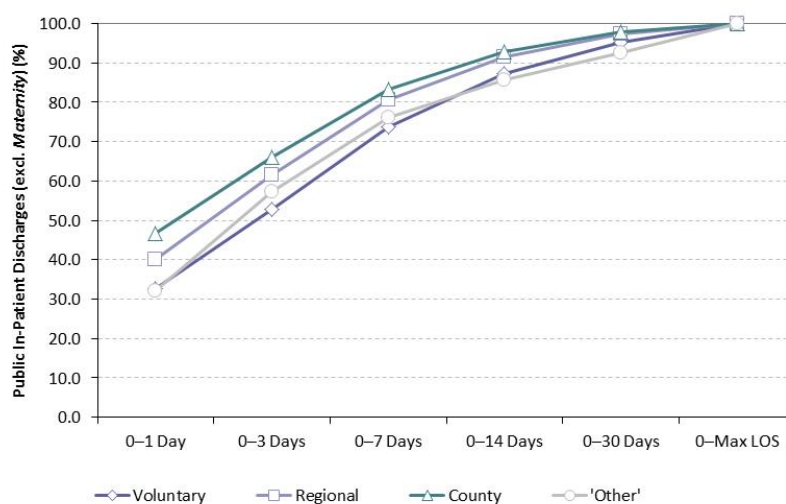
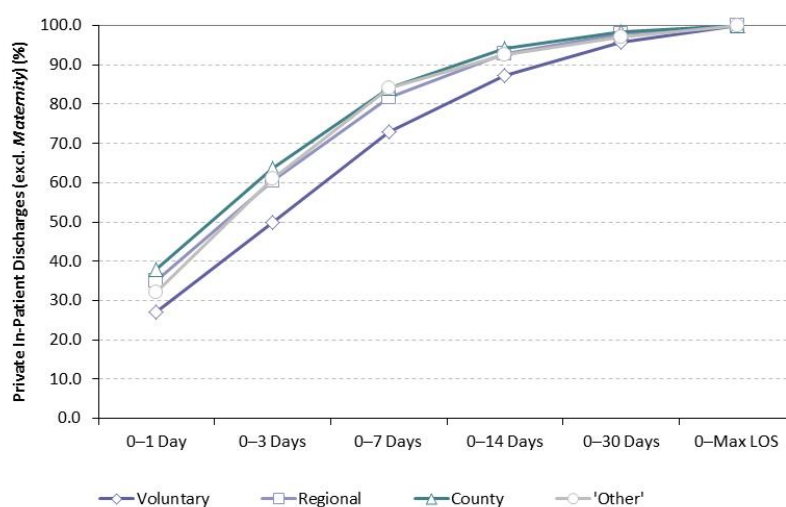


FIGURE 2.10b Private In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage)



2.3.3 Admission Source

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

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

2.3.4 Discharge Destination

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

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

2.3.5 Admission Source by Discharge Destination

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

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

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

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

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

2.4 WHEN

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

2.4.1 Day of Admission

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

Discharges

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

Length of Stay

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

2.4.2 Day of Discharge

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

Discharges

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

Length of Stay

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

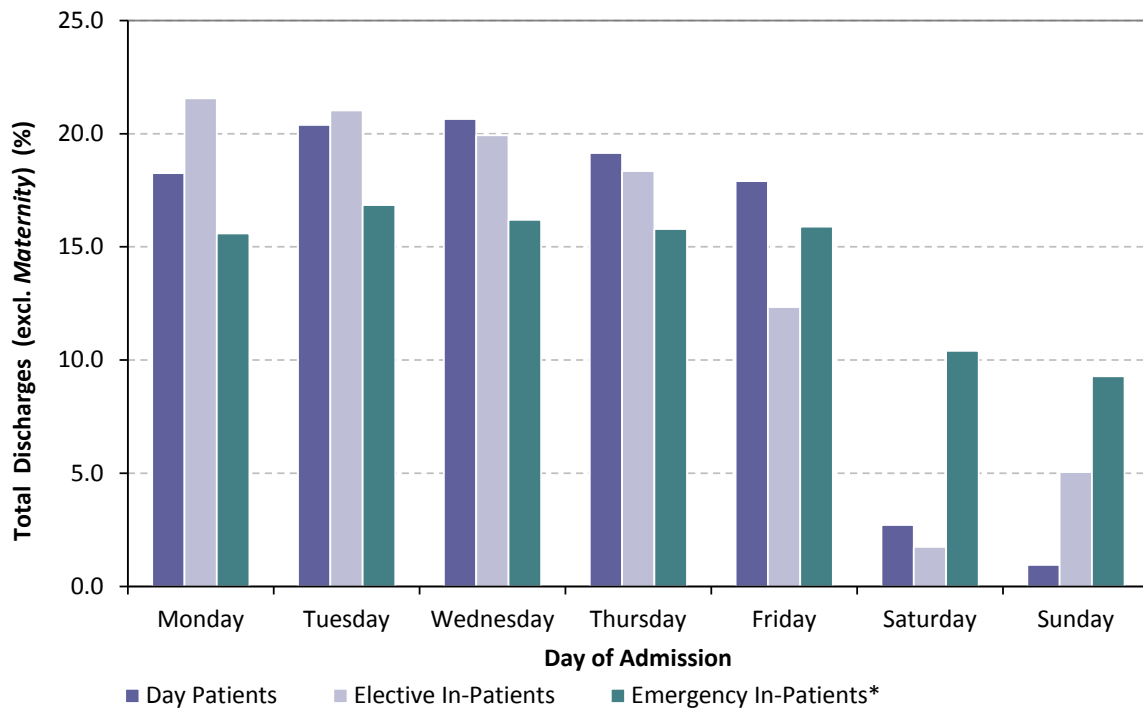
TABLE 2.14 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (N, % and In-Patient Length of Stay)

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

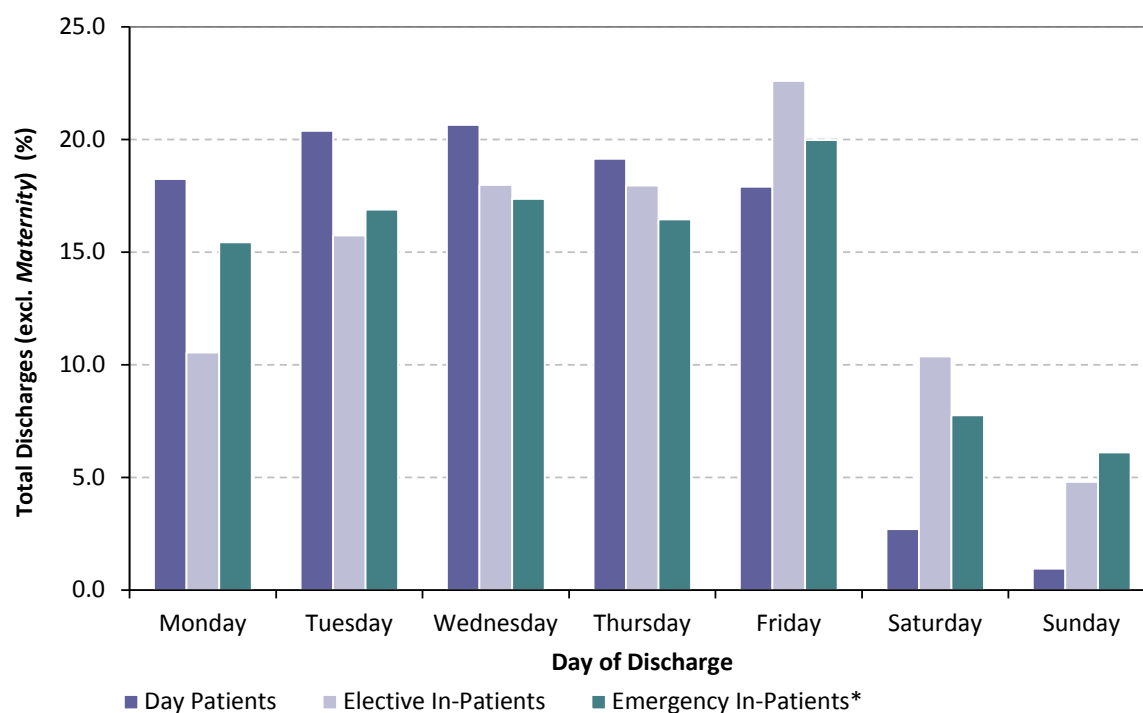
| | In-Patient Length of Stay | | | | | |
|--|---------------------------|--------|------------------------|--------|-------|--------|
| | Elective | | Emergency ^a | | Total | |
| | Mean | Median | Mean | Median | Mean | Median |
| Monday | 10.0 | 5 | 6.7 | 3 | 7.2 | 3 |
| Tuesday | 7.1 | 2 | 6.6 |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

Notes: Percentage columns are subject to rounding.

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

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

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

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

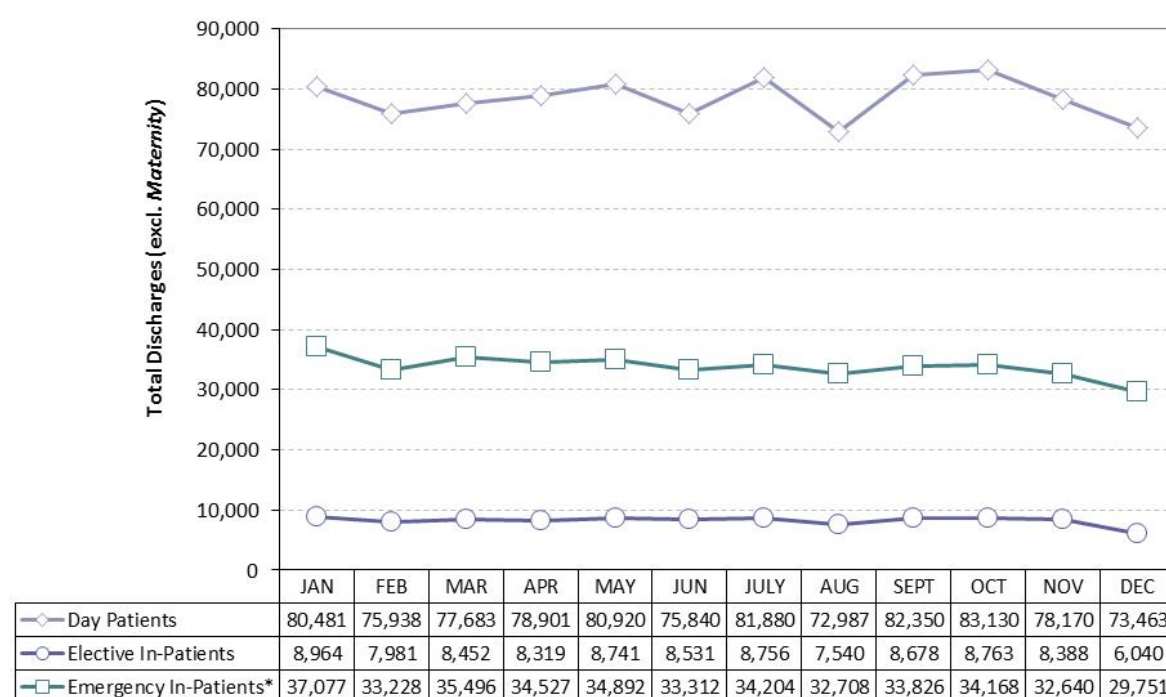
Note: * HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions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

2.4.3 Month of Admission

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

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

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



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

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

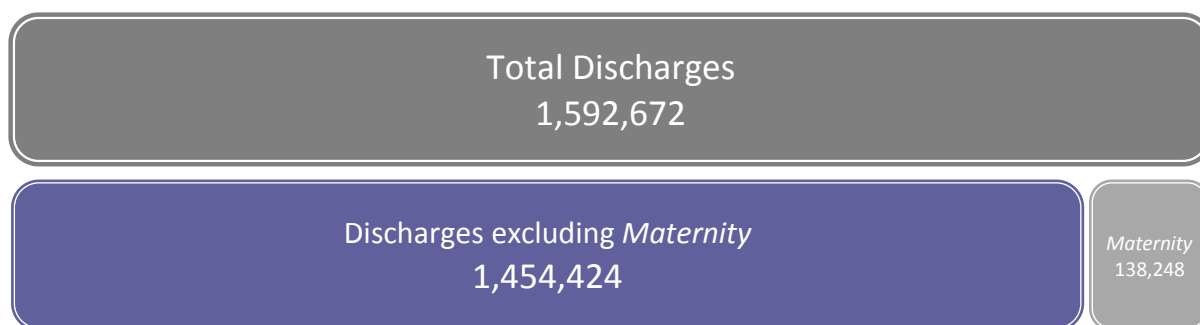
Morbidity Analysis
2014

SECTION

Three

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3.1 INTRODUCTION

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

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

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

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

3.2 CODING OF DIAGNOSES AND PROCEDURES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.2.1 Definition of a Diagnosis

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

DIAGNOSES

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

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

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

3.2.1.1 Mean Number of Diagnoses Reported

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

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

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

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

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

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

3.2.2 Definition of a Procedure

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

PROCEDURES

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

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

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

3.2.2.1 Discharges with a Procedure

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

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

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

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

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

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

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

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

3.2.2.2 Mean Number of Procedures Reported

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

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

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

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

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

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

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

3.3.1 Day Patient Activity (excl. *Maternity*)

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

Day Patients – Profile

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

Day Patients – Top 20 Principal Diagnoses

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

Day Patients – Top 20 Principal Procedure Blocks

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

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

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

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

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

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

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

| Top 20 Principal Diagnoses ^a | | | N | % |
|---|---|---------|------|---|
| Z51 | Other medical care ^{c,d} | 171,536 | 18.2 | |
| Z49 | Care involving dialysis | 170,043 | 18.1 | |
| E83 | Disorders of mineral metabolism | 21,327 | 2.3 | |
| L40 | Psoriasis | 18,589 | 2.0 | |
| K29 | Gastritis and duodenitis | 13,476 | 1.4 | |
| H35 | Other retinal disorders | 13,433 | 1.4 | |
| M54 | Dorsalgia | 10,506 | 1.1 | |
| C44 | Other malignant neoplasms of skin | 9,839 | 1.0 | |
| M25 | Other joint disorders, not elsewhere classified | 9,059 | 1.0 | |
| K57 | Diverticular disease of intestine | 8,488 | 0.9 | |
| I84 | Haemorrhoids | 8,483 | 0.9 | |
| K44 | Diaphragmatic hernia | 8,050 | 0.9 | |
| E11 | Type 2 diabetes mellitus | 7,423 | 0.8 | |
| Z45 | Adjustment and management of implanted device | 7,406 | 0.8 | |
| Z08 | Follow-up examination after treatment for malignant neoplasms | 7,139 | 0.8 | |
| Z09 | Follow-up examination after treatment for conditions other than malignant neoplasms | 7,075 | 0.8 | |
| R10 | Abdominal and pelvic pain | 6,986 | 0.7 | |
| Z48 | Other surgical follow-up care | 6,311 | 0.7 | |
| K21 | Gastro-oesophageal reflux disease | 6,187 | 0.7 | |
| D12 | Benign neoplasm of colon, rectum, anus and anal canal | 6,036 | 0.6 | |

| Day Patients | | |
|-------------------|---------|------|
| 941,743 | | |
| Sex | N | % |
| Male | 471,785 | 50.1 |
| Female | 469,958 | 49.9 |
| Age Group | N | % |
| < 1 Year | 4,337 | 0.5 |
| 1–14 Years | 43,114 | 4.6 |
| 15–24 Years | 34,937 | 3.7 |
| 25–34 Years | 70,906 | 7.5 |
| 35–44 Years | 105,543 | 11.2 |
| 45–54 Years | 143,837 | 15.3 |
| 55–64 Years | 177,195 | 18.8 |
| 65–74 Years | 200,808 | 21.3 |
| 75–84 Years | 130,761 | 13.9 |
| 85 Years and Over | 30,305 | 3.2 |

| Top 20 Principal Procedure Blocks ^b | | | N | % |
|--|--|---------|------|---|
| 1060 | Haemodialysis | 169,909 | 19.1 | |
| 1920 | Administration of pharmacotherapy | 135,189 | 15.2 | |
| 1788 | Megavoltage radiation treatment ^d | 62,830 | 7.1 | |
| 1008 | Panendoscopy with excision | 44,313 | 5.0 | |
| 1620 | Excision of lesion(s) of skin and subcutaneous tissue | 36,279 | 4.1 | |
| 0911 | Fibreoptic colonoscopy with excision | 29,232 | 3.3 | |
| 0905 | Fibreoptic colonoscopy | 26,978 | 3.0 | |
| 0725 | Other incision procedures on veins | 21,295 | 2.4 | |
| 1552 | Administration of agent into other musculoskeletal sites | 20,099 | 2.3 | |
| 0209 | Application, insertion or removal procedures on retina, choroid or posterior chamber | 18,209 | 2.0 | |
| 1610 | Ultraviolet B [UVB] light therapy of skin | 17,853 | 2.0 | |
| 1893 | Administration of blood and blood products | 14,835 | 1.7 | |
| 1089 | Examination procedures on bladder | 14,651 | 1.6 | |
| 0668 | Coronary angiography | 9,856 | 1.1 | |
| 1005 | Penendoscopy | 8,797 | 1.0 | |
| 0197 | Extracapsular crystalline lens extraction by phacoemulsification | 8,581 | 1.0 | |
| 0544 | Bronchoscopy with biopsy or removal of foreign body | 5,991 | 0.7 | |
| 1601 | Dressing of other wound | 5,985 | 0.7 | |
| 1618 | Biopsy of skin and subcutaneous tissue | 4,937 | 0.6 | |
| 1259 | Examination procedures on uterus | 4,840 | 0.5 | |

| Admission Source | | | N | % |
|------------------------------|--|---------|------|---|
| Home | | 935,641 | 99.4 | |
| Long stay accommodation | | 1,919 | 0.2 | |
| Transfer from other hospital | | 4,003 | 0.4 | |
| Other | | 180 | 0.0 | |
| Discharge Destination | | | N | % |
| Home | | 935,063 | 99.3 | |
| Long stay accommodation | | 2,268 | 0.2 | |
| Transfer to other hospital | | 4,165 | 0.4 | |
| Other | | 247 | 0.0 | |

| Top 10 AR-DRGs | | | N | % |
|----------------|--|---------|------|---|
| L61Z | Haemodialysis | 169,756 | 18.0 | |
| R63Z | Chemotherapy | 102,174 | 10.8 | |
| R64Z | Radiotherapy ^d | 66,703 | 7.1 | |
| G48C | Colonoscopy, Sameday | 43,658 | 4.6 | |
| G47C | Other Gastroscopy, Sameday | 39,343 | 4.2 | |
| J11Z | Other Skin, Subcutaneous Tissue and Breast Procedures | 38,675 | 4.1 | |
| Q61B | Red blood cell disorders w/o catastrophic or severe cc | 30,083 | 3.2 | |
| Z64B | Other factors influencing health status, sameday | 27,390 | 2.9 | |
| J68C | Major skin disorders, sameday | 22,220 | 2.4 | |
| C03Z | Retinal procedures | 19,721 | 2.1 | |

Notes: Percentage columns are subject to rounding.

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

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

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

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

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

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

In-Patients – Profile

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

In-Patients – Top 20 Principal Diagnoses

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

In-Patients – Top 20 Principal Procedure Blocks

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

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

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

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

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

| Top 20 Principal Diagnoses ^a | | N | % | Total Mean LOS ^c | Acute Mean LOS ^d |
|---|--|--------|-----|-----------------------------|-----------------------------|
| R07 | Pain in throat and chest | 19,754 | 3.9 | 1.8 | 1.8 |
| J22 | Unspecified acute lower respiratory infection | 13,936 | 2.7 | 6.5 | 5.1 |
| J44 | Other chronic obstructive pulmonary disease | 13,839 | 2.7 | 8.1 | 6.5 |
| N39 | Other disorders of urinary system | 11,968 | 2.3 | 8.2 | 5.5 |
| R10 | Abdominal and pelvic pain | 11,731 | 2.3 | 2.2 | 2.2 |
| J18 | Pneumonia, organism unspecified | 10,030 | 2.0 | 10.2 | 7.1 |
| R55 | Syncope and collapse | 9,297 | 1.8 | 5.0 | 3.7 |
| R51 | Headache | 7,002 | 1.4 | 2.0 | 2.0 |
| I48 | Atrial fibrillation and flutter | 6810 | 1.3 | 4.3 | 3.8 |
| I21 | Acute myocardial infarction | 6,178 | 1.2 | 6.9 | 5.8 |
| K35 | Acute appendicitis | 6,064 | 1.2 | 3.3 | 3.2 |
| A09 | Other gastroenteritis and colitis of infectious and unspecified origin | 5,972 | 1.2 | 3.7 | 3.1 |
| L03 | Cellulitis | 5,913 | 1.2 | 7.0 | 5.3 |
| I50 | Heart failure | 5,911 | 1.2 | 11.4 | 8.0 |
| K80 | Cholelithiasis | 5,883 | 1.1 | 4.6 | 4.3 |
| I25 | Chronic ischaemic heart disease | 5,091 | 1.0 | 4.8 | 4.2 |
| S52 | Fracture of forearm | 5016 | 1.0 | 2.3 | 2.0 |
| R06 | Abnormalities of breathing | 4,777 | 0.9 | 2.1 | 2.0 |
| Z50 | Care involving use of rehabilitation procedures | 4,502 | 0.9 | 30.7 | 13.3 |
| I63 | Cerebral infarction | 4,385 | 0.9 | 19.5 | 9.6 |

| In-Patients | | |
|----------------|-----------|------|
| 512,681 | | |
| Discharges | N | % |
| Total | 512,681 | 100 |
| Acute | 496,379 | 96.8 |
| Extended | 16,302 | 3.2 |
| Bed Days | N | % |
| Total | 3,218,570 | 100 |
| Acute | 2,198,070 | 68.3 |
| Extended | 1,020,500 | 31.7 |
| Length of Stay | | Mean |
| Total | | 6.3 |
| Acute | | 4.4 |
| Extended | | 62.6 |

| Sex | N | % |
|-------------------|---------|------|
| Male | 258,576 | 50.4 |
| Female | 254,105 | 49.6 |
| Age Group | N | % |
| < 1 Year | 28,287 | 5.5 |
| 1–14 Years | 56,859 | 11.1 |
| 15–24 Years | 33,207 | 6.5 |
| 25–34 Years | 37,397 | 7.3 |
| 35–44 Years | 46,097 | 9.0 |
| 45–54 Years | 53,854 | 10.5 |
| 55–64 Years | 66,470 | 13.0 |
| 65–74 Years | 79,191 | 15.4 |
| 75–84 Years | 75,429 | 14.7 |
| 85 Years and Over | 35,890 | 7.0 |

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

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

c

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

d

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

3.3.2.1 Elective In-Patient Activity

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

Elective In-Patients – Profile

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

Elective In-Patients – Top 20 Principal Diagnoses

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

Elective In-Patients – Top 20 Principal Procedure Blocks

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

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

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

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

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

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

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

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

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

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

| Length of Stay | | Mean |
|----------------|--|------|
| Total | | 6.7 |
| Acute | | 4.5 |
| Extended | | 59.8 |

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

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

| Elective In-Patients | | 100,287 | | | |
|----------------------|--|---------|--|--|--|
|----------------------|--|---------|--|--|--|

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

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

Notes: Percentage columns are subject to rounding.

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

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

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

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

3.3.2.2 Emergency In-Patient Activity

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

Emergency In-Patients – Profile

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

Emergency In-Patients – Top 20 Principal Diagnoses

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

Emergency In-Patients – Top 20 Principal Procedure Blocks

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

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

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

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

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

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

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

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

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

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

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

| Emergency In-Patients | | |
|-----------------------|--|--|
| 412,394 | | |

| Discharges | N | % |
|------------|---------|------|
| Total | 412,394 | 100 |
| Acute | 400,112 | 97.0 |
| Extended | 12,282 | 3.0 |

| Bed Days | N | % |
|----------|-----------|------|
| Total | 2,549,308 | 100 |
| Acute | 1,769,290 | 69.4 |
| Extended | 780,018 | 30.6 |

| Length of Stay | Mean |
|----------------|------|
| Total | 6.2 |
| Acute | 4.4 |
| Extended | 63.5 |

| Sex | N | % |
|--------|---------|------|
| Male | 209,236 | 50.7 |
| Female | 203,158 | 49.3 |

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

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

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

Notes: Percentage columns are subject to rounding.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.4.3 All-Listed Diagnoses by Sex and Age Group

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

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

²⁷ See Section Two for details of discharge destination.

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

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

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

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

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

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

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

† Denotes that no breakdown is provided.

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

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

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

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

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

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

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

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

† Denotes that no breakdown is provided.

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

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

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

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

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

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

| Diagnosis | ICD-10-AM Code | Male | | | | | Female (excl. <i>Maternity</i>) | | | | | Total Discharges (excl. <i>Maternity</i>) | | | | |
|--|-------------------------|---------------|---------------|----------------|----------------|----------------|----------------------------------|---------------|----------------|----------------|----------------|--|----------------|----------------|----------------|----------------|
| | | < 15 | 15–44 | 45–64 | ≥65 | Total | < 15 | 15–44 | 45–64 | ≥65 | Total | < 15 | 15–44 | 45–64 | ≥65 | Total |
| Chronic obstructive pulmonary disease and bronchiectasis | J40–J44, J47 | 77 | 579 | 4,299 | 13,374 | 18,329 | 68 | 689 | 4,441 | 12,232 | 17,430 | 145 | 1,268 | 8,740 | 25,606 | 35,759 |
| Asthma | J45–J46 | 1,735 | 1,263 | 1,416 | 1,138 | 5,552 | 973 | 2,243 | 2,190 | 1,882 | 7,288 | 2,708 | 3,506 | 3,606 | 3,020 | 12,840 |
| Diseases of the digestive system | K00–K93 | 8,531 | 36,106 | 46,601 | 48,589 | 139,827 | 6,773 | 40,013 | 44,895 | 47,837 | 139,518 | 15,304 | 76,119 | 91,496 | 96,426 | 279,345 |
| Diseases of oesophagus, stomach and duodenum | K20–K31 | 1,304 | 11,954 | 16,352 | 15,307 | 44,917 | 1,101 | 11,926 | 16,446 | 14,810 | 44,283 | 2,405 | 23,880 | 32,798 | 30,117 | 89,200 |
| Diseases of appendix | K35–K38 | 1,169 | 1,935 | 332 | 143 | 3,579 | 963 | 2,002 | 329 | 119 | 3,413 | 2,132 | 3,937 | 661 | 262 | 6,992 |
| Inguinal hernia | K40 | 546 | 777 | 1,329 | 1,522 | 4,174 | 113 | 58 | 86 | 111 | 368 | 659 | 835 | 1,415 | 1,633 | 4,542 |
| Noninfective enteritis and colitis | K50–K52 | 441 | 5,203 | 2,751 | 1,533 | 9,928 | 279 | 5,162 | 2,707 | 1,752 | 9,900 | 720 | 10,365 | 5,458 | 3,285 | 19,828 |
| Alcoholic liver disease | K70 | 0 | 489 | 1,450 | 547 | 2,486 | 0 | 258 | 550 | 198 | 1,006 | 0 | 747 | 2,000 | 745 | 3,492 |
| Cholelithiasis | K80 | 21 | 541 | 1,192 | 1,868 | 3,622 | 36 | 2,576 | 2,021 | 2,430 | 7,063 | 57 | 3,117 | 3,213 | 4,298 | 10,685 |
| Diseases of the skin and subcutaneous tissue | L00–L99 | 2,832 | 15,697 | 12,268 | 12,507 | 43,304 | 2,241 | 14,104 | 10,545 | 12,537 | 39,427 | 5,073 | 29,801 | 22,813 | 25,044 | 82,731 |
| Cutaneous abscess, furuncle and carbuncle and cellulitis | L02–L03 | 570 | 1,643 | 1,989 | 2,884 | 7,086 | 488 | 1,020 | 1,209 | 3,110 | 5,827 | 1,058 | 2,663 | 3,198 | 5,994 | 12,913 |
| Diseases of the musculoskeletal system and connective tissue | M00–M99 | 2,862 | 11,588 | 17,587 | 18,671 | 50,708 | 2,990 | 13,423 | 23,167 | 30,629 | 70,209 | 5,852 | 25,011 | 40,754 | 49,300 | 120,917 |
| Rheumatoid arthritis | M05–M06 | 0 | 506 | 1,227 | 1,152 | 2,885 | 0 | 1,019 | 2,709 | 2,458 | 6,186 | 0 | 1,525 | 3,936 | 3,610 | 9,071 |
| Coxarthrosis and Gonarthrosis | M16–M17 | 0 | 420 | 2,190 | 3,324 | 5,934 | 0 | 335 | 2,398 | 4,880 | 7,613 | 0 | 755 | 4,588 | 8,204 | 13,547 |
| Intervertebral disc disorders | M50–M51 | ~ | * | 904 | 651 | 2,244 | ~ | * | 954 | 997 | 2,745 | 10 | 1,473 | 1,858 | 1,648 | 4,989 |
| Dorsalgia (back pain) | M54 | 104 | 1,906 | 2,561 | 1,760 | 6,331 | 134 | 2,794 | 3,741 | 3,556 | 10,225 | 238 | 4,700 | 6,302 | 5,316 | 16,556 |
| Diseases of the genitourinary system | N00–N99 | 6,377 | 17,295 | 34,283 | 72,993 | 130,948 | 4,154 | 36,953 | 37,847 | 58,008 | 136,962 | 10,531 | 54,248 | 72,130 | 131,001 | 267,910 |
| Chronic kidney disease | N18 | 737 | 9,196 | 22,702 | 46,299 | 78,934 | 658 | 6,433 | 12,981 | 31,912 | 51,984 | 1,395 | 15,629 | 35,683 | 78,211 | 130,918 |
| Urolithiasis | N20–N23 | 80 | 1,526 | 1,875 | 1,133 | 4,614 | 31 | 974 | 998 | 527 | 2,530 | 111 | 2,500 | 2,873 | 1,660 | 7,144 |
| Hyperplasia of prostate | N40 | 0 | 98 | 1,654 | 5,422 | 7,174 | 0 | 0 | 0 | 0 | 0 | 0 | 98 | 1,654 | 5,422 | 7,174 |
| Disorders of breast | N60–N64 | 8 | 108 | 39 | 35 | 190 | 17 | 1,829 | 1,836 | 531 | 4,213 | 25 | 1,937 | 1,875 | 566 | 4,403 |
| Inflammatory diseases of female pelvic organs | N70–N77 | 0 | 0 | 0 | 0 | 0 | 58 | 2,264 | 875 | 326 | 3,523 | 58 | 2,264 | 875 | 326 | 3,523 |
| Noninflammatory disorders of female genital tract | N80–N98 | 0 | 0 | 0 | 0 | 0 | 291 | 18,562 | 13,163 | 4,437 | 36,453 | 291 | 18,562 | 13,163 | 4,437 | 36,453 |
| Pregnancy, childbirth and the puerperium^a | O00–O99 | 0 | 0 | 0 | 0 | 0 | ‡ | ‡ | ‡ | ‡ | 243 | ‡ | ‡ | ‡ | ‡ | 243 |
| Certain conditions originating in the perinatal period | P00–P96 | ‡ | ‡ | ‡ | ‡ | 15,252 | ‡ | ‡ | ‡ | ‡ | 12,070 | ‡ | ‡ | ‡ | ‡ | 27,322 |
| Congenital malformations, deformations and chromosomal abnormalities | Q00–Q99 | 15,752 | 2,528 | 1,550 | 761 | 20,591 | 11,505 | 2,546 | 2,001 | 943 | 16,995 | 27,257 | 5,074 | 3,551 | 1,704 | 37,586 |
| Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | R00–R99 | 13,723 | 26,959 | 35,046 | 53,157 | 128,885 | 11,478 | 40,142 | 36,719 | 52,153 | 140,492 | 25,201 | 67,101 | 71,765 | 105,310 | 269,377 |
| Abdominal and pelvic pain | R10 | 1,275 | 3,214 | 2,461 | 1,707 | 8,657 | 1,602 | 9,152 | 4,119 | 2,461 | 17,334 | 2,877 | 12,366 | 6,580 | 4,168 | 25,991 |
| Injury, poisoning and certain other consequences of external causes | S00–T98 | 8,585 | 22,805 | 12,187 | 12,851 | 56,428 | 6,177 | 10,362 | 9,035 | 16,405 | 41,979 | 14,762 | 33,167 | 21,222 | 29,256 | 98,407 |
| Intracranial injury | S06 | 258 | 1,313 | 694 | 784 | 3,049 | 186 | 397 | 303 | 667 | 1,553 | 444 | 1,710 | 997 | 1,451 | 4,602 |
| Other injuries to the head (including skull fracture) | S00–S05, S07–S09 | 2,492 | 3,991 | 1,359 | 1,727 | 9,569 | 1,645 | 1,112 | 635 | 1,780 | 5,172 | 4,137 | 5,103 | 1,994 | 3,507 | 14,741 |
| Fracture of femur | S72 | 142 | 173 | 286 | 1,231 | 1,832 | 58 | 48 | 367 | 3,346 | 3,819 | 200 | 221 | 653 | 4,577 | 5,651 |
| Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source | T36–T65 | 217 | 1,947 | 769 | 264 | 3,197 | 400 | 2,206 | 1,113 | 366 | 4,085 | 617 | 4,153 | 1,882 | 630 | 7,282 |
| External causes of morbidity and mortality | U00–Y98 | 21,936 | 46,236 | 25,206 | 32,093 | 125,471 | 15,403 | 23,125 | 21,085 | 42,635 | 102,248 | 37,339 | 69,361 | 46,291 | 74,728 | 227,719 |
| Transport accidents | V01–V99 | 581 | 1,736 | 727 | 362 | 3,406 | 369 | 792 | 422 | 311 | 1,894 | 950 | 2,528 | 1,149 | 673 | 5,300 |
| Factors influencing health status and contact with health services^b | U00–U49, Z00–Z99 | 23,825 | 61,706 | 143,920 | 241,845 | 471,296 | 19,459 | 69,992 | 136,414 | 170,988 | 396,853 | 43,284 | 131,698 | 280,334 | 412,833 | 868,149 |
| Other medical care (including radiotherapy and chemotherapy sessions) | Z51 | 2,826 | 5,232 | 29,040 | 50,345 | 87,443 | 2,934 | 12,507 | 47,517 | 35,791 | 98,749 | 5,760 | 17,739 | 76,557 | 86,136 | 186,192 |

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

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

‡ Denotes that no breakdown is provided.

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

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

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

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

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

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

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

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

²⁹ See Section Two for details of discharge destination.

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

3.4.6 All-Listed Procedures by Sex and Age Group

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

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

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

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

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

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

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

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

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

† Denotes that no breakdown is provided.

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

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

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

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

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

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

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

‡ Denotes that no breakdown is provided.

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

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

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

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

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

| All Procedures | Procedure Block | Male | | | | | Female (excl. <i>Maternity</i>) | | | | | Total Discharges (excl. <i>Maternity</i>) | | | | |
|--|------------------------------|--------|---------|---------|---------|-----------|----------------------------------|---------|---------|---------|-----------|--|---------|---------|---------|-----------|
| | | < 15 | 15–44 | 45–64 | ≥65 | Total | < 15 | 15–44 | 45–64 | ≥65 | Total | < 15 | 15–44 | 45–64 | ≥65 | Total |
| Total Discharges (excl. <i>Maternity</i>) | - | 73,737 | 146,298 | 216,189 | 294,137 | 730,361 | 58,860 | 181,789 | 225,167 | 258,247 | 724,063 | 132,597 | 328,087 | 441,356 | 552,384 | 1,454,424 |
| All Procedures | 0001–2016 | 98,372 | 214,232 | 329,434 | 465,702 | 1,107,740 | 74,289 | 263,365 | 343,390 | 422,701 | 1,103,745 | 172,661 | 477,597 | 672,824 | 888,403 | 2,211,485 |
| Procedures on nervous system | 0001–0086 | 1,923 | 4,482 | 5,076 | 3,290 | 14,771 | 1,704 | 5,762 | 6,997 | 5,343 | 19,806 | 3,627 | 10,244 | 12,073 | 8,633 | 34,577 |
| Lumbar puncture | 0030 | 1,452 | 941 | 601 | 484 | 3,478 | 1,224 | 1,566 | 772 | 453 | 4,015 | 2,676 | 2,507 | 1,373 | 937 | 7,493 |
| Procedures on endocrine system | 0110–0129 | 23 | 153 | 238 | 177 | 591 | 21 | 537 | 631 | 337 | 1,526 | 44 | 690 | 869 | 514 | 2,117 |
| Procedures on eye and adnexa | 0160–0256 | 1,082 | 1,970 | 5,278 | 12,501 | 20,831 | 821 | 1,510 | 3,912 | 15,945 | 22,188 | 1,903 | 3,480 | 9,190 | 28,446 | 43,019 |
| Lens extraction | 0195–0202 | 73 | 146 | 786 | 3,520 | 4,525 | 39 | 92 | 820 | 5,128 | 6,079 | 112 | 238 | 1,606 | 8,648 | 10,604 |
| Procedures on ear and mastoid process | 0300–0333 | 2,751 | 1,291 | 914 | 707 | 5,663 | 2,026 | 1,256 | 906 | 617 | 4,805 | 4,777 | 2,547 | 1,820 | 1,324 | 10,468 |
| Myringotomy | 0309 | 1,685 | 148 | 117 | 69 | 2,019 | 1,100 | 154 | 115 | 56 | 1,425 | 2,785 | 302 | 232 | 125 | 3,444 |
| Procedures on nose, mouth and pharynx | 0370–0422 | 3,252 | 3,406 | 2,653 | 1,873 | 11,184 | 2,447 | 3,536 | 2,322 | 1,428 | 9,733 | 5,699 | 6,942 | 4,975 | 3,301 | 20,917 |
| Tonsillectomy or adenoidectomy | 0412 | 1,722 | 441 | 48 | 13 | 2,224 | 1,530 | 1,057 | 46 | 12 | 2,645 | 3,252 | 1,498 | 94 | 25 | 4,869 |
| Dental services | 0450–0490 | 4,820 | 1,421 | 344 | 145 | 6,730 | 3,586 | 1,761 | 281 | 74 | 5,702 | 8,406 | 3,182 | 625 | 219 | 12,432 |
| Procedures on respiratory system | 0520–0570 | 3,037 | 3,026 | 5,829 | 8,431 | 20,323 | 2,200 | 2,188 | 4,673 | 6,236 | 15,297 | 5,237 | 5,214 | 10,502 | 14,667 | 35,620 |
| Bronchoscopy with/without biopsy | 0543–0544, 41892-01[0545] | 299 | 909 | 1,926 | 2,615 | 5,749 | 213 | 756 | 1,845 | 2,065 | 4,879 | 512 | 1,665 | 3,771 | 4,680 | 10,628 |
| Procedures on cardiovascular system | 0600–0777 | 2,267 | 8,839 | 25,146 | 23,842 | 60,094 | 1,939 | 5,064 | 11,918 | 13,514 | 32,435 | 4,206 | 13,903 | 37,064 | 37,356 | 92,529 |
| Coronary angiography | 0668 | 182 | 913 | 6,133 | 6,448 | 13,676 | 142 | 366 | 2,939 | 3,795 | 7,242 | 324 | 1,279 | 9,072 | 10,243 | 20,918 |
| Transluminal coronary angioplasty with/without stenting | 0670–0671 | ~ | * | 2,231 | 2,279 | 4,729 | 0 | 47 | 449 | 930 | 1,426 | ~ | * | 2,680 | 3,209 | 6,155 |
| CABG | 0672–0679 | 0 | 35 | 789 | 923 | 1,747 | ~ | * | 118 | 217 | 345 | ~ | * | 907 | 1,140 | 2,092 |
| Leg varicose vein ligation | 0727–0728 | 0 | 390 | 526 | 169 | 1,085 | 0 | 987 | 945 | 319 | 2,251 | 0 | 1,377 | 1,471 | 488 | 3,336 |
| Procedures on blood and blood-forming organs | 0800–0817 | 331 | 697 | 1,294 | 1,706 | 4,028 | 433 | 1,164 | 2,424 | 1,941 | 5,962 | 764 | 1,861 | 3,718 | 3,647 | 9,990 |
| Procedures on digestive system | 0850–1011 | 3,365 | 27,006 | 37,898 | 38,585 | 106,854 | 2,475 | 35,103 | 37,882 | 35,000 | 110,460 | 5,840 | 62,109 | 75,780 | 73,585 | 217,314 |
| Fibreoptic colonoscopy with/without excision | 0905, 0911 | 167 | 8,834 | 14,103 | 15,201 | 38,305 | 112 | 11,284 | 14,883 | 13,735 | 40,014 | 279 | 20,118 | 28,986 | 28,936 | 78,319 |
| Appendectomy | 0926 | 1,141 | 1,938 | 320 | 129 | 3,528 | 943 | 2,118 | 445 | 153 | 3,659 | 2,084 | 4,056 | 765 | 282 | 7,187 |
| Procedures for haemorrhoids | 0941 | ~ | 1,642 | 1,711 | * | 4,016 | ~ | 1,519 | 1,309 | * | 3,510 | ~ | 3,161 | 3,020 | * | 7,526 |
| Cholecystectomy | 0965 | 7 | 336 | 573 | 435 | 1,351 | 17 | 1,721 | 1,195 | 519 | 3,452 | 24 | 2,057 | 1,768 | 954 | 4,803 |
| Division of abdominal adhesions | 0986 | 39 | 208 | 270 | 323 | 840 | 29 | 925 | 566 | 404 | 1,924 | 68 | 1,133 | 836 | 727 | 2,764 |
| Repair of inguinal and obstructed hernia | 0990, 0997 | 445 | 771 | 1,285 | 1,272 | 3,773 | 103 | 68 | 97 | 151 | 419 | 548 | 839 | 1,382 | 1,423 | 4,192 |
| Panendoscopy with/without excision | 1005–1008 | 475 | 8,963 | 12,157 | 12,280 | 33,875 | 469 | 11,668 | 13,663 | 12,615 | 38,415 | 944 | 20,631 | 25,820 | 24,895 | 72,290 |
| Procedures on urinary system | 1040–1129 | 1,257 | 18,149 | 39,991 | 71,617 | 131,014 | 878 | 13,847 | 24,845 | 44,514 | 84,084 | 2,135 | 31,996 | 64,836 | 116,131 | 215,098 |
| Examination procedures on bladder (includes cystoscopy) | 1089 | 90 | 1,257 | 3,070 | 5,990 | 10,407 | 56 | 1,480 | 2,428 | 2,593 | 6,557 | 146 | 2,737 | 5,498 | 8,583 | 16,964 |
| Procedures on male genital organs | 1160–1203 | ‡ | ‡ | ‡ | ‡ | ‡ | ‡ | ‡ | ‡ | ‡ | ‡ | 3,836 | 1,589 | 3,057 | 2,980 | 11,462 |
| Prostatectomy | 1165–1167 | 0 | 11 | 477 | 722 | 1,210 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 477 | 722 | 1,210 |
| Circumcision | 30653-00[1196] | 1,801 | 514 | 237 | 138 | 2,690 | 0 | 0 | 0 | 0 | 0 | 1,801 | 514 | 237 | 138 | 2,690 |
| Gynaecological procedures | 1240–1299 | 0 | 0 | 0 | 0 | 0 | 101 | 33,636 | 20,465 | 4,335 | 58,537 | 101 | 33,636 | 20,465 | 4,335 | 58,537 |
| Oophorectomy and salpingo-oophorectomy | 1243, 1252 | 0 | 0 | 0 | 0 | 0 | ~ | 412 | 427 | * | 996 | ~ | 412 | 427 | * | 996 |
| Salpingectomy | 1251 | 0 | 0 | 0 | 0 | 0 | ~ | 150 | 50 | ~ | 207 | ~ | 150 | 50 | ~ | 207 |
| Examination procedures on uterus | 1259 | 0 | 0 | 0 | 0 | 0 | ~ | 4,038 | 4,638 | * | 9,549 | ~ | 4,038 | 4,638 | * | 9,549 |
| Curettage and evacuation of uterus | 1265 | 0 | 0 | 0 | 0 | 0 | ~ | 3,439 | 4,326 | * | 8,601 | ~ | 3,439 | 4,326 | * | 8,601 |
| Hysterectomy | 1268–1269 | 0 | 0 | 0 | 0 | 0 | 0 | 514 | 1,434 | 611 | 2,559 | 0 | 514 | 1,434 | 611 | 2,559 |
| Repair of prolapse of uterus, pelvic floor or enterocele | 1283 | 0 | 0 | 0 | 0 | 0 | 0 | 156 | 770 | 605 | 1,531 | 0 | 156 | 770 | 605 | 1,531 |
| Obstetric procedures ^a | 1330–1347 | 0 | 0 | 0 | 0 | 0 | 0 | ‡ | ‡ | ‡ | ‡ | ‡ | ‡ | ‡ | ‡ | 13 |
| Procedures on musculoskeletal system | 1360–1579 | 5,029 | 14,858 | 11,688 | 9,474 | 41,049 | 4,159 | 8,482 | 14,430 | 15,981 | 43,052 | 9,188 | 23,340 | 26,118 | 25,455 | 84,101 |
| Arthroplasty of hip | 1489 | ~ | * | 780 | 1,394 | 2,307 | ~ | * | 637 | 2,200 | 2,938 | ~ | * | 1,417 | 3,594 | 5,245 |
| Arthroplasty of knee | 1518–1519 | 0 | 18 | 349 | 511 | 878 | 0 | 20 | 437 | 804 | 1,261 | 0 | 38 | 786 | 1,315 | 2,139 |
| Dermatological and plastic procedures | 1600–1718 | 5,344 | 20,517 | 15,265 | 17,212 | 58,338 | 4,209 | 19,209 | 14,187 | 14,469 | 52,074 | 9,553 | 39,726 | 29,452 | 31,681 | 110,412 |

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

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

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

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

† Denotes that no breakdown is provided.

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

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

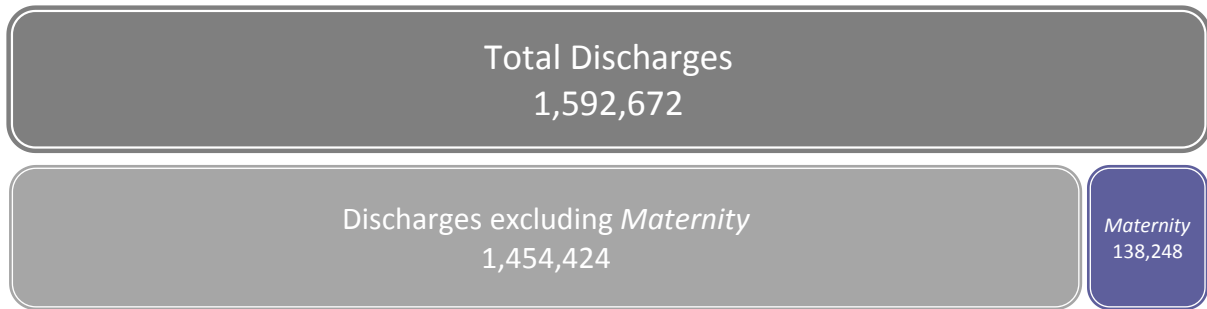
Maternity Discharges SECTION

2014

FOUR

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4.1 INTRODUCTION

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

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

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

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

² See www.hpo.ie

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

The remainder of Section Four is divided into three sections:

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

4.2 MATERNITY DISCHARGES – TOTAL

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

4.2.1 *Maternity* Discharges: Profile

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

Discharges

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

Length of Stay

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

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

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

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

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

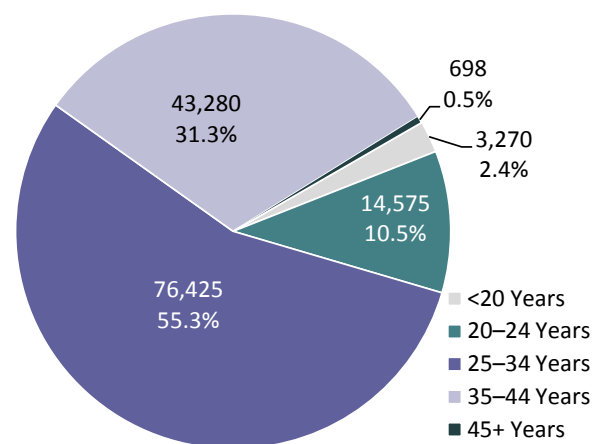
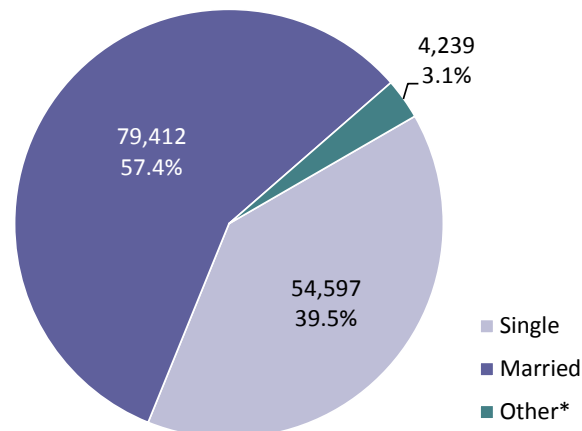
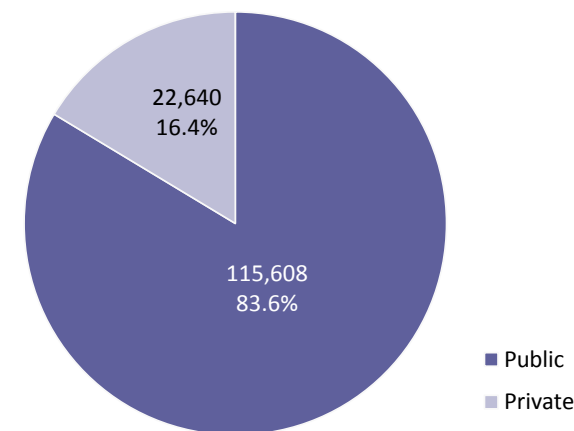
| | Discharges and Bed Days | | | | | | | | | | | | | | | | | |
|-------------------------|-------------------------|-----|-------------|------|----------|------|----------|------|----------|------|-----------------------------------|------|----------|------|-----------------------------------|------|----------|------|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

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

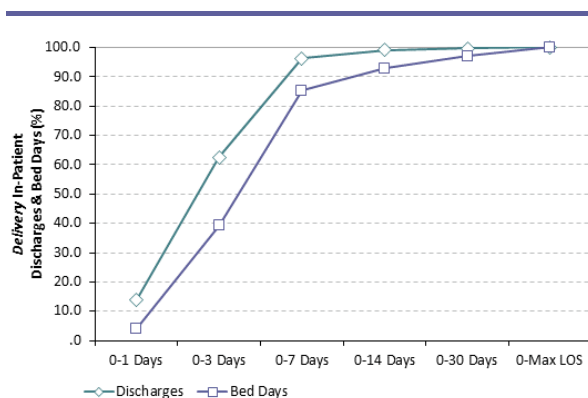
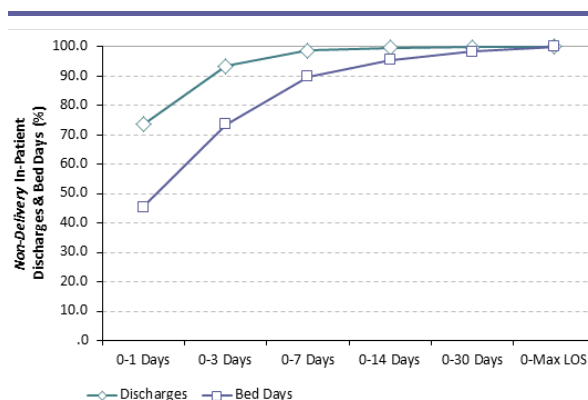
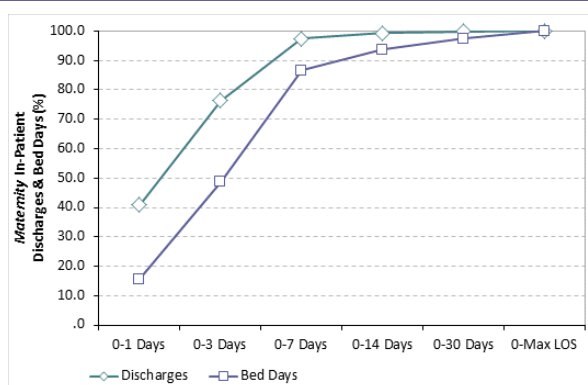
Notes: Percentage columns are subject to rounding.

a Delivery discharges are all in-patients.

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

FIGURE 4.1 *Maternity Discharges: Age (N, %)***FIGURE 4.2** *Maternity Discharges: Marital/Civil Status (N, %)***FIGURE 4.3** *Maternity Discharges: Public/Private Status (N, %)*

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

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

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

4.3 MATERNITY DISCHARGES – DELIVERY

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

4.3.1 Delivery Discharges: Outcome of Delivery

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

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

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

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

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

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

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

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

4.3.2 Delivery Discharges: Method of Delivery

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

Discharges

Maternal Parity

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

Single and Multiple Deliveries

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

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

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

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

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

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

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

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

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

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

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

Length of Stay

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

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

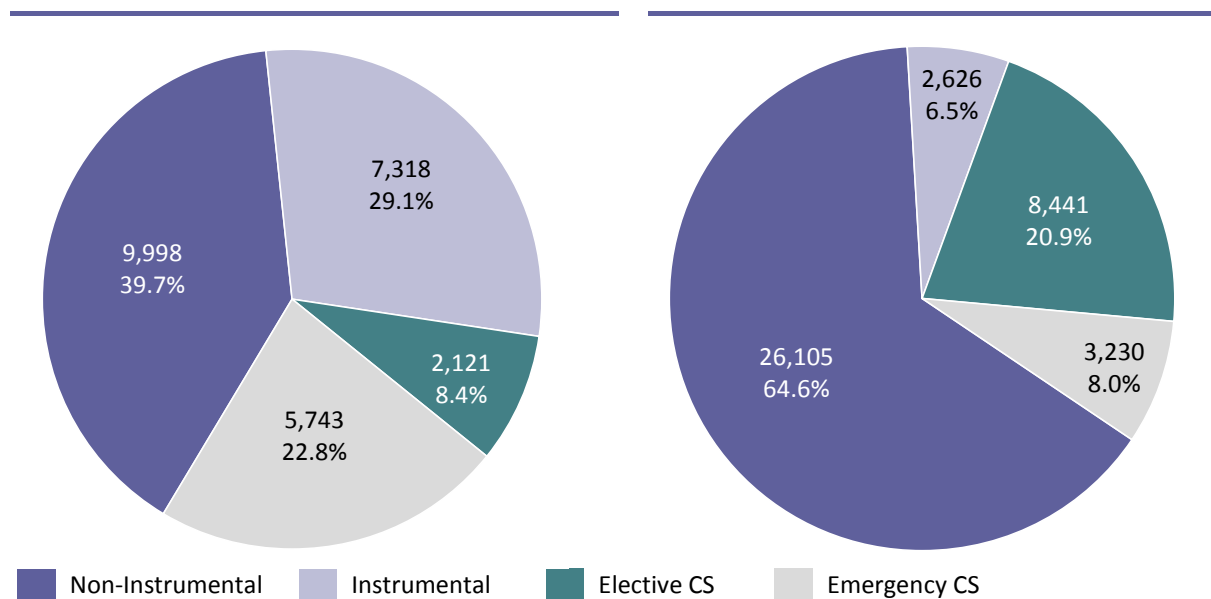
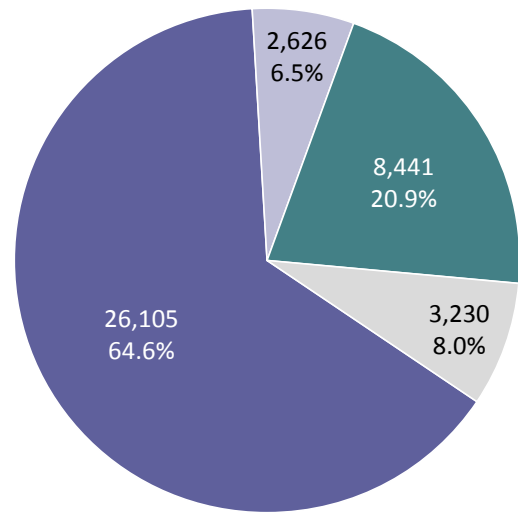


FIGURE 4.5b Multiparous *Delivery* Discharges:
Method of Delivery (%)



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

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

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

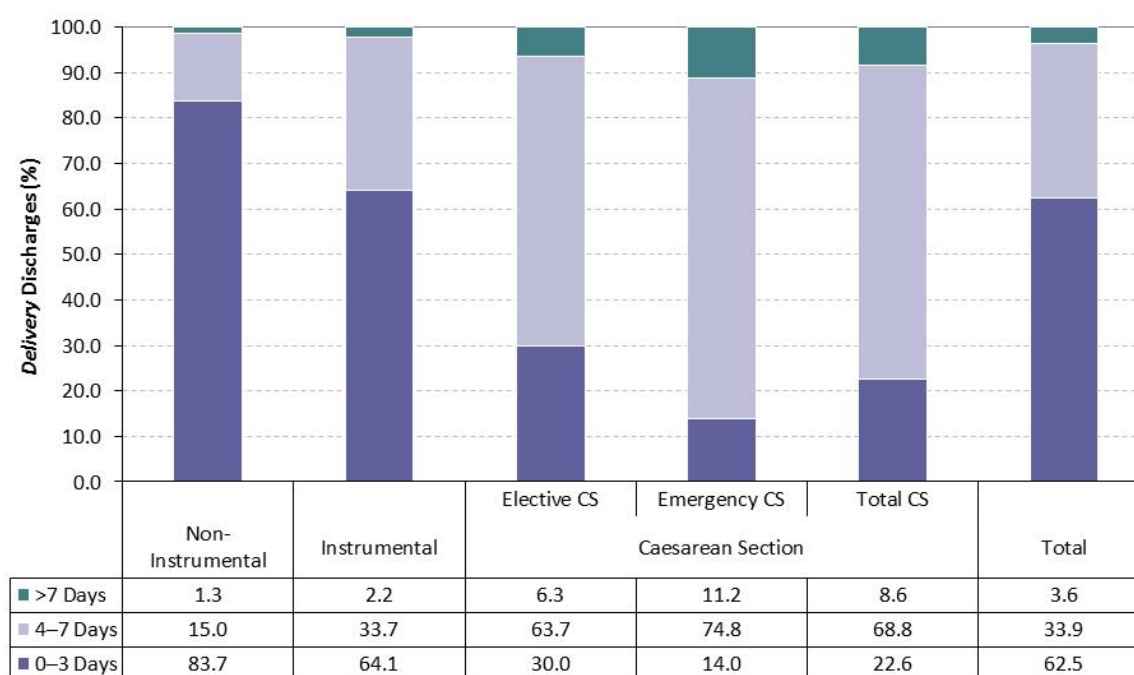
| | | Delivery In-Patient Length of Stay ^b | | | | | | | | | | | |
|--------------------|----------------------------------|---|----------|--------------|----------|-------------------|----------|--------------|----------|------------|----------|---------------------------|----------|
| | | Non-Instrumental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

Notes: Percentage columns are subject to rounding.

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

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

b *Delivery* discharges are all in-patients.

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

Notes: Percentage columns are subject to rounding.

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

4.3.3 Delivery Discharges: Age

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

Discharges

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

Length of Stay

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

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

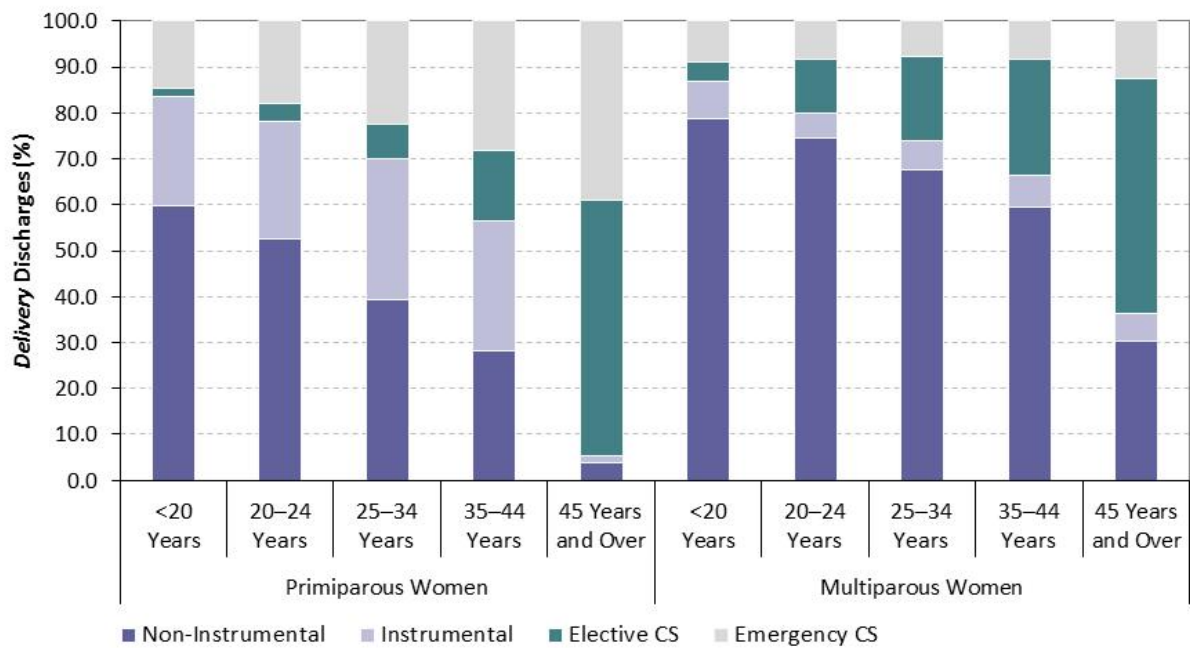
| | Delivery Discharges | | | | | | | | | | | |
|----------------------------------|---------------------|------|--------------|------|-------------------|------|--------------|------|----------|------|----------------------------------|-----|
| | Non-Instrumental | | Instrumental | | Caesarean Section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

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

Notes: Percentage columns are subject to rounding.

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

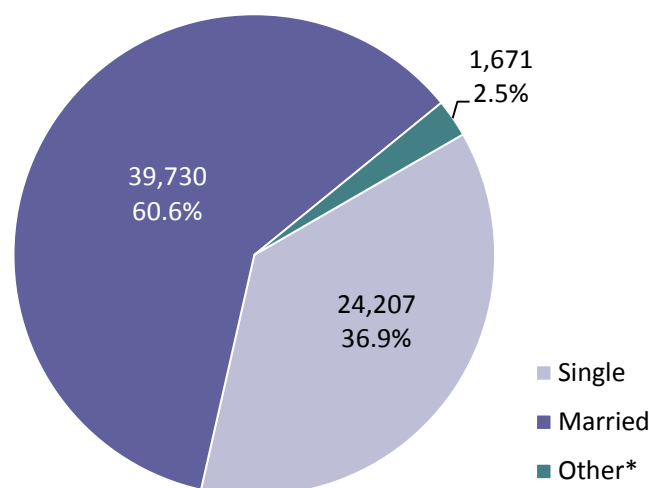
a *Delivery* discharges are all in-patients.

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

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

4.3.4 Delivery Discharges: Marital/Civil Status

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

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

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

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

4.3.5 Delivery Discharges: Public/Private Status¹⁶

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

Discharges

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

Length of Stay

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

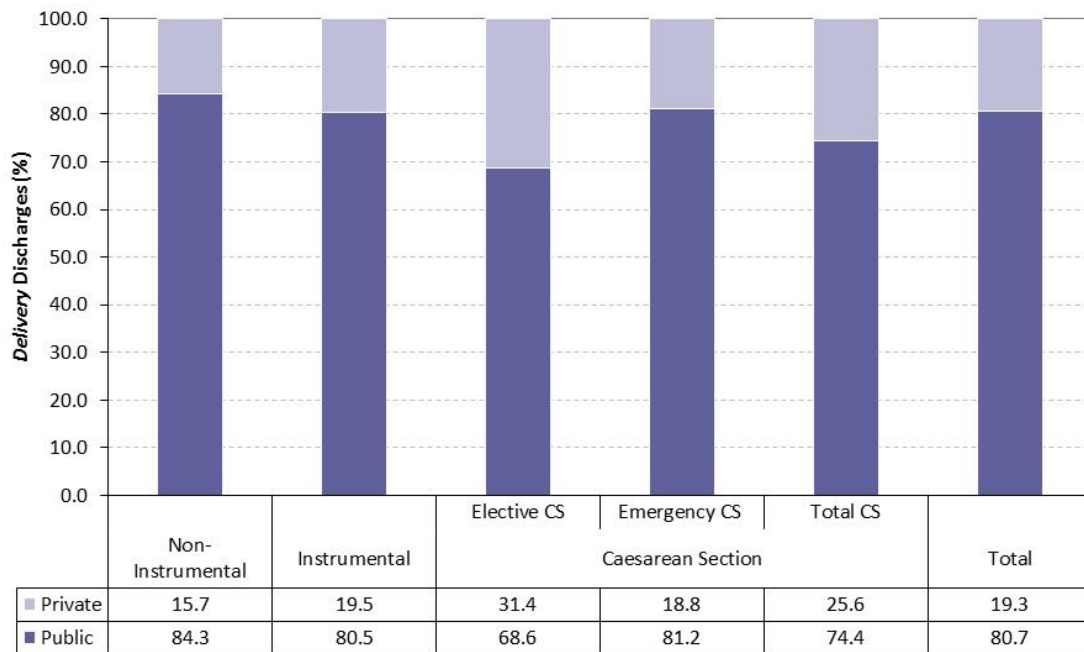
TABLE 4.5 *Delivery Discharges: Method of Delivery by Public/Private Status (N, % and Length of Stay)*

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

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

4.3.6 Delivery Discharges: Day of Admission

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

4.3.7 Delivery Discharges: Morbidity Analysis

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

4.3.7.1 Top 10 Principal Diagnoses

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

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

a *Delivery* discharges are all in-patients.

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

4.3.7.2 Top 10 Principal Procedure Blocks

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

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

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

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

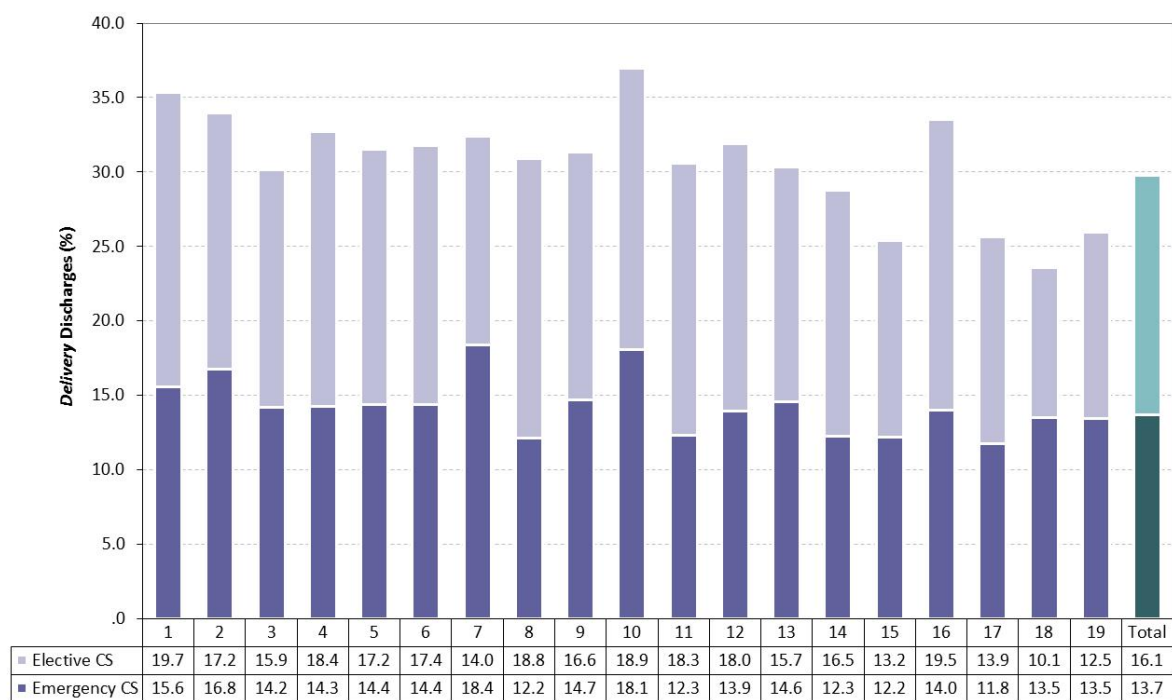
4.3.8 Delivery Discharges: Caesarean Section Deliveries

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

4.3.8.1 Caesarean Section by Hospital²¹

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

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



Notes: Percentage columns are subject to rounding.

The hospital numbering presented here is comparable to that presented in *Activity in Acute Public Hospitals in Ireland*, Annual Reports, 2011 to 2013. See www.hpo.ie for the latest versions of these reports.

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

* This figure presents the proportions from maternity hospitals or hospitals with dedicated maternity units, it does not include the five hospitals that reported < 8 deliveries.

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

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

4.3.8.2 Caesarean Section Deliveries: Top 10 Principal Diagnoses

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

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

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

4.4 MATERNITY DISCHARGES – NON-DELIVERIES

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

4.4.1 *Non-Delivery* Discharges: Day Patient Activity

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

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

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

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

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

²²

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

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

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

Note: Percentage column is subject to rounding.

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

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

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

Note: Percentage column is subject to rounding.

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

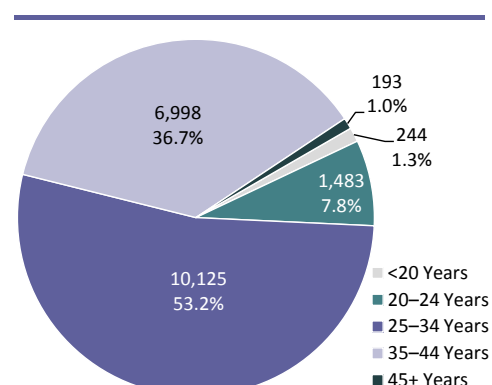
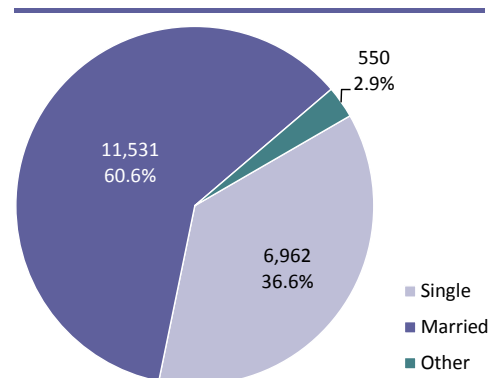
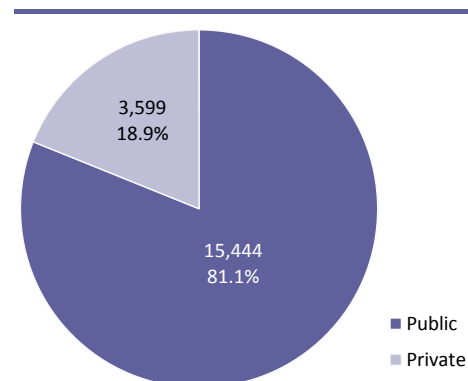
FIGURE 4.11 *Non-Delivery Discharges: Day Patient Age (N, %)***FIGURE 4.12** *Non-Delivery Discharges: Day Patient Marital/Civil Status (N, %)***FIGURE 4.13** *Non-Delivery Discharges: Day Patient Public/Private Status (N, %)*

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

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

Note: Percentage column is subject to rounding.

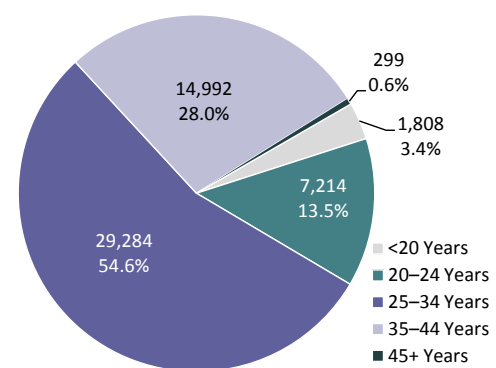
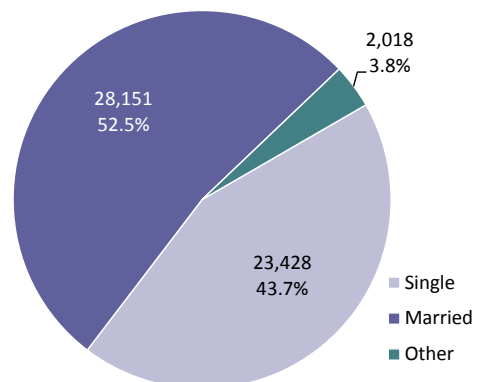
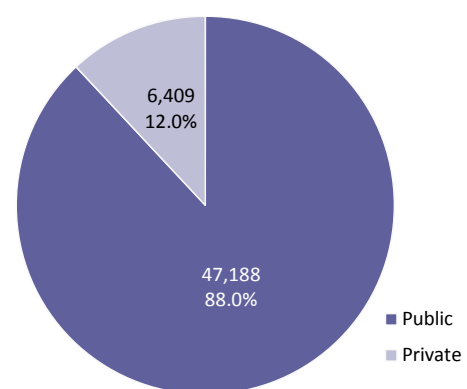
a ICD-10-AM diagnosis codes are analysed at three-digit level.

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

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

Note: Percentage column is subject to rounding.

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

FIGURE 4.14 *Non-Delivery Discharges: In-Patient Age (N, %)***FIGURE 4.15** *Non-Delivery Discharges: In-Patient Marital/Civil Status (N, %)***FIGURE 4.16** *Non-Delivery Discharges: In-Patient Public/Private Status (N, %)*

Case Mix Analysis SECTION
2014

FIVE

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Total Discharges
1,592,672

5.1 INTRODUCTION

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

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

5.1.1 Case Mix Classification

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

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

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

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

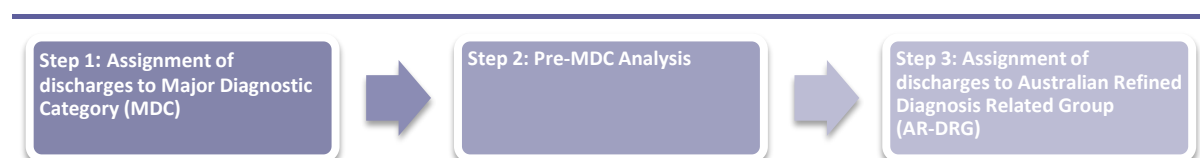
⁴ For a more detailed description of case mix and its application in Ireland see O'Reilly J., McCarthy B., Wiley, M. M., 'Ireland: A review of Casemix applications within the acute public hospital system' in R. Busse, A. Geissler, W. Quentin & M. M. Wiley (eds), *Diagnosis-Related Groups in Europe: Moving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

5.1.2 Assignment of Discharges to MDC and AR-DRG

Figure 5.1 shows the steps in AR-DRG assignment;

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

FIGURE 5.1 Steps in AR-DRG Assignment



An AR-DRG consists of four alphanumeric characters in the form of 'A⁵DD⁷S':

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

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

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

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

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

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

- 'S' is a complexity split indicator that ranks DRGs within adjacent DRGs on the basis of their level of complexity/resource use. It is either 'A', 'B', 'C', 'D' or 'Z' with 'A' being the most complex or 'Z' indicating that there is no complexity split.⁹ The complexity of the case is determined by particular variables, such as the presence of complications and/or comorbidities (cc), age, or discharge status, which influence the treatment process and/or the pattern of resource utilisation.¹⁰

5.1.2.1 AR-DRG Complexity Split

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

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

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

Note: Percentage columns are subject to rounding.

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

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

5.2 ANALYSIS OF HIPE DATA BY CASE MIX

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

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

5.2.1 Analysis of Day Patients by MDC and AR-DRG

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

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

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

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

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

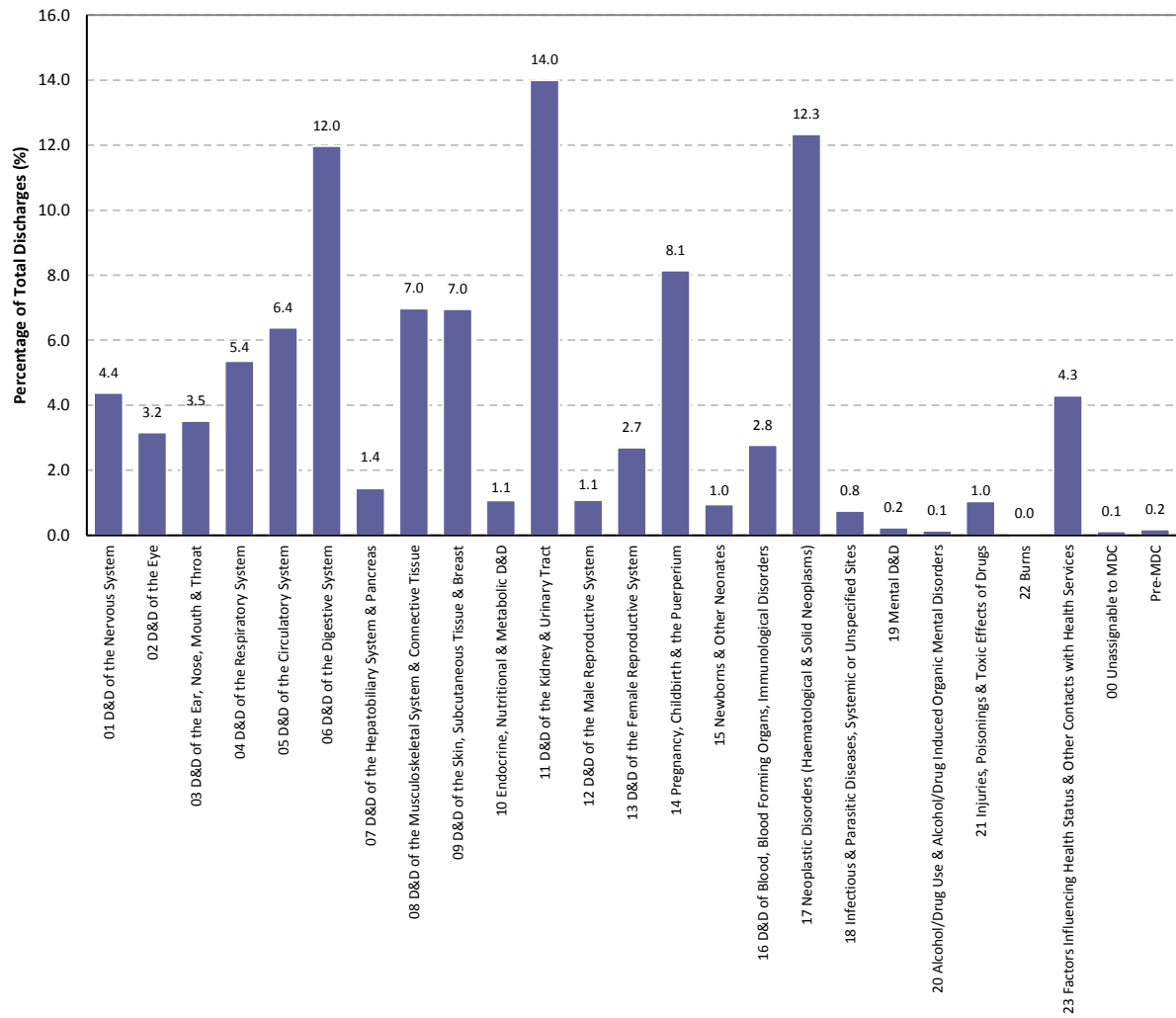
- * *Caesarean Delivery without Catastrophic or Severe Complication and/or Comorbidity* (AR-DRG O01B) accounted for 13.4 per cent of in-patients within this MDC and 2.5 per cent of total in-patients.
- * The mean length of stay for *Vaginal Delivery* (AR-DRG O60Z) was 2.7 days and 4.5 days for *Caesarean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

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

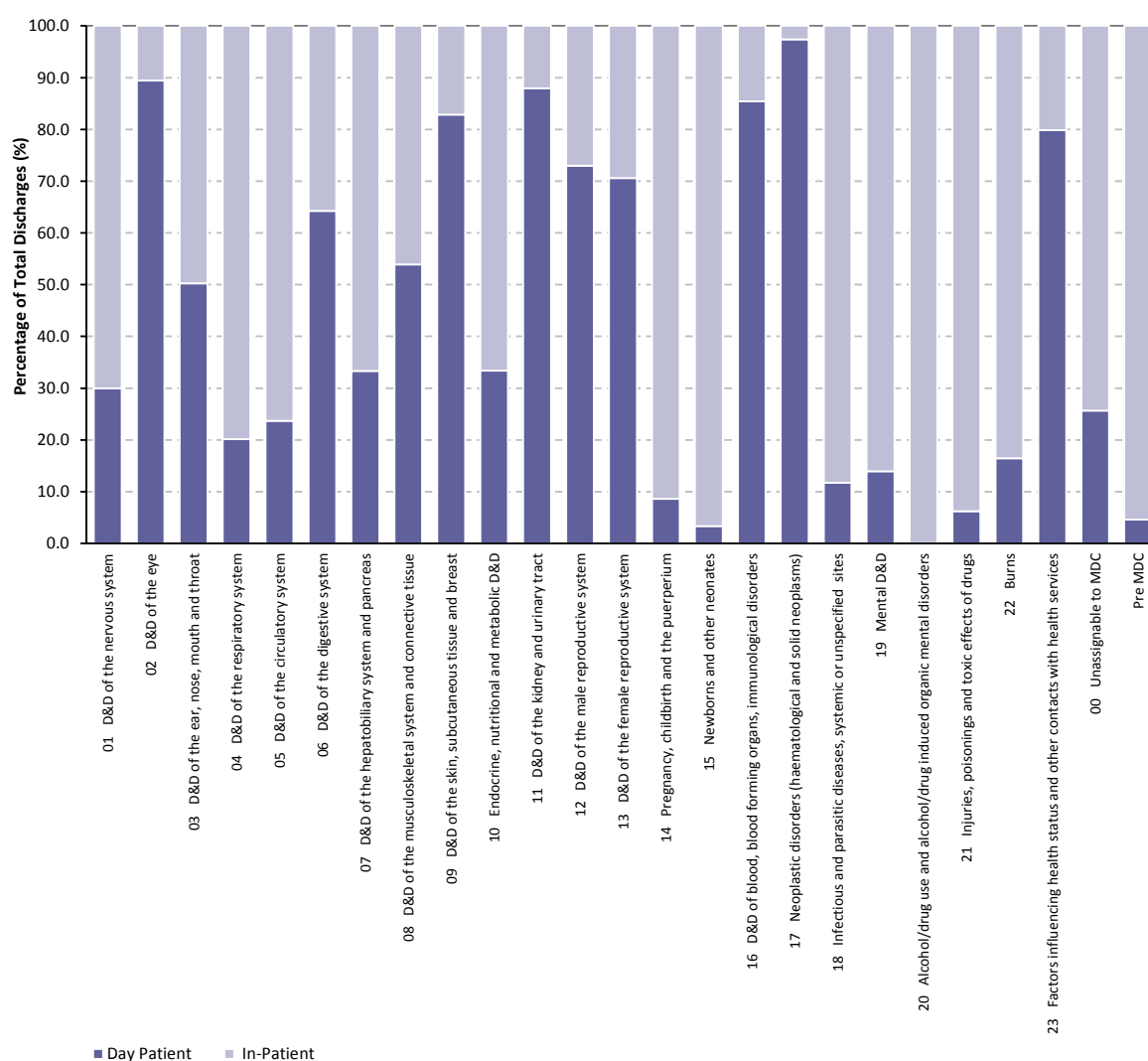
| Major Diagnostic Category | Day Patients | | In-Patients | | Total Discharges | |
|---|----------------|------------|----------------|------------|------------------|------------|
| | N | % | N | % | N | % |
| 01 Diseases and disorders of the nervous system | 20,898 | 2.2 | 48,837 | 7.7 | 69,735 |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

Notes:

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

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

Note: D&D = Diseases and disorders

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

Note: D&D = Diseases and disorders

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b This includes spontaneous abortions and pregnancies with abortive outcome.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Annex 2014

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PROFILE OF IN-PATIENT DISCHARGES AGED 65 YEARS AND OVER

A.1.1 INTRODUCTION

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

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

A.1.2 DISCHARGE OVERVIEW

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

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

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

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

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

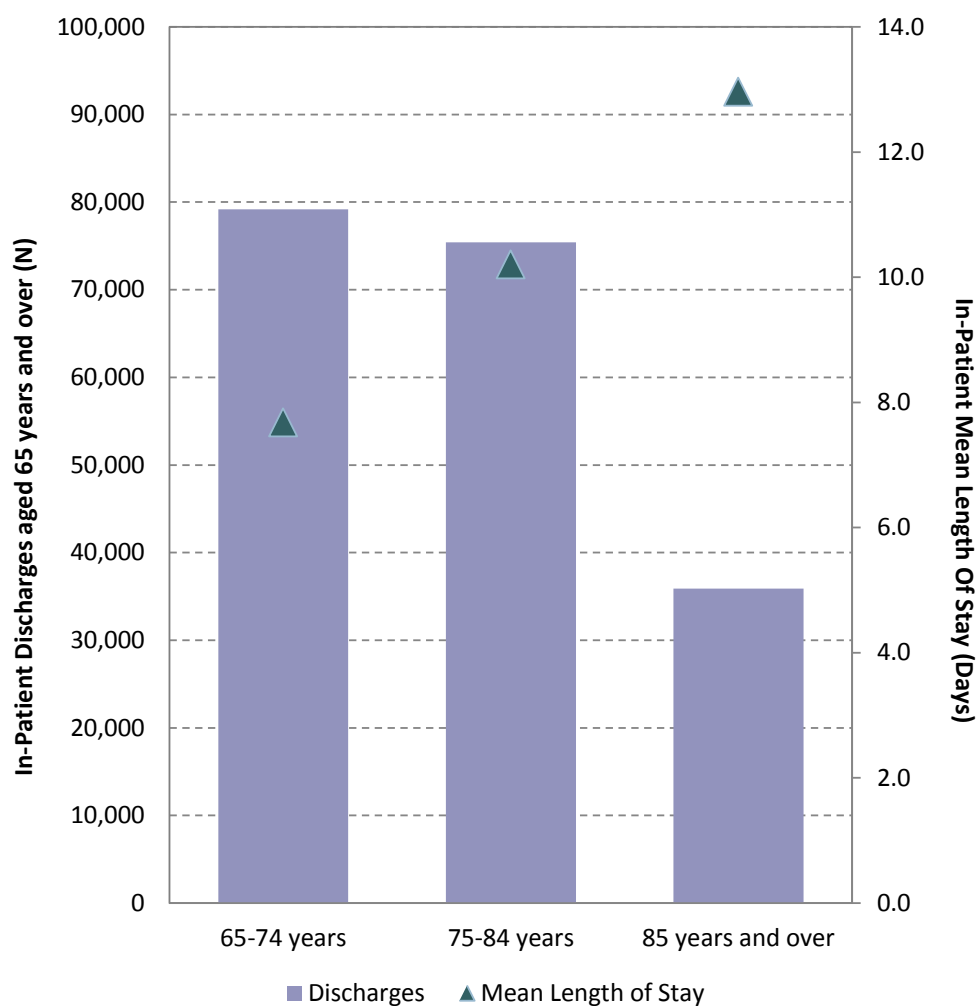
Notes: Percentage columns are subject to rounding.

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

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

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

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



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

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

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

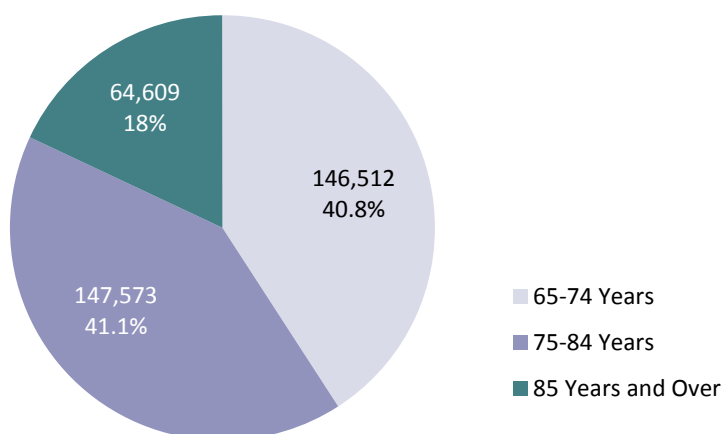
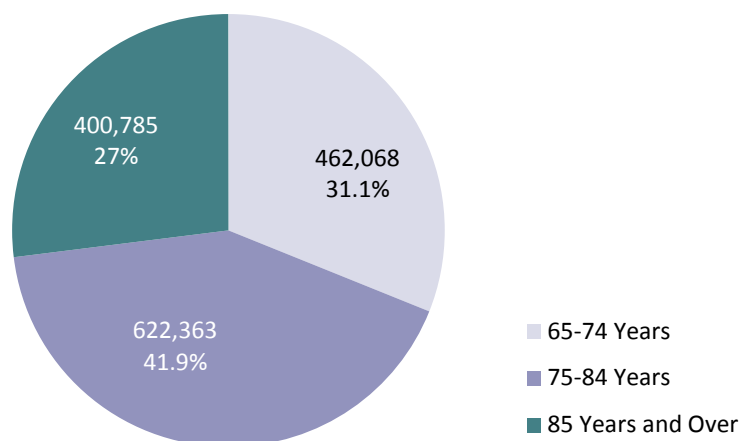


FIGURE A 1.2b Emergency In-Patient Discharges aged 65 years and over: Bed Days by Age Group



Notes:

Percentage columns are subject to rounding.

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

A.1.3 IN-PATIENT ACTIVITY

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

In-Patients – Profile

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

In-Patients – Top 20 Principal Diagnoses

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

In-Patients – Top 20 Principal Procedure Blocks

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

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

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

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

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

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

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

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

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

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

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

A.1.3.1 Elective In-Patient Activity

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

Elective In-Patients – Profile

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

Elective In-Patients – Top 20 Principal Diagnoses

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

Elective In-Patients – Top 20 Principal Procedure Blocks

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

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

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

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

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

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

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

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

| Elective In-Patients | | |
|----------------------|---------|------|
| 37,618 | | |
| Discharges | N | % |
| Total | 37,618 | 100 |
| Acute | 35,170 | 93.5 |
| Extended | 2,448 | 6.5 |
| Bed Days | N | % |
| Total | 358,694 | 100 |
| Acute | 213,084 | 59.4 |
| Extended | 145,610 | 40.6 |
| Length of Stay | Mean | |
| Total | 9.5 | |
| Acute | 6.1 | |
| Extended | 59.5 | |

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

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

Notes: Percentage columns are subject to rounding.

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

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

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

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

A.1.3.2 Emergency In-Patient Activity

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

Emergency In-Patients – Profile

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

Emergency In-Patients – Top 20 Principal Diagnoses

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

Emergency In-Patients – Top 20 Principal Procedure Blocks

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

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

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

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

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

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

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

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

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

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

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

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

Notes: Percentage columns are subject to rounding.

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

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

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

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

Glossary & Abbreviations

GLOSSARY

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

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

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

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

ABBREVIATIONS

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

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

Appendices

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APPENDIX I: HIPE HOSPITALS

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

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

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

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

Notes: Total number of hospitals participating in 2014: 54

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

APPENDIX II: HIPE DATA COLLECTED

TABLE II.1 Data Collected by HIPE*

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

Data Collected by HIPE (contd.)

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

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

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

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

APPENDIX III: HIPE DATA ENTRY FORM

FIGURE III.1 HIPE Data Entry Form, 2014

Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with HIPE on ALL DISCHARGES FROM 01.01.2014

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

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

For use on all discharges from 01.01.2014

| ICD-10-AM Code | Principal Diagnosis (PDX) | Hospital Acquired Dx | Consultant** | Specialty |
|----------------|---------------------------|----------------------|--------------|-----------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

Up to 30 diagnoses codes may be entered.

| Procedure/Intervention Codes | Block No. | Principal Procedure | Consultant** | Consultant Anaesthetist** | Date of Procedure |
|------------------------------|-----------|---------------------|--------------|---------------------------|-------------------|
| (1) | | | | | / / |
| (2) | | | | | / / |
| (3) | | | | | / / |
| (4) | | | | | / / |
| (5) | | | | | / / |

Up to 20 procedure codes may be entered.

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

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

** More than one consultant can be recorded.

APPENDIX IV: DERIVED VARIABLES

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

TABLE IV.1 Derived Variables

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

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

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

APPENDIX V: AUSTRALIAN CODING STANDARD 0042

Australian Coding Standard 0042 Procedures not Normally Coded¹

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

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

Note:

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

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

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

APPENDIX VI: FURTHER INFORMATION ON HIPE SCHEME

Previously published reports can be downloaded at www.hpo.ie.

Documentation relating to the operation of the HIPE scheme is available online at www.hpo.ie.

- *Coding Notes*: This quarterly bulletin is distributed to all coders nationally. It contains important updates on coding queries, changes in coding practice and any other relevant information including the scheduling of training courses.
- *HIPE Data Dictionary*: This dictionary provides definitions and codes for data collected within HIPE as of a specified year (e.g. 2014 relates to discharges reported for 2014). It provides standard definitions for variables with the objective of ensuring that consistency and data quality are maintained.
- *HIPE Instruction Manual*: This manual provides instruction on the capture of administrative and demographic data for each HIPE discharge record. Clinical data are captured in accordance with the classification and associated standards.
- *Irish Coding Standards*: Irish Coding Standards (ICS) apply to activity coded in HIPE and provide guidance and instruction on all aspects of HIPE data collection by addressing issues relevant to the Irish hospital setting. ICS are developed to complement the Australian Coding Standards (ACS) and are revised regularly to reflect changing clinical practice.

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