Activity in Acute Public Hospitals in Ireland

2022 ANNUAL REPORT

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Summary Description
This is a report on in-patient and day patient discharges from acute public hospitals participating in the Hospital In-Patient Enquiry (HIPE) scheme in 2022. Discharge activity is examined by patient type, admission type, hospital group, and by demographic parameters (such as age and sex). Particular issues of relevance to the Irish health care system covered in the report relate to the composition of discharges by medical card and public/private status. Discharges are also analysed by diagnoses, procedures, major diagnostic categories, and diagnosis related groups. The analysis is presented at the national level.

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ACKNOWLEDGEMENTS

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

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

We would like to thank, specifically, Jacqui Curley, Brian McCarthy and Amy Phillips for reviewing and commenting on earlier drafts of this report.

Inevitably, a number of individuals have to carry most of the responsibility for producing a report of this type. In this case, Paul Lin, Fionn McCarthy, Sinead O'Hara and Rory O'Reilly were to the fore in the preparation of the report for publication. We wish to express our sincere thanks to these colleagues for all of their hard work on the report. Their commitment, enthusiasm, and professionalism are gratefully acknowledged and sincerely appreciated.

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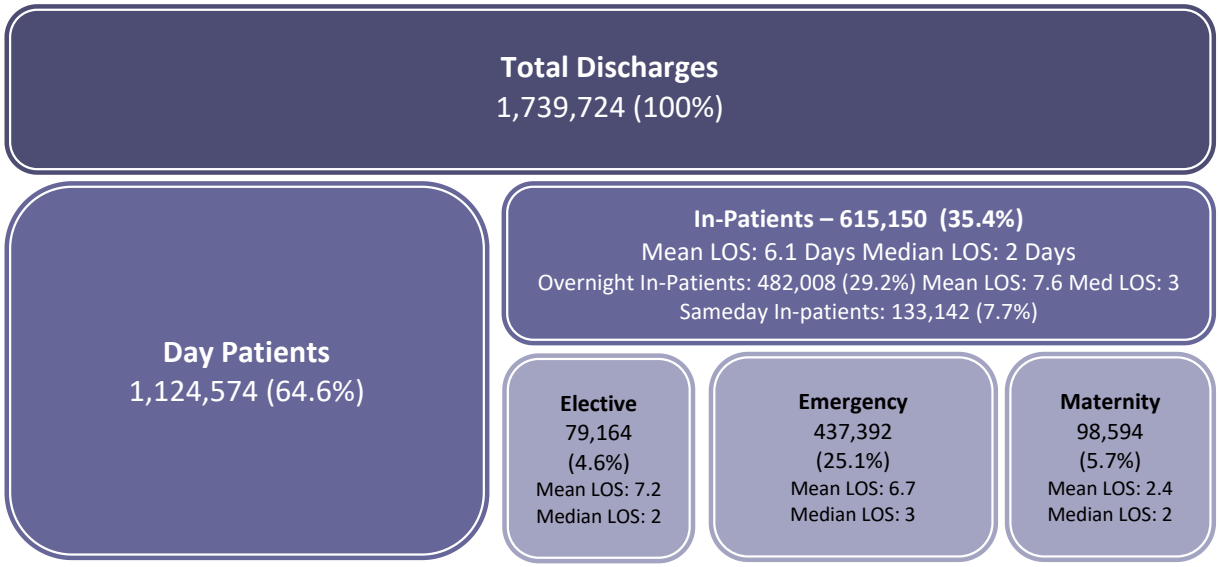
EXECUTIVE SUMMARY

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

The aim of this report is to present an overview of discharge activity in acute public hospitals in Ireland in 2022. From the first quarter of 2020, Coronavirus disease (COVID-19) affected the ability of hospitals to perform their usual levels of activity. The effect on reported activity from COVID-19 should be considered when comparing against years prior to 2020.

TOTAL DISCHARGES, 2022



Discharge Overview

- Over 1.7 million discharges were reported by participating hospitals in 2022, an increase of 6.9 per cent over the period 2021–2022.
- Day patients accounted for 64.6 per cent of total discharges, an increase of 9.5 per cent since 2021.
- In-patients accounted for 35.4 per cent of total discharges, an increase of 2.4 per cent since 2021 and a decrease of 5.5 per cent from 2018–2022.

- Over the period 2018–2022, the number of elective in-patient discharges decreased by 18.3 per cent, maternity in-patients decreased by 10.9 per cent, while emergency in-patients decreased by 1.3 per cent.

Length of Stay

- In-patient average length of stay was 6.1 days in 2022. This is higher than any year since 2018. The next highest average length of stay for these years was 5.8 days in 2020.
- Over the period 2018–2022, the average length of stay for emergency in-patients increased from 6.2 days to 6.7 days. The average length of stay increased for elective in-patients from 6.8 days to 7.2 days, and for maternity in-patients the average length of stay decreased from 2.6 to 2.4 days.

Sex

- Females accounted for 52.5 per cent of total discharges in 2022, with males accounting for 47.5 per cent.
- Excluding maternity discharges, females accounted for 49.0 per cent of discharges with males accounting for 51.0 per cent.

Age

- Discharges aged 65 years and over accounted for 40.0 per cent of total discharges, representing an increase of 9.6 per cent since 2021 and an increase of 6.2 per cent since 2018.
- Discharges aged 65 years and over accounted for 58.1 per cent of total in-patient bed days, an increase of 14.1 per cent since 2021 and an increase of 6.2 per cent since 2018.

Public/Private Status

- Over 87 per cent of total discharges were treated on a public basis in 2022. Private patients accounted for 12.6 per cent of total discharges in 2022.
- The 25–34 years age group had the largest proportion of total discharges treated publicly in 2022 (90.2 per cent), with only 9.8 per cent treated on a private basis.

Hospital Group

- The largest proportion of total discharges were hospitalised in the Ireland East Hospital Group (20.3 per cent).
- Total in-patient discharges were highest in the Ireland East Hospital Group where 21.5 per cent of discharges were hospitalised, while the Dublin Midlands Hospital Group accounted for the highest proportion of day patients (20.7 per cent).

Admission Source

- The majority of total discharges were admitted from home (96.7 per cent).

Discharge Destination

- The majority of total discharges were discharged home (95.0 per cent).
- Of total emergency in-patients, 5.9 per cent were transferred to long stay accommodation, and 5.9 per cent were transferred to another hospital.

Day of Admission

- Just over 60 per cent of elective in-patients were admitted between Monday and Wednesday, with only 6.2 per cent admitted at the weekend.

Day of Discharge

- The proportion of elective in-patients discharged increased throughout the week, from 11.2 per cent on Monday to 22.0 per cent on Friday, falling to 9.8 per cent on Saturday and 4.8 per cent on Sunday.

Month of Discharge

- Emergency in-patient hospital discharges peaked in November (38,791 discharges), while the smallest number of emergency in-patients were discharged in February with 33,314 discharges.

MORBIDITY ANALYSIS

Day Patients

- Day patients with a principal diagnosis of *Other medical care* (includes Chemotherapy and Radiotherapy encounters) and those with a principal diagnosis of *Care involving dialysis* accounted for 21.0 and 16.9 per cent of day patient discharges respectively.
- At least one procedure was recorded for 92.2 per cent of day patient discharges.
- The highest principal procedure block reported was *Administration of pharmacotherapy*, accounting for 19.1 per cent of day patients with at least one procedure recorded.

In-Patients

- The highest principal diagnosis reported for in-patient discharges was *Single spontaneous delivery* which accounted for 3.9 per cent of in-patients.
- At least one procedure was recorded for 58.1 per cent of in-patient discharges.
- The highest principal procedure block reported was *Generalised allied health interventions* which accounted for 31.3 per cent of in-patient discharges with at least one procedure recorded.[1]

Elective In-Patients

- Elective in-patients with a principal diagnosis of *Coxarthrosis [arthrosis of hip]* accounted for 3.7 per cent of elective in-patient discharges.
- At least one procedure was recorded for 90.5 per cent of elective in-patient discharges.
- The highest principal procedure block reported for elective in-patients was *Generalised allied health interventions,* accounting for 11.5 per cent of elective in-patients who had at least one procedure reported.

Emergency In-Patients

- The highest principal diagnosis reported for emergency in-patients was *Pain in throat and chest*, accounting for 4.0 per cent of emergency in-patient discharges.

[1] This block includes interventions such as physiotherapy, pharmacy, dietetics, occupational therapy, speech pathology, social work and diabetes education. Together, these seven interventions accounted for 97.3 per cent of cases within this procedure block.

- At least one procedure was recorded for 51.3 per cent of emergency in-patient discharges.
- The highest principal procedure block reported for emergency in-patients was *Generalised allied health interventions,* accounting for 45.2 per cent of emergency in-patient discharges who had at least one procedure reported.

Maternity In-Patients – by Delivery Status[2]

- Delivery discharges with a principal diagnosis of *Single spontaneous delivery* accounted for 44.6 per cent of delivery in-patient discharges.
- For delivery discharges who had a procedure reported, 42.4 per cent reported the principal procedure block *Spontaneous vertex delivery*.[3]
- Non-delivery discharges with a principal diagnosis of *Other maternal diseases classifiable elsewhere in pregnancy; childbirth and the puerperium* accounted for 27.5 per cent of non-delivery in-patient discharges.
- For non-delivery discharges who had a procedure reported, 26.7 per cent reported the principal procedure block *Generalised allied health interventions*.

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2 Delivery discharges include discharges with a diagnosis of *Outcome of delivery* (ICD-10-AM: Z37). Non-delivery discharges are maternity discharges where admission was related to their obstetrical experience but they did not deliver during that episode of care.

3 See Appendix VII for an overview of changes from 8th Edition to 10th Edition ICD-10-AM/ACHI/ACS.

CASE MIX ANALYSIS

The case mix classification presents analysis of patients who undergo similar treatment processes and incur similar levels of resource use.[4]

- The MDC with the largest proportion of day patients reported was *Neoplastic disorders (haematological and solid neoplasms)* (MDC 17), which accounted for 269,269 discharges or 23.9 per cent of day patients.
    - *Chemotherapy* (AR-DRG R63Z) accounted for 48.3 per cent of day patients within this MDC, and 11.6 per cent of total day patients*; Other Neoplastic Disorders, Minor Complexity* (AR-DRG R62C) accounted for 37.2 per cent of day patients within this MDC and 8.9 per cent of total day patients.
- The MDC with the largest proportion of in-patient discharges was *Pregnancy, Childbirth and the Puerperium* (MDC 14), with 97,453 discharges, which accounted for 15.8 per cent of in-patients.
    - *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C) accounted for 33.0 per cent of in-patients within this MDC and 5.2 per cent of total in-patient discharges.
    - *Antenatal and Other Obstetric Admission* (AR-DRGs O66A and O66B) accounted for 36.5 per cent of in-patients within this MDC and 5.8 per cent of total in-patient discharges.

[4] In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

Overview SECTION

One

Table of Contents

1.1 INTRODUCTION

This report aims to present an overview of discharge activity in acute public hospitals in Ireland during 2022 using data from the Hospital In-Patient Enquiry (HIPE) scheme. HIPE collects information on day patient and in-patient activity from participating hospitals.[1]

Section One provides an overview of the 2022 report. It outlines briefly the background of the HIPE scheme, and highlights other data sources used throughout the report. Given that COVID-19 continues to have an impact on hospitals in 2022, changes to HIPE relating to COVID-19 are briefly discussed in this section, and similar to the 2020 and 2021 HIPE reports, data relating to COVID-19 admissions are analysed in further detail in this year's annex. Following this, the scope of the HIPE data and the methods used in the report are discussed. Data Quality developments in the HPO relating to HIPE are outlined in the next section, and finally , an analysis of the trends in the main HIPE variables is undertaken using data from the period 2018–2022.[2]

1.2 BACKGROUND

From 1st January 2014 the Health Research and Information Division at the ESRI and the National Casemix Programme in the HSE became the Healthcare Pricing Office (HPO).[3] 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.[4] Part of the remit of the HPO is to oversee all functions associated with the operation of the HIPE database, including the development and support of the data collection and reporting software, training of coders, data quality, audit, data analysis and reporting, and responding to requests for information.[5]

At the start of 2020, the classification used to code clinical information was updated from the 8th Edition to the 10th Edition of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Australian Classification of Health interventions (ACHI), Australian Coding Standards (ACS).[6,7,8] Ireland updates the clinical

1 See Appendix I for a list of hospitals participating in HIPE in 2022.

2 The effect of COVID-19 on hospitals ability to perform their usual levels of activity must be taken into account in 2020, 2021 and 2022 data.

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

4 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.

5 For more information on the work of the HPO please see www.hpo.ie

6 Australian Consortium for Classification Development (ACCD) 2017. The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modif*ication (ICD-10-AM), and *Australian Classification of Health Interventions* (ACHI) and *Australian Coding Standards* (ACS) – ICD-10-AM/ACHI/ACS (10th Ed) Adelaide: Independent Health and Aged Care Pricing Authority (IHACPA), Lane Publishing.

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

classification every four to five years to ensure the classifications remain current for national and international use. Extensive training of all HIPE staff is undertaken when the classification is updated to ensure understanding of changes in the new classification.

Use of ICD-10-AM/ACHI/ACS is complemented by the Irish Coding Standards (ICS).[9] The ICS are developed for use with the Australian Classification and Australian Coding Standards (ACS) and are revised regularly to reflect changing clinical practice and to ensure that the classification and its application are relevant to the Irish healthcare system.

Due to the update in the classification, caution must be exercised when comparing procedure and diagnosis categories presented in reports from 2020 onwards to previous reports, due to changes in sequencing of codes within a HIPE record, addition of new codes, deletion of codes, and updates to ACS and ICS.[10]

In 2015, the Australian Refined Diagnosis Related Groups (AR-DRG) classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0.[11,12] The update to AR-DRG Version 8.0 included a revision of the complexity model used to assign AR-DRGs to discharges. In addition to this, it included a review of existing AR-DRGs, the removal of some AR-DRGs and the inclusion of new AR-DRGs. The naming convention for AR-DRGs was also updated.

Given the comprehensive coverage achieved by this information system, the data gathered by HIPE are used by policymakers, clinical teams and researchers. In addition to responding to requests for HIPE information, the HPO also manages the HIPE Statistics Reporter which is available online.[13]

1.3 COVID-19

From the first quarter of 2020, COVID-19 had a substantial impact on the ability of hospitals to deliver their normal level of services due to the reconfiguration and re-designation of wards to accommodate COVID-19 discharges. In 2022, there still remained a significant challenge for health services to operate their normal levels of services due to the impact of the pandemic and the sustained presence of patients in hospital with COVID-19. The HSE entered into a number of Service Level Agreements ("SLA") with private hospitals to allow public patients to be treated in private hospitals.New SLA's were signed in 2021 and 2022 to

8 HIPE data for 2022 is coded using the 10th edition of ICD-10-AM/ACHI/ACS.

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

10 See Appendix VII for an overview of changes from ICD-10-AM/ACHI/ACS 8th edition (in use from 2015–2019) to 10th Edition (in use from 1st January 2020).

11 AR-DRG Version 8.0 was first reported on in the HIPE Annual Report in 2016.

12 See Appendix VIII for an overview of changes between AR-DRG Version 6.0 and Version 8.0.

13 Available at www.hpo.ie

allow this process to continue. This data is not presented in this report.[14] Guidance on the coding of COVID-19 may be found in Irish Coding Standards (ICS) 22X2 V1.3 Novel Coronavirus (COVID-19).[15]

The availability, reliability and coverage of the HIPE dataset during this pandemic continues to be of national and international importance. To prioritise the coding of COVID-19 discharges, in March 2020 the HPO developed a process to facilitate automatic nightly exports of cases with a COVID-19 diagnosis and this process continued throughout 2021 and 2022. In this manner, the Department of Health, the HSE and other health agencies have access to this important activity data to track, monitor and support the health system.

1.4 Data Sources for Annual Report 2022

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.[16,17] In 2022, 53 public hospitals in Ireland participated in HIPE (see Appendix I).[18]

Population Estimates: Population figures for 2022 are based on Census 2022 data published by the Central Statistics Office.

1.5 Structure of Annual Report 2022

The remainder of this report is structured as follows:

Section Two

In Section Two the report is concerned with providing a demographic (WHO), regional (WHERE) and temporal (WHEN) profile of discharges reported to HIPE in 2022. 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 discharge.

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14 While data is submitted by private hospitals to validate claims for activity performed, this data is deemed not robust for analysis due to non-specificity within the data returned and low levels of coverage. It is also based on a reduced HIPE record and does not form part of the main HIPE dataset. There are different data returns based on new SLA's with private hospitals in 2021 and 2022 (Safety Net 2 and 3 which were administered by VHI) and this data is not readily usable.

15 Available at www.hpo.ie

16 See Appendix II for details of data collected by HIPE, see also the HIPE Data Dictionary 2022 Version 14.0 available at www.hpo.ie

17 A copy of the HIPE data entry form for 2022 is contained in Appendix III.

18 For historical reasons, a small number of non-acute hospitals also reported to HIPE in 2022. Discharges from these hospitals have been included in this report.

Section Three

Section Three focuses on the diagnoses and procedures recorded for discharges reported to HIPE. Section Three presents analysis of hospital activity by patient type with top 20 principal diagnoses and procedure blocks presented for day patients and for total, elective and emergency in-patients. The top 10 principal diagnoses and procedure blocks are presented by delivery status for maternity in-patients. Further analysis is presented for diagnoses and procedures reported for total discharges by sex and age group. The mean and median length of stay for in-patient discharges is presented by principal diagnoses and principal procedures.

Section Four

Section Four provides analysis of all HIPE data by case mix. Each Major Diagnostic Category (MDC) is presented with its associated Australian Refined Diagnosis Related Groups (AR-DRG) for total discharges. The analyses provide a breakdown of MDCs and AR-DRGs by patient type, with in-patient mean and median length of stay also provided. The version of the AR-DRG Classification used from 2018 to 2022 is Version 8.0.[19]

Annex

The annex is designed to highlight particular topics of interest that merit further analysis. Similar to 2020 and 2021, this year's topic of interest is a discussion and analysis of HIPE data relating to admissions with the Coronavirus Disease (COVID-19) in 2020, 2021 and 2022.

Glossary and Abbreviations

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

[19] Further information on AR-DRG Version 8.0 can be found on the IHACPA website https://www.ihacpa.gov.au/resources/development-australian-refined-diagnosis-related-groups-v80 [Accessed 10th August 2023].

1.6 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 2022 indicate that for day patient and in-patient discharges appropriate for inclusion in the HIPE data set, 99.4 per cent of the discharges reported from hospital systems were coded and returned for inclusion in the national HIPE data set.

1.7 DATA QUALITY DEVELOPMENTS

Data quality is one of the core functions of the Healthcare Pricing Office with a range of data quality activities and tools in use at both local and national level. The HPO have recently published a Data Quality Framework as recommended by HIQA in the HIQA Review of Information Practices in HIPE (HIQA, 2018)[20] and is available at www.hpo.ie. The HPO Data Quality Framework sets out the purpose and objectives of the HPO's data quality activities at both a national and also at a local hospital/hospital group level.

The production of Data Quality Statements was also recommended as per the HIQA report as part of the Data Quality Framework (2018). A HIPE Data Quality Statement has been prepared to accompany this report and is available at www.hpo.ie. The Data Quality Statement highlights the dimensions of data quality, including strengths and weaknesses of the data in each output. It allows data users to interpret the data and information and make informed judgments about whether the data meets their needs. The content of the data quality statement will vary depending on the data and information being published. The

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

HIPE Data Quality Statement is available at www.hpo.ie. This will be reviewed on an annual basis. It was also recommended by HIQA (2018) for HIPE hospitals to produce a Data Quality Statement and the HPO are currently working with the hospitals to achieve this.

1.8 METHODS AND DEFINITIONS

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

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

- A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and is discharged alive, as scheduled, on the same day. [21] Deliveries are not included.
- An in-patient is admitted to hospital for treatment or investigation on an elective or emergency basis. Sameday in-patients are admitted as in-patients and discharged on the same day, while overnight in-patients stay at least one night in hospital.

In-Patient Length of Stay: In line with current reporting for Activity Based Funding, since the 2018 report the length of stay assigned for sameday in-patients has changed from one bed day to 0.5 bed days. This is based on an analysis of hospital data which shows that, on average, 0.5 days is a more appropriate measure of length of stay for this cohort of patients. This change will impact on the total in-patient length of stay resulting in a lower average length of stay compared to years prior to 2018. Therefore, caution must be taken if comparing the average length of stay data presented in this report to HIPE annual reports prior to 2018.

Diagnosis Related Groups: *"Local DRG's" presented in report.* The official classification for AR-DRG's (Version 8.0) has been slightly modified by the addition of two local DRG's specific to Ireland to account for differences in the provision of care between Ireland and Australia. While this practice has been used for Activity Based Funding, this modification to the official classification has only been published in the HIPE Annual Report since 2018.

- *R99Z (Oncology Repeat Attendance):* There are many attendances at oncology day wards where patients undergo very minor procedures (e.g. taking of bloods) which are generally of lower complexity than administration of chemotherapy or other oncology procedures. The "local DRG" R99Z (*Oncology Repeat Attendance*) is used to identify these cases and to ensure that they are costed and reimbursed appropriately.

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

- *J98Z (UV Therapy):* In general, UV therapy is not administered in the acute hospital setting in Australia whereas it is administered in a number of Irish hospitals. In order to differentiate this activity from other skin disorder treatments the "local DRG" J98Z (*UV Therapy*) has been created which isolates this activity so that it can be costed and reimbursed appropriately.

Derived Variables: For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. These derivations are presented in Appendix IV for admission type, admission source, and discharge destination.

Reporting of small numbers: The HPO does not report cells in tables where the number of discharges reported to HIPE is five or fewer. The tables contained in this report have been suppressed by replacing such cells with the symbol **~**. Where further suppression is necessary to ensure that cells with five or fewer discharges are not disclosed, the cell with the next lowest number of discharges may be replaced with the symbol *****. Where cells containing five or fewer discharges have been suppressed, the associated mean and median in-patient length of stay figures may be suppressed using the symbol **^**. In Section Three, the symbol **ǂ** 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.

1.9 DISCHARGES REPORTED TO HIPE, 2018-2022

In 2022, 1,739,724 discharges were reported to HIPE by participating acute public hospitals, representing an increase of 0.1 per cent over the period 2018–2022 and an increase of 6.9 per cent over the period 2021–2022. Coronavirus disease (COVID-19) has affected the ability of hospitals to perform their usual levels of activity in 2020, 2021 and 2022. Therefore, any comparisons with earlier years needs to take this into account.

Table 1.1 and Figures 1.1 to 1.2 show the distribution of discharges over the period 2018–2022 by selected variables. The following points provide a summary of changes over the period 2018–2022:

- The male-female split in 2022 has remained relatively consistent with previous years, with a larger proportion of female discharges (52.5 per cent).
- The 65 years and over age group accounted for the largest proportion of total discharges in 2022 (40.0 per cent), representing an increase of 9.6 per cent for this age group from 2021–2022.
- From 2018–2022 there was an increase of 2.1 per cent for public discharges and a decrease of 11.8 per cent for private discharges.[22]
- The number of day patient discharges decreased from 1,086,312 in 2018 to 1,124,574 in 2022, an increase of 3.5 per cent.
- The number of in-patient discharges decreased from 650,900 in 2018 to 615,150 in 2022, a decrease of 5.5 per cent.
- Emergency in-patient discharges comprised 68.1 per cent of total in-patient discharges in 2018, increasing to 71.1 per cent of discharges in 2022.
- Maternity in-patient discharges decreased by 10.9 per cent over the period 2018–2022 from 110,694 to 98,594 discharges.
- Sameday in-patient discharges increased by 3.3 per cent over the period 2018–2022 from 128,897 to 133,142 discharges.
- Over the period 2018–2022, the average length of stay for emergency in-patients increased from 6.2 days to 6.7 days. The average length of stay increased for elective in-patients from 6.8 days to 7.2 days, and decreased for maternity in-patients from 2.6 days to 2.4 days over the same period.
- Overnight in-patient discharges stayed on average 7.0 days in 2018 which has increased to 7.6 days in 2022, an increase of 8.6 per cent. The median has remained constant at 3 days over the period.

[22] 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.

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2018-2022

	2018	2019	2020	2021	2022	% Change	% Change
	N (%)	N (%)	N (%)	N (%)	N (%)	2018–2022	2021–2022
Total Discharges	**1,737,212**	**1,771,022**	**1,499,945**	**1,627,914**	**1,739,724**	**0.1**	**6.9**
	100	**100**	**100**	**100**	**100**		
Discharge Rate[a]	**357.7**	**359.9**	**301.4**	**324.8**	**337.9**		
Sex							
Males	817,851	837,916	714,171	767,016	826,142	1.0	7.7
	47.1	47.3	47.6	47.1	47.5		
Females	919,361	933,106	785,774	860,898	913,582	-0.6	6.1
	52.9	52.7	52.4	52.9	52.5		
Age Group							
Under 15 Years	129,137	124,716	92,537	100,912	114,737	-11.2	13.7
	7.4	7.0	6.2	6.2	6.6		
15–44 Years	456,062	457,073	389,864	425,956	428,798	-6.0	0.7
	26.3	25.8	26.0	26.2	24.6		
45–64 Years	495,211	508,747	431,326	465,499	499,795	0.9	7.4
	28.5	28.7	28.8	28.6	28.7		
65 Years and Over	656,802	680,486	586,218	635,547	696,394	6.0	9.6
	37.8	38.4	39.1	39.0	40.0		
Public/Private Status[b]							
Public Discharges	1,488,034	1,528,698	1,306,683	1,421,450	1,519,892	2.1	6.9
	85.7	86.3	87.1	87.3	87.4		
Private Discharges	249,178	242,324	193,262	206,464	219,832	-11.8	6.5
	14.3	13.7	12.9	12.7	12.6		
GMS Status							
GMS	971,882	995,063	790,465	815,687	874,067	-10.1	7.2
	55.9	56.2	52.7	50.1	50.2		
Non-GMS	740,522	723,922	644,414	750,073	799,918	8.0	6.6
	42.6	40.9	43.0	46.1	46.0		
Unknown	24,808	52,037	65,066	62,154	65,739	165.0	5.8
	1.4	2.9	4.3	3.8	3.8		
Hospital Group							
Ireland East[c]	338,603	354,669	292,944	333,775	352,572	4.1	5.6
	19.5	20.0	19.5	20.5	20.3		
RCSI	258,954	263,641	230,758	258,958	262,149	1.2	1.2
	14.9	14.9	15.4	15.9	15.1		
Dublin Midlands	325,230	333,923	286,770	301,720	326,245	0.3	8.1
	18.7	18.9	19.1	18.5	18.8		
South/South West	329,610	325,579	283,315	296,065	315,646	-4.2	6.6
	19.0	18.4	18.9	18.2	18.1		
UL	113,077	114,679	100,268	109,437	126,841	12.2	15.9
	6.5	6.5	6.7	6.7	7.3		
Saolta	312,651	320,246	259,591	280,697	304,519	-2.6	8.5
	18.0	18.1	17.3	17.2	17.5		
Children's	53,795	52,404	42,150	44,588	49,058	-8.8	10.0
	3.1	3.0	2.8	2.7	2.8		
No group[c]	5,292	5,881	4,149	2,674	2,694	-49.1	0.7
	0.3	0.3	0.3	0.2	0.2	1.0	7.7
Day Patients	**1,086,312**	**1,120,675**	**930,310**	**1,027,431**	**1,124,574**	**3.5**	**9.5**
	100	**100**	**100**	**100**	**100**		
Dialysis/Radiotherapy/ Chemotherapy[d]	394,397	405,990	388,246	396,966	424,892	7.7	7.0
	36.3	36.2	41.7	38.6	37.8		
Maternity	20,601	22,336	21,867	24,334	22,668	10.0	-6.8
	1.9	2.0	2.4	2.4	2.0		
Other	671,314	692,349	520,197	606,131	677,014	0.8	11.7
	61.8	61.8	55.9	59.0	60.2		
In-Patients	**650,900**	**650,347**	**569,635**	**600,483**	**615,150**	**-5.5**	**2.4**
	100	**100**	**100**	**100**	**100**		
Elective	96,893	94,256	72,426	74,451	79,164	-18.3	6.3
	14.9	14.5	12.7	12.4	12.9		
Emergency[e]	443,313	448,313	399,609	422,277	437,392	-1.3	3.6
	68.1	68.9	70.2	70.3	71.1		
Maternity	110,694	107,778	97,600	103,755	98,594	-10.9	-5.0
	17.0	16.6	17.1	17.3	16.0		

Contd. overleaf

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2018–2022 (contd.)

		2018	2019	2020	2021	2022	% Change	% Change
		N (%)	N (%)	N (%)	N (%)	N (%)	2018–2022	2021–2022
Overnight In-Patients		522,003 80.2	515,196 79.2	454,123 79.7	475,296 79.2	482,008 78.4	-7.7	1.4
Sameday In-Patients		128,897 19.8	135,151 20.8	115,512 20.3	125,187 20.8	133,142 21.6	3.3	6.4
In-Patient Length of Stay								
In-Patients	**Mean**	**5.7**	**5.7**	**5.8**	**5.7**	**6.1**	**7.0**	**7.0**
	Median	**2**	**2**	**2**	**2**	**2**		
Elective	Mean	6.8	6.9	7.4	7.1	7.2	5.9	1.4
	Median	2	2	2	2	2		
Emergency[e]	Mean	6.2	6.3	6.3	6.3	6.7	8.1	6.3
	Median	2	2	2	3	3		
Maternity	Mean	2.6	2.6	2.4	2.4	2.4	-7.7	0.0
	Median	2	2	2	2	2		
Overnight	**Mean**	**7.0**	**7.1**	**7.1**	**7.1**	**7.6**	**8.6**	**7.0**
In-Patients	**Median**	**3**	**3**	**3**	**3**	**3**		
In-Patient Bed Days[f]								
Total In-Patients		**3,711,417 100**	**3,727,639 100**	**3,282,359 100**	**3,439,323 100**	**3,747,471 100**	**1.0**	**9.0**
Under 15 Years		270,757 7.3	254,537 6.8	213,764 6.5	229,478 6.7	245,806 6.6	-9.2	7.1
15 to 44 Years		670,925 18.1	666,872 17.9	576,822 17.6	603,768 17.6	597,121 15.9	-11.0	-1.1
45 to 64 Years		720,392 19.4	725,846 19.5	658,254 20.1	699,064 20.3	728,369 19.4	1.1	4.2
65 Years and Over		2,049,343 55.2	2,080,384 55.8	1,833,520 55.9	1,907,014 55.4	2,176,176 58.1	6.2	14.1
Overnight In-Patients		**3,646,968 98.3**	**3,660,063 98.2**	**3,224,603 98.2**	**3,376,729 98.2**	**3,680,900 98.2**	**0.9**	**9.0**

Notes: Percentage columns are subject to rounding.

a These rates are based on population estimates for 2018 to 2021 which are based on the 'usual residence' concept, and for 2022 the 2022 census population summary statistics published by the CSO are used.
Discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000.

b Public/Private status refers to whether the patient saw the consultant on a private or public basis. It does not relate to the type of bed occupied nor is it an indicator of private health insurance.

c In 2021, the National Rehabilitation Hospital (NRH), Dun Laoghaire moved under the management of the Ireland East Hospital Group. This hospital was previously included in 'No Group' which are hospitals that are not under the management of the Acute Hospitals programme.

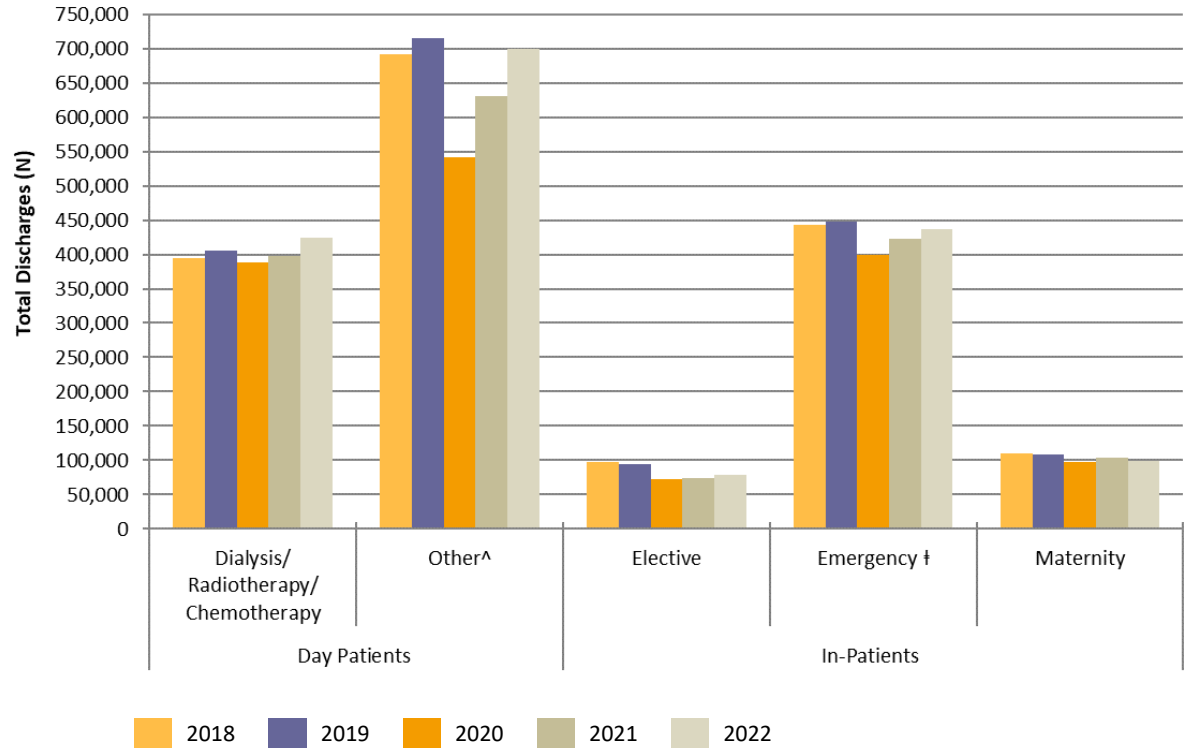
d The Dialysis category includes day patient discharges with a principal procedure of *haemodialysis* (ACHI procedure block 1060), the Chemotherapy category includes day patient discharges with a principal diagnosis of *pharmacotherapy session for neoplasm* (ICD-10-AM diagnosis code Z51.1), the Radiotherapy category includes day patient discharges with a principal diagnosis of *radiotherapy session* (ICD-10-AM diagnosis code Z51.0).

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

f Bed Days are presented as a proportion of total in-patient bed days. The calculation of bed days assigns 0.5 bed days to in-patients discharged on the same day (sameday in-patients) and one bed day to in-patients who stayed one night in hospital.

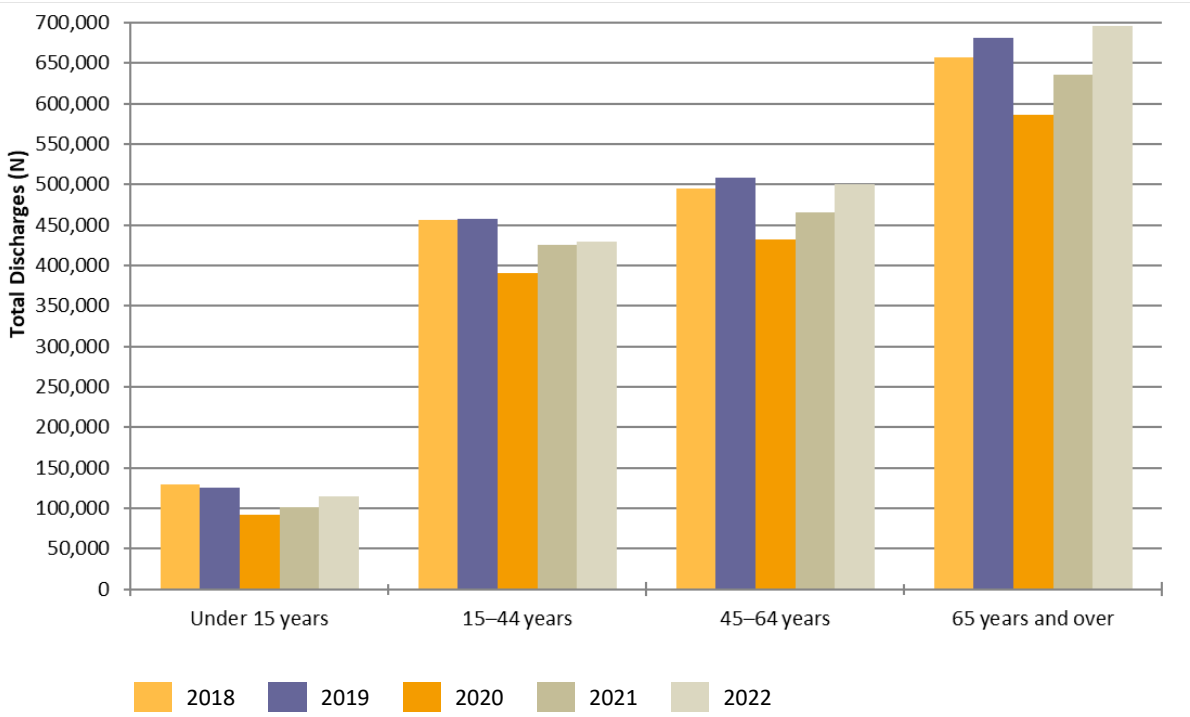
Sources: Data on discharges, length of stay and bed days for 2018-2022 were obtained from HIPE.
Population estimates for 2018-2021 were obtained from the Central Statistics Office. https://data.cso.ie/ (Table PEA01) [Accessed 25th August 2022].
Population summary results from Census 2022 were obtained from the Central Statistics Office. https://data.cso.ie/ (Table FY006A) [accessed 16th June 2023]

FIGURE 1.1 Total Discharges by Patient Type and Admission Type (N), 2018–2022



Notes: See Appendix I for a list of hospitals that participated in HIPE in 2022.
^ Includes day patient maternity discharges (see Table 1.1).
ǂ Emergency admissions do not capture patients who attended the Emergency Department but were not subsequently admitted to hospital. For this reason, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the volume of activity in Emergency Departments.
Source: Data for 2018–2022 were obtained from HIPE.

FIGURE 1.2 Total Discharges by Age Group (N), 2018–2022



Source: Data for 2018–2022 were obtained from HIPE.

Discharge Overview 2022

SECTION TWO

Table of Contents

2.1 INTRODUCTION

Section Two provides an overview of the demographic and temporal distribution of day patient and in-patient discharges.[1] Section Two is divided into three main sections.

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

[1] The calculation of total in-patient length of stay differs in this report compared to reports prior to 2018. Since 2018, the length of stay assigned for sameday in-patients has changed from one bed day to 0.5 bed days. This will impact on the total in-patient length of stay resulting in a lower average length of stay compared to years prior to 2018 (see Section 1.7).

2.2 WHO

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

A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and is discharged alive, as scheduled, on the same day. In 2022, day patient discharges accounted for 64.6 per cent of total discharges. In-patient discharges accounted for the remaining 35.4 per cent of total discharges with 71.1 per cent of in-patients admitted on an emergency basis, 12.9 per cent admitted on an elective basis and 16.0 per cent admitted as maternity in-patients.

2.2.1 Age

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

Discharges

- The largest proportion of total discharges were in the 65–74 years age group (19.2 per cent). This age group also accounted for the largest proportion of day patient discharges (22.0 per cent).
- Discharges in the older age groups accounted for a relatively large proportion of bed days; those aged 65 years and over accounted for 40.0 per cent of in-patient discharges and 58.1 per cent of in-patient bed days.

Length of Stay

- Discharges aged 25–34 years accounted for 16.0 per cent of total sameday in-patients, the largest amongst all age groups.
- Apart from those aged less than one year, mean length of stay generally increased with age for overnight in-patient discharges rising from 3.0 days for discharges aged 1–14 years to 14.2 days for discharges aged 85 years and over. Median length of stay ranged between 2 to 8 days across all age groups.

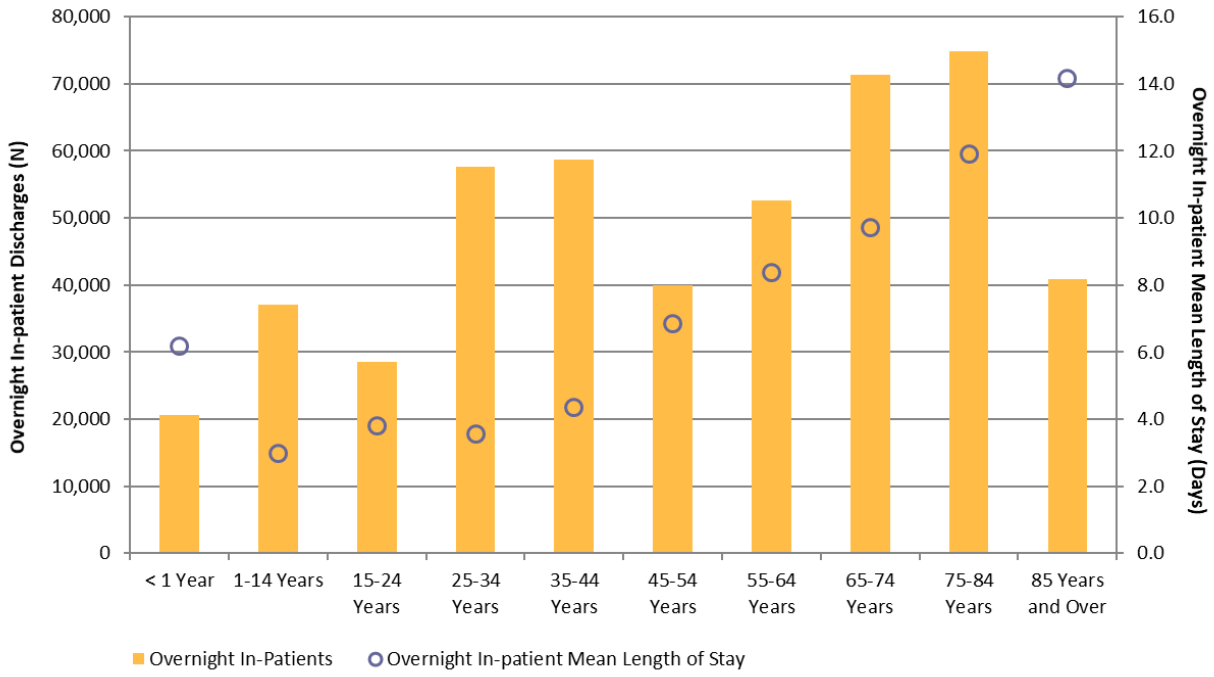
TABLE 2.1a Total Discharges: Patient Type by Age Group (N, %, Bed Days, %, and In-Patient Length of Stay)

	Discharges and Bed Days							
	Day Patients		In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
< 1 Year	2,822	0.3	25,338	4.1	129,814	3.5	28,160	1.6
1–14 Years	37,317	3.3	49,260	8.0	115,992	3.1	86,577	5.0
15–24 Years	40,870	3.6	41,009	6.7	114,431	3.1	81,879	4.7
25–34 Years	67,368	6.0	78,949	12.8	216,154	5.8	146,317	8.4
35–44 Years	121,151	10.8	79,451	12.9	266,537	7.1	200,602	11.5
45–54 Years	164,717	14.6	54,637	8.9	281,009	7.5	219,354	12.6
55–64 Years	213,063	18.9	67,378	11.0	447,360	11.9	280,441	16.1
65–74 Years	247,632	22.0	86,535	14.1	699,034	18.7	334,167	19.2
75–84 Years	183,530	16.3	87,086	14.2	897,076	23.9	270,616	15.6
85 Years and Over	46,104	4.1	45,507	7.4	580,066	15.5	91,611	5.3
Total Discharges	**1,124,574**	**100**	**615,150**	**100**	**3,747,471**	**100**	**1,739,724**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	4,695	20,643	6.2	2	25,338	5.1	2
1–14 Years	12,190	37,070	3.0	2	49,260	2.4	1
15–24 Years	12,499	28,510	3.8	2	41,009	2.8	1
25–34 Years	21,349	57,600	3.6	2	78,949	2.7	2
35–44 Years	20,710	58,741	4.4	3	79,451	3.4	2
45–54 Years	14,712	39,925	6.9	3	54,637	5.1	2
55–64 Years	14,842	52,536	8.4	4	67,378	6.6	3
65–74 Years	15,268	71,267	9.7	5	86,535	8.1	4
75–84 Years	12,192	74,894	11.9	6	87,086	10.3	5
85 Years and Over	4,685	40,822	14.2	8	45,507	12.7	7
Total Discharges	**133,142**	**482,008**	**7.6**	**3**	**615,150**	**6.1**	**2**

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

FIGURE 2.1 Overnight In-Patients: Discharges and Mean Length of Stay (Days) by Age group



2.2.1.1 Age and Sex

The data presented in Table 2.1a are disaggregated by sex in Table 2.1b – Table 2.1d. Table 2.1b presents male discharges, while Table 2.1c presents female discharges (excl. maternity) and Table 2.1d presents female discharges (maternity). In 2022, there were 913,582 female discharges, and of these 13.3 per cent were maternity discharges.

Discharges

- The 65–74 years age group accounted for the largest proportion of both male and female (excl. maternity) discharges, 22.8 per cent and 18.4 per cent respectively.
- Discharges aged 65 years and over accounted for 42.2 per cent of male in-patient discharges and 60.3 per cent of male in-patient bed days, while for females (excl. maternity) this group accounted for 42.7 per cent of female in-patient discharges and 63.8 per cent of female in-patient bed days.
- The 75–84 years age group accounted for the largest proportion of in-patient bed days for both males (25.1 per cent) and females (excl. maternity) (26.1 per cent).
- Females aged between 25 and 34 years accounted for just over half of maternity in-patient discharges (50.6 per cent), while those aged 35–44 years accounted for 36.8 per cent of in-patient discharges in this group.

Length of Stay

- Male overnight in-patient discharges had a mean length of stay of 8.6 days and female (excl. maternity) overnight in-patient discharges had a mean length of stay of 8.5 days. As displayed in Figure 2.2, apart from the youngest age group aged less than 1 year, overnight in-patient mean length of stay generally increased with age for both sexes.
- For all age groups aged between 15 and 74 years, females (excl. maternity) had a lower overnight in-patient mean length of stay compared to males. Median overnight in-patient length of stay was similar across all age groups, ranging between 2 to 8 days for males and females.
- For maternity discharges, total overnight in-patient mean length of stay was 3.0 days, increasing with age, from 2.7 days for females aged less than 25 years to 4.0 days for those aged 45 years and over.

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

	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
< 1 Year	1,647	0.3	14,101	5.4	72,883	4.0	15,748	1.9
1–14 Years	21,597	3.8	26,633	10.2	59,915	3.3	48,230	5.8
15–24 Years	20,148	3.6	14,023	5.3	45,340	2.5	34,171	4.1
25–34 Years	25,974	4.6	13,544	5.2	49,193	2.7	39,518	4.8
35–44 Years	46,628	8.3	20,023	7.6	88,749	4.9	66,651	8.1
45–54 Years	71,171	12.6	27,037	10.3	149,400	8.2	98,208	11.9
55–64 Years	108,968	19.3	36,373	13.9	254,924	14.1	145,341	17.6
65–74 Years	141,398	25.1	47,189	18.0	395,799	21.8	188,587	22.8
75–84 Years	102,372	18.2	44,309	16.9	455,261	25.1	146,681	17.8
85 Years and Over	23,854	4.2	19,153	7.3	242,413	13.4	43,007	5.2
Total Discharges	**563,757**	**100**	**262,385**	**100**	**1,813,875**	**100**	**826,142**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	2,549	11,552	6.2	2	14,101	5.2	2
1–14 Years	6,938	19,695	2.9	2	26,633	2.2	1
15–24 Years	4,258	9,765	4.4	2	14,023	3.2	1
25–34 Years	4,376	9,168	5.1	2	13,544	3.6	1
35–44 Years	5,937	14,086	6.1	3	20,023	4.4	1
45–54 Years	6,855	20,182	7.2	3	27,037	5.5	2
55–64 Years	7,394	28,979	8.7	4	36,373	7.0	3
65–74 Years	7,838	39,351	10.0	5	47,189	8.4	4
75–84 Years	5,841	38,468	11.8	6	44,309	10.3	5
85 Years and Over	1,898	17,255	14.0	8	19,153	12.7	7
Total Discharges	**53,884**	**208,501**	**8.6**	**4**	**262,385**	**6.9**	**3**

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

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

	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
< 1 Year	1,175	0.2	11,237	4.4	56,931	3.4	12,412	1.6
1–14 Years	15,718	2.9	22,620	8.9	56,054	3.3	38,338	4.8
15–24 Years	18,600	3.5	15,243	6.0	44,891	2.6	33,843	4.3
25–34 Years	30,367	5.6	15,529	6.1	49,230	2.9	45,896	5.8
35–44 Years	65,300	12.1	23,116	9.1	84,291	5.0	88,416	11.2
45–54 Years	93,252	17.3	26,944	10.6	129,378	7.6	120,196	15.2
55–64 Years	104,095	19.3	31,005	12.2	192,436	11.3	135,100	17.1
65–74 Years	106,234	19.7	39,346	15.5	303,235	17.9	145,580	18.4
75–84 Years	81,158	15.1	42,777	16.8	441,816	26.1	123,935	15.6
85 Years and Over	22,250	4.1	26,354	10.4	337,653	19.9	48,604	6.1
Total Discharges	**538,149**	**100**	**254,171**	**100**	**1,695,914**	**100**	**792,320**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
< 1 Year	2,146	9,091	6.1	2	11,237	5.1	2
1–14 Years	5,250	17,370	3.1	2	22,620	2.5	1
15–24 Years	4,750	10,493	4.1	2	15,243	2.9	1
25–34 Years	5,437	10,092	4.6	2	15,529	3.2	1
35–44 Years	7,592	15,524	5.2	2	23,116	3.6	1
45–54 Years	7,742	19,202	6.5	3	26,944	4.8	2
55–64 Years	7,448	23,557	8.0	4	31,005	6.2	2
65–74 Years	7,430	31,916	9.4	5	39,346	7.7	4
75–84 Years	6,351	36,426	12.0	7	42,777	10.3	5
85 Years and Over	2,787	23,567	14.3	8	26,354	12.8	7
Total Discharges	**56,933**	**197,238**	**8.5**	**4**	**254,171**	**6.7**	**2**

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

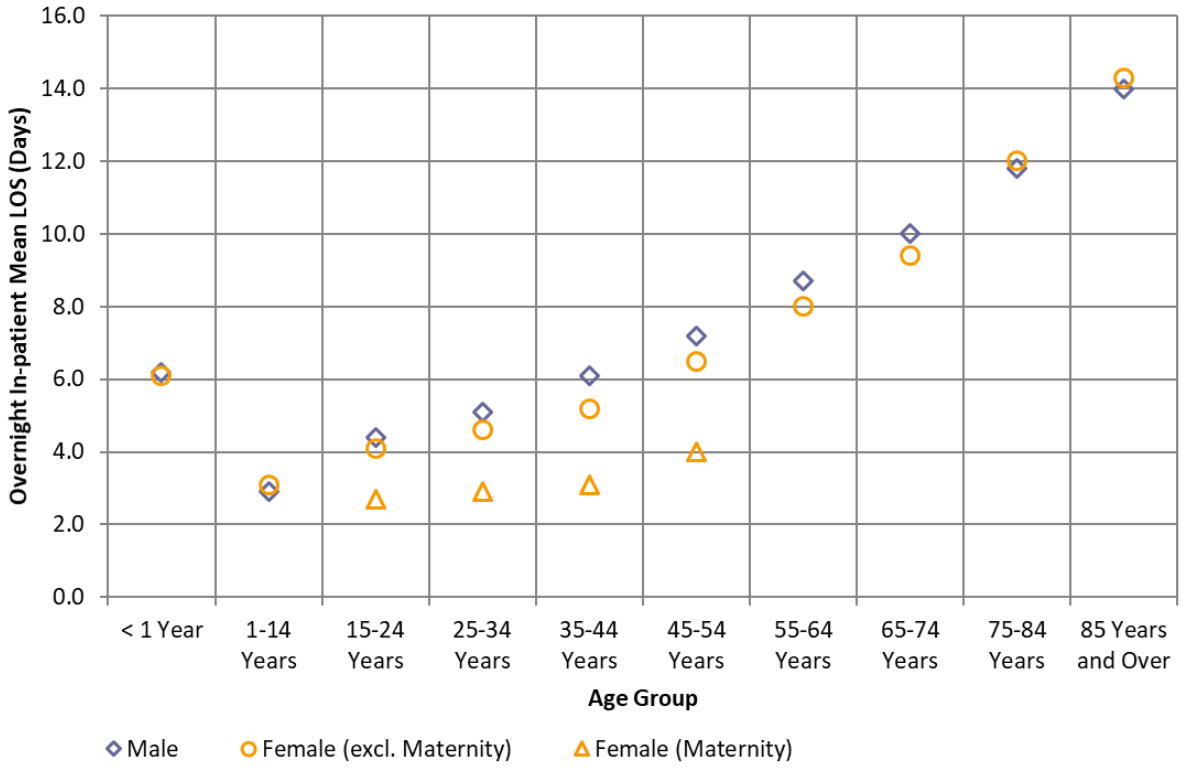
TABLE 2.1d Female Discharges (Maternity): Patient Type by Age Group (N, %, Bed Days, % and In-Patient Length of Stay)

	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
<25 Years	2,124	9.4	11,750	11.9	24,223	10.2	13,874	11.4
25–34 Years	11,027	48.6	49,876	50.6	117,731	49.5	60,903	50.2
35–44 Years	9,223	40.7	36,312	36.8	93,498	39.3	45,535	37.6
45 Years and Over	294	1.3	656	0.7	2,232	0.9	950	0.8
Total Discharges	**22,668**	**100**	**98,594**	**100**	**237,683**	**100**	**121,262**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
<25 Years	3,493	8,257	2.7	2	11,750	2.1	1
25–34 Years	11,536	38,340	2.9	2	49,876	2.4	2
35–44 Years	7,181	29,131	3.1	3	36,312	2.6	2
45 Years and Over	115	541	4.0	3	656	3.4	3
Total Discharges	**22,325**	**76,269**	**3.0**	**2**	**98,594**	**2.4**	**2**

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

FIGURE 2.2 Overnight In-Patients: Mean Length of Stay (Days) by Age Group and Sex: Males, Females (excl. Maternity), Females (Maternity)



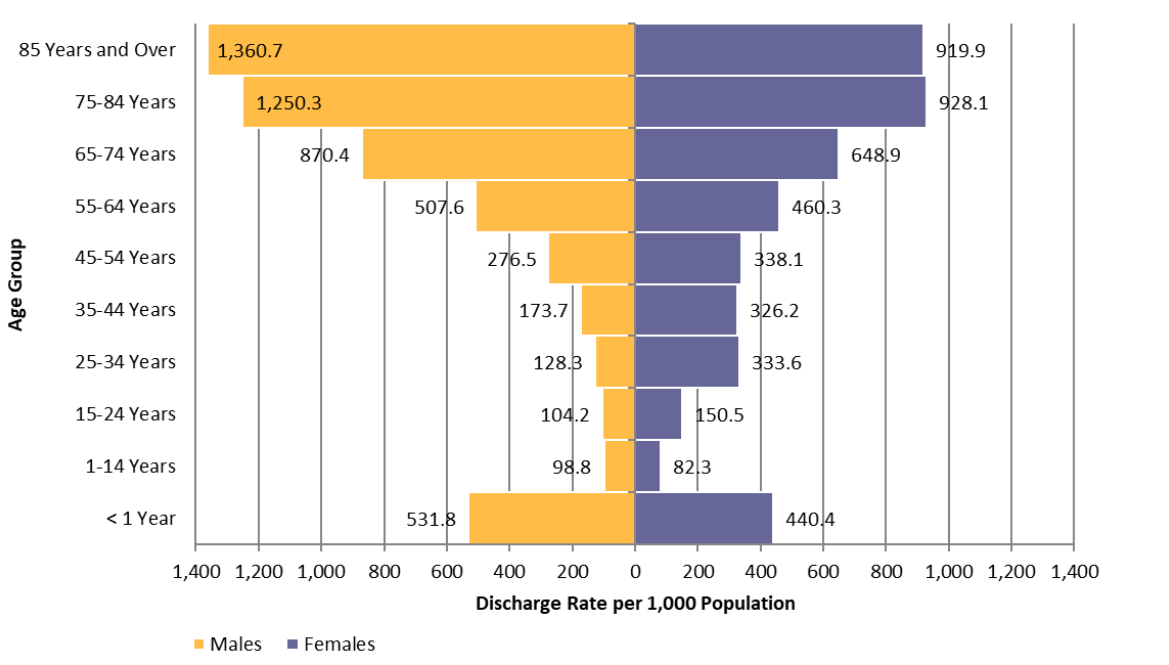
Note: Mean length of stay is not presented for female maternity discharges where there were a small number of discharges reported within a particular age group.

2.2.1.2 Discharge Rates by Age and Sex

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

- Males aged 85 years and over recorded the highest discharge rate (1,360.7 per 1,000 population of males), whilst the highest discharge rate for females was amongst those ages 75–84 years (928.1 per 1,000 population of females).
- Females aged between 15 and 54 years had a higher discharge rate per 1,000 population than males; males had a higher discharge rate for all other age groups.

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



Source: Population summary results for 2022 census by sex and age group were obtained from the CSO. https://data.cso.ie/ (Table FY006A) [accessed 16th June 2023]

2.2.2 Marital/Civil Status

2.2.2.1 Marital/Civil Status by Patient Type

Table 2.2 disaggregates total discharges by patient type and marital/civil status.

- Married discharges accounted for 47.3 per cent of total discharges.
- Discharges who were widowed accounted for 8.6 per cent of total in-patient discharges, and 15.1 per cent of in-patient bed days.
- Overnight in-patient discharges with a marital status of single had the lowest mean length of stay of 6.0 days, compared to 12.3 days for discharges who were widowed.

TABLE 2.2 Total Discharges: Patient Type by Marital/Civil Status (N, %, and In-Patient Length of Stay)

	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
Single	343,802	30.6	259,063	42.1	1,224,087	32.7	602,865	34.7
Married	569,041	50.6	253,255	41.2	1,565,255	41.8	822,296	47.3
Widowed	85,051	7.6	52,654	8.6	565,911	15.1	137,705	7.9
Other*	50,029	4.4	21,381	3.5	164,435	4.4	71,410	4.1
Unknown	53,211	4.7	19,364	3.1	161,729	4.3	72,575	4.2
Divorced	23,440	2.1	9,433	1.5	66,057	1.8	32,873	1.9
Total Discharges	**1,124,574**	**100**	**615,150**	**100**	**3,747,471**	**100**	**1,739,724**	**100**

	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
Single	61,801	197,262	6.0	3	259,063	4.7	2
Married	54,151	199,104	7.7	4	253,255	6.2	3
Widowed	6,851	45,803	12.3	7	52,654	10.7	6
Other*	4,023	17,358	9.4	5	21,381	7.7	3
Unknown	4,375	14,989	10.6	4	19,364	8.4	3
Divorced	1,941	7,492	8.7	4	9,433	7.0	3
Total Discharges	**133,142**	**482,008**	**7.6**	**3**	**615,150**	**6.1**	**2**

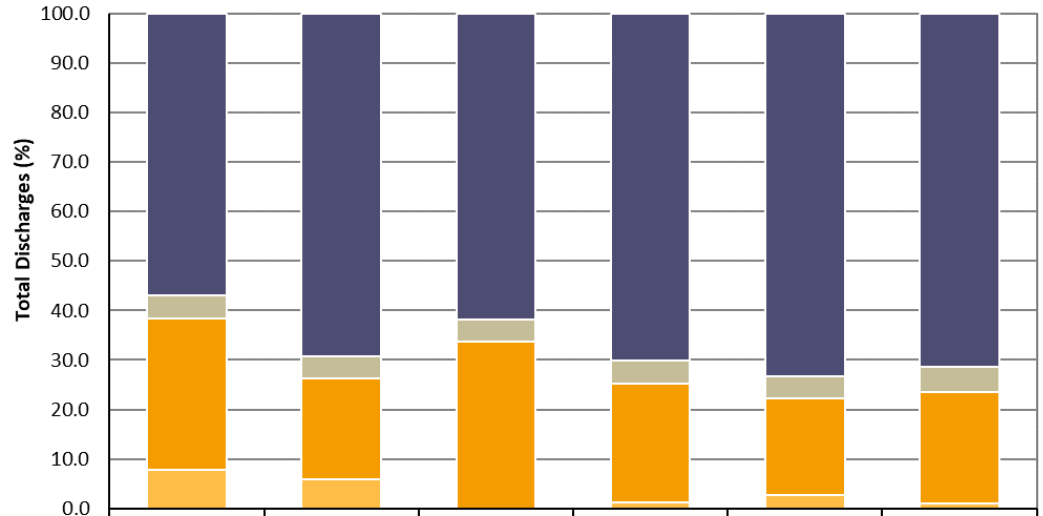
Notes: Percentage and bed day columns are subject to rounding.
* Other includes Separated, Civil Partner, Formal Civil Partner, and Surviving Civil Partner

2.2.2.2 Marital/Civil Status by Admission Type

Figure 2.4 shows the proportion of total discharges by marital/civil status and admission type.

- Approximately a third of total discharges with a marital/civil status of widowed or single were admitted as emergency in-patients (33.8 per cent and 30.6 per cent respectively).
- 7.8 per cent of total discharges with a marital/civil status of single and 5.9 per cent with a marital/civil status of married were admitted as maternity in-patients.

FIGURE 2.4 Total Discharges: Marital/Civil Status by Admission Type (%)



	Single	Married	Widowed	Other*	Unknown	Divorced
Day Patient	57.0	69.2	61.8	70.1	73.3	71.3
In-Patients Elective	4.6	4.5	4.4	4.7	4.4	5.2
In-patients Emergency	30.6	20.4	33.8	23.9	19.5	22.5
In-Patients Maternity	7.8	5.9	0.0	1.3	2.8	1.0

Notes: Percentages are subject to rounding.
* Other includes Separated, Civil Partner, Formal Civil Partner, and Surviving Civil Partner

2.2.3 Public/Private Status

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

Table 2.3 and Figure 2.5 disaggregate total discharges by public/private status and age group.

- Over 87 per cent of total discharges were treated on a public basis. Private patients in public hospitals accounted for 12.6 per cent of total discharges.
- The 25–34 years age group and the 15-24 years age group had the largest proportion of total discharges treated publicly (90.2 per cent and 89.9 per cent respectively).
- The 35–44 years age group had the largest proportion of total discharges that were treated on a private basis, accounting for 14.4 per cent of all discharges in this age group.

Length of Stay

- For the majority of age groups, the public overnight in-patient mean length of stay exceeded the private overnight in-patient mean length of stay. The difference is largest for discharges aged 55-64 years, where public discharges stayed on average 2.3 days longer than their private counterparts (see Table 2.3 and Figure 2.6). Median length of stay for public overnight in-patients in this age group was 4 days; 1 day longer than private overnight in-patients.

TABLE 2.3 Total Discharges: Public/Private Status by Patient Type and Age Group (N, Row %, In-Patient Length of Stay)

	Discharges											
	Day Patients				Total In-Patients				Total Discharges			
	Public		Private		Public		Private		Public		Private	
	N	%	N	%	N	%	N	%	N	%	N	%
< 1 Year	2,614	92.6	208	7.4	22,609	89.2	2,729	10.8	25,223	89.6	2,937	10.4
1–14 Years	32,355	86.7	4,962	13.3	42,224	85.7	7,036	14.3	74,579	86.1	11,998	13.9
15–24 Years	36,256	88.7	4,614	11.3	37,356	91.1	3,653	8.9	73,612	89.9	8,267	10.1
25–34 Years	60,536	89.9	6,832	10.1	71,390	90.4	7,559	9.6	131,926	90.2	14,391	9.8
35–44 Years	105,633	87.2	15,518	12.8	66,047	83.1	13,404	16.9	171,680	85.6	28,922	14.4
45–54 Years	143,357	87.0	21,360	13.0	47,440	86.8	7,197	13.2	190,797	87.0	28,557	13.0
55–64 Years	185,888	87.2	27,175	12.8	58,170	86.3	9,208	13.7	244,058	87.0	36,383	13.0
65–74 Years	215,778	87.1	31,854	12.9	73,711	85.2	12,824	14.8	289,489	86.6	44,678	13.4
75–84 Years	161,275	87.9	22,255	12.1	75,108	86.2	11,978	13.8	236,383	87.3	34,233	12.7
85 Years and Over	41,398	89.8	4,706	10.2	40,747	89.5	4,760	10.5	82,145	89.7	9,466	10.3
Total Discharges	**985,090**	**87.6**	**139,484**	**12.4**	**534,802**	**86.9**	**80,348**	**13.1**	**1,519,892**	**87.4**	**219,832**	**12.6**

	In-Patient Length of Stay											
	Sameday In-Patients		Overnight In-Patients						Total In-Patients			
	Public	Private	Public			Private			Public		Private	
	N	N	N	Mean	Median	N	Mean	Median	Mean	Median	Mean	Median
< 1 Year	4,404	291	18,205	6.2	2	2,438	5.9	2	5.1	2	5.3	2
1–14 Years	11,076	1,114	31,148	3.0	2	5,922	2.7	2	2.4	1	2.3	1
15–24 Years	11,911	588	25,445	3.8	2	3,065	3.9	2	2.7	1	3.3	2
25–34 Years	20,096	1,253	51,294	3.6	2	6,306	3.4	3	2.7	2	2.9	2
35–44 Years	18,684	2,026	47,363	4.5	3	11,378	3.7	3	3.4	2	3.2	3
45–54 Years	13,744	968	33,696	7.2	3	6,229	5.1	3	5.2	2	4.5	2
55–64 Years	13,801	1,041	44,369	8.7	4	8,167	6.4	3	6.8	3	5.7	3
65–74 Years	14,162	1,106	59,549	10.1	5	11,718	7.9	4	8.2	4	7.3	4
75–84 Years	11,454	738	63,654	12.2	7	11,240	10.3	6	10.4	5	9.7	5
85 Years and Over	4,457	228	36,290	14.2	8	4,532	13.4	8	12.7	7	12.8	8
Total Discharges	**123,789**	**9,353**	**411,013**	**7.8**	**3**	**70,995**	**6.5**	**3**	**6.1**	**2**	**5.8**	**3**

Note: Percentage columns are subject to rounding.

FIGURE 2.5 Total Discharges: Public/Private Status by Age Group (%)

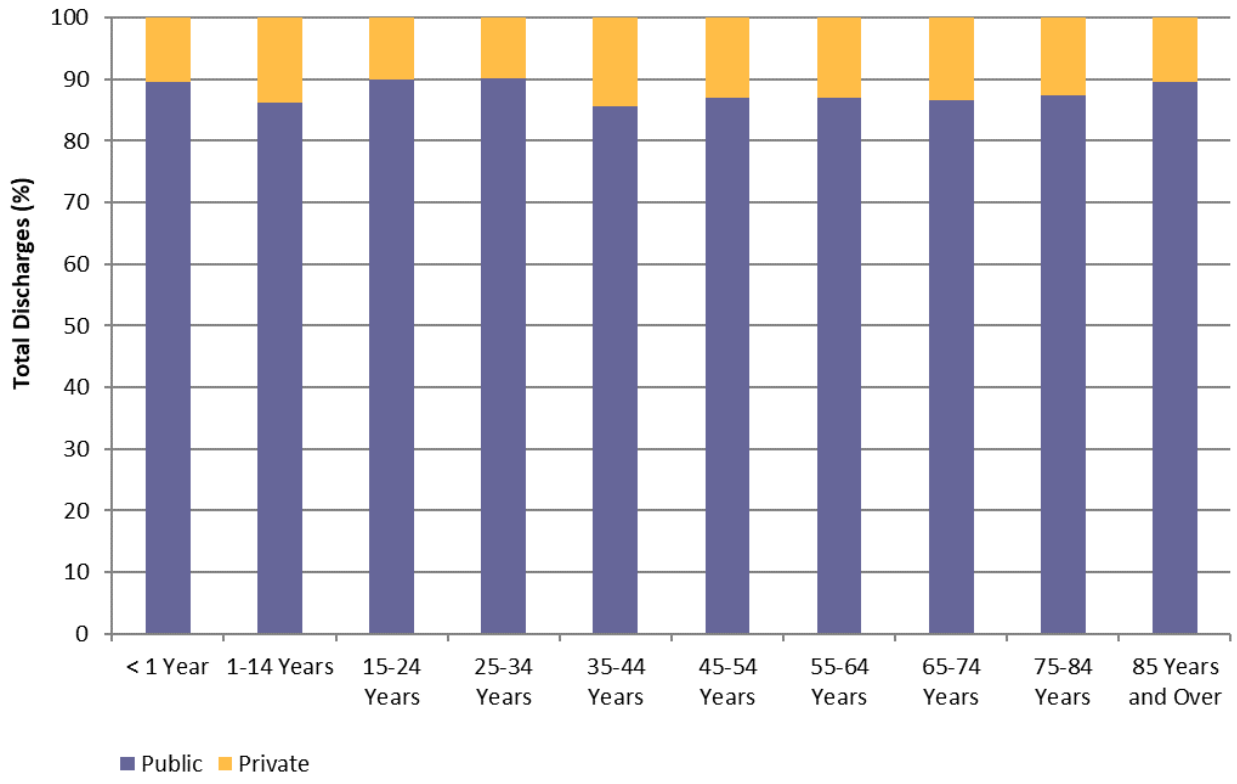
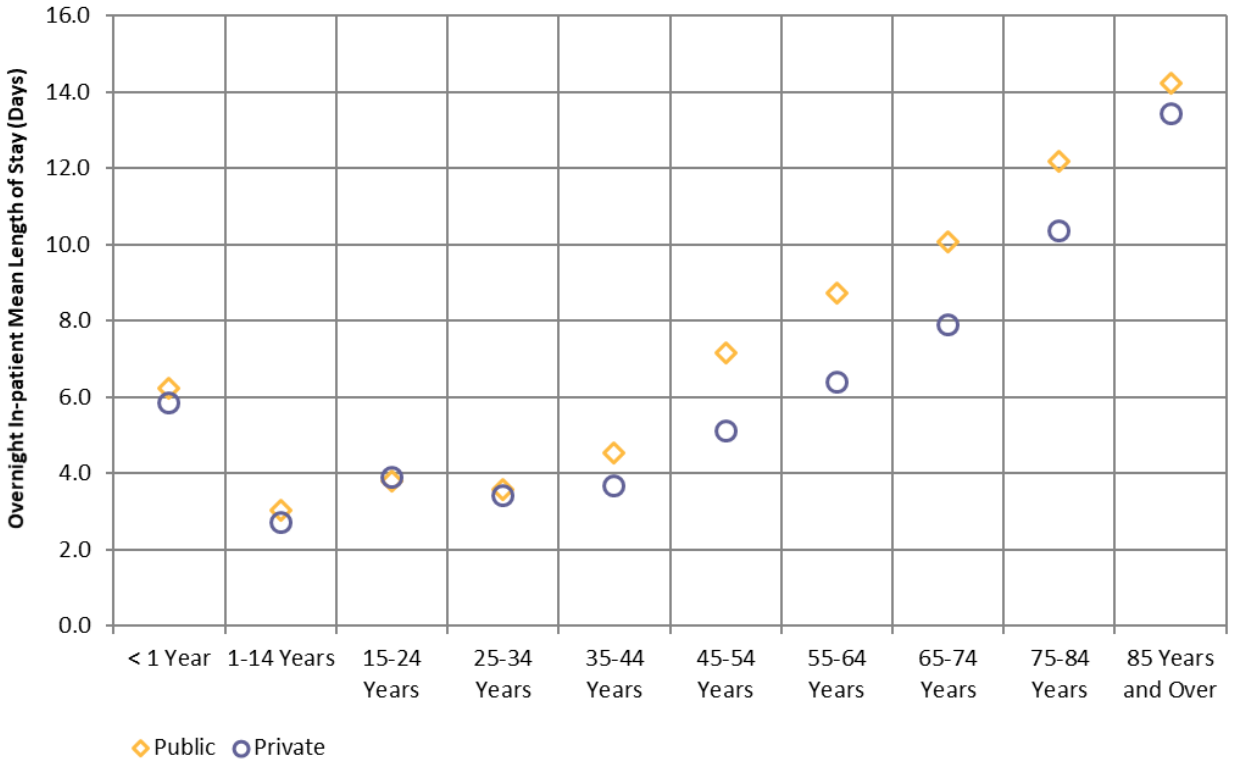


FIGURE 2.6 Overnight In-Patients: Mean Length of Stay (Days) by Age Group and Public/Private Status



2.2.4 GMS Status

GMS status refers to the medical card status of each HIPE discharge. Eligibility for a medical card is predominately dependent on income. It should be noted that where a discharge is recorded as having a medical card, this does not necessarily imply that the hospital discharge was publicly funded and vice versa.[2]

2.2.4.1 GMS Status by Age Group

Table 2.4 disaggregates total discharges by GMS status and age group.

- Of total discharges, those aged 65–74 years accounted for the largest proportion of GMS discharges (22.3 per cent).
- Apart from those aged less than 25 years, the proportion of total discharges that were GMS discharges generally increased with age, with the largest proportion in the 85 years and over age group which accounted for 77.6 per cent (excludes unknown GMS status) – see Figure 2.7.

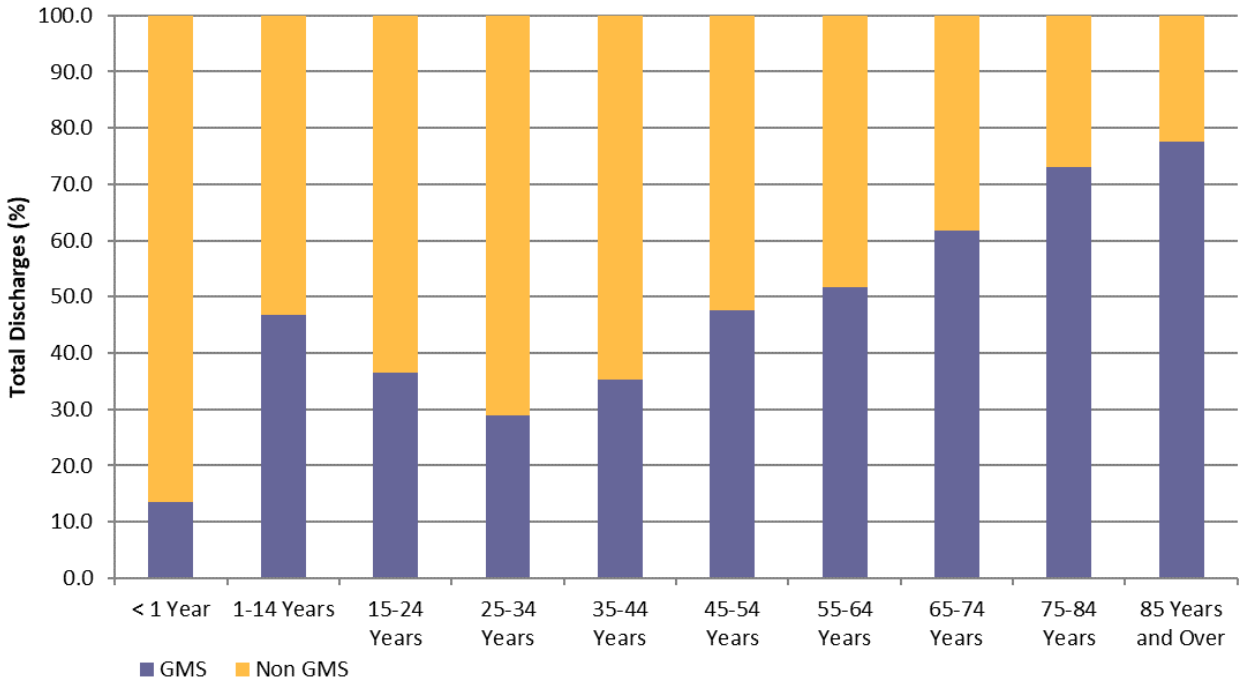
TABLE 2.4 Total Discharges: GMS Status by Age Group (N, %)

	GMS		Non-GMS		Unknown[a]		Total Discharges	
	N	%	N	%	N	%	N	%
< 1 Year	3,705	0.4	23,799	3.0	656	1.0	28,160	1.6
1–14 Years	40,260	4.6	46,005	5.8	312	0.5	86,577	5.0
15–24 Years	29,624	3.4	51,738	6.5	517	0.8	81,879	4.7
25–34 Years	41,711	4.8	102,917	12.9	1,689	2.6	146,317	8.4
35–44 Years	68,768	7.9	126,829	15.9	5,005	7.6	200,602	11.5
45–54 Years	99,176	11.3	109,678	13.7	10,500	16.0	219,354	12.6
55–64 Years	137,347	15.7	128,240	16.0	14,854	22.6	280,441	16.1
65–74 Years	195,301	22.3	120,935	15.1	17,931	27.3	334,167	19.2
75–84 Years	189,176	21.6	69,831	8.7	11,609	17.7	270,616	15.6
85 Years and Over	68,999	7.9	19,946	2.5	2,666	4.1	91,611	5.3
Total Discharges	**874,067**	**100**	**799,918**	**100**	**65,739**	**100**	**1,739,724**	**100**

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

[2] The medical card indicator variable excludes the GP-only card.

FIGURE 2.7 Total Discharges: GMS Status by Age Group (%)



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

2.3 WHERE

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

2.3.1 Hospital Group

Hospitals in Ireland are organised into seven hospital groups (see Appendix I). HIPE data is collected for all of the acute hospitals in these groups, along with a small number of non-acute hospitals that are not assigned to a group and are presented together as 'No group'. Table 2.5 disaggregates total discharges by hospital group and patient type.

Discharges

- The largest proportion of total discharges were hospitalised in the Ireland East Hospital Group (20.3 per cent).
- Total in-patient discharges were also highest in the Ireland East Hospital Group where 21.2 per cent of discharges were hospitalised, while the Dublin Midlands Hospital Group accounted for the highest proportion of day patients (20.7 per cent).

Length of Stay

- The overnight in-patient mean length of stay ranged from 5.2 days (Children's) to 8.3 days (Dublin Midlands and Ireland East) – see Figure 2.8.

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

	Discharges and Bed Days							
	Day Patients		Total In-Patients				Total Discharges	
	N	%	N	%	Bed Days	%	N	%
Ireland East	222,046	19.7	130,526	21.2	804,965	21.5	352,572	20.3
RCSI	170,163	15.1	91,986	15.0	576,860	15.4	262,149	15.1
Dublin Midlands	233,181	20.7	93,064	15.1	623,376	16.6	326,245	18.8
South/South West	210,011	18.7	105,635	17.2	675,460	18.0	315,646	18.1
UL	66,229	5.9	60,612	9.9	288,181	7.7	126,841	7.3
Saolta	196,718	17.5	107,801	17.5	598,267	16.0	304,519	17.5
Children's	26,063	2.3	22,995	3.7	103,843	2.8	49,058	2.8
No group^	163	0.0	2,531	0.4	76,521	2.0	2,694	0.2
Total Discharges	**1,124,574**	**100**	**615,150**	**100**	**3,747,471**	**100**	**1,739,724**	**100**

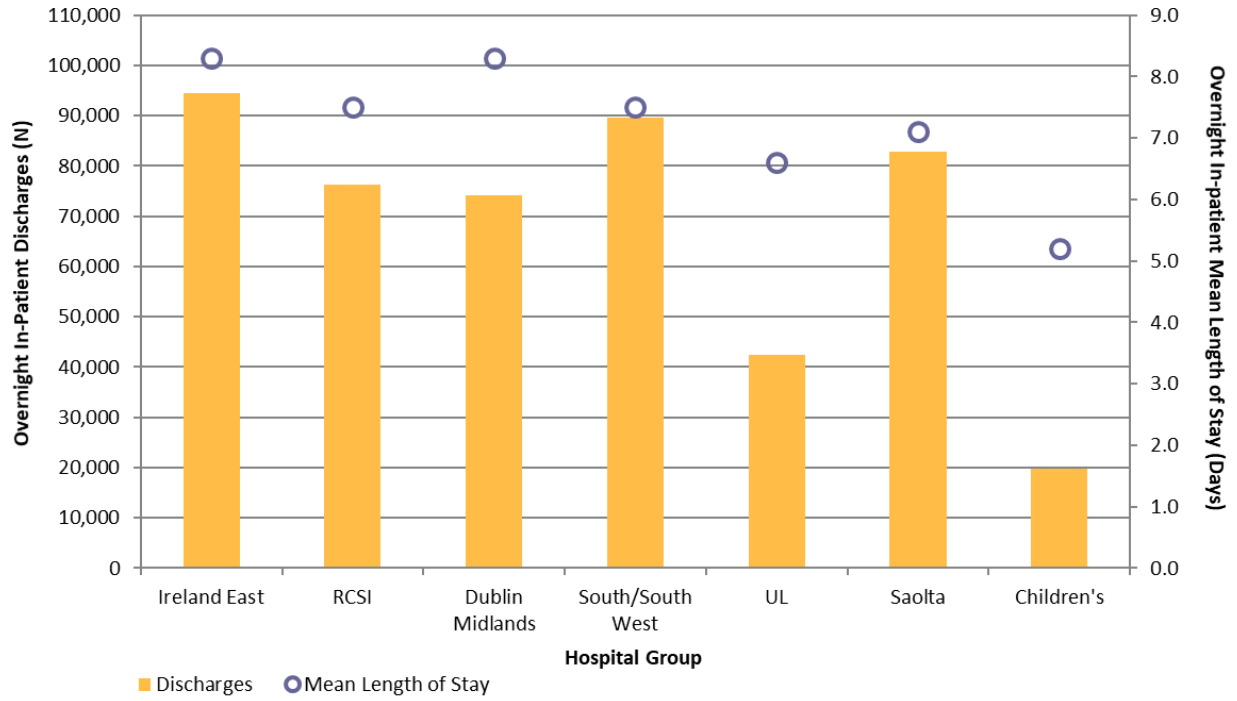
	In-Patient Length of Stay						
	Sameday In-Patients	Overnight In-Patients			Total In-Patients		
	N	N	Mean	Median	N	Mean	Median
Ireland East	35,980	94,546	8.3	3	130,526	6.2	2
RCSI	15,745	76,241	7.5	3	91,986	6.3	3
Dublin Midlands	18,926	74,138	8.3	4	93,064	6.7	3
South/South West	16,047	89,588	7.5	3	105,635	6.4	3
UL	18,161	42,451	6.6	3	60,612	4.8	2
Saolta	24,953	82,848	7.1	3	107,801	5.5	2
Children's	*	*	5.2	2	22,995	4.5	2
No group^	~	*	30.3	21	2,531	30.2	21
Total Discharges	**133,142**	**482,008**	**7.6**	**3**	**615,150**	**6.1**	**2**

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

^ Discharges allocated to 'No group' are not referred to in the text of this report as they refer to the small group of discharges in non-acute hospitals and would not be considered to be comparable to other groups. See Appendix I for the list of hospitals by Group in 2022.

~ Denotes five or fewer discharges reported to HIPE. * Further suppression required to prevent disclosure of five or fewer discharges.

FIGURE 2.8 Overnight In-Patients: Discharges (N) and Mean Length of Stay (Days) by Hospital Group



Note: Data for discharges hospitalised in 'No group' are not displayed in this figure.

2.3.1.1 Hospital Group by Admission Type

Table 2.6 disaggregates total discharges by hospital group and admission type.

Discharges

- The largest proportion of elective in-patients were treated in the Ireland East Hospital Group (22.8 per cent), accounting for 21.8 per cent of total elective in-patient bed days.
- The Ireland East Hospital Group treated the largest proportion of both emergency in-patients (20.9 per cent) and maternity in-patients (21.6 per cent) compared to other groups.

TABLE 2.6 Total Discharges: Hospital Group by Patient Type and Admission Type (N, %, Bed Days, %)

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Discharges	
			Elective				Emergency[a]				Maternity					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
Ireland East	222,046	19.7	18,050	22.8	123,972	21.8	91,207	20.9	634,978	21.6	21,269	21.6	46,016	19.4	352,572	20.3
RCSI	170,163	15.1	8,446	10.7	51,137	9.0	63,783	14.6	476,166	16.2	19,757	20.0	49,557	20.9	262,149	15.1
Dublin Midlands	233,181	20.7	10,394	13.1	83,286	14.6	63,820	14.6	500,980	17.0	18,850	19.1	39,110	16.5	326,245	18.8
South/South West	210,011	18.7	16,129	20.4	93,645	16.5	73,217	16.7	535,158	18.2	16,289	16.5	46,657	19.6	315,646	18.1
UL	66,229	5.9	*	-	^	-	47,960	11.0	233,323	7.9	*	-	^	-	126,841	7.3
Saolta	196,718	17.5	12,204	15.4	82,006	14.4	79,191	18.1	478,919	16.3	16,406	16.6	37,342	15.7	304,519	17.5
Children's	26,063	2.3	*	-	^	-	18,196	4.2	80,805	2.7	~	-	^	-	49,058	2.8
No group[ǂ]	163	0.0	2,513	3.2	76,225	13.4	18	0.0	296	0.0	0	0.0	0	0.0	2,694	0.2
Total Discharges	**1,124,574**	**100**	**79,164**	**100**	**569,164**	**100**	**437,392**	**100**	**2,940,625**	**100**	**98,594**	**100**	**237,683**	**100**	**1,739,724**	**100**

Notes: Percentage and bed day columns are subject to rounding

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

ǂ Discharges allocated to 'No group' are not referred to in the text as they refer to the small group of discharges in non-acute hospitals and would not be considered to be comparable to other groups. See Appendix I for the list of hospitals by Group in 2022.

~ Denotes five or fewer discharges reported to HIPE.

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

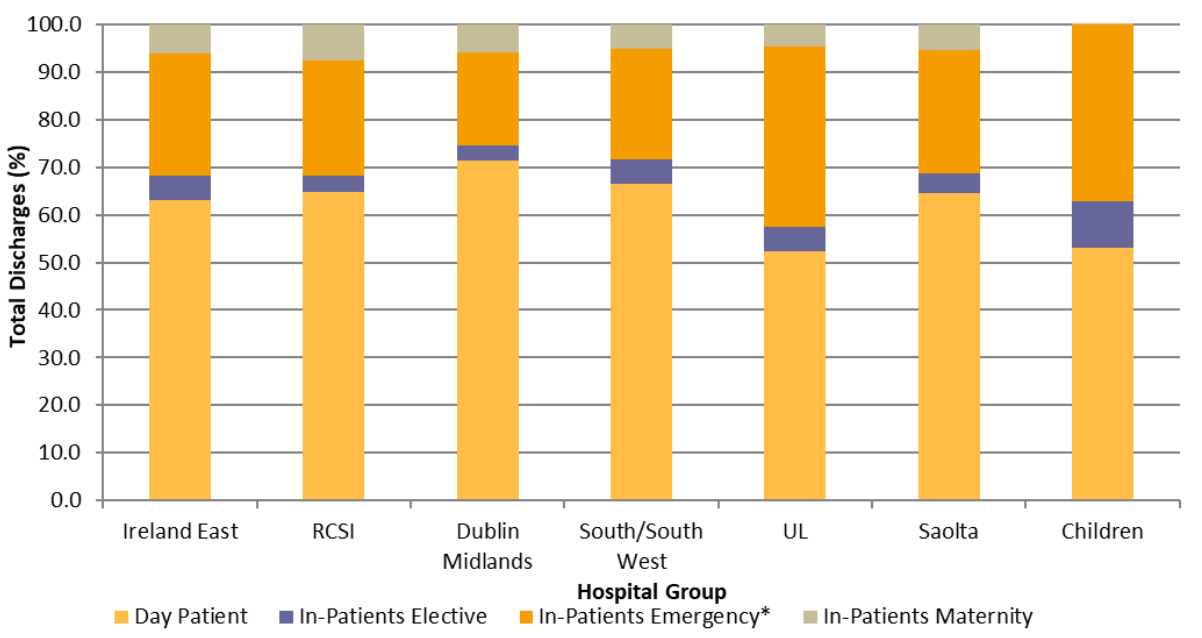
- Percentage not reported where the number of discharges is suppressed.

^ Denotes bed days are suppressed where the number of discharges is not reported.

Figure 2.9 disaggregates total discharges in each hospital group by admission type.

- Across all hospital groups, the largest proportion of total discharges were treated as day patients, ranging from 52.2 per cent in the UL Hospital Group to 71.5 per cent in the Dublin Midlands Hospital Group.
- The RCSI Hospital Group treated 7.5 per cent of total discharges as maternity in-patients, the highest amongst all hospital groups.
- The UL Hospital Group treated the highest proportion of total discharges as emergency in-patients (37.8 per cent), followed by the Children's Hospital Group (37.1 per cent).

FIGURE 2.9 Total Discharges: Hospital Group by Admission Type (%)



Notes: * HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.
Data for discharges hospitalised in 'No group' are not displayed in this figure.

2.3.1.2 Hospital Group by Public/Private Status

Table 2.7 disaggregates total discharges by hospital group, public/private status and patient type.

Discharges

- The RCSI Hospital Group treated the largest proportion of total discharges on a public basis (91.6 per cent), while the UL Hospital Group treated the smallest proportion of total discharges on a public basis (79.2 per cent).
- Over 90 per cent of total day patients were treated as public day patients in the Ireland East and RCSI Hospital Groups. The smallest proportion was in the UL Hospital Group where 75.3 per cent of total day patients were treated on a public basis.
- The proportion of total in-patients treated on a public basis was highest in the Saolta Hospital Group (91.5 per cent) and was lowest in the South/South West Hospital Group (81.7 per cent).

Length of Stay

- Overnight in-patient mean length of stay was 7.8 days for public discharges compared to 6.5 days for private discharges.
- The Ireland East Hospital Group recorded the longest overnight in-patient mean length of stay for public discharges (8.7 days) and the Dublin Midlands Hospital Group recorded the longest for private discharges (7.9 days) compared to the other groups.

TABLE 2.7 Total Discharges: Hospital Group by Public/Private Status and Patient Type (N, % and In-Patient Length of Stay)

	Discharges											
	Day Patients				Total In-Patients				Total Discharges			
	Public		Private		Public		Private		Public		Private	
	N	%	N	%	N	%	N	%	N	%	N	%
Ireland East	204,955	92.3	17,091	7.7	115,099	88.2	15,427	11.8	320,054	90.8	32,518	9.2
RCSI	158,045	92.9	12,118	7.1	82,149	89.3	9,837	10.7	240,194	91.6	21,955	8.4
Dublin Midlands	202,096	86.7	31,085	13.3	80,017	86.0	13,047	14.0	282,113	86.5	44,132	13.5
South/South West	171,229	81.5	38,782	18.5	86,348	81.7	19,287	18.3	257,577	81.6	58,069	18.4
UL	49,888	75.3	16,341	24.7	50,619	83.5	9,993	16.5	100,507	79.2	26,334	20.8
Saolta	175,738	89.3	20,980	10.7	98,676	91.5	9,125	8.5	274,414	90.1	30,105	9.9
Children's	23,075	88.5	2,988	11.5	19,632	85.4	3,363	14.6	42,707	87.1	6,351	12.9
No group[ǂ]	64	39.3	99	60.7	2,262	89.4	269	10.6	2,326	86.3	368	13.7
Total Discharges	**985,090**	**87.6**	**139,484**	**12.4**	**534,802**	**86.9**	**80,348**	**13.1**	**1,519,892**	**87.4**	**219,832**	**12.6**

	In-Patient Length of Stay											
	Sameday In-Patients		Overnight In-Patients						Total In-Patients			
	Public	Private	Public			Private			Public		Private	
	N	N	N	Mean	Median	N	Mean	Median	Mean	Median	Mean	Median
Ireland East	33,113	2,867	81,986	8.7	3	12,560	5.7	3	6.4	2	4.7	2
RCSI	14,805	940	67,344	7.5	3	8,897	6.9	4	6.3	3	6.3	3
Dublin Midlands	17,428	1,498	62,589	8.4	4	11,549	7.9	4	6.6	3	7.0	3
South/South West	14,228	1,819	72,120	7.7	4	17,468	6.5	3	6.5	3	5.9	3
UL	17,484	677	33,135	6.7	3	9,316	6.0	3	4.6	1	5.6	3
Saolta	23,743	1,210	74,933	7.1	3	7,915	6.3	3	5.5	2	5.6	3
Children's	*	*	*	5.4	2	*	4.0	2	4.7	2	3.7	2
No group[ǂ]	~	~	*	32.0	22	*	15.4	7	32.0	22	15.4	7
Total Discharges	**123,789**	**9,353**	**411,013**	**7.8**	**3**	**70,995**	**6.5**	**3**	**6.1**	**2**	**5.8**	**3**

Notes:

Percentage columns are subject to rounding.

ǂ Discharges allocated to 'No group' are not referred to in the text of this report as they refer to the small group of discharges in non-acute hospitals and would not be considered to be comparable to other groups. See Appendix I for the list of hospitals by Group in 2022.

~ Denotes five or fewer discharges reported to HIPE.

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

\- Percentage not reported where the number of discharges is suppressed.

2.3.2 Admission Source

Admission source describes where the patient was admitted from. It does not refer to where an emergency or accident occurred. Table 2.8 disaggregates total discharges by patient type, admission type and admission source.

- The majority of total discharges were admitted from home (96.7 per cent).
- Of total emergency in-patients, 4.5 per cent were transferred in from another hospital.
- 11.7 per cent of elective in-patients were transferred from another hospital.

TABLE 2.8 Total Discharges: Admission Source by Patient Type and Admission Type (N, %)

	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency[a]		Maternity			
	N	%	N	%	N	%	N	%	N	%
Home	1,117,849	99.4	69,470	87.8	396,356	90.6	97,814	99.2	1,681,489	96.7
Long stay accommodation	1,427	0.1	283	0.4	11,515	2.6	0	0	13,225	0.8
Transfer from other hospital	4,721	0.4	9,285	11.7	19,694	4.5	602	0.6	34,302	2.0
Other	577	0.1	126	0.2	9,827	2.2	178	0.2	10,708	0.6
Total	**1,124,574**	**100**	**79,164**	**100**	**437,392**	**100**	**98,594**	**100**	**1,739,724**	**100**

Notes: Percentage columns are subject to rounding.
See Appendix IV for information on how the HIPE variable 'Admission Source' was grouped for this report.

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

2.3.3 Discharge Destination

Discharge destination identifies the destination of the discharge upon completion of their episode of care. Table 2.9 disaggregates total discharges by patient type, admission type and discharge destination.

- The majority of total discharges were discharged home (95.0 per cent).
- Of total emergency in-patients, 5.9 per cent were transferred to long stay accommodation, and 5.9 per cent were transferred to another hospital.

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

	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency[a]		Maternity			
	N	%	N	%	N	%	N	%	N	%
Home	1,117,870	99.4	71,337	90.1	365,694	83.6	97,035	98.4	1,651,936	95.0
Long stay accommodation	1,611	0.1	1,975	2.5	25,844	5.9	0	0.0	29,430	1.7
Transfer to other hospital	4,571	0.4	*	-	25,804	5.9	*	-	35,302	2.0
Died	0	0.0	*	-	12,100	2.8	~	-	12,745	0.7
Other	522	0.0	795	1.0	7,950	1.8	1,044	1.1	10,311	0.6
Total Discharges	**1,124,574**	**100**	**79,164**	**100**	**437,392**	**100**	**98,594**	**100**	**1,739,724**	**100**

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

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

~ Denotes five or fewer discharges reported to HIPE.

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

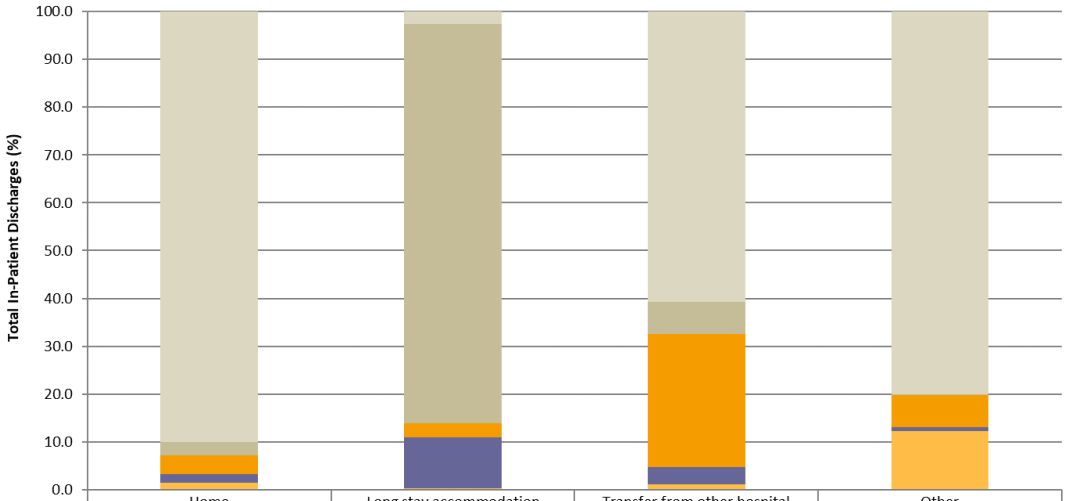
– Percentage not reported where the number of discharges is suppressed.

2.3.4 Admission Source by Discharge Destination

Figure 2.10 disaggregates the proportion of in-patient discharges by discharge destination and admission source.

- Of in-patients who were admitted from home, 90.1 per cent were discharged home.
- In-patients admitted from long stay accommodation were primarily discharged back to long stay accommodation (83.6 per cent).
- Over a quarter of in-patients (27.9 per cent) who were admitted from another hospital were transferred to another hospital, while 60.8 per cent were discharged home.

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



	Home	Long stay accommodation	Transfer from other hospital	Other
Home	90.1	2.6	60.8	80.0
Long stay accommodation	2.8	83.6	6.6	0.3
Transfer to other hospital	3.8	2.9	27.9	6.6
Died	1.8	10.7	3.6	0.9
Other	1.5	0.2	1.1	12.2

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

2.4 WHEN

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

2.4.1 Day of Admission

Table 2.10 disaggregates total discharges by patient type, admission type, and day of admission (see also Figure 2.11).

Discharges

- Just over 60 per cent of elective in-patients were admitted between Monday and Wednesday, with only 6.2 per cent admitted at the weekend.
- The proportion of in-patient discharges admitted as emergency in-patients remained relatively constant throughout the week at approximately 16 per cent per day, but fell at weekends when approximately 10.5 per cent were admitted per day.
- The majority of day patients were admitted mid-week, ranging from 20.6 per cent on Wednesday to 3.1 per cent on Saturday and 1.3 per cent on Sunday.

Length of Stay[3]

- Mean length of stay for elective in-patients ranged from 6.6 days for those admitted on a Monday to 11.3 days for those admitted on a Saturday.
- Mean length of stay for emergency in-patients ranged from 6.2 days for those admitted on a Monday to 7.5 days for those admitted on a Saturday.

[3] Where length of stay is analysed by admission type, a breakdown of sameday and overnight in-patient length of stay is not provided.

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

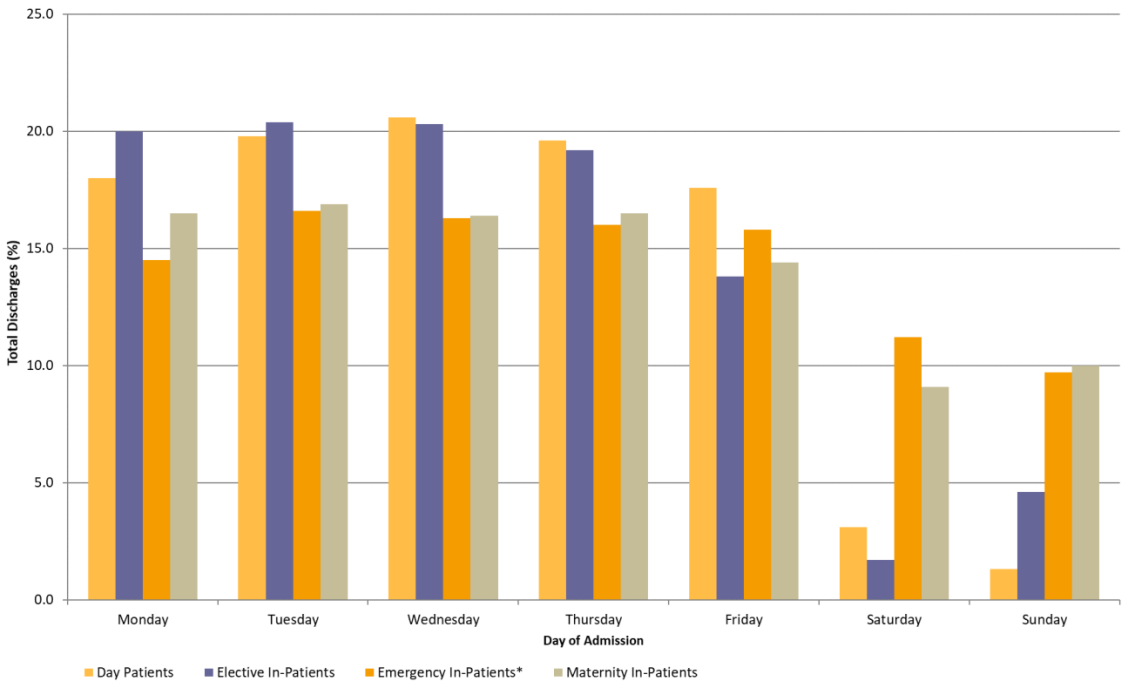
	Discharges									
	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency[a]		Maternity			
	N	%	N	%	N	%	N	%	N	%
Monday	202,387	18.0	15,869	20.0	63,271	14.5	16,308	16.5	297,835	17.1
Tuesday	222,307	19.8	16,131	20.4	72,542	16.6	16,686	16.9	327,666	18.8
Wednesday	231,934	20.6	16,071	20.3	71,115	16.3	16,203	16.4	335,323	19.3
Thursday	220,314	19.6	15,235	19.2	70,086	16.0	16,312	16.5	321,947	18.5
Friday	198,417	17.6	10,921	13.8	69,040	15.8	14,203	14.4	292,581	16.8
Saturday	34,300	3.1	1,315	1.7	49,031	11.2	9,001	9.1	93,647	5.4
Sunday	14,915	1.3	3,622	4.6	42,307	9.7	9,881	10.0	70,725	4.1
Total Discharges	**1,124,574**	**100**	**79,164**	**100**	**437,392**	**100**	**98,594**	**100**	**1,739,724**	**100**

	In-Patient Length of Stay								
	Elective		Emergency[a]		Maternity		Total In-Patients		
	Mean	Median	Mean	Median	Mean	Median	N	Mean	Median
Monday	6.6	2	6.2	2	2.4	2	95,448	5.6	2
Tuesday	6.7	2	6.5	2	2.5	2	105,359	5.9	2
Wednesday	6.9	2	6.6	2	2.5	2	103,389	6.0	2
Thursday	7.3	2	6.7	2	2.5	2	101,633	6.1	2
Friday	7.9	3	6.9	3	2.4	2	94,164	6.4	3
Saturday	11.3	5	7.5	3	2.1	2	59,347	6.8	3
Sunday	8.7	5	6.9	3	2.3	2	55,810	6.2	3
In-Patient Discharges	**7.2**	**2**	**6.7**	**3**	**2.4**	**2**	**615,150**	**6.1**	**2**

Notes: Percentage columns are subject to rounding.

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

FIGURE 2.11 Total Discharges: Patient Type and Admission Type by Day of Admission (%)



Note: * See note under Table 2.10

2.4.2 Day of Discharge

Table 2.11 disaggregates total discharges by patient type, admission type and day of discharge (see also Figure 2.12).

Discharges

- The proportion of elective in-patients discharged increased throughout the week, from 11.2 per cent on Monday to 22.0 per cent on Friday, falling to 9.8 per cent on Saturday and 4.8 per cent on Sunday.
- The largest proportion of emergency in-patients were discharged on Friday (20.1 per cent), with the smallest proportion discharged on Sunday (5.7 per cent).

Length of Stay[4]

- Elective in-patients discharged on a Monday had the longest in-patient mean length of stay (10.3 days).
- Emergency in-patient mean length of stay ranged from 7.2 days for those discharged on a Monday and Wednesday to 4.2 days for those discharged on a Sunday.

TABLE 2.11 Total Discharges: Patient Type and Admission Type by Day of Discharge (N, % and In-Patient Length of Stay)

	Discharges									
	Day Patients		In-Patients						Total Discharges	
			Elective		Emergency[a]		Maternity			
	N	%	N	%	N	%	N	%	N	%
Monday	202,387	18.0	8,846	11.2	67,025	15.3	14,458	14.7	292,716	16.8
Tuesday	222,307	19.8	12,389	15.6	74,252	17.0	13,026	13.2	321,974	18.5
Wednesday	231,934	20.6	14,197	17.9	76,156	17.4	13,602	13.8	335,889	19.3
Thursday	220,314	19.6	14,800	18.7	73,508	16.8	15,133	15.3	323,755	18.6
Friday	198,417	17.6	17,413	22.0	87,787	20.1	16,031	16.3	319,648	18.4
Saturday	34,300	3.1	7,746	9.8	33,602	7.7	14,043	14.2	89,691	5.2
Sunday	14,915	1.3	3,773	4.8	25,062	5.7	12,301	12.5	56,051	3.2
Total Discharges	**1,124,574**	**100**	**79,164**	**100**	**437,392**	**100**	**98,594**	**100**	**1,739,724**	**100**

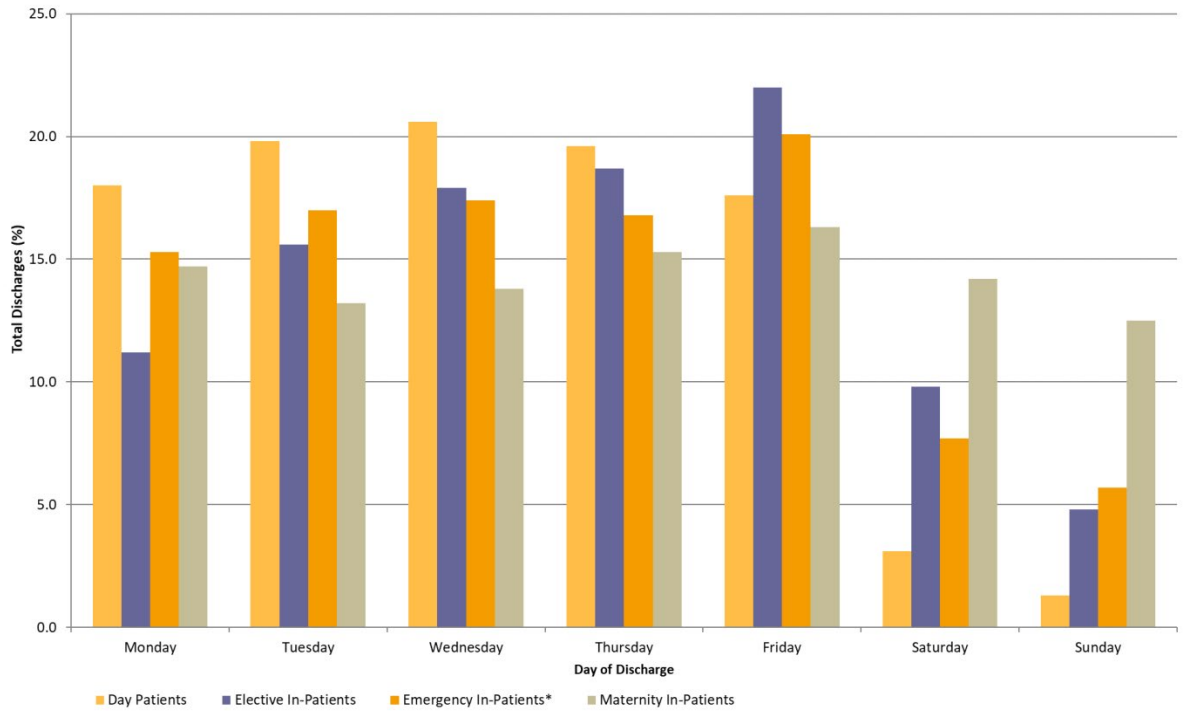
	In-Patient Length of Stay								
	Elective		Emergency[a]		Maternity		Total In-Patients		
	Mean	Median	Mean	Median	Mean	Median	N	Mean	Median
Monday	10.3	5	7.2	3	2.6	2	90,329	6.8	3
Tuesday	7.9	2	7.0	3	2.4	2	99,667	6.5	3
Wednesday	7.3	2	7.2	3	2.2	2	103,955	6.5	2
Thursday	6.6	2	7.0	2	2.2	2	103,441	6.3	2
Friday	6.9	2	6.8	3	2.4	2	121,231	6.2	2
Saturday	4.8	2	5.0	2	2.5	2	55,391	4.3	2
Sunday	5.9	3	4.2	1	2.6	2	41,136	3.9	2
In-Patient Discharges	**7.2**	**2**	**6.7**	**3**	**2.4**	**2**	**615,150**	**6.1**	**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.

[4] Where length of stay is analysed by admission type, a breakdown of sameday and overnight in-patient length of stay is not provided.

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



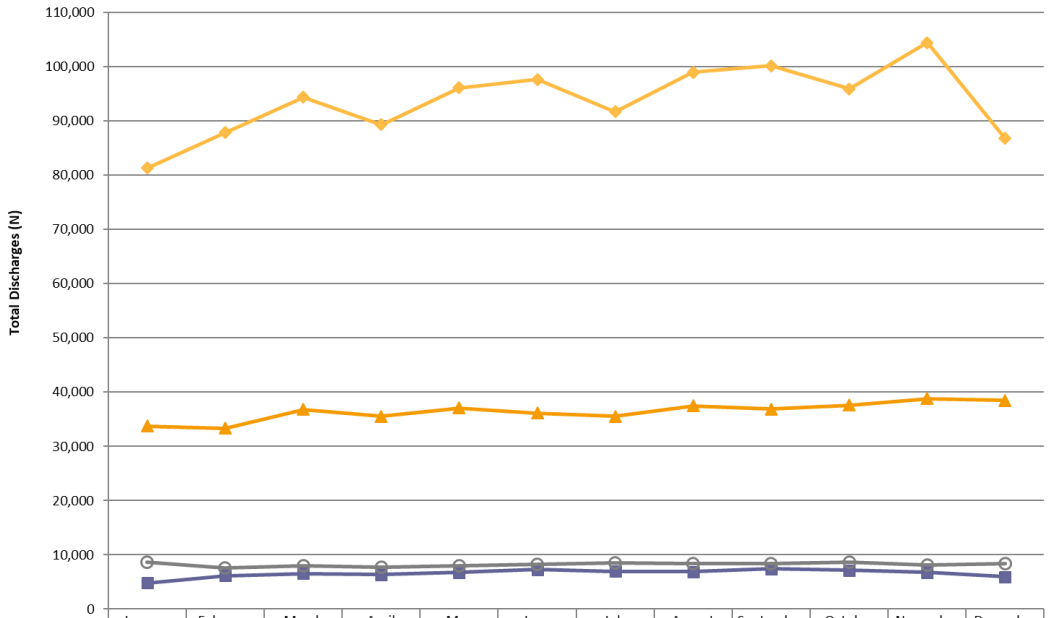
Note: * See note under Table 2.11

2.4.3 Month of Discharge

Figure 2.13 shows total discharges by month of discharge disaggregated by patient type and admission type.

- Hospital discharges peaked in September for elective in-patients (7,444 discharges), while January recorded the smallest number of elective in-patients with only 4,800 elective in-patients discharged in this month.
- Emergency in-patient hospital discharges peaked in November (38,791 discharges), while the smallest number of emergency in-patients were discharged in February with 33,314 discharges.
- Maternity in-patient discharges were highest in October (8,630 discharges) and lowest in February (7,549 discharges).

FIGURE 2.13 Total Discharges: Month of Discharge by Patient Type and Admission Type (N)



	January	February	March	April	May	June	July	August	September	October	November	December
Day Patients	81,320	87,836	94,358	89,328	96,119	97,609	91,710	99,004	100,157	95,938	104,410	86,785
Elective In-Patients	4,800	6,183	6,580	6,346	6,761	7,291	6,978	6,872	7,444	7,186	6,781	5,942
Emergency In-Patients*	33,775	33,314	36,798	35,523	37,096	36,135	35,526	37,497	36,882	37,578	38,791	38,477
Maternity	8,616	7,549	8,054	7,742	7,974	8,299	8,461	8,440	8,440	8,630	8,063	8,326

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

Morbidity Analysis 2022

SECTION Three

Table of Contents

3.1 INTRODUCTION

Section Three focuses on the diagnoses and procedures recorded for total discharges reported to HIPE by acute public hospitals.[1]

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

3.2 CODING OF DIAGNOSES AND PROCEDURES

Coding of HIPE hospital activity is performed by a HIPE clinical coder who translates medical terminology into alpha-numeric codes. The clinical coder performs an essential function in providing high quality, accurate, and uniform medical information. The HPO is responsible for the training of all clinical coders nationally.[2,3] Since 2014, the HPO have delivered certification courses for clinical coders in collaboration with, and accredited by, the School of Computing in the Technological University Dublin (formally Dublin Institute of Technology). To date, over 170 clinical coders have achieved this certification.

The source document for coding for the HIPE system is the medical record or chart which can be in paper or electronic format. The clinical coder uses the entire chart to extract the conditions and procedures to provide a complete record of the patient and their hospital stay. In addition to the discharge summary or letter, additional documentation referenced for coding a case include; nursing notes, consultation reports, progress notes, operative reports, pre- and post-operative reports, pathology reports and, more recently, the sepsis

1 The calculation of total in-patient length of stay differs in this report compared to reports prior to 2018. Since 2018, the length of stay assigned for sameday in-patients has changed from one bed day to 0.5 bed days. This will impact on the total in-patient length of stay resulting in a lower average length of stay compared to years prior to 2018 (see Section 1.7).

2 There are currently approximately 300 clinical coders working full time and part time across all HIPE hospitals.

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

form. Appendix III shows the HIPE Data Entry Form for 2022, which details the information that is collected and coded for each hospital discharge. No interpretation of test results may be undertaken by the clinical coder and all diagnoses and procedures recorded must be documented by a clinician in the chart.[4]

All HIPE data are entered in the hospital using the HIPE Portal data entry system which runs an extensive number of validation edit checks to ensure the quality of the data. Other data quality activities and data quality tools are in use at local and national HPO level.[5,6]

At the start of 2020, the classification used to code clinical information was updated from the 8th Edition to the 10th Edition of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Australian Classification of Health interventions (ACHI), Australian Coding Standards (ACS).[7,8] Details of the ICD-10-AM diagnosis and ACHI procedure coding scheme are provided in Tables 3.1 and 3.2.

ACS are developed to provide guidance in the application of ICD-10-AM and ACHI codes. Coding standards are provided with general guidelines and are categorised by site and/or body system according to the clinical specialty to which a disease or procedure relates. Use of ICD-10-AM/ACHI/ACS is complemented by the Irish Coding Standards (ICS); these are revised as required to reflect changing clinical practice and to ensure the classification and its application are relevant to the Irish Healthcare system.[9]

Due to the update in the classification, caution must be exercised when comparing procedure and diagnosis categories presented in reports from 2020 onwards to previous reports. Updates may include changes in sequencing of codes, addition of new codes, deletion of codes, and updates to ACS and ICS.[10]

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4 This instruction is covered in ICS 0048: General Abstraction Guidelines, see www.hpo.ie for the current version of the Irish Coding Standards.

5 In 2015, the HSE engaged Pavilion Health Australia Pty Ltd. by competitive tender to undertake a review of the quality of HIPE data in order to assess whether the quality of the data was sufficient to support the introduction of Activity Based Funding (ABF). The final report is available at www.hpo.ie

6 In 2018, a commercial data quality tool, Performance Indicators of Coding Quality (PICQ), was procured by the HSE for use both locally in the hospitals and at a national level in the HPO.

7 Australian Consortium for Classification Development (ACCD), 2017: The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), and *Australian Classification of Health Interventions* (ACHI) and *Australian Coding Standards* (ACS) – ICD-10-AM/ACHI/ACS (10th Ed)-Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

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

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

10 See Appendix VII for an overview of changes from ICD-10-AM/ACHI/ACS 8th edition (in use from 2015–2019) to 10th Edition (in use from 1st January 2020).

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

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

ICD-10-AM Diagnosis Codes

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

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

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

WHO intends the codes U00–U99 to be used for provisional assignment of new diseases of uncertain aetiology, for emergency use and for specific research purposes. U50–U73 are used in ICD-10-AM to classify activity and U90 classifies healthcare associated infections. Emergency use codes from U00-U99 have been used to identify Covid-19; including, but not limited to, U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* and U07.2 *Emergency use of U07.2 (COVID-19, virus not identified).*

Chapter and Title		Code Prefix	Chapter and Title		Code Prefix
1	Certain infectious and parasitic diseases	A, B	12	Diseases of the skin and subcutaneous tissue	L
2	Neoplasms	C, D	13	Diseases of the musculoskeletal system and connective tissue	M
3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D	14	Diseases of the genitourinary system	N
4	Endocrine, nutritional and metabolic diseases	E	15	Pregnancy, childbirth and the puerperium	O
5	Mental and behavioural disorders	F	16	Certain conditions originating in the perinatal period	P
6	Diseases of the nervous system	G	17	Congenital malformations, deformations and chromosomal abnormalities	Q
7	Diseases of the eye and adnexa	H	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R
8	Diseases of the ear and mastoid process	H	19	Injury, poisoning and certain other consequences of external causes	S, T
9	Diseases of the circulatory system	I	20	External causes of morbidity and mortality	U, V, W, X, Y
10	Diseases of the respiratory system	J	21	Factors influencing health status and contact with health services	Z
11	Diseases of the digestive system	K	22	Codes for special purposes	U

Source: Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) – ICD-10-AM/ACHI/ACS (10th Ed)- Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.p. xiv.

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

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

Australian Classification of Health Interventions (ACHI)

The Australian Classification of Health Interventions (ACHI) was first developed by the National Centre for Classification in Health (NCCH) (the previous custodians of ICD-10-AM/ACHI/ACS) and is generally based on the Commonwealth Medicare Benefits Schedule (MBS).

The main features of the classification are:

1) The procedure classification captures procedures and interventions performed in public and private hospitals, day centres and ambulatory settings. Allied health interventions, dental services and procedures performed outside the operating theatre are included.[11]
2) The intervention classification has been based on the Commonwealth Medicare Benefits Schedule (MBS) (with some exceptions). A two digit extension number has been attached to each MBS item number to represent individual procedural concepts (e.g., 36564-00). Other ACHI procedures and interventions which are not represented in MBS are allocated a code number from the 90000 series. Note: 97000 code numbers are reserved for dental services.
3) The structure of the procedure classification is based on anatomy rather than surgical specialty. Chapters closely follow the chapter headings of the WHO ICD-10 to maintain parity with the disease classification.
4) Nonsurgical procedures are listed separately from the surgical procedures, whenever feasible.
5) A hierarchical structure with the following axes:
   - First level – anatomical site axis
   - Second level – procedure type axis
   - Third level – block axis
6) Inclusion of many more procedures which can be utilised in non-institutional settings, such as community based health and ambulatory care.
7) The interventions in the procedure classification are provider neutral. That is, the same code should be assigned for a specific intervention regardless of which health professional performs the intervention.

Chapter and Title		Chapter and Title	
1	Procedures on nervous system	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: Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing p. xv.
Australian Consortium for Classification Development (ACCD), 2017: *Australian Classification of Health Interventions* (ACHI) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing. p. iii.

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

3.2.1 Definition of a Diagnosis

In 2022, HIPE collected a principal diagnosis for each discharge, together with up to 29 additional diagnosis codes.

DIAGNOSES

A **principal diagnosis** is defined as, 'the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the healthcare establishment, as represented by a code'.[12]

An **additional diagnosis** is defined as, 'a condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code' and may be used as an indication of the level of comorbidity.[13]

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

3.2.1.1 Mean Number of Diagnoses Reported

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

- The mean number of diagnoses recorded for total discharges was 2.8.
- The mean number of diagnoses recorded for in-patient discharges was 4.1, compared to 2.0 for day patients.
- The mean number of diagnoses recorded for in-patient discharges was higher for males (4.3) compared with females (4.0).
- The mean number of diagnoses recorded for in-patient discharges increased with age ranging from 2.7 in the less than 15 years age group to 5.2 in the 65 years and over age group.

TABLE 3.3 Total Discharges: Mean Number of All-Listed Diagnoses by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	**2.0**	**4.1**	**2.8**
Sex			
Male	2.0	4.3	2.7
Female	2.0	4.0	2.8
Maternity	2.0	4.1	3.7
Non-Maternity	2.0	4.0	2.6
Age Group			
< 15 Years	1.6	2.7	2.3
15–44 Years	1.8	3.6	2.6
45–64 Years	2.1	3.9	2.5
65 Years and Over	2.1	5.2	3.1

12 Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing. p. 1.

13 Australian Consortium for Classification Development (ACCD), op. cit., p. 4.

3.2.2 Definition of a Procedure

In 2022, a principal procedure and up to 19 additional procedure codes for each discharge could be reported to HIPE where appropriate.

PROCEDURES

The classification of procedures in ICD-10-AM uses the Australian Classification of Health Interventions (ACHI).[14] Procedures are coded in HIPE in accordance with the following hierarchy:

- procedure performed for treatment of the principal diagnosis
- procedure performed for treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.[15]

A key feature of the ACHI procedure classification is a seven-character code in the format xxxxx-xx. The structure is organised on an anatomical basis and thus does not always appear in numerical order. Procedure blocks were introduced to provide a sequential framework for both coding and reporting purposes. The blocks represent homogenous groups of procedures, while the seven-digit codes allow for greater detail.[16] For example, procedure block 0732 represents 'direct closure of vein', containing the procedures 'direct closure of renal vein' (33833-04) and 'direct closure of vena cava' (90215-02). In this report, tables have been produced using the block framework.[17]

3.2.2.1 Discharges with a Procedure

Table 3.4 provides details of the number and percentage of discharges that had a principal procedure recorded by patient type and admission type.

- Of the 1,739,724 total discharges, principal procedures were recorded for 1,394,235 discharges (80.1 per cent).
- 92.2 per cent of day patient discharges had a principal procedure recorded.
- Almost 60 per cent of in-patient discharges had a principal procedure recorded, with 89.6 per cent of elective in-patients, 51.3 per cent of emergency in-patients, and 62.8 per cent of maternity in-patients undergoing a principal procedure.

14 Australian Consortium for Classification Development (ACCD), 2017: Australian Classification of Health Interventions (ACHI) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

15 Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

16 Australian Consortium for Classification Development (ACCD), 2017: Australian Classification of Health Interventions (ACHI) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

17 The move to the ACHI introduced significant changes to the collection of procedures from 2005, including the use of Australian Coding Standard (ACS) 0042 *Procedures normally not coded* (see Appendix V).

TABLE 3.4 Total Discharges: Number and Percentage of Discharges with a Principal Procedure by Patient Type and Admission Type

	Total Discharges	Total Discharges with a Principal Procedure	
	N	N	%
Total Discharges	**1,739,724**	**1,394,235**	**80.1**
Day Patients	1,124,574	1,036,837	92.2
In-Patients	615,150	357,398	58.1
Elective In-Patients	79,164	70,894	89.6
Emergency In-Patients	437,392	224,573	51.3
Maternity In-Patients	98,594	61,931	62.8

3.2.2.2 Mean Number of Procedures Reported

Table 3.5 outlines the mean number of procedures reported for day patients, in-patients and total discharges, by sex and age group. The calculation of mean procedures is based on discharges with at least one procedure reported to HIPE.[18]

- For those discharges who underwent at least one procedure, in-patient discharges had a mean number of 3.0 procedures recorded, compared to a mean of 1.5 procedures for day patients.
- While the mean number of procedures increased with age for in-patient discharges, the day patient pattern differed. For those undergoing a procedure, day patient discharges aged less than 15 years recorded a mean of 1.9 procedures, which was larger than that reported for older age groups.

TABLE 3.5 Total Discharges: Mean Number of All-Listed Procedures by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	**1.5**	**3.0**	**1.9**
Sex			
Male	1.4	3.0	1.8
Female	1.5	3.0	1.9
Maternity	1.5	3.2	3.1
Non-Maternity	1.5	3.0	1.8
Age Group			
< 15 Years	1.9	2.8	2.3
15–44 Years	1.5	2.9	2.0
45–64 Years	1.5	3.1	1.7
65 Years and Over	1.4	3.1	1.9

[18] Includes all anaesthesia except local anaesthesia. See ACS 0031 *Anaesthesia* in Australian Consortium for Classification Development (ACCD), 2017: Australian Coding Standards (ACS) (10th Ed) - Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing p.36.

3.3 Morbidity Analysis: Summary of Day Patient and In-Patient Activity

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

3.3.1 Day Patient Activity

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

Day Patients – Profile

- Day patient discharges accounted for 64.6 per cent of total discharges.
- Day patients aged 65 years or over accounted for 42.4 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 21.0 and 16.9 per cent of day patient discharges respectively.

Day Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 92.2 per cent of day patient discharges (see Table 3.4).
- Procedures from the block *Administration of pharmacotherapy* were reported as a principal procedure for 19.1 per cent of day patients with at least one procedure recorded.

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

- The top three AR-DRGs accounted for 37.3 per cent of day patient discharges reported to HIPE when analysed by diagnosis related group.[19]
- *Haemodialysis* accounted for 16.9 per cent, while *Chemotherapy* and *Other Neoplastic Disorders, Minor Complexity* accounted for 11.6 per cent and 8.9 per cent of day patient discharges respectively.

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

TABLE 3.6 Day Patient Activity (N, %)

Top 20 Principal Diagnoses[a]		N	%
Z51	Other medical care[c]	235,953	21.0
Z49	Care involving dialysis	189,917	16.9
H35	Other retinal disorders	35,886	3.2
E83	Disorders of mineral metabolism	19,852	1.8
K50	Crohn's disease [regional enteritis]	16,264	1.4
C44	Other malignant neoplasms of skin	14,513	1.3
K51	Ulcerative colitis	13,923	1.2
Z13	Special screening examination for other diseases and disorders	12,160	1.1
D12	Benign neoplasm of colon, rectum, anus and anal canal	11,297	1.0
L40	Psoriasis	10,338	0.9
K29	Gastritis and duodenitis	10,106	0.9
M54	Dorsalgia	9,685	0.9
R10	Abdominal and pelvic pain	9,155	0.8
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	8,213	0.7
K57	Diverticular disease of intestine	8,112	0.7
C50	Malignant neoplasm of breast	8,060	0.7
Z48	Other surgical follow-up care	8,015	0.7
M25	Other joint disorders, not elsewhere classified	7,971	0.7
G35	Multiple sclerosis	7,944	0.7
H25	Senile cataract	7,903	0.7

Day Patients
1,124,574

Sex	N	%
Male	563,757	50.1
Female	560,817	49.9

Age Group	N	%
< 1 Year	2,822	0.3
1–14 Years	37,317	3.3
15–24 Years	40,870	3.6
25–34 Years	67,368	6.0
35–44 Years	121,151	10.8
45–54 Years	164,717	14.6
55–64 Years	213,063	18.9
65–74 Years	247,632	22.0
75–84 Years	183,530	16.3
85 Years and Over	46,104	4.1

Top 20 Principal Procedure Blocks[b]		N	%
1920	Administration of pharmacotherapy	197,583	19.1
1060	Haemodialysis	189,866	18.3
1788	Megavoltage radiation treatment	100,291	9.7
1008	Panendoscopy with excision	46,028	4.4
0911	Fibreoptic colonoscopy with excision	42,704	4.1
0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	42,446	4.1
1620	Excision of lesion of skin and subcutaneous tissue	34,691	3.3
0905	Fibreoptic colonoscopy	26,152	2.5
1552	Administration of agent into other musculoskeletal sites	22,228	2.1
1893	Administration of blood and blood products sites	20,165	1.9
0725	Other incision procedures on veins	19,433	1.9
1089	Examination procedures on bladder	14,683	1.4
1610	Ultraviolet B [UVB] light therapy of skin	14,060	1.4
0200	Extraction of crystalline lens	10,908	1.1
1259	Examination procedures on uterus	9,825	0.9
1618	Biopsy of skin and subcutaneous tissue	9,606	0.9
1005	Panendoscopy	8,655	0.8
0668	Coronary angiography	7,100	0.7
1798	Radiation field setting	6,865	0.7
1824	Other assessment, consultation, interview, examination or evaluation	5,472	0.5

Hospital Group	N	%
Ireland East	222,046	19.7
RCSI	170,163	15.1
Dublin Midlands	233,181	20.7
South/South West	210,011	18.7
UL	66,229	5.9
Saolta	196,718	17.5
Children's	26,063	2.3
No group	163	0.0

Top 10 AR-DRGs		N	%
L61Z	Haemodialysis	189,588	16.9
R63Z	Chemotherapy	129,923	11.6
R62C	Other Neoplastic Disorders, Minor Complexity	100,170	8.9
G48B	Colonoscopy, Minor Complexity	51,462	4.6
C03B	Retinal Procedures, Minor Complexity	40,688	3.6
I40Z	Infusions for Musculoskeletal Disorders, Sameday	36,803	3.3
G47C	Gastroscopy, Minor Complexity	34,570	3.1
J11B	Other Skin, Subcutaneous Tissue and Breast Procedures, Minor Complexity	34,528	3.1
Z64B	Other Factors Influencing Health Status, Minor Complexity	33,989	3.0
G64B	Inflammatory Bowel Disease, Minor Complexity	25,451	2.3

Notes: Percentage columns are subject to rounding.

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

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

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

3.3.2 In-Patient Activity

An in-patient is admitted to hospital for treatment or investigation on an elective or emergency basis. Sameday in-patients are admitted as in-patients and discharged on the same day, while overnight in-patients stay at least one night in hospital. Table 3.7 presents a summary of in-patient activity reported to HIPE.

In-Patients – Profile

- In-patient discharges accounted for 35.4 per cent of total discharges.
- Overnight in-patient discharges accounted for 78.4 per cent of in-patient discharges and had a mean length of stay of 7.6 days.

In-Patients – Top 20 Principal Diagnoses

- In-patient discharges with a principal diagnosis of *Single spontaneous delivery* accounted for 3.9 per cent of in-patient discharges.
- In-patient discharges with a principal diagnosis of *Single delivery by caesarean section* accounted for 3.0 per cent of in-patient discharges while those with a principal diagnosis of *Pain in throat and chest* accounted for 2.8 per cent of in-patient discharges.

In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 58.1 per cent of total in-patient discharges (see Table 3.4).
- Procedures from the block *Generalised allied health interventions* were reported for 31.3 per cent of in-patient discharges with at least one procedure reported.[20]

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

- The top three AR-DRGs accounted for 8.9 per cent of in-patient discharges when analysed by diagnosis related group.[21,22]
- *Antenatal and Other Obstetric Admissions, Minor Complexity* accounted for 3.8 per cent of in-patient discharges. *Vaginal Delivery, Intermediate Complexity* and *Chest Pain, Minor Complexity* accounted for 2.7 per cent and 2.4 per cent of in-patient discharges respectively.

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20 This block includes interventions such as physiotherapy, pharmacy, dietetics, occupational therapy, speech pathology, social work and diabetes education. Together, these seven interventions accounted for 97.3 per cent of cases within this procedure block.

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

22 In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

TABLE 3.7 In-Patient Activity (N, %, Mean and Median Length of Stay)

Top 20 Principal Diagnoses[a]		N	%	Mean LOS	Med LOS
O80	Single spontaneous delivery	23,759	3.9	2.4	2
O82	Single delivery by caesarean section	18,599	3.0	4.0	4
R07	Pain in throat and chest	17,522	2.8	1.5	1
N39	Other disorders of urinary system	12,711	2.1	9.8	5
O99	Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium	12,587	2.0	1.2	1
J44	Other chronic obstructive pulmonary disease	12,024	2.0	8.0	5
J22	Unspecified acute lower respiratory infection	10,454	1.7	6.8	4
R55	Syncope and collapse	9,519	1.5	4.5	2
R10	Abdominal and pelvic pain	9,226	1.5	1.9	1
J18	Pneumonia, organism unspecified	9,019	1.5	10.7	6
I50	Heart failure	7,082	1.2	10.9	7
R06	Abnormalities of breathing	7,002	1.1	1.9	1
O81	Single delivery by forceps and vacuum extractor	6,876	1.1	3.1	3
I21	Acute myocardial infarction	6,502	1.1	6.4	4
R51	Headache	6,335	1.0	1.8	1
I48	Atrial fibrillation and flutter	6,263	1.0	4.0	2
A09	Other gastroenteritis and colitis of infectious and unspecified origin	6,007	1.0	3.9	2
S72	Fracture of femur	5,895	1.0	18.2	12
K35	Acute appendicitis	5,655	0.9	3.4	2
I63	Cerebral infarction	5,654	0.9	18.5	9

In-Patients

615,150

Discharges	N	%
Total	615,150	100.0
Sameday	133,142	21.6
Overnight	482,008	78.4

Length of Stay	Mean	Median
Total	6.1	2
Overnight	7.6	3

Bed Days	N
Total	**3,747,471**
Overnight	3,680,900

Top 20 Principal Procedure Blocks[b]		N	%	Mean LOS	Med LOS
1916	Generalised allied health interventions	111,983	31.3	12.1	7
1336	Spontaneous vertex delivery[c]	22,597	6.3	2.5	2
1340	Caesarean section	20,498	5.7	4.5	4
1920	Administration of pharmacotherapy	9,275	2.6	7.8	3
1893	Administration of blood and blood products	9,092	2.5	10.7	6
0570	Noninvasive ventilatory support	7,397	2.1	14.5	9
0926	Appendicectomy	5,664	1.6	3.2	2
1338	Vacuum assisted delivery	5,446	1.5	3.2	3
1008	Panendoscopy with excision	5,397	1.5	12.3	7
1489	Arthroplasty of hip	5,180	1.4	10.6	6
0668	Coronary angiography	4,751	1.3	5.8	3
0030	Lumbar puncture	3,965	1.1	10.2	5
0671	Transluminal coronary angioplasty with stenting	3,599	1.0	3.8	2
0569	Ventilatory support	3,472	1.0	25.0	11
1265	Curettage and evacuation of uterus	2,601	0.7	1.2	1
1005	Panendoscopy	2,575	0.7	12.9	7
0965	Cholecystectomy	2,429	0.7	3.7	1
1872	Alcohol and drug rehabilitation and detoxification	2,301	0.6	7.5	4
0911	Fibreoptic colonoscopy with excision	2,220	0.6	11.6	7
1539	Open reduction of fracture of ankle or toe	2,216	0.6	4.2	2

Hospital Group	N	%
Ireland East	130,526	21.2
RCSI	91,986	15.0
Dublin Midlands	93,064	15.1
South/South West	105,635	17.2
UL	60,612	9.9
Saolta	107,801	17.5
Children's	22,995	3.7
No group	2,531	0.4

Sex	N	%
Male	262,385	42.7
Female	352,765	57.3

Age Group	N	%
< 1 Year	25,338	4.1
1–14 Years	49,260	8.0
15–24 Years	41,009	6.7
25–34 Years	78,949	12.8
35–44 Years	79,451	12.9
45–54 Years	54,637	8.9
55–64 Years	67,378	11.0
65–74 Years	86,535	14.1
75–84 Years	87,086	14.2
85 Years and Over	45,507	7.4

Top 10 AR-DRGs		N	%	Mean LOS	Med LOS
O66B	Antenatal and Other Obstetric Admissions, Minor Complexity	23,675	3.8	1.0	1
O60B	Vaginal Delivery, Intermediate Complexity	16,904	2.7	2.7	3
F74B	Chest Pain, Minor Complexity	14,471	2.4	1.1	1
O66A	Antenatal and Other Obstetric Admissions, Major Complexity	11,939	1.9	1.7	1
O60C	Vaginal Delivery, Minor Complexity	10,978	1.8	2.1	2
E62A	Respiratory Infections and Inflammations, Major Complexity	10,641	1.7	13.2	8
O01C	Caesarean Delivery, Minor Complexity	10,242	1.7	3.5	3
O01B	Caesarean Delivery, Intermediate Complexity	8,623	1.4	4.7	4
F73B	Syncope and Collapse, Minor Complexity	8,364	1.4	2.8	1
B77B	Headaches, Minor Complexity	7,647	1.2	1.4	1

Notes: Percentage columns are subject to rounding.

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

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

c See Appendix VII for an overview of changes from 8th Edition to 10th Edition ICD-10-AM/ACHI/ACS.

3.3.2.1 Elective In-Patient Activity

An elective in-patient is an in-patient admission that has been arranged in advance. Table 3.8 presents a summary of elective in-patient activity reported to HIPE.

Elective In-Patients – Profile

- Elective in-patient discharges accounted for 4.6 per cent of total discharges and 12.9 per cent of in-patients.
- Elective in-patient bed days accounted for 569,164 in-patient bed days, or 15.2 per cent of total in-patient bed days.
- Elective overnight in-patient discharges accounted for 91.7 per cent of total elective in-patient discharges and had a mean length of stay of 7.8 days.

Elective In-Patients – Top 20 Principal Diagnoses

- Elective in-patients with a principal diagnosis of *Coxarthrosis [arthrosis of hip]* accounted for 3.7 per cent of elective in-patient discharges.
- *Gonarthrosis [arthrosis of knee]* accounted for 2.8 per cent of elective in-patient discharges while *Malignant neoplasms of breast* accounted for 2.6 per cent of elective in-patient discharges.

Elective In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 89.6 per cent of elective in-patient discharges (see Table 3.4).
- The procedure block *Generalised allied health interventions* was reported for 11.5 per cent of elective in-patients who had a principal procedure reported.
- The procedure blocks *Administration of pharmacotherapy* and *Arthroplasty of hip* were reported for 4.6 per cent and 4.1 per cent of elective in-patient discharges with a principal procedure reported respectively.

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

- The top three AR-DRGs accounted for 8.4 per cent of elective in-patient discharges reported to HIPE when analysed by diagnosis related group.[23,24]
- *Hip Replacement, Minor Complexity* and *Knee Replacement, Minor Complexity* accounted for 3.5 per cent and 2.6 per cent of elective in-patient discharges respectively. *Tonsillectomy and Adenoidectomy* accounted for 2.4 per cent of elective in-patient discharges.

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

24 In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

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

Top 20 Principal Diagnoses[a]		N	%	Mean LOS	Med LOS
M16	Coxarthrosis [arthrosis of hip]	2,915	3.7	4.8	4
M17	Gonarthrosis [arthrosis of knee]	2,235	2.8	4.8	4
C50	Malignant neoplasm of breast	2,092	2.6	3.6	2
J35	Chronic diseases of tonsils and adenoids	1,797	2.3	1.1	1
K80	Cholelithiasis	1,642	2.1	2.3	1
Z48	Other surgical follow-up care	1,459	1.8	17.1	7
I25	Chronic ischaemic heart disease	1,420	1.8	5.3	2
G47	Sleep disorders	1,218	1.5	1.6	1
N81	Female genital prolapse	1,085	1.4	2.8	3
C34	Malignant neoplasm of bronchus and lung	1,062	1.3	9.9	6
C18	Malignant neoplasm of colon	999	1.3	9.9	7
K40	Inguinal hernia	950	1.2	1.8	1
C67	Malignant neoplasm of bladder	836	1.1	5.3	2
R06	Abnormalities of breathing	794	1.0	1.5	1
C61	Malignant neoplasm of prostate	786	1.0	5.8	2
Z51	Other medical care	778	1.0	29.9	21
C83	Non-follicular lymphoma	719	0.9	10.5	6
S52	Fracture of forearm	627	0.8	2.4	1
S72	Fracture of femur	619	0.8	30.2	21
D25	Leiomyoma of uterus	597	0.8	2.9	3

Elective In-Patients

79,164

Discharges	N	%
Total	79,164	100
Sameday	6,536	8.3
Overnight	72,628	91.7

Length of Stay	Mean	Median
Total	**7.2**	**2**
Overnight	7.8	3

Bed Days	N
Total	**569,164**
Overnight	565,896

Top 20 Principal Procedure Blocks[b]		N	%	Mean LOS	Med LOS
1916	Generalised allied health interventions	8,155	11.5	23.5	13
1920	Administration of pharmacotherapy	3,285	4.6	8.1	4
1489	Arthroplasty of hip	2,929	4.1	4.6	4
1518	Arthroplasty of knee	2,123	3.0	4.5	4
0412	Tonsillectomy or adenoidectomy	1,909	2.7	1.1	1
1828	Sleep study	1,811	2.6	1.4	1
0965	Cholecystectomy	1,782	2.5	2.2	1
1268	Abdominal hysterectomy	1,420	2.0	4.3	3
1893	Administration of blood and blood products	1,270	1.8	7.6	3
1744	Excision of lesion of breast	1,123	1.6	1.2	1
0913	Colectomy	997	1.4	10.2	7
0990	Repair of inguinal hernia	912	1.3	1.8	1
1166	Closed prostatectomy	910	1.3	2.7	2
1748	Simple mastectomy	875	1.2	3.2	2
1620	Excision of lesion of skin and subcutaneous tissue	704	1.0	2.7	1
1100	Endoscopic resection of bladder lesion or tissue	669	0.9	3.3	2
0671	Transluminal coronary angioplasty with stenting	610	0.9	1.9	1
0207	Vitrectomy	586	0.8	1.6	1
1283	Repair of prolapse of uterus, pelvic floor or enterocele	557	0.8	2.5	2
0114	Thyroidectomy	535	0.8	2.7	2

Hospital Group	N	%
Ireland East	18,050	22.8
RCSI	8,446	10.7
Dublin Midlands	10,394	13.1
South/South West	16,129	20.4
UL	6,630	8.4
Saolta	12,204	15.4
Children's	4,798	6.1
No group	2,513	3.2

Sex	N	%
Male	39,146	49.4
Female	40,018	50.6

Age Group	N	%
< 1 Year	1,276	1.6
1–14 Years	6,825	8.6
15–24 Years	3,728	4.7
25–34 Years	3,758	4.7
35–44 Years	7,146	9.0
45–54 Years	10,624	13.4
55–64 Years	14,089	17.8
65–74 Years	16,582	20.9
75–84 Years	11,801	14.9
85 Years and Over	3,335	4.2

Top 10 AR-DRGs		N	%	Mean LOS	Med LOS
I03B	Hip Replacement, Minor Complexity	2,765	3.5	4.2	3
I04B	Knee Replacement, Minor Complexity	2,028	2.6	4.0	3
D11Z	Tonsillectomy and Adenoidectomy	1,868	2.4	1.1	1
J06B	Major Procedures for Breast Disorders, Minor Complexity	1,792	2.3	1.6	1
H08B	Laparoscopic Cholecystectomy, Minor Complexity	1,563	2.0	1.5	1
G10B	Hernia Procedures, Minor Complexity	1,330	1.7	1.5	1
N04B	Hysterectomy for Non-Malignancy, Minor Complexity	1,261	1.6	3.3	3
Z63A	Other Follow Up After Surgery or Medical Care, Major Complexity	1,140	1.4	26.7	16
G02C	Major Small and Large Bowel Procedures, Minor Complexity	1,021	1.3	7.2	6
R61B	Lymphoma and Non-Acute Leukaemia, Minor Complexity	1,012	1.3	4.2	3

Notes: Percentage columns are subject to rounding.

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

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

3.3.2.2 Emergency In-Patient Activity

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

Emergency In-Patients – Profile

- Emergency in-patient discharges accounted for 25.1 per cent of total discharges and 71.1 per cent of in-patients.
- Emergency in-patient bed days accounted for 2,940,625 in-patient bed days, or 78.5 per cent of total in-patient bed days.
- Over 64 per cent of emergency in-patient discharges were admitted from an Emergency Department, with 5.2 per cent admitted via a medical assessment unit (as an in-patient).

Emergency In-Patients – Top 20 Principal Diagnoses

- Emergency in-patient discharges with a principal diagnosis of *Pain in throat and chest* accounted for 4.0 per cent of emergency in-patients.
- Emergency in-patient discharges with a principal diagnosis of *Other disorders of urinary system* accounted for 2.8 per cent of emergency in-patient discharges.

Emergency In-Patients – Top 20 Principal Procedure Blocks

- A principal procedure was recorded for 51.3 per cent of emergency in-patient discharges (see Table 3.4).
- Procedures from the block *Generalised allied health interventions* were reported for 45.2 per cent of emergency in-patient discharges with a procedure recorded.

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

- The top three AR-DRGs accounted for 7.5 per cent of emergency in-patient discharges reported to HIPE when analysed by diagnosis related group.[26,27]
- *Chest Pain, Minor Complexity* accounted for 3.3 per cent of emergency in-patient discharges. *Respiratory Infections and Inflammations, Syncope and Collapse, Minor Complexity* accounted for 2.4 per cent and 1.9 per cent of emergency in-patient discharges respectively.

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

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

27 In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

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

Top 20 Principal Diagnoses[a]		N	%	Mean LOS	Med LOS
R07	Pain in throat and chest	17,313	4.0	1.5	1
N39	Other disorders of urinary system	12,290	2.8	9.7	5
J44	Other chronic obstructive pulmonary disease	11,523	2.6	7.9	5
J22	Unspecified acute lower respiratory infection	10,212	2.3	6.6	4
R55	Syncope and collapse	9,398	2.1	4.5	2
R10	Abdominal and pelvic pain	8,981	2.1	1.8	1
J18	Pneumonia, organism unspecified	8,818	2.0	10.6	6
I50	Heart failure	6,834	1.6	10.8	7
R51	Headache	6,223	1.4	1.8	1
R06	Abnormalities of breathing	6,205	1.4	2.0	1
I21	Acute myocardial infarction	6,134	1.4	6.4	4
A09	Other gastroenteritis and colitis of infectious and unspecified origin	5,890	1.3	3.9	2
I48	Atrial fibrillation and flutter	5,739	1.3	4.1	2
K35	Acute appendicitis	5,552	1.3	3.4	2
I63	Cerebral infarction	5,307	1.2	16.9	9
S72	Fracture of femur	5,276	1.2	16.8	11
J12	Viral pneumonia, not elsewhere classified	4,895	1.1	14.7	8
L03	Cellulitis	4,840	1.1	7.2	4
M79	Other soft tissue disorders, not elsewhere classified	4,437	1.0	1.5	1
R42	Dizziness and giddiness	4,203	1.0	2.2	1

Emergency In-Patients
437,392

Discharges	N	%
Total	437,392	100.0
Sameday	333,111	76.2
Overnight	104,281	23.8

Length of Stay	Mean	Median
Total	**6.7**	**3**
Overnight	8.7	4

Bed Days	N
Total	2,940,625
Overnight	2,888,484

Top 20 Principal Procedure Blocks[b]		N	%	Mean LOS	Med LOS
1916	Generalised allied health interventions	101,526	45.2	11.4	7
1893	Administration of blood and blood products	7,678	3.4	11.4	6
0570	Noninvasive ventilatory support	7,237	3.2	14.4	9
0926	Appendicectomy	5,480	2.4	3.2	2
1920	Administration of pharmacotherapy	5,339	2.4	8.5	3
1008	Panendoscopy with excision	5,005	2.2	12.5	7
0668	Coronary angiography	4,220	1.9	6.0	3
0030	Lumbar puncture	3,766	1.7	10.1	5
0569	Ventilatory support	3,365	1.5	24.3	10
0671	Transluminal coronary angioplasty with stenting	2,989	1.3	4.2	2
1005	Panendoscopy	2,374	1.1	13.0	7
1489	Arthroplasty of hip	2,251	1.0	18.4	12
1872	Alcohol and drug rehabilitation and detoxification	2,225	1.0	7.0	4
1479	Fixation of fracture of pelvis or femur	2,121	0.9	18.7	13
1539	Open reduction of fracture of ankle or toe	1,915	0.9	4.7	2
0911	Fibreoptic colonoscopy with excision	1,780	0.8	13.1	7
1823	Mental, behavioural or psychosocial assessment	1,768	0.8	9.3	3
0560	Application, insertion or removal procedures on chest wall, mediastinum or diaphragm	1,626	0.7	15.4	11
1060	Haemodialysis	1,622	0.7	14.3	8
1628	Other debridement of skin and subcutaneous tissue	1,516	0.7	9.4	2

Hospital Group	N	%
Ireland East	91,207	20.9
RCSI	63,783	14.6
Dublin Midlands	63,820	14.6
South/South West	73,217	16.7
UL	47,960	11.0
Saolta	79,191	18.1
Children's	18,196	4.2
No Group	18	0.0

Sex	N	%
Male	223,239	51.0
Female	214,153	49.0

Age Group	N	%
< 1 Year	24,062	5.5
1–14 Years	42,428	9.7
15–24 Years	25,538	5.8
25–34 Years	25,315	5.8
35–44 Years	35,993	8.2
45–54 Years	43,357	9.9
55–64 Years	53,289	12.2
65–74 Years	69,953	16.0
75–84 Years	75,285	17.2
85 Years and Over	42,172	9.6

Mode of Emergency Admission	N	%
Emergency Department	281,908	64.5
Medical assessment unit - admitted as in-patient	22,904	5.2
Medical assessment unit only	59,704	13.6
Other[c]	72,876	16.7

Top 10 AR-DRGs		N	%	Mean LOS	Med LOS
F74B	Chest Pain, Minor Complexity	14,342	3.3	1.1	1
E62A	Respiratory Infections and Inflammations, Major Complexity	10,390	2.4	13.1	8
F73B	Syncope and Collapse, Minor Complexity	8,272	1.9	2.7	1
B77B	Headaches, Minor Complexity	7,504	1.7	1.4	1
G67B	Oesophagitis and Gastroenteritis, Minor Complexity	7,156	1.6	1.8	1
L63B	Kidney and Urinary Tract Infections, Minor Complexity	7,092	1.6	4.6	3
L63A	Kidney and Urinary Tract Infections, Major Complexity	6,809	1.6	13.6	8
E65B	Chronic Obstructive Airways Disease, Minor Complexity	6,776	1.5	4.5	3
G66B	Abdominal Pain and Mesenteric Adenitis, Minor Complexity	6,698	1.5	1.3	1
E75A	Other Respiratory System Disorders, Major Complexity	6,616	1.5	8.6	5

Notes: Percentage columns are subject to rounding.

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

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

c 'Other' category includes all other locations emergency in-patients were treated in, for example, in an ASAU, prior to admission to hospital.

3.3.2.3 Maternity In-Patient Activity

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

Maternity In-Patients – Profile

- Maternity in-patient discharges accounted for 5.7 per cent of total discharges and 16.0 per cent of in-patients.
- Of maternity in-patient discharges, 54.1 per cent reported a diagnosis of *Outcome of delivery* i.e. delivery discharges; while 45.9 per cent were non-delivery discharges.
- Single deliveries accounted for 98.2 per cent of delivery discharges.
- Over 60 per cent of delivery discharges were multiparous deliveries. [29]
- Of delivery discharges, 33.8 per cent were aged between 30–34 years.

Maternity In-Patients – Top 10 Principal Diagnoses by Delivery Status

- Delivery discharges with a principal diagnosis of *Single spontaneous delivery* accounted for 44.6 per cent of delivery in-patient discharges.
- Non-delivery discharges with a principal diagnosis of *Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium* accounted for 27.5 per cent of non-delivery in-patient discharges.

Maternity In-Patients – Top 10 Principal Procedure Blocks by Delivery Status

- A principal procedure was recorded for 62.8 per cent of maternity in-patient discharges (see Table 3.4).
- For delivery discharges who had a procedure reported, 42.4 per cent reported the principal procedure block *Spontaneous vertex delivery.*[30]
- For non-delivery discharges who had a procedure reported, 26.7 per cent reported the principal procedure block *Generalised allied health interventions*.

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

- The top three AR-DRGs accounted for 53.3 per cent of maternity in-patient discharges reported to HIPE when analysed by diagnosis related group.[31,32]
- *Antenatal and Other Obstetric Admissions, Minor Complexity* accounted for 24.0 per cent of maternity in-patient discharges.

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28 See Hospital In-Patient Enquiry Scheme (HIPE) Data Dictionary 2022 Version 14.0 available at www.hpo.ie.

29 See Table 3.10 notes for definition of multiparous deliveries.

30 See Appendix VII for an overview of changes from 8th Edition to 10th Edition ICD-10-AM/ACHI/ACS.

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

32 In 2015, the AR-DRG classification was updated from AR-DRG Version 6.0 to AR-DRG Version 8.0. See Appendix VIII for an overview of changes between Version 6.0 and Version 8.0 of the AR-DRG Classification System.

TABLE 3.10 Maternity In-Patient Activity (N, %, Mean and Median Length of Stay)

	Top 10 Principal Diagnoses[a]		N	%	Mean	Med
Delivery	O80	Single spontaneous delivery	23,759	44.6	2.4	2
	O82	Single delivery by caesarean section	18,599	34.9	4.0	4
	O81	Single delivery by forceps	6,876	12.9	3.1	3
	O84	Multiple delivery	841	1.6	5.5	4
	O83	Other assisted single delivery	819	1.5	3.0	3
	O42	Premature rupture of membranes	706	1.3	6.4	4
	O36	Maternal care for other known or suspected fetal problems	445	0.8	7.3	5
	O14	Pre-eclampsia	257	0.5	8.9	7
	O99	Other maternal diseases classifiable elsewhere in pregnancy, childbirth & the puerperium	148	0.3	8.0	5
	O46	Antepartum haemorrhage, not elsewhere classified	143	0.3	6.1	4
Non-Delivery	O99	Other maternal diseases classifiable elsewhere in pregnancy, childbirth & the puerperium	12,435	27.5	1.1	1
	O36	Maternal care for other known or suspected fetal problems	4,367	9.6	1.0	1
	O47	False labour	3,295	7.3	0.9	1
	Z36	Antenatal screening	3,256	7.2	0.7	1
	O02	Other abnormal products of conception	1,978	4.4	1.0	1
	O46	Antepartum haemorrhage, not elsewhere classified	1,947	4.3	1.3	1
	O03	Spontaneous abortion	1,946	4.3	1.2	1
	O21	Excessive vomiting in pregnancy	1,941	4.3	1.5	1
	O13	Gestational [pregnancy-induced] hypertension	1,393	3.1	1.4	1
	O23	Infections of genitourinary tract in pregnancy	1,159	2.6	1.6	1

Maternity In-Patients

98,594

Delivery Status	N	%	Mean	Med
Total	98,594	100	2.4	2
Delivery[b]	53,328	54.1	3.4	3
Non-Delivery[c]	45,266	45.9	1.3	1

Delivery Discharges

Delivery Outcome[b]	N	%	Mean	Med
Single	52,378	98.2	3.3	3
Multiple	950	1.8	6.6	4
Parity[d]	**N**	**%**	**Mean**	**Med**
Primiparous	21,068	39.5	3.9	3
Multiparous	32,236	60.4	3.1	3
Unknown	24	0.0	3.8	3

Age Group	N	%	Mean	Med
< 20 Years	779	1.5	3.6	3
20-24 Years	4,174	7.8	3.3	3
25-29 Years	8,886	16.7	3.2	3
30-34 Years	18,013	33.8	3.4	3
35-39 Years	16,759	31.4	3.4	3
40-44 Years	4,379	8.2	3.7	3
45 Years and Over	338	0.6	5.2	4

Discharge Status	N	%	Mean	Med
Public	43,804	82.1	3.4	3
Private	9,524	17.9	3.6	3

	Top 10 Principal Procedure Blocks[e]		N	%	Mean	Med
Delivery	1336	Spontaneous vertex delivery[f]	22,597	42.4	2.5	2
	1340	Caesarean section[g]	20,496	38.4	4.5	4
	1338	Vacuum assisted delivery	5,446	10.2	3.2	3
	1337	Forceps rotation and delivery	1,705	3.2	3.5	3
	1344	Postpartum suture	1,521	2.9	2.6	2
	1334	Medical or surgical induction of labour	551	1.0	3.0	3
	1343	Other procedures associated with delivery[h]	439	0.8	3.1	3
	1335	Medical or surgical augmentation of labour	227	0.4	2.4	2
	1345	Postpartum evacuation of uterus	212	0.4	3.1	3
	1339	Breech delivery and extraction	81	0.2	3.9	2
Non-Delivery	1916	Generalised allied health interventions	2,301	26.7	3.1	2
	1265	Curettage and evacuation of uterus	2,291	26.6	1.1	1
	1256	Procedures for management of ectopic pregnancy	660	7.7	1.8	1
	1920	Administration of pharmacotherapy	650	7.6	0.8	1
	1334	Medical or surgical induction of labour	590	6.9	1.4	1
	1884	Immunisation	540	6.3	1.1	1
	1345	Postpartum evacuation of uterus	186	2.2	2.3	1
	1274	Application, insertion or removal procedures on cervix	173	2.0	1.2	1
	1330	Antepartum application, insertion or removal	170	2.0	1.4	1
	1893	Administration of blood and blood products	142	1.6	2.9	2

Top 10 AR-DRG's		N	%	Mean	Med
O66B	Antenatal and Other Obstetric Admissions, MINC	23,669	24.0	1.0	1
O60B	Vaginal Delivery, Intermediate Complexity	16,904	17.1	2.7	3
O66A	Antenatal and Other Obstetric Admissions, MAJC	11,935	12.1	1.7	1
O60C	Vaginal Delivery, Minor Complexity	10,978	11.1	2.1	2
O01C	Caesarean Delivery, Minor Complexity	10,242	10.4	3.5	3
O01B	Caesarean Delivery, Intermediate Complexity	8,623	8.7	4.7	4
O60A	Vaginal Delivery, Major Complexity	4,239	4.3	4.1	3
O05Z	Abortion W OR Procedures[i]	2,265	2.3	1.0	1
O61B	Postpartum and Post Abortion W/O OR Procedures, Minor Complexity[i]	2,264	2.3	1.7	1
O63B	Abortion W/O OR Procedures, Minor Complexity[i]	2,047	2.1	1.1	1

Notes:

Percentage columns are subject to rounding.

~ Denotes five or fewer discharges reported to HIPE.

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

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

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

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

e ACHI Procedure codes are analysed at block level. The percentage (%) is based on maternity in-patients with principal procedure reported. A principal procedure was recorded for 100.0 per cent of delivery in-patient discharges and 19.3 per cent of non-delivery in-patient discharges.

f See Appendix VII for an overview of changes from 8th Edition to 10th Edition ICD-10-AM/ACHI/ACS.

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

h Includes episiotomy.

i This includes spontaneous abortions and pregnancies with abortive outcome.

3.4 Morbidity Analysis: Total Discharge Activity

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

3.4.1 Total Discharges by Principal Diagnosis, Sex and Age Group

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

- Over 29 per cent of total discharges had a principal diagnosis of *Factors influencing health status and contact with health services*; this includes persons encountering health services for examination and investigation or for specific procedures and health care (e.g., *Chemotherapy*, *Radiotherapy* and *Dialysis*).
- The chapter *Diseases of the digestive system* had the second largest number of principal diagnoses, with 9.7 per cent of total discharges.
- Diagnoses from the chapter *Factors influencing health status and contact with health services* were the most common principal diagnoses for discharges in the 45-64 years and 65 years and over age groups. The most common principal diagnosis chapters for discharges aged less than 15 years and aged 15-44 years were *Diseases of the respiratory system* and *Pregnancy, childbirth and the puerperium*, respectively.

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

Table 3.12 presents the total in-patient mean and median length of stay for principal diagnosis by sex and age group. The analysis presented here includes total in-patient (sameday and overnight) discharges, and excludes day patients. It should also be noted that the analysis by length of stay does not take into account the discharge destination of the patient. For example, a patient with a length of stay of one day for a diagnosis of chronic ischaemic heart disease may be transferred to another facility on discharge. Care must be taken, therefore, in interpreting the data on length of stay presented in Table 3.12, in the absence of information on discharge destination.[33]

Discussion of total in-patient mean length of stay is limited to ICD-10-AM chapter level.

33 See Section Two for details of discharge destination.

- The longest in-patient mean length of stay was recorded for in-patient discharges with a principal diagnosis from the chapter *Mental and behavioural disorders* (13.5 days).[34]
- For discharges aged less than 15 years, those with a principal diagnosis from the chapter *Mental and behavioural disorders* recorded an in-patient mean length of stay of 8.2 days.
- The longest in-patient mean length of stay for discharges aged 15–44 years was reported for those with a principal diagnosis from the *Mental and behavioural disorders* chapter (7.7 days). When this diagnosis is analysed by sex, male discharges reported 5.7 days and females reported 10.4 days.
- The shortest in-patient mean length of stay for all ages was recorded for in-patient discharges with a principal diagnosis from the chapter *Diseases of the ear and mastoid process* (2.4 days).

3.4.3 All-Listed Diagnoses by Sex and Age Group

Table 3.13 provides details of all-listed diagnoses reported by sex and age group. Over 4.7 million diagnoses were recorded for total discharges reported to HIPE. As one principal diagnosis and up to 29 secondary diagnoses may be collected per discharge, the number of diagnoses will not equal the number of discharges.

- With the exception of females aged 15-44 years, the chapter *Factors influencing health status and contact with health services* had the most frequently reported diagnoses across both sexes and all age groups for total discharges. It accounted for 1,196,677 diagnoses, or 25.0 per cent of all listed diagnoses reported.[35]
- *Neoplasms* accounted for 606,871 diagnoses or 12.7 per cent of all listed diagnoses reported for total discharges.

[34] HIPE does not collect long stay psychiatric activity in acute hospitals. The National Psychiatric In-Patient Reporting System, supported by the Health Research Board, reports information on all admissions to psychiatric hospitals and units nationally.

[35] This chapter includes diagnoses such as Z51 *Other medical care* (includes Chemotherapy and Radiotherapy encounters) and Z49 *Care involving dialysis*.

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges	–	**63,978**	**140,340**	**243,549**	**378,275**	**826,142**	**50,759**	**288,458**	**256,246**	**318,119**	**913,582**	**114,737**	**428,798**	**499,795**	**696,394**	**1,739,724**
Certain infectious and parasitic diseases	**A00–B99**	**4,112**	**3,223**	**2,186**	**3,485**	**13,006**	**3,894**	**2,964**	**2,296**	**3,776**	**12,930**	**8,006**	**6,187**	**4,482**	**7,261**	**25,936**
Intestinal infectious diseases (including diarrhoea)	A00–A09	2,470	1,229	1,072	1,407	6,178	2,415	1,663	1,445	2,096	7,619	4,885	2,892	2,517	3,503	13,797
Tuberculosis	A15–A19	0	82	39	23	144	*	50	19	~	80	*	132	58	*	224
Septicaemia	A40–A41	68	102	365	1,382	1,917	50	130	344	1,066	1,590	118	232	709	2,448	3,507
Human immunodeficiency virus [HIV] disease	B20–B24	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	138
Neoplasms	**C00–D48**	**2,976**	**7,165**	**21,983**	**41,551**	**73,675**	**2,786**	**11,863**	**24,647**	**29,773**	**69,069**	**5,762**	**19,028**	**46,630**	**71,324**	**142,744**
Malignant neoplasms	C00–C96	2,326	4,086	15,762	31,403	53,577	2,203	4,912	16,336	22,146	45,597	4,529	8,998	32,098	53,549	99,174
Malignant neoplasms of colon, rectum and anus	C18–C21	~	*	1,718	2,407	4,371	~	*	1,055	1,545	2,838	~	*	2,773	3,952	7,209
Malignant neoplasms of trachea, bronchus and lung	C33–C34	0	58	1,004	2,546	3,608	7	78	1,012	2,066	3,163	7	136	2,016	4,612	6,771
Melanoma and other malignant neoplasms of skin	C43–C44	~	*	2,204	7,926	10,528	0	489	1,798	4,577	6,864	~	*	4,002	12,503	17,392
Malignant neoplasms of breast	C50	0	11	14	40	65	0	1,544	5,280	3,632	10,456	0	1,555	5,294	3,672	10,521
Malignant neoplasms of female genital organs	C51–C58	0	0	0	0	0	55	401	1,425	1,441	3,322	55	401	1,425	1,441	3,322
Malignant neoplasm of prostate	C61	18	35	1,915	3,929	5,897	0	0	0	0	0	18	35	1,915	3,929	5,897
Malignant neoplasm of bladder	C67	~	*	374	1,478	1,866	*	*	149	383	580	38	24	523	1,861	2,446
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	1,284	1,646	3,532	6,100	12,562	1,019	990	2,306	4,160	8,475	2,303	2,636	5,838	10,260	21,037
In situ neoplasms	D00-D09	~	*	470	1,480	2,028	0	320	1,062	1,501	2,883	~	*	1,532	2,981	4,911
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	648	3,003	5,751	8,668	18,070	583	6,631	7,249	6,126	20,589	1,231	9,634	13,000	14,794	38,659
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**1,948**	**2,676**	**3,902**	**7,989**	**16,515**	**1,259**	**4,443**	**4,371**	**7,598**	**17,671**	**3,207**	**7,119**	**8,273**	**15,587**	**34,186**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**1,032**	**5,309**	**10,214**	**8,662**	**25,217**	**1,106**	**3,671**	**5,972**	**6,431**	**17,180**	**2,138**	**8,980**	**16,186**	**15,093**	**42,397**
Diabetes mellitus	E10–E14	267	922	2,023	2,574	5,786	310	742	899	1,296	3,247	577	1,664	2,922	3,870	9,033
Cystic fibrosis	E84	*	771	135	~	1,017	*	630	165	*	951	256	1,401	300	11	1,968
Mental and behavioural disorders	**F00–F99**	**518**	**1,473**	**1,392**	**1,720**	**5,103**	**492**	**1,183**	**794**	**1,791**	**4,260**	**1,010**	**2,656**	**2,186**	**3,511**	**9,363**
Mental and behavioural disorders due to use of alcohol	F10	15	851	998	363	2,227	22	303	379	125	829	37	1,154	1,377	488	3,056
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	~	158	40	*	213	~	81	11	*	109	~	239	51	*	322
Diseases of nervous system	**G00–G99**	**1,795**	**4,148**	**4,811**	**5,217**	**15,971**	**1,315**	**8,539**	**6,972**	**5,182**	**22,008**	**3,110**	**12,687**	**11,783**	**10,399**	**37,979**
Multiple sclerosis	G35	*	1,276	860	*	2,302	~	4,036	2,126	*	6,395	11	5,312	2,986	388	8,697
Epilepsy	G40, G41	753	787	488	354	2,382	528	708	360	287	1,883	1,281	1,495	848	641	4,265
Transient cerebral ischaemic attacks and related syndromes	G45	~	*	374	1,106	1,556	~	*	326	1,186	1,576	~	*	700	2,292	3,132
Diseases of the eye and adnexa	**H00–H59**	**632**	**2,039**	**7,020**	**22,023**	**31,714**	**641**	**1,979**	**5,995**	**29,422**	**38,037**	**1,273**	**4,018**	**13,015**	**51,445**	**69,751**
Cataracts	H25-H26	11	147	1,132	5,132	6,422	11	94	1,302	6,848	8,255	22	241	2,434	11,980	14,677
Other retinal disorders	H35	53	571	3,159	11,920	15,703	45	506	2,173	17,733	20,457	98	1,077	5,332	29,653	36,160
Diseases of the ear and mastoid process	**H60–H95**	**1,314**	**1,183**	**1,135**	**1,074**	**4,706**	**958**	**1,397**	**1,276**	**1,239**	**4,870**	**2,272**	**2,580**	**2,411**	**2,313**	**9,576**
Diseases of the circulatory system	**I00–I99**	**842**	**3,521**	**14,335**	**25,069**	**43,767**	**658**	**3,211**	**7,364**	**18,519**	**29,752**	**1,500**	**6,732**	**21,699**	**43,588**	**73,519**
Hypertensive diseases	I10–I15	23	319	591	424	1,357	14	351	593	816	1,774	37	670	1,184	1,240	3,131
Angina pectoris	I20	~	*	846	1,104	2,033	0	23	312	545	880	~	*	1,158	1,649	2,913
Acute myocardial infarction	I21–I22	~	*	2,012	2,469	4,754	0	69	469	1,303	1,841	~	*	2,481	3,772	6,595
Other ischaemic heart disease	I23–I25	17	219	2,942	3,729	6,907	0	58	889	1,584	2,531	17	277	3,831	5,313	9,438
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	18	128	383	507	1,036	13	179	300	614	1,106	31	307	683	1,121	2,142
Conduction disorders and cardiac arrhythmias	I44–I49	146	560	2,305	4,327	7,338	89	382	944	3,297	4,712	235	942	3,249	7,624	12,050
Heart failure	I50	~	*	589	3,667	4,331	*	*	257	2,867	3,174	13	112	846	6,534	7,505
Cerebrovascular disease	I60–I69	25	298	1,402	3,218	4,943	32	244	880	2,817	3,973	57	542	2,282	6,035	8,916
Atherosclerosis (non-coronary)	I70	0	20	282	750	1,052	0	17	140	336	493	0	37	422	1,086	1,545
Diseases of the respiratory system	**J00–J99**	**9,321**	**5,513**	**8,409**	**19,437**	**42,680**	**7,308**	**6,659**	**8,687**	**18,458**	**41,112**	**16,629**	**12,172**	**17,096**	**37,895**	**83,792**
Acute upper respiratory infections and influenza	J00–J11	3,484	910	411	636	5,441	2,722	1,257	471	635	5,085	6,206	2,167	882	1,271	10,526
Pneumonia	J12–J18	456	577	1,512	5,405	7,950	457	528	1,154	4,865	7,004	913	1,105	2,666	10,270	14,954
Unspecified lower acute respiratory infection	J22	852	411	910	3,260	5,433	724	633	937	3,027	5,321	1,576	1,044	1,847	6,287	10,754
Chronic diseases of tonsils and adenoids	J35	787	298	47	16	1,148	754	680	54	17	1,505	1,541	978	101	33	2,653
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	31	204	1,531	5,216	6,982	23	242	1,773	5,786	7,824	54	446	3,304	11,002	14,806
Asthma	J45–J46	898	731	1,517	822	3,968	515	1,435	1,941	1,058	4,949	1,413	2,166	3,458	1,880	8,917

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Diseases of the digestive system	**K00–K93**	**5,481**	**26,658**	**28,456**	**24,655**	**85,250**	**3,937**	**27,559**	**27,265**	**24,324**	**83,085**	**9,418**	**54,217**	**55,721**	**48,979**	**168,335**
Diseases of oesophagus, stomach and duodenum	K20–K31	416	4,001	6,658	6,373	17,448	344	4,187	6,682	6,398	17,611	760	8,188	13,340	12,771	35,059
Diseases of appendix	K35–K38	1,018	1,735	468	207	3,428	709	1,589	402	159	2,859	1,727	3,324	870	366	6,287
Inguinal hernia	K40	259	499	1,079	1,248	3,085	60	50	56	87	253	319	549	1,135	1,335	3,338
Noninfective enteritis and colitis	K50–K52	1,150	10,131	5,544	1,959	18,784	722	8,775	4,918	2,147	16,562	1,872	18,906	10,462	4,106	35,346
Diverticular Disease of Intestine	K57	~	*	2,126	2,355	5,150	~	*	2,430	3,533	6,472	~	*	4,556	5,888	11,622
Alcoholic liver disease	K70	0	158	516	172	846	0	105	246	100	451	0	263	762	272	1,297
Cholelithiasis	K80	~	*	893	1,521	2,865	*	*	1,579	1,583	5,005	20	2,274	2,472	3,104	7,870
Diseases of the skin and subcutaneous tissue	**L00–L99**	1,390	9,529	8,469	8,159	27,547	1,240	9,062	8,585	7,860	26,747	2,630	18,591	17,054	16,019	54,294
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	321	1,017	1,071	1,420	3,829	247	561	631	1,324	2,763	568	1,578	1,702	2,744	6,592
Decubitus ulcer and pressure area	L89	~	*	48	76	143	~	*	15	108	139	~	*	63	184	282
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**1,471**	**5,794**	**12,045**	**12,319**	**31,629**	**1,604**	**7,801**	**17,306**	**19,087**	**45,798**	**3,075**	**13,595**	**29,351**	**31,406**	**77,427**
Rheumatoid arthritis	M05–M06	~	*	667	718	1,605	0	467	1,569	1,472	3,508	~	*	2,236	2,190	5,113
Coxarthrosis and Gonarthrosis	M16–M17	*	*	1,859	2,715	4,789	~	*	2,248	4,002	6,440	9	396	4,107	6,717	11,229
Intervertebral disc disorders	M50–M51	~	*	578	374	1,374	~	*	724	542	1,765	~	*	1,302	916	3,139
Dorsalgia (back pain)	M54	39	1,038	1,995	1,513	4,585	57	1,705	3,149	2,925	7,836	96	2,743	5,144	4,438	12,421
Diseases of the genitourinary system	**N00–N99**	**2,887**	**4,246**	**6,641**	**11,831**	**25,605**	**1,663**	**16,048**	**18,667**	**12,677**	**49,055**	**4,550**	**20,294**	**25,308**	**24,508**	**74,660**
Chronic kidney disease	N18	16	222	359	468	1,065	9	154	188	315	666	25	376	547	783	1,731
Urolithiasis	N20–N23	50	965	1,496	680	3,191	41	624	741	370	1,776	91	1,589	2,237	1,050	4,967
Hyperplasia of prostate	N40	0	42	827	1,987	2,856	0	0	0	0	0	0	42	827	1,987	2,856
Disorders of breast	N60–N64	~	42	*	13	72	*	1,292	*	321	3,165	16	1,334	1,553	334	3,237
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	22	828	286	105	1,241	22	828	286	105	1,241
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	157	10,081	12,361	3,209	25,808	157	10,081	12,361	3,209	25,808
Pregnancy, childbirth and the puerperium	**O00–O99**	**0**	**0**	**0**	**0**	**0**	**7**	**104,399**	**784**	**0**	**105,190**	**7**	**104,399**	**784**	**0**	**105,190**
Pregnancy with abortive outcome	O00-O09	0	0	0	0	0	~	7,398	122	0	7,523	~	7,398	122	0	7,523
Gestational [pregnancy-induced] hypertension	O13	0	0	0	0	0	0	2,825	40	0	2,865	0	2,825	40	0	2,865
Diabetes mellitus in pregnancy	O24	0	0	0	0	0	0	1,438	29	0	1,467	0	1,438	29	0	1,467
Single spontaneous delivery	O80	0	0	0	0	0	~	23,714	44	0	23,759	~	23,714	44	0	23,759
Single delivery by forceps and vacuum extractor	O81	0	0	0	0	0	~	6,860	15	0	6,876	~	6,860	15	0	6,876
Single delivery by caesarean section	O82	0	0	0	0	0	~	18,374	224	0	18,599	~	18,374	224	0	18,599
Other assisted single delivery	O83	0	0	0	0	0	0	813	6	0	819	0	813	6	0	819
Multiple delivery	O84	0	0	0	0	0	0	826	15	0	841	0	826	15	0	841
Certain conditions originating in the perinatal period	**P00–P96**	**5,545**	**0**	**0**	**0**	**5,545**	**4,228**	**0**	**0**	**0**	**4,228**	**9,773**	**0**	**0**	**0**	**9,773**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**3,860**	**588**	**215**	**104**	**4,767**	**2,535**	**718**	**253**	**93**	**3,599**	**6,395**	**1,306**	**468**	**197**	**8,366**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**7,454**	**13,657**	**19,433**	**25,285**	**65,829**	**6,392**	**20,734**	**21,139**	**23,925**	**72,190**	**13,846**	**34,391**	**40,572**	**49,210**	**138,019**
Pain in throat and chest	R07	104	2,919	4,306	2,954	10,283	75	2,813	3,666	2,505	9,059	179	5,732	7,972	5,459	19,342
Abdominal and pelvic pain	R10	869	2,112	2,034	1,467	6,482	998	5,325	3,511	2,065	11,899	1,867	7,437	5,545	3,532	18,381
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**5,303**	**12,437**	**7,363**	**9,907**	**35,010**	**4,168**	**6,569**	**6,209**	**13,609**	**30,555**	**9,471**	**19,006**	**13,572**	**23,516**	**65,565**
Intracranial injury	S06	116	544	416	853	1,929	86	178	211	653	1,128	202	722	627	1,506	3,057
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1,227	1,810	683	1,291	5,011	900	553	352	1,345	3,150	2,127	2,363	1,035	2,636	8,161
Fracture of femur	S72	111	135	319	1,479	2,044	54	47	327	3,429	3,857	165	182	646	4,908	5,901
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	167	847	395	156	1,565	426	1,264	475	245	2,410	593	2,111	870	401	3,975
Factors influencing health status and contact with health services[a]	**U00–U49, Z00–Z99**	**6,097**	**31,181**	**85,540**	**149,788**	**272,606**	**4,568**	**49,659**	**87,664**	**94,355**	**236,246**	**10,665**	**80,840**	**173,204**	**244,143**	**508,852**
Care involving dialysis	Z49	310	15,623	39,024	64,271	119,228	46	10,939	23,175	36,647	70,807	356	26,562	62,199	100,918	190,035
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,220	6,506	36,564	70,779	116,069	1,799	16,022	54,403	48,526	120,750	4,019	22,528	90,967	119,305	236,819

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
ǂ Denotes that no breakdown is provided.
a This category includes discharges in the code range U00–U49 'codes for special purposes'.

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total In-Patient Discharges	**Mean**	**3.3**	**3.9**	**6.4**	**9.9**	**6.9**	**3.3**	**2.7**	**5.5**	**10.0**	**5.5**	**3.3**	**3.0**	**6.0**	**9.9**	**6.1**
	Median	**1**	**1**	**2**	**5**	**3**	**1**	**2**	**2**	**5**	**2**	**1**	**2**	**2**	**5**	**2**
Certain infectious and parasitic diseases	**A00–B99**	**1.8**	**5.0**	**8.4**	**13.2**	**6.6**	**1.8**	**3.6**	**8.0**	**11.8**	**6.0**	**1.8**	**4.2**	**8.2**	**12.5**	**6.3**
		1	**2**	**4**	**7**	**2**	**1**	**2**	**4**	**6**	**2**	**1**	**2**	**4**	**7**	**2**
Intestinal infectious diseases (including diarrhoea)	A00–A09	1.6	3.1	4.7	8.3	3.6	1.6	2.5	4.5	9.0	4.3	1.6	2.8	4.6	8.7	4.0
		1	2	3	5	1	1	2	3	5	2	1	2	3	5	2
Tuberculosis	A15–A19	-	17.3	18.9	27.0	19.1	10.5	10.7	8.8	^	11.8	10.5	15.1	16.0	27.3	16.6
		-	13	8	18	15	9	9	5	^	9	9	11	8	20	11
Septicaemia	A40–A41	5.1	16.2	13.9	16.7	15.7	6.3	8.0	15.9	15.8	14.9	5.6	11.6	14.9	16.3	15.3
		3	9	8	9	9	3	5	8	9	8	3	7	8	9	9
Human immunodeficiency virus [HIV] disease	B20–B24	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	10.0
		ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	3
Neoplasms	**C00–D48**	**6.9**	**8.9**	**10.4**	**12.2**	**11.1**	**4.8**	**6.7**	**8.4**	**10.9**	**9.1**	**5.9**	**7.6**	**9.3**	**11.6**	**10.1**
		2	**5**	**5**	**7**	**6**	**2**	**3**	**4**	**6**	**4**	**2**	**4**	**4**	**7**	**5**
Malignant neoplasms	C00–C96	6.4	9.6	10.7	12.6	11.5	5.0	8.8	9.6	11.6	10.3	5.7	9.2	10.1	12.1	10.9
		2	5	5	7	6	2	4	5	7	5	2	5	5	7	6
Malignant neoplasm of colon, rectum and anus	C18–C21	^	9.4	10.8	13.1	12.1	^	11.6	11.4	15.2	13.7	^	10.6	11.0	14.0	12.7
		^	6	7	8	8	^	6	7	9	8	^	6	7	9	8
Malignant neoplasm of trachea, bronchus and lung	C33–C34	-	9.3	11.5	12.7	12.3	^	8.8	12.3	11.7	11.8	^	9.0	11.9	12.3	12.1
		-	7	8	8	8	^	6	7	7	7	^	6	7	8	7
Melanoma and other malignant neoplasms of skin	C43–C44	^	5.6	3.9	7.2	6.7	-	4.3	5.8	5.4	5.4	^	4.9	4.7	6.7	6.2
		^	1	2	2	2	-	1	2	2	2	^	1	2	2	2
Malignant neoplasms of breast	C50	-	^	4.2	7.7	6.7	-	3.5	4.8	5.8	5.0	-	3.5	4.8	5.8	5.0
		-	^	4	2	2	-	2	2	2	2	-	2	2	2	2
Malignant neoplasms of female genital organs	C51–C58	-	-	-	-	-	4.1	9.7	9.2	11.9	10.4	4.1	9.7	9.2	11.9	10.4
		-	-	-	-	-	3	3	4	7	5	3	3	4	7	5
Malignant neoplasm of prostate	C61	2.1	3.8	4.0	11.6	8.0	-	-	-	-	-	2.1	3.8	4.0	11.6	8.0
		2	2	2	4	3	-	-	-	-	-	2	2	2	4	3
Malignant neoplasm of bladder	C67	-	^	4.8	7.9	7.2	^	14.2	10.4	9.5	9.8	^	8.9	6.6	8.3	7.9
		-	^	2	3	3	^	8	4	4	4	^	2	3	3	3
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	6.7	14.0	13.8	14.3	13.5	5.1	14.1	14.9	13.7	13.2	6.0	14.0	14.2	14.0	13.4
		2	6	6	7	7	1	6	7	7	6	2	6	7	7	7
In situ neoplasms	D00-D09	-	3.8	12.8	5.0	6.5	-	2.0	3.7	3.3	3.3	-	2.3	4.6	3.9	4.0
		-	2	1	2	2	-	2	1	1	1	-	2	1	1	1
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	9.0	5.1	6.7	9.0	7.7	4.2	3.8	4.6	6.5	4.8	6.5	4.1	5.2	7.8	5.8
		2	2	3	4	3	1	2	3	3	2	1	2	3	3	3
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**3.3**	**4.4**	**5.4**	**6.5**	**5.6**	**3.1**	**2.6**	**3.8**	**5.6**	**4.3**	**3.2**	**3.1**	**4.5**	**6.0**	**4.9**
		2	**2**	**2**	**3**	**3**	**2**	**1**	**1**	**2**	**2**	**2**	**1**	**2**	**3**	**2**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**4.6**	**5.5**	**8.5**	**11.7**	**9.0**	**3.7**	**5.0**	**7.3**	**9.6**	**7.4**	**4.1**	**5.2**	**8.0**	**10.6**	**8.2**
		2	**2**	**4**	**6**	**4**	**3**	**2**	**3**	**5**	**3**	**3**	**2**	**3**	**5**	**4**
Diabetes mellitus	E10–E14	4.6	4.6	10.1	14.7	10.5	4.1	4.7	10.6	14.0	9.2	4.3	4.6	10.3	14.4	10.0
		4	2	5	8	5	4	2	4	7	4	4	2	4	8	4
Cystic fibrosis	E84	8.2	10.3	11.2	^	10.3	9.8	9.7	12.8	^	10.0	9.2	10.0	11.8	^	10.1
		10	8	10	^	9	10	10	14	^	10	10	9	12	^	9
Mental and behavioural disorders	**F00–F99**	**4.6**	**5.7**	**8.4**	**21.9**	**12.1**	**10.6**	**10.4**	**10.5**	**21.2**	**15.2**	**8.2**	**7.7**	**9.1**	**21.5**	**13.5**
		1	**2**	**3**	**11**	**4**	**4**	**3**	**3**	**11**	**6**	**2**	**2**	**3**	**11**	**5**
Mental and behavioural disorders due to use of alcohol	F10	0.7	3.7	6.2	14.0	6.5	0.9	3.5	8.8	12.0	7.1	0.8	3.6	6.9	13.5	6.7
		1	2	3	6	3	1	2	4	6	3	1	2	3	6	3
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	^	7.5	9.8	8.0	7.9	^	12.2	9.4	15.1	12.3	^	9.1	9.7	12.1	9.4
		^	3	5	10	4	^	8	7	13	8	^	4	6	10	5

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Diseases of nervous system	**G00–G99**	**4.8 2**	**5.6 1**	**8.8 2**	**11.8 4**	**8.6 2**	**5.5 2**	**4.3 1**	**6.8 2**	**10.5 4**	**7.1 2**	**5.1 2**	**4.8 1**	**7.8 2**	**11.2 4**	**7.8 2**
Multiple sclerosis	G35	^ ^	4.4 1	7.8 1	7.6 4	6.6 1	^ ^	3.9 1	7.6 3	10.3 6	6.0 2	^ ^	4.1 1	7.7 2	9.2 4	6.2 2
Epilepsy	G40, G41	3.7 2	4.3 2	6.6 3	10.1 4	5.6 2	4.9 2	4.6 2	7.0 3	10.6 4	6.2 2	4.2 2	4.4 2	6.8 3	10.3 4	5.9 2
Transient cerebral ischaemic attacks and related syndromes	G45	^ ^	2.4 2	3.2 2	5.2 3	4.6 3	^ ^	3.0 2	3.5 2	5.3 3	4.9 3	^ ^	2.7 2	3.3 2	5.3 3	4.7 3
Diseases of the eye and adnexa	**H00–H59**	**2.7 2**	**2.7 1**	**2.7 1**	**2.8 1**	**2.7 1**	**2.2 1**	**3.0 1**	**2.2 1**	**3.0 1**	**2.7 1**	**2.5 1**	**2.8 1**	**2.5 1**	**2.9 1**	**2.7 1**
Cataracts	H25-H26	^ ^	1.8 1	1.2 1	1.8 1	1.6 1	^ ^	2.3 1	1.8 1	1.4 1	1.5 1	1.1 1	2.0 1	1.5 1	1.6 1	1.6 1
Other retinal disorders	H35	3.5 2	1.6 1	1.5 1	2.1 1	2.1 1	2.3 1	^ ^	1.9 1	2.1 1	2.1 1	2.8 1	1.5 1	1.7 1	2.1 1	2.1 1
Diseases of the ear and mastoid process	**H60–H95**	**1.6 1**	**1.4 1**	**2.0 1**	**4.2 2**	**2.4 1**	**1.8 1**	**1.8 1**	**2.1 1**	**3.8 2**	**2.4 1**	**1.7 1**	**1.6 1**	**2.1 1**	**3.9 2**	**2.4 1**
Diseases of the circulatory system	**I00–I99**	**2.6 1**	**5.9 2**	**7.1 3**	**9.5 5**	**8.3 4**	**3.4 1**	**6.0 1**	**7.0 3**	**9.8 5**	**8.7 4**	**3.0 1**	**6.0 2**	**7.1 3**	**9.6 5**	**8.5 4**
Hypertensive diseases	I10–I15	3.7 2	1.9 1	2.1 1	4.4 1	2.8 1	2.8 2	1.5 1	1.6 1	3.7 1	2.6 1	3.3 2	1.7 1	1.8 1	3.9 1	2.7 1
Angina pectoris	I20	- -	2.4 1	3.3 2	4.5 3	3.9 2	- -	2.7 2	3.0 2	4.3 3	3.8 2	- -	2.4 1	3.2 2	4.4 3	3.9 2
Acute myocardial infarction	I21–I22	^ ^	4.1 3	4.8 3	7.5 4	6.2 4	- -	3.3 2	4.7 3	7.9 5	6.9 4	^ ^	3.9 3	4.8 3	7.7 4	6.4 4
Other ischaemic heart disease	I23–I25	- -	4.6 2	4.6 2	5.7 2	5.2 2	- -	2.6 2	4.5 2	5.0 2	4.7 2	- -	4.1 2	4.6 2	5.5 2	5.1 2
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	9.0 3	5.1 4	7.2 5	8.7 5	7.7 5	6.2 2	4.8 3	7.2 5	9.9 7	8.4 5	7.7 2	4.9 4	7.2 5	9.4 6	8.0 5
Conduction disorders and cardiac arrhythmias	I44–I49	3.4 1	3.1 1	3.5 2	4.9 2	4.3 2	4.7 2	2.3 1	3.4 1	5.4 3	4.7 2	3.9 2	2.8 1	3.4 2	5.1 2	4.5 2
Heart failure	I50	^ ^	10.4 6	11.3 7	10.4 7	10.5 7	9.6 8	10.6 7	8.6 6	11.6 7	11.3 7	8.5 4	10.5 7	10.4 6	10.9 7	10.9 7
Cerebrovascular disease	I60–I69	22.0 7	19.7 7	18.3 7	17.7 9	18.0 8	25.2 13	21.5 8	18.3 8	18.3 9	18.5 9	23.8 11	20.5 8	18.3 7	18.0 9	18.2 8
Atherosclerosis (non-coronary)	I70	- -	12.8 9	16.4 9	18.4 11	17.8 11	- -	3.8 1	13.3 7	17.5 9	16.2 8	- -	8.2 5	15.5 8	18.1 11	17.3 9
Diseases of the respiratory system	**J00–J99**	**2.4 1**	**3.9 1**	**8.4 4**	**10.7 6**	**7.5 4**	**2.3 1**	**2.9 1**	**6.9 4**	**10.4 7**	**7.1 4**	**2.4 1**	**3.4 1**	**7.7 4**	**10.6 6**	**7.3 4**
Acute upper respiratory infections and influenza	J00–J11	1.4 1	1.8 1	2.9 2	5.4 4	2.0 1	1.5 1	1.6 1	2.6 1	6.2 4	2.2 1	1.4 1	1.7 1	2.7 1	5.8 4	2.1 1
Pneumonia	J12–J18	4.6 3	8.4 5	12.7 6	13.7 8	12.6 7	3.6 2	6.9 4	11.7 6	13.5 8	12.1 7	4.1 2	7.7 4	12.3 6	13.6 8	12.4 7
Unspecified lower acute respiratory infection	J22	2.9 2	4.3 1	4.7 3	9.0 5	7.0 4	3.0 2	2.4 1	4.4 2	8.9 6	6.5 4	3.0 2	3.1 1	4.5 3	8.9 6	6.8 4
Chronic diseases of tonsils and adenoids	J35	1.1 1	1.2 1	2.5 1	1.0 1	1.2 1	1.1 1	1.1 1	1.1 1	4.2 1	1.1 1	1.1 1	1.1 1	1.8 1	2.7 1	1.1 1
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	5.3 6	4.1 3	7.0 4	8.5 5	8.1 5	4.5 2	4.0 2	6.5 4	8.5 6	8.0 5	5.0 4	4.0 3	6.7 4	8.5 6	8.0 5
Asthma	J45–J46	1.7 1	2.1 1	3.3 2	4.5 2	2.4 1	1.8 1	2.3 1	3.7 2	5.4 4	3.1 2	1.8 1	2.3 1	3.6 2	5.2 3	2.8 1
Diseases of the digestive system	**K00–K93**	**3.6 2**	**4.3 2**	**6.7 3**	**8.5 5**	**6.4 3**	**3.1 2**	**3.9 2**	**6.2 3**	**9.4 5**	**6.4 3**	**3.4 2**	**4.1 2**	**6.4 3**	**9.0 5**	**6.4 3**
Diseases of oesophagus, stomach and duodenum	K20–K31	2.4 1	2.9 1	4.6 2	8.1 4	5.2 2	1.8 1	3.6 1	4.7 1	7.4 4	5.2 2	2.1 1	3.2 1	4.7 2	7.8 4	5.2 2

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Diseases of appendix	K35–K38	3.0 2	2.9 2	4.0 3	7.8 5	3.4 2	3.2 2	2.8 2	4.6 3	7.7 6	3.4 2	3.1 2	2.8 2	4.3 3	7.7 5	3.4 2
Inguinal hernia	K40	5.9 1	1.3 1	1.8 1	2.9 1	2.6 1	1.6 2	1.8 1	6.7 1	5.8 2	4.9 2	5.5 1	1.3 1	2.0 1	3.1 1	2.8 1
Noninfective enteritis and colitis	K50–K52	4.2 2	6.8 6	9.0 6	9.3 6	7.7 6	3.9 2	6.2 5	7.9 5	10.8 6	7.7 5	4.0 2	6.5 5	8.4 5	10.1 6	7.7 5
Diverticular disease of intestine	K57	^ ^	4.6 3	5.7 3	7.3 4	6.0 4	^ ^	3.8 2	4.9 3	8.8 5	6.9 4	^ ^	4.3 3	5.3 3	8.3 4	6.5 4
Alcoholic liver disease	K70	- -	11.5 7	13.1 8	16.1 9	13.4 8	- -	11.1 7	15.5 10	19.2 15	15.2 9	- -	11.4 7	13.9 8	17.2 10	14.0 8
Cholelithiasis	K80	^ ^	3.7 2	4.9 3	8.2 6	6.5 4	2.6 2	3.2 2	3.9 2	7.4 5	4.7 2	2.6 2	3.3 2	4.3 2	7.8 5	5.4 3
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2.7 2**	**2.9 1**	**6.4 3**	**10.0 5**	**6.2 3**	**2.6 2**	**3.1 1**	**5.5 3**	**10.7 5**	**6.7 3**	**2.6 2**	**3.0 1**	**6.0 3**	**10.3 5**	**6.4 3**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	3.1 2	3.4 2	5.7 3	8.6 5	6.0 3	3.0 2	3.8 2	5.3 3	10.5 5	7.4 3	3.0 2	3.5 2	5.6 3	9.5 5	6.6 3
Decubitus ulcer and pressure area	L89	^ ^	24.1 19	28.9 15	28.6 13	27.8 14	^ ^	19.7 5	44.4 27	20.5 10	23.0 10	^ ^	22.0 9	32.8 21	23.9 11	25.4 12
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**3.9 2**	**3.4 1**	**4.7 2**	**8.2 3**	**6.0 2**	**4.3 2**	**2.8 1**	**4.5 1**	**7.3 3**	**5.5 2**	**4.1 2**	**3.1 1**	**4.6 2**	**7.7 3**	**5.7 2**
Rheumatoid arthritis	M05–M06	^ ^	6.3 2	4.7 1	8.1 4	6.8 3	- -	8.3 1	4.7 3	7.2 4	6.6 4	^ ^	7.3 1	4.7 2	7.5 4	6.6 3
Coxarthrosis and Gonarthrosis	M16–M17	^ ^	3.7 2	3.6 3	5.4 4	4.7 3	^ ^	3.6 3	4.7 3	6.1 4	5.6 4	^ ^	3.6 3	4.1 3	5.8 4	5.2 4
Intervertebral disc disorders	M50–M51	^ ^	3.7 3	6.5 3	8.7 5	6.1 3	^ ^	3.4 2	4.7 2	10.3 5	5.7 3	^ ^	3.5 2	5.6 3	9.5 5	5.9 3
Dorsalgia (back pain)	M54	2.2 1	1.5 1	3.0 1	6.4 2	3.7 1	1.8 1	1.8 1	3.2 1	7.8 2	4.5 1	2.0 1	1.7 1	3.1 1	7.3 2	4.2 1
Diseases of the genitourinary system	**N00–N99**	**2.5 1**	**2.8 1**	**5.2 3**	**10.3 6**	**7.0 3**	**3.4 2**	**2.7 2**	**4.7 2**	**10.7 6**	**6.5 3**	**2.9 2**	**2.7 1**	**4.9 3**	**10.5 6**	**6.7 3**
Chronic kidney disease	N18	9.2 7	7.3 5	9.4 6	9.6 6	9.1 6	10.5 7	8.8 6	11.0 6	11.0 5	10.5 6	9.7 7	7.9 6	10.0 6	10.1 5	9.6 6
Urolithiasis	N20–N23	2.3 1	2.1 1	2.4 2	4.0 2	2.6 2	2.8 2	2.2 1	3.3 2	5.2 2	3.3 2	2.5 2	2.1 1	2.7 2	4.4 2	2.8 2
Hyperplasia of prostate	N40	- -	^ ^	2.5 2	4.2 3	3.7 3	- -	- -	- -	- -	- -	- -	^ ^	2.5 2	4.2 3	3.7 3
Disorders of breast	N60–N64	^ ^	1.0 1	^ ^	^ ^	1.6 1	1.6 1	1.7 1	1.5 1	3.2 1	1.7 1	1.7 1	1.6 1	1.6 1	3.0 1	1.7 1
Inflammatory diseases of female pelvic organs	N70–N77	- -	- -	- -	- -	- -	2.2 1	2.6 2	4.5 2	7.2 3	3.3 2	2.2 1	2.6 2	4.5 2	7.2 3	3.3 2
Noninflammatory disorders of female genital tract	N80–N98	- -	- -	- -	- -	- -	1.8 1	2.0 1	2.7 2	3.6 3	2.5 2	1.8 1	2.0 1	2.7 2	3.6 3	2.5 2
Pregnancy, childbirth and the puerperium	**O00–O99**	**- -**	**- -**	**- -**	**- -**	**- -**	**3.7 2**	**2.5 2**	**3.5 3**	**- -**	**2.5 2**	**3.7 2**	**2.5 2**	**3.5 3**	**- -**	**2.5 2**
Pregnancy with abortive outcome	O00-O09	- -	- -	- -	- -	- -	^ ^	1.3 1	1.1 1	- -	1.3 1	^ ^	1.3 1	1.1 1	- -	1.3 1
Gestational [pregnancy-induced] hypertension	O13	- -	- -	- -	- -	- -	- -	1.8 1	4.8 2	- -	1.9 1	- -	1.8 1	4.8 2	- -	1.9 1
Diabetes mellitus in pregnancy	O24	- -	- -	- -	- -	- -	- -	2.2 1	2.3 2	- -	2.2 1	- -	2.2 1	2.3 2	- -	2.2 1
Single spontaneous delivery	O80	- -	- -	- -	- -	- -	^ ^	2.4 2	2.7 2	- -	2.4 2	^ ^	2.4 2	2.7 2	- -	2.4 2

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

Principal Diagnosis	ICD-10-AM Code	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Single delivery by forceps and vacuum extractor	O81	-	-	-	-	-	^	3.1	3.2	-	3.1	^	3.1	3.2	-	3.1
		-	-	-	-	-	^	3	3	-	3	^	3	3	-	3
Single delivery by caesarean section	O82	-	-	-	-	-	^	4.0	4.8	-	4.0	^	4.0	4.8	-	4.0
		-	-	-	-	-	^	4	4	-	4	^	4	4	-	4
Other assisted single delivery	O83	-	-	-	-	-	-	3.0	2.8	-	3.0	-	3.0	2.8	-	3.0
		-	-	-	-	-	-	3	3	-	3	-	3	3	-	3
Multiple delivery	O84	-	-	-	-	-	-	5.5	5.7	-	5.5	-	5.5	5.7	-	5.5
		-	-	-	-	-	-	4	5	-	4	-	4	5	-	4
Certain conditions originating in the perinatal period	**P00–P96**	**7.5**	**-**	**-**	**-**	**7.5**	**7.7**	**-**	**-**	**-**	**7.7**	**7.6**	**-**	**-**	**-**	**7.6**
		2	-	-	-	**2**	**2**	-	-	-	**2**	**2**	-	-	-	**2**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**6.6**	**4.4**	**7.2**	**17.7**	**6.6**	**7.4**	**4.3**	**7.1**	**10.9**	**7.0**	**7.0**	**4.4**	**7.1**	**14.4**	**6.8**
		2	**2**	**2**	**3**	**2**	**2**	**2**	**3**	**4**	**2**	**2**	**2**	**2**	**4**	**2**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**1.6**	**1.6**	**2.5**	**5.3**	**3.2**	**1.8**	**1.6**	**2.2**	**5.4**	**3.1**	**1.7**	**1.6**	**2.3**	**5.4**	**3.2**
		1	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**2**	**1**
Pain in throat and chest	R07	1.3	0.9	1.4	2.4	1.5	1.1	0.9	1.3	2.5	1.5	1.2	0.9	1.3	2.4	1.5
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Abdominal and pelvic pain	R10	1.2	1.5	2.1	3.1	1.9	1.4	1.5	2.1	3.7	1.9	1.3	1.5	2.1	3.5	1.9
		1	1	1	1	1	1	1	1	2	1	1	1	1	1	1
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**1.7**	**3.9**	**6.9**	**13.4**	**7.1**	**1.9**	**3.3**	**6.3**	**14.2**	**8.8**	**1.8**	**3.7**	**6.6**	**13.9**	**7.9**
		1	**1**	**2**	**7**	**2**	**1**	**1**	**2**	**8**	**3**	**1**	**1**	**2**	**7**	**2**
Intracranial injury	S06	6.6	13.8	17.4	16.1	15.2	8.5	7.0	20.0	14.6	13.9	7.4	12.1	18.3	15.4	14.7
		1	3	4	7	5	1	1	5	7	5	1	2	4	7	5
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1.0	2.3	4.8	8.6	4.2	1.0	1.8	3.6	9.5	5.3	1.0	2.2	4.4	9.1	4.6
		1	1	1	3	1	1	1	1	4	1	1	1	1	4	1
Fracture of femur	S72	3.1	8.1	13.1	21.6	18.4	2.9	10.8	14.0	18.8	18.1	3.0	8.8	13.5	19.6	18.2
		2	5	8	14	11	2	6	8	13	13	2	5	8	13	12
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	1.7	2.9	4.9	9.8	4.0	2.7	3.0	4.2	11.5	4.0	2.4	3.0	4.5	10.9	4.0
		1	1	2	4	2	1	1	2	5	2	1	1	2	4	2
Factors influencing health status and contact with health services[b]	**U00–U49, Z00–Z99**	**2.3**	**5.7**	**8.1**	**15.9**	**9.9**	**2.4**	**1.1**	**6.6**	**20.2**	**5.4**	**2.4**	**1.4**	**7.3**	**18.0**	**6.8**
		1	**1**	**2**	**7**	**2**	**1**	**1**	**1**	**9**	**1**	**1**	**1**	**2**	**8**	**1**
Care involving dialysis	Z49	-	2.8	4.1	2.0	2.9	^	2.8	2.0	2.2	2.2	^	2.8	3.2	2.1	2.6
		-	2	1	1	1	^	1	2	2	2	^	1	1	1	1
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	3.3	4.6	15.7	32.6	25.4	6.6	9.6	15.8	36.2	29.0	4.7	8.6	15.7	34.7	27.4
		1	2	5	22	14	4	1	7	30	21	2	1	6	27	18

Notes:
^ Denotes that length of stay calculation was based on five or fewer discharges.
- Length of stay cannot be calculated as no in-patients are reported.
ǂ Denotes that no breakdown is provided.
a Includes length of stay for total in-patients (includes sameday and overnight in-patients). Excludes day patients.
b This category includes discharges in the code range U00–U49 'codes for special purposes'.

TABLE 3.13 Total Discharges: All-Listed Diagnoses by Sex and Age Group (N)

Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges	–	63,978	140,340	243,549	378,275	826,142	50,759	288,458	256,246	318,119	913,582	114,737	428,798	499,795	696,394	1,739,724
All Conditions	–	149,092	322,285	633,488	1,165,924	2,270,789	119,666	800,974	629,588	972,137	2,522,365	268,758	1,123,259	1,263,076	2,138,061	4,793,154
Certain infectious and parasitic diseases	**A00-B99**	**13,933**	**12,090**	**14,290**	**31,395**	**71,708**	**12,417**	**16,545**	**12,529**	**30,920**	**72,411**	**26,350**	**28,635**	**26,819**	**62,315**	**144,119**
Intestinal infectious diseases (including diarrhoea)	A00–A09	3,083	2,156	2,479	4,251	11,969	2,970	3,912	3,344	5,767	15,993	6,053	6,068	5,823	10,018	27,962
Tuberculosis	A15–A19	0	112	63	41	216	7	60	39	16	122	7	172	102	57	338
Septicaemia	A40–A41	167	467	1,610	5,524	7,768	132	651	1,311	4,199	6,293	299	1,118	2,921	9,723	14,061
Human immunodeficiency virus [HIV] disease	B20–B24	†	†	†	†	†	†	†	†	†	†	†	†	†	†	654
Neoplasms	**C00–D48**	**6,616**	**19,332**	**93,799**	**172,199**	**291,946**	**5,896**	**41,847**	**136,178**	**131,004**	**314,925**	**12,512**	**61,179**	**229,977**	**303,203**	**606,871**
Malignant neoplasms	C00–C96	5,726	15,061	82,367	151,490	254,644	5,136	31,880	119,893	115,070	271,979	10,862	46,941	202,260	266,560	526,623
Malignant neoplasm of colon, rectum and anus	C18–C21	~	*	9,161	11,471	21,743	~	*	5,797	6,229	13,179	~	*	14,958	17,700	34,922
Malignant neoplasm of trachea, bronchus and lung	C33–C34	~	*	4,992	11,302	16,646	*	*	5,131	9,661	15,133	21	672	10,123	20,963	31,779
Melanoma and other malignant neoplasms of skin	C43–C44	~	*	3,851	14,866	19,364	0	711	2,802	7,339	10,852	~	*	6,653	22,205	30,216
Malignant neoplasms of breast	C50	0	43	151	207	401	0	10,821	35,993	20,258	67,072	0	10,864	36,144	20,465	67,473
Malignant neoplasms of female genital organs	C51–C58	0	0	0	0	0	88	2,704	9,001	8,095	19,888	88	2,704	9,001	8,095	19,888
Malignant neoplasm of prostate	C61	33	79	7,804	25,749	33,665	0	0	0	0	0	33	79	7,804	25,749	33,665
Malignant neoplasm of bladder	C67	~	43	1,108	4,345	5,500	55	28	458	1,123	1,664	59	71	1,566	5,468	7,164
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	2,938	3,944	10,356	21,186	38,424	2,094	2,346	6,619	13,467	24,526	5,032	6,290	16,975	34,653	62,950
In situ neoplasms	D00-D09	~	*	607	2,385	3,082	0	921	4,110	3,923	8,954	~	*	4,717	6,308	12,036
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	887	4,184	10,825	18,324	34,220	760	9,046	12,175	12,011	33,992	1,647	13,230	23,000	30,335	68,212
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**2,769**	**4,389**	**7,658**	**17,991**	**32,807**	**2,004**	**11,468**	**8,187**	**16,916**	**38,575**	**4,773**	**15,857**	**15,845**	**34,907**	**71,382**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**3,277**	**12,565**	**45,093**	**90,588**	**151,523**	**3,217**	**15,485**	**28,862**	**67,917**	**115,481**	**6,494**	**28,050**	**73,955**	**158,505**	**267,004**
Diabetes mellitus	E10–E14	417	5,535	29,624	65,799	101,375	484	6,807	17,228	41,024	65,543	901	12,342	46,852	106,823	166,918
Cystic fibrosis	E84	152	884	183	9	1,228	212	740	233	6	1,191	364	1,624	416	15	2,419
Mental and behavioural disorders	**F00–F99**	**2,292**	**8,350**	**10,157**	**17,421**	**38,220**	**1,766**	**6,931**	**5,739**	**17,700**	**32,136**	**4,058**	**15,281**	**15,896**	**35,121**	**70,356**
Mental and behavioural disorders due to use of alcohol	F10	20	3,421	6,132	3,533	13,106	30	1,413	2,284	1,324	5,051	50	4,834	8,416	4,857	18,157
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	~	2,320	988	*	3,448	*	1,130	325	*	1,570	11	3,450	1,313	244	5,018
Diseases of nervous system	**G00–G99**	**3,288**	**6,200**	**8,952**	**13,965**	**32,405**	**2,436**	**11,308**	**10,286**	**12,573**	**36,603**	**5,724**	**17,508**	**19,238**	**26,538**	**69,008**
Multiple sclerosis	G35	*	1,328	1,095	*	2,746	~	4,230	2,540	*	7,318	13	5,558	3,635	858	10,064
Epilepsy	G40, G41	1,110	1,143	872	696	3,821	798	1,219	663	600	3,280	1,908	2,362	1,535	1,296	7,101
Transient cerebral ischaemic attacks and related syndromes	G45	~	*	428	1,234	1,748	~	*	375	1,340	1,793	~	*	803	2,574	3,541
Diseases of the eye and adnexa	**H00–H59**	**1,275**	**2,982**	**9,013**	**26,881**	**40,151**	**1,190**	**3,537**	**7,839**	**35,290**	**47,856**	**2,465**	**6,519**	**16,852**	**62,171**	**88,007**
Cataracts	H25-H26	13	165	1,181	5,416	6,775	13	101	1,357	7,195	8,666	26	266	2,538	12,611	15,441
Other retinal disorders	H35	152	638	3,626	13,189	17,605	128	570	2,501	19,202	22,401	280	1,208	6,127	32,391	40,006
Diseases of the ear and mastoid process	**H60–H95**	**1,983**	**1,610**	**1,555**	**1,805**	**6,953**	**1,430**	**1,902**	**1,751**	**1,902**	**6,985**	**3,413**	**3,512**	**3,306**	**3,707**	**13,938**
Diseases of the circulatory system	**I00–I99**	**1,494**	**6,504**	**30,823**	**73,755**	**112,576**	**1,224**	**7,535**	**15,384**	**56,458**	**80,601**	**2,718**	**14,039**	**46,207**	**130,213**	**193,177**
Hypertensive diseases	I10–I15	79	897	3,826	6,917	11,719	77	1,959	2,392	7,093	11,521	156	2,856	6,218	14,010	23,240
Angina pectoris	I20	~	*	1,026	1,494	2,621	0	31	386	725	1,142	~	*	1,412	2,219	3,763
Acute myocardial infarction	I21–I22	~	*	2,564	3,658	6,562	0	89	612	2,066	2,767	~	*	3,176	5,724	9,329
Other ischaemic heart disease	I23–I25	*	*	6,006	9,280	15,800	~	*	1,578	3,770	5,486	21	631	7,584	13,050	21,286
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	68	270	838	1,595	2,771	37	329	693	1,819	2,878	105	599	1,531	3,414	5,649
Conduction disorders and cardiac arrhythmias	I44–I49	234	941	4,974	18,291	24,440	165	749	1,953	13,394	16,261	399	1,690	6,927	31,685	40,701

TABLE 3.13 Total Discharges: All-Listed Diagnoses by Sex and Age Group (N) (contd.)

Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Heart failure	I50	42	196	1,672	10,007	11,917	31	112	806	8,596	9,545	73	308	2,478	18,603	21,462
Cerebrovascular disease	I60–I69	99	487	2,236	5,500	8,322	123	403	1,326	4,573	6,425	222	890	3,562	10,073	14,747
Atherosclerosis (non-coronary)	I70	~	*	482	1,539	2,063	0	29	203	742	974	~	*	685	2,281	3,037
Diseases of the respiratory system	**J00–J99**	**11,734**	**8,658**	**16,624**	**44,107**	**81,123**	**9,335**	**10,648**	**15,232**	**40,494**	**75,709**	**21,069**	**19,306**	**31,856**	**84,601**	**156,832**
Acute upper respiratory infections and influenza	J00–J11	4,312	1,258	740	1,234	7,544	3,427	2,258	812	1,227	7,724	7,739	3,516	1,552	2,461	15,268
Pneumonia	J12–J18	568	913	2,746	9,697	13,924	556	871	1,921	8,623	11,971	1,124	1,784	4,667	18,320	25,895
Unspecified lower acute respiratory infection	J22	1,101	705	1,786	7,017	10,609	913	1,104	1,617	6,313	9,947	2,014	1,809	3,403	13,330	20,556
Chronic diseases of tonsils and adenoids	J35	1,044	340	60	25	1,469	983	738	65	28	1,814	2,027	1,078	125	53	3,283
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	54	336	2,740	10,016	13,146	62	373	2,878	10,358	13,671	116	709	5,618	20,374	26,817
Asthma	J45–J46	1,053	914	1,775	1,087	4,829	648	1,861	2,299	1,426	6,234	1,701	2,775	4,074	2,513	11,063
Diseases of the digestive system	**K00–K93**	**7,182**	**42,368**	**61,821**	**69,454**	**180,825**	**5,183**	**47,042**	**58,845**	**67,072**	**178,142**	**12,365**	**89,410**	**120,666**	**136,526**	**358,967**
Diseases of oesophagus, stomach and duodenum	K20–K31	648	10,082	18,436	20,086	49,252	525	9,999	17,832	19,475	47,831	1,173	20,081	36,268	39,561	97,083
Diseases of appendix	K35–K38	1,046	1,789	517	243	3,595	733	1,665	435	186	3,019	1,779	3,454	952	429	6,614
Inguinal hernia	K40	365	518	1,125	1,493	3,501	68	56	66	113	303	433	574	1,191	1,606	3,804
Noninfective enteritis and colitis	K50–K52	1,209	10,897	6,335	2,607	21,048	753	9,779	5,933	3,026	19,491	1,962	20,676	12,268	5,633	40,539
Diverticular Disease of Intestine	K57	~	*	5,082	7,620	13,813	~	*	5,421	9,000	15,309	~	*	10,503	16,620	29,122
Alcoholic liver disease	K70	0	432	1,638	733	2,803	0	266	780	284	1,330	0	698	2,418	1,017	4,133
Cholelithiasis	K80	7	509	1,102	2,052	3,670	23	2,086	1,804	2,174	6,087	30	2,595	2,906	4,226	9,757
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2,128**	**11,080**	**11,930**	**18,328**	**43,466**	**1,850**	**11,542**	**11,519**	**16,984**	**41,895**	**3,978**	**22,622**	**23,449**	**35,312**	**85,361**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	450	1,407	1,822	3,156	6,835	329	921	1,071	2,932	5,253	779	2,328	2,893	6,088	12,088
Decubitus ulcer and pressure area	L89	37	166	620	3,214	4,037	36	123	392	3,041	3,592	73	289	1,012	6,255	7,629
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**2,088**	**8,226**	**16,773**	**20,817**	**47,904**	**2,214**	**14,365**	**23,376**	**30,358**	**70,313**	**4,302**	**22,591**	**40,149**	**51,175**	**118,217**
Rheumatoid arthritis	M05–M06	~	*	744	943	1,929	0	538	1,778	1,878	4,194	~	*	2,522	2,821	6,123
Coxarthrosis and Gonarthrosis	M16–M17	*	*	1,978	3,106	5,340	~	*	2,420	4,650	7,293	9	470	4,398	7,756	12,633
Intervertebral disc disorders	M50–M51	~	*	832	709	2,062	~	*	1,005	937	2,610	9	1,180	1,837	1,646	4,672
Dorsalgia (back pain)	M54	69	1,332	2,617	2,367	6,385	94	3,813	3,988	4,378	12,273	163	5,145	6,605	6,745	18,658
Diseases of the genitourinary system	**N00–N99**	**4,398**	**16,989**	**40,214**	**85,438**	**147,039**	**2,515**	**36,733**	**45,180**	**63,208**	**147,636**	**6,913**	**53,722**	**85,394**	**148,646**	**294,675**
Chronic kidney disease	N18	420	10,482	27,424	49,564	87,890	119	8,009	14,813	28,582	51,523	539	18,491	42,237	78,146	139,413
Urolithiasis	N20–N23	69	1,135	1,740	1,023	3,967	45	776	921	569	2,311	114	1,911	2,661	1,592	6,278
Hyperplasia of prostate	N40	0	72	1,403	4,171	5,646	0	0	0	0	0	0	72	1,403	4,171	5,646
Disorders of breast	N60–N64	6	55	17	29	107	13	1,749	2,122	619	4,503	19	1,804	2,139	648	4,610
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	52	2,566	746	430	3,794	52	2,566	746	430	3,794
Noninflammatory disorders of female genital tract	N80–N98	0	~	0	0	~	255	*	18,160	5,438	*	255	17,370	18,160	5,438	41,223
Pregnancy, childbirth and the puerperium	**O00–O99**	**0**	**0**	**0**	**0**	**0**	**18**	**249,562**	**1,971**	**0**	**251,551**	**18**	**249,562**	**1,971**	**0**	**251,551**
Pregnancy with abortive outcome	O00-O09	0	0	0	0	0	6	20,544	304	0	20,854	6	20,544	304	0	20,854
Gestational [pregnancy-induced] hypertension	O13	0	0	0	0	0	0	4,806	62	0	4,868	0	4,806	62	0	4,868
Diabetes mellitus in pregnancy	O24	0	0	0	0	0	~	12,424	174	0	12,599	~	12,424	174	0	12,599
Single spontaneous delivery	O80	0	0	0	0	0	~	24,542	48	0	24,591	~	24,542	48	0	24,591
Single delivery by forceps and vacuum extractor	O81	0	0	0	0	0	~	7,128	15	0	7,144	~	7,128	15	0	7,144
Single delivery by caesarean section	O82	0	0	0	0	0	~	19,537	247	0	19,785	~	19,537	247	0	19,785
Other assisted single delivery	O83	0	0	0	0	0	0	848	6	0	854	0	848	6	0	854
Multiple delivery	O84	0	0	0	0	0	0	927	22	0	949	0	927	22	0	949
Certain conditions originating in the perinatal period	**P00–P96**	**14,994**	**~**	**~**	**0**	**14,996**	**11,169**	**~**	**~**	**0**	**11,171**	**26,163**	**~**	**~**	**0**	**26,167**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**9,450**	**1,637**	**1,285**	**665**	**13,037**	**6,469**	**2,138**	**933**	**345**	**9,885**	**15,919**	**3,775**	**2,218**	**1,010**	**22,922**

TABLE 3.13 Total Discharges: All-Listed Diagnoses by Sex and Age Group (N) (contd.)

Diagnosis	ICD-10-AM Code	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**13,653**	**26,925**	**43,693**	**83,119**	**167,390**	**11,942**	**56,227**	**45,197**	**77,266**	**190,632**	**25,595**	**83,152**	**88,890**	**160,385**	**358,022**
Pain in throat and chest	R07	147	3,548	5,258	4,179	13,132	123	4,325	4,757	3,745	12,950	270	7,873	10,015	7,924	26,082
Abdominal and pelvic pain	R10	1,125	3,032	3,073	2,548	9,778	1,252	12,443	5,213	3,589	22,497	2,377	15,475	8,286	6,137	32,275
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**6,967**	**22,789**	**15,566**	**21,448**	**66,770**	**5,502**	**11,666**	**11,081**	**24,624**	**52,873**	**12,469**	**34,455**	**26,647**	**46,072**	**119,643**
Intracranial injury	S06	170	1,085	857	1,551	3,663	151	359	400	1,116	2,026	321	1,444	1,257	2,667	5,689
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1,545	3,717	1,898	3,429	10,589	1,101	1,065	855	3,322	6,343	2,646	4,782	2,753	6,751	16,932
Fracture of femur	S72	121	174	354	1,658	2,307	59	53	362	3,780	4,254	180	227	716	5,438	6,561
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	216	1,681	875	372	3,144	609	2,290	1,126	556	4,581	825	3,971	2,001	928	7,725
External causes of morbidity and mortality	**U50–Y98**	**17,409**	**42,618**	**31,525**	**56,113**	**147,665**	**13,763**	**26,675**	**26,685**	**65,470**	**132,593**	**31,172**	**69,293**	**58,210**	**121,583**	**280,258**
Transport accidents	V01–V99	391	1,653	805	519	3,368	272	799	441	380	1,892	663	2,452	1,246	899	5,260
Factors influencing health status and contact with health services[a]	**U00–U49, Z00–Z99**	**22,162**	**66,972**	**172,716**	**320,435**	**582,285**	**18,126**	**217,817**	**162,813**	**215,636**	**614,392**	**40,288**	**284,789**	**335,529**	**536,071**	**1,196,677**
Care involving dialysis	Z49	310	15,629	39,031	64,314	119,284	46	10,943	23,183	36,666	70,838	356	26,572	62,214	100,980	190,122
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,302	6,961	39,042	78,445	126,750	1,891	16,585	56,890	55,084	130,450	4,193	23,546	95,932	133,529	257,200

Notes: ~ Denotes five or fewer discharges reported to HIPE.
ǂ Denotes that no breakdown is provided.
* Further suppression required to prevent disclosure of five or fewer discharges.
a This category includes discharges in the code range U00–U49 'codes for special purposes'.

3.4.4 Total Discharges by Principal Procedure, Sex and Age Group

In 2022, 80.1 per cent of total discharges had a principal procedure recorded (see Table 3.4). Discussion of procedures is confined to ACHI chapter level.

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

- Procedures from the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 28.5 per cent of total discharges with a principal procedure reported. Over 37.2 per cent of discharges aged less than 15 years, 24.4 per cent aged between 15–44 years, 26.4 per cent aged between 45–64 years and 31.3 per cent aged 65 years and over had a procedure from this chapter recorded as a principal procedure.
- 62.9 per cent of total discharges with a principal procedure from the chapter *Procedures on urinary system* were males. Procedures from this chapter accounted for 16.1 per cent of total discharges with a principal procedure reported.
- 27.9 per cent of female discharges aged between 15–44 years who underwent a procedure recorded a principal procedure from the chapter *Obstetric procedures*.
- Procedures from the chapter *Procedures on digestive system* accounted for 12.7 per cent of total discharges with a principal procedure reported, 73.9 per cent of these were aged 45 years and over.

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

Table 3.15 presents the in-patient mean and median length of stay for principal procedure by sex and age group. The analysis presented here includes total in-patient (sameday and overnight) discharges, and excludes day patients. These measures include pre-operative and post-operative length of stay. It should also be noted that this analysis by length of stay does not take into account the status of the patient on discharge. For example, a patient may be transferred to another facility on discharge. Care must be taken, therefore, in interpreting the data on length of stay presented in Table 3.15, in the absence of information on discharge destination.[36]

- At chapter level, *Radiation oncology procedures* reported the longest in-patient mean length of stay at 20.0 days. It should be noted that the majority of discharges with *Radiation oncology procedures* recorded as a principal procedure were day patients and are therefore not included in Table 3.15.

36 See Section Two for details of discharge destination.

- The longest in-patient mean length of stay for those aged less than 15 years was reported for the chapter *Procedures on blood and blood-forming organs* at 18.8 days. The longest in-patient mean length of stay for those aged between 15–44 years was reported for the chapter *Procedures on respiratory system* at 15.7 days. The longest in-patient mean length of stay for those aged between 45–64 years was reported for the *Radiation oncology procedures* at 19.0 days. For those aged 65 years and over the longest in-patient mean length of stay was reported for the chapter *Radiation oncology procedures* at 21.8 days.
- The shortest in-patient mean length of stay was reported for the chapter *Procedures on breast* at 2.6 days for total discharges.

3.4.6 All-Listed Procedures by Sex and Age Group

Table 3.16 provides details of all-listed procedures reported by sex and age group for total discharges. As one principal procedure and up to 19 secondary procedures may be collected as applicable per discharge, the total number of procedures will not equal the number of total discharges.

- Over 2.6 million procedures were reported for total discharges.
- Procedures within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 1,163,682 of all-listed procedures or 44.7 per cent of all procedures reported for total discharges.
- Males accounted for 66.3 per cent of procedures from the chapter *Procedures on cardiovascular system*.
- Total discharges aged less than 15 years accounted for 54.3 per cent of procedures from the chapter *Dental Services*.

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

Principal Procedure	Procedure Block	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges	-	**63,978**	**140,340**	**243,549**	**378,275**	**826,142**	**50,759**	**288,458**	**256,246**	**318,119**	**913,582**	**114,737**	**428,798**	**499,795**	**696,394**	**1,739,724**
All Principal Procedures	0001–2016	**35,229**	**111,053**	**207,267**	**327,825**	**681,374**	**26,101**	**195,447**	**219,723**	**271,590**	**712,861**	**61,330**	**306,500**	**426,990**	**599,415**	**1,394,235**
Procedures on nervous system	**0001–0086**	**830**	**2,564**	**3,999**	**3,194**	**10,587**	**618**	**3,770**	**5,675**	**4,901**	**14,964**	**1,448**	**6,334**	**9,674**	**8,095**	**25,551**
Lumbar puncture	0030	622	608	524	463	2,217	467	1,056	611	449	2,583	1,089	1,664	1,135	912	4,800
Procedures on endocrine system	**0110–0129**	**19**	**93**	**216**	**187**	**515**	**27**	**404**	**579**	**328**	**1,338**	**46**	**497**	**795**	**515**	**1,853**
Procedures on eye and adnexa	**0160–0256**	**542**	**1,816**	**6,725**	**20,491**	**29,574**	**497**	**1,402**	**5,088**	**26,964**	**33,951**	**1,039**	**3,218**	**11,813**	**47,455**	**63,525**
Extraction of crystalline lens	0200	21	103	900	3,952	4,976	30	59	1,002	5,199	6,290	51	162	1,902	9,151	11,266
Application insertion or removal procedures on retina choroid or posterior chamber	0209	10	729	4,297	14,338	19,374	8	609	2,796	19,737	23,150	18	1,338	7,093	34,075	42,524
Procedures on ear and mastoid process	**0300–0333**	**1,159**	**1,085**	**886**	**843**	**3,973**	**780**	**1,102**	**891**	**777**	**3,550**	**1,939**	**2,187**	**1,777**	**1,620**	**7,523**
Myringotomy	0309	588	70	43	38	739	373	74	45	37	529	961	144	88	75	1,268
Procedures on nose, mouth and pharynx	**0370–0422**	**1,544**	**2,653**	**2,593**	**1,868**	**8,658**	**1,254**	**2,845**	**2,296**	**1,440**	**7,835**	**2,798**	**5,498**	**4,889**	**3,308**	**16,493**
Tonsillectomy or adenoidectomy	0412	802	253	46	11	1,112	775	623	34	8	1,440	1,577	876	80	19	2,552
Dental services	**0450–0490**	**1,502**	**831**	**301**	**161**	**2,795**	**1,177**	**1,076**	**291**	**152**	**2,696**	**2,679**	**1,907**	**592**	**313**	**5,491**
Procedures on respiratory system	**0520–0572**	**2,628**	**1,892**	**4,203**	**6,842**	**15,565**	**1,867**	**1,510**	**3,799**	**5,712**	**12,888**	**4,495**	**3,402**	**8,002**	**12,554**	**28,453**
Bronchoscopy with/without biopsy	0543–0544, 90163-01 [0545]	122	553	1,302	1,922	3,899	77	454	1,295	1,635	3,461	199	1,007	2,597	3,557	7,360
Procedures on cardiovascular system	**0600–0777**	**776**	**4,668**	**14,593**	**14,046**	**34,083**	**701**	**2,465**	**7,130**	**7,557**	**17,853**	**1,477**	**7,133**	**21,723**	**21,603**	**51,936**
Coronary angiography	0668	35	413	3,360	3,974	7,782	34	150	1,482	2,403	4,069	69	563	4,842	6,377	11,851
Transluminal coronary angioplasty with/without stenting	0670–0671	0	177	1,587	1,666	3,430	0	28	295	650	973	0	205	1,882	2,316	4,403
CABG	0672–0679	0	*	*	384	680	0	~	*	59	95	0	18	314	443	775
Leg varicose vein ligation	0727–0728	0	262	484	250	996	0	676	789	359	1,824	0	938	1,273	609	2,820
Procedures on blood and blood-forming	**0800–0817**	**128**	**418**	**1,007**	**1,491**	**3,044**	**88**	**504**	**966**	**1,065**	**2,623**	**216**	**922**	**1,973**	**2,556**	**5,667**
Procedures on digestive system	**0850–1011**	**2,096**	**19,184**	**32,184**	**35,070**	**88,534**	**1,312**	**23,750**	**32,078**	**31,675**	**88,815**	**3,408**	**42,934**	**64,262**	**66,745**	**177,349**
Fibreoptic colonoscopy with/without excision	0905, 0911	59	7,211	13,658	15,080	36,008	34	8,892	14,080	13,403	36,409	93	16,103	27,738	28,483	72,417
Appendicectomy	0926	970	1,603	398	137	3,108	654	1,493	354	120	2,621	1,624	3,096	752	257	5,729
Procedures for haemorrhoids	0941	~	621	753	*	1,646	~	637	592	*	1,562	~	1,258	1,345	*	3,208
Cholecystectomy	0965	0	267	501	394	1,162	13	1,209	1,049	462	2,733	13	1,476	1,550	856	3,895
Division of abdominal adhesions	0986	*	24	*	83	145	~	164	*	92	341	7	188	116	175	486
Repair of inguinal and obstructed hernia	0990, 0997	266	486	1,054	1,157	2,963	57	78	80	139	354	323	564	1,134	1,296	3,317
Panendoscopy with/without excision	1005–1008	225	6,497	11,046	12,174	29,942	174	8,355	12,200	12,485	33,214	399	14,852	23,246	24,659	63,156
Procedures on urinary system	**1040–1129**	**651**	**18,163**	**45,414**	**76,748**	**140,976**	**212**	**13,539**	**27,787**	**41,694**	**83,232**	**863**	**31,702**	**73,201**	**118,442**	**224,208**
Haemodialysis	1060	319	15,710	39,316	64,941	120,286	47	11,028	23,357	37,111	71,543	366	26,738	62,673	102,052	191,829
Examination procedures on bladder (includes cystoscopy)	1089	31	878	2,888	6,129	9,926	21	1,062	1,947	2,480	5,510	52	1,940	4,835	8,609	15,436
Procedures on male genital organs	**1160–1203**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**2,574**	**1,206**	**2,234**	**2,435**	**8,449**
Prostatectomy	1166–1167	0	10	507	569	1,086	0	0	0	0	0	0	10	507	569	1,086
Circumcision	30653-00[1196]	1,095	414	202	168	1,879	0	0	0	0	0	1,095	414	202	168	1,879
Gynaecological procedures	**1240–1299**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**97**	**15,180**	**14,047**	**3,412**	**32,736**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	~	277	421	145	847	~	277	421	145	847
Salpingectomy	1251	0	0	0	0	0	~	221	41	~	269	~	221	41	~	269
Examination procedures on uterus	1259	0	0	0	0	0	7	3,564	5,719	1,059	10,349	7	3,564	5,719	1,059	10,349
Curettage and evacuation of uterus	1265	0	0	0	0	0	~	4,962	2,620	412	7,996	~	4,962	2,620	412	7,996
Hysterectomy	1268–1269	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	0	389	1,106	485	1,980
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	63	262	256	581	0	63	262	256	581
Obstetric procedures	**1330–1347**	**0**	**0**	**0**	**0**	**0**	**~**	**54,488**	*	**0**	**54,841**	**~**	**54,488**	*	**0**	**54,841**
Analgesia and anaesthesia during labour and delivery procedure	1333	0	0	0	0	0	0	25	0	0	25	0	25	0	0	25

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

Principal Procedure	Procedure Block	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Medical or surgical induction of labour	1334	0	0	0	0	0	~	1,397	*	0	1,408	~	1,397	*	0	1,408
Medical or surgical augmentation of labour	1335	0	0	0	0	0	0	228	0	0	228	0	228	0	0	228
Spontaneous vertex delivery	1336	0	0	0	0	0	~	22,548	*	0	22,597	~	22,548	*	0	22,597
Forceps rotation and delivery	1337	0	0	0	0	0	0	*	~	0	1,705	0	*	~	0	1,705
Vacuum extraction	1338	0	0	0	0	0	~	5,432	*	0	5,446	~	5,432	*	0	5,446
Breech delivery and extraction	1339	0	0	0	0	0	0	81	0	0	81	0	81	0	0	81
Caesarean section	1340	0	0	0	0	0	~	20,230	*	0	20,498	~	20,230	*	0	20,498
Episiotomy associated with delivery	90472-00[1343]	0	0	0	0	0	0	*	~	0	180	0	*	~	0	180
Postpartum suture	1344	0	0	0	0	0	0	*	~	0	1,664	0	*	~	0	1,664
Procedures on musculoskeletal system	**1360–1580**	**3,444**	**9,126**	**9,351**	**9,275**	**31,196**	**2,963**	**5,559**	**11,804**	**15,020**	**35,346**	**6,407**	**14,685**	**21,155**	**24,295**	**66,542**
Arthroplasty of hip	1489	~	*	690	1,454	2,237	0	73	622	2,307	3,002	~	*	1,312	3,761	5,239
Arthroplasty of knee	1518–1519	0	14	354	594	962	0	7	389	805	1,201	0	21	743	1,399	2,163
Dermatological and plastic procedures	**1600–1718**	**2,763**	**12,213**	**12,011**	**16,703**	**43,690**	**2,298**	**12,271**	**12,394**	**13,048**	**40,011**	**5,061**	**24,484**	**24,405**	**29,751**	**83,701**
Excision of lesion of skin and subcutaneous tissue	1620	367	3,648	5,224	9,075	18,314	296	5,011	5,581	6,412	17,300	663	8,659	10,805	15,487	35,614
Other debridement of skin and subcutaneous tissue	1628	141	817	528	374	1,860	103	328	291	283	1,005	244	1,145	819	657	2,865
Skin graft	1640–1650	14	70	47	82	213	9	36	36	55	136	23	106	83	137	349
Procedures on breast	**1740–1759**	**0**	**39**	**27**	**55**	**121**	**8**	**3,379**	**5,165**	**2,340**	**10,892**	**8**	**3,418**	**5,192**	**2,395**	**11,013**
Breast biopsy	1743–1744	0	12	22	21	55	6	2,333	3,602	1,846	7,787	6	2,345	3,624	1,867	7,842
Mastectomy	1747–1748	0	*	~	14	30	0	*	*	275	1,036	0	251	526	289	1,066
Radiation oncology procedures	**1786–1800**	**329**	**2,810**	**17,853**	**38,608**	**59,600**	**382**	**7,131**	**25,167**	**20,497**	**53,177**	**711**	**9,941**	**43,020**	**59,105**	**112,777**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1923**	**12,504**	**31,027**	**50,952**	**95,648**	**190,131**	**10,287**	**43,842**	**61,807**	**91,761**	**207,697**	**22,791**	**74,869**	**112,759**	**187,409**	**397,828**
Administration of blood and blood products	1893	1,533	2,040	2,999	8,668	15,240	935	2,753	3,426	6,903	14,017	2,468	4,793	6,425	15,571	29,257
Conduction anaesthesia	1909	0	~	6	~	10	0	~	~	~	11	0	~	*	8	21
Cerebral anaesthesia	1910	13	16	21	21	71	8	12	18	23	61	21	28	39	44	132
Imaging services[a]	**1940–2016**	**1,741**	**1,268**	**2,717**	**4,160**	**9,886**	**1,527**	**1,227**	**2,412**	**3,247**	**8,413**	**3,268**	**2,495**	**5,129**	**7,407**	**18,299**
Computerised tomography scan	1952–1966	223	304	799	1,476	2,802	160	189	747	999	2,095	383	493	1,546	2,475	4,897
Magnetic resonance imaging	2015	1,217	118	57	68	1,460	1,026	93	61	72	1,252	2,243	211	118	140	2,712

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
ǂ Denotes that no breakdown is provided.
a See Appendix V for information on updated Australian Coding Standard (ACS) 0042 *Procedures normally not coded* in ICD-10-AM 10th edition.

TABLE 3.15 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Procedure, Sex and Age Group[a]

Principal Procedure	Procedure Block	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total In-Patient Discharges	**Mean**	**3.3**	**3.9**	**6.4**	**9.9**	**6.9**	**3.3**	**2.7**	**5.5**	**10.0**	**5.5**	**3.3**	**3.0**	**6.0**	**9.9**	**6.1**
	Median	**1**	**1**	**2**	**5**	**3**	**1**	**2**	**2**	**5**	**2**	**1**	**2**	**2**	**5**	**2**
All Principal Procedures	**0001–2016**	**5.7**	**5.9**	**9.4**	**13.1**	**10.2**	**6.0**	**3.9**	**8.4**	**13.3**	**8.1**	**5.8**	**4.3**	**8.9**	**13.2**	**9.0**
		2	**2**	**4**	**7**	**5**	**2**	**3**	**4**	**8**	**4**	**2**	**3**	**4**	**7**	**4**
Procedures on nervous system	**0001–0086**	**5.8**	**8.1**	**12.1**	**16.8**	**11.0**	**6.1**	**6.7**	**10.6**	**17.6**	**10.3**	**5.9**	**7.4**	**11.4**	**17.2**	**10.6**
		3	**4**	**6**	**9**	**5**	**4**	**4**	**5**	**10**	**5**	**3**	**4**	**6**	**9**	**5**
Lumbar puncture	0030	4.4	7.1	12.7	22.8	10.6	5.1	5.9	10.1	24.0	9.9	4.7	6.4	11.3	23.4	10.2
		3	4	8	15	5	3	4	5	13	5	3	4	6	14	5
Procedures on endocrine system	**0110–0129**	**2.6**	**4.3**	**5.0**	**7.8**	**5.6**	**2.7**	**3.2**	**3.1**	**3.8**	**3.3**	**2.7**	**3.5**	**3.7**	**5.3**	**4.1**
		2	**2**	**2**	**4**	**2**	**1**	**2**	**2**	**2**	**2**	**1**	**2**	**2**	**2**	**2**
Procedures on eye and adnexa	**0160–0256**	**2.4**	**3.5**	**2.1**	**3.2**	**2.8**	**2.3**	**3.9**	**2.3**	**3.4**	**3.0**	**2.4**	**3.7**	**2.2**	**3.3**	**2.9**
		1	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Extraction of crystalline lens	0200	1.5	1.7	1.7	4.3	3.3	1.1	1.9	2.0	2.6	2.3	1.3	1.8	1.8	3.5	2.8
		1	1	1	1	1	1	1	2	1	1	1	1	1	1	1
Application insertion or removal procedures on retina choroid or posterior chamber	0209	^	^	2.4	1.9	2.2	^	-	0.5	2.2	2.2	5.7	^	1.6	2.1	2.2
		^	^	2	1	1	^	-	1	1	1	7	^	1	1	1
Procedures on ear and mastoid process	**0300–0333**	**1.5**	**1.7**	**1.8**	**10.6**	**3.1**	**1.4**	**2.3**	**1.8**	**10.3**	**3.1**	**1.5**	**2.0**	**1.8**	**10.5**	**3.1**
		1	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**2**	**1**
Myringotomy	0309	2.7	1.8	^	^	5.0	1.9	^	^	^	2.4	2.3	1.6	^	^	3.8
		1	1	^	^	1	1	^	^	^	1	1	1	^	^	1
Procedures on nose, mouth and pharynx	**0370–0422**	**1.3**	**1.7**	**3.6**	**7.9**	**2.9**	**1.5**	**1.6**	**3.4**	**6.3**	**2.4**	**1.4**	**1.6**	**3.5**	**7.2**	**2.7**
		1	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**2**	**1**
Tonsillectomy or adenoidectomy	0412	1.1	1.2	2.4	1.6	1.2	1.2	1.1	1.3	1.3	1.1	1.2	1.1	1.9	1.4	1.2
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dental services	**0450–0490**	**2.0**	**5.0**	**8.0**	**7.0**	**4.8**	**2.1**	**2.9**	**8.4**	**8.4**	**4.1**	**2.0**	**3.9**	**8.2**	**7.5**	**4.5**
		1	**3**	**3**	**4**	**2**	**1**	**2**	**3**	**5**	**2**	**1**	**2**	**3**	**5**	**2**
Procedures on respiratory system	**0520–0572**	**14.0**	**14.7**	**20.3**	**18.4**	**17.3**	**14.6**	**17.1**	**16.7**	**17.8**	**16.7**	**14.3**	**15.7**	**18.7**	**18.1**	**17.0**
		6	**7**	**10**	**11**	**9**	**6**	**7**	**9**	**11**	**9**	**6**	**7**	**9**	**11**	**9**
Bronchoscopy with/without biopsy	0543–0544, 90163-01 [0545]	16.4	12.3	16.2	19.7	17.5	27.0	13.8	14.0	18.2	17.0	20.3	12.8	15.2	19.0	17.3
		8	9	11	13	11	10	9	10	13	11	9	9	10	13	11
Procedures on cardiovascular system	**0600–0777**	**13.0**	**6.5**	**6.9**	**8.8**	**8.2**	**13.2**	**7.8**	**6.7**	**8.9**	**8.5**	**13.1**	**7.0**	**6.8**	**8.9**	**8.3**
		6	**3**	**3**	**4**	**4**	**6**	**2**	**3**	**4**	**3**	**6**	**3**	**3**	**4**	**4**
Coronary angiography	0668	7.9	4.4	5.6	6.3	5.9	6.4	3.9	4.6	6.2	5.6	7.3	4.3	5.3	6.3	5.8
		2	2	3	3	3	2	2	2	3	3	2	2	2	3	3
Transluminal coronary angioplasty with/without stenting	0670–0671	-	3.2	3.1	4.4	3.7	-	2.9	3.9	4.6	4.4	-	3.1	3.2	4.5	3.9
		-	2	2	2	2	-	1	2	2	2	-	2	2	2	2
CABG	0672–0679	-	10.1	13.9	17.1	15.6	-	^	14.1	16.1	15.9	-	13.9	14.0	17.0	15.7
		-	9	11	12	11	-	^	12	13	12	-	9	11	12	11
Leg varicose vein ligation	0727–0728	-	1.1	1.4	3.3	1.7	-	1.2	2.9	1.1	1.8	-	1.2	2.0	1.9	1.8
		-	1	1	2	1	-	1	1	1	1	-	1	1	1	1
Procedures on blood and blood-forming organs	**0800–0817**	**18.5**	**16.7**	**16.1**	**18.4**	**17.4**	**19.2**	**11.3**	**12.2**	**13.4**	**12.7**	**18.8**	**14.2**	**14.2**	**16.4**	**15.3**
		12	**10**	**11**	**12**	**11**	**15**	**4**	**4**	**8**	**6**	**12**	**8**	**8**	**10**	**9**
Procedures on digestive system	**0850–1011**	**5.5**	**5.8**	**10.2**	**13.2**	**10.1**	**6.4**	**5.3**	**9.7**	**14.6**	**10.3**	**5.8**	**5.5**	**10.0**	**13.8**	**10.2**
		2	**2**	**5**	**7**	**5**	**3**	**2**	**5**	**8**	**5**	**2**	**2**	**5**	**8**	**5**
Fibreoptic colonoscopy with/without excision	0905, 0911	4.3	8.4	11.7	13.7	12.1	4.0	8.4	11.3	14.4	12.3	4.2	8.4	11.5	14.0	12.2
		2	6	6	7	6	4	5	6	8	7	3	5	6	7	6
Appendicectomy	0926	2.9	2.8	3.8	6.0	3.1	3.2	2.8	3.7	8.3	3.2	3.1	2.8	3.8	7.1	3.2
		2	2	2	4	2	2	2	3	5	2	2	2	3	4	2
Procedures for haemorrhoids	0941	-	1.8	3.2	6.2	3.2	-	4.2	1.4	3.9	3.2	-	2.8	2.5	4.7	3.2
		-	1	1	2	1	-	1	1	2	1	-	1	1	2	1

TABLE 3.15 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Procedure, Sex and Age Group[a] (contd.)

Principal Procedure	Procedure Block	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Cholecystectomy	0965	-	3.1	4.2	5.4	4.5	2.7	2.8	2.9	5.2	3.3	2.7	2.9	3.3	5.3	3.7
		-	1	2	2	2	3	1	1	1	1	3	1	1	2	1
Division of abdominal adhesions	0986	10.0	13.7	10.0	15.7	13.9	^	3.7	5.8	14.7	8.3	9.3	5.7	7.1	15.2	10.3
		6	8	9	11	9	^	1	4	12	5	6	2	5	11	7
Repair of inguinal and obstructed hernia	0990, 0997	8.2	1.6	2.6	3.1	3.2	4.6	2.3	6.0	8.6	6.5	7.8	1.8	3.0	3.9	3.6
		2	1	1	1	1	2	2	3	5	3	2	1	1	1	1
Panendoscopy with/without excision	1005–1008	4.9	7.1	10.8	14.0	12.0	6.6	7.1	10.9	14.8	12.6	5.8	7.1	10.9	14.4	12.3
		2	3	6	8	6	3	4	6	8	7	3	4	6	8	7
Procedures on urinary system	**1040–1129**	**5.9**	**5.4**	**6.7**	**10.8**	**8.7**	**8.1**	**6.1**	**8.2**	**12.2**	**9.4**	**6.6**	**5.7**	**7.3**	**11.3**	**8.9**
		3	**2**	**3**	**5**	**4**	**4**	**3**	**4**	**5**	**4**	**4**	**3**	**3**	**5**	**4**
Haemodialysis	1060	2.5	8.8	11.7	14.2	13.0	^	11.3	15.0	17.2	15.7	2.6	9.9	13.1	15.3	14.0
		2	7	7	8	8	^	7	7	9	8	2	7	7	9	8
Examination procedures on bladder (includes cystoscopy)	1089	^	3.1	9.0	15.1	12.9	^	4.7	4.6	18.9	12.2	5.6	3.8	7.5	15.9	12.7
		^	2	4	8	6	^	2	1	8	4	3	2	3	8	5
Procedures on male genital organs	**1160–1203**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**1.2**	**1.8**	**2.9**	**5.3**	**3.0**
		ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**1**	**1**	**2**	**3**	**2**
Prostatectomy	1166–1167	-	1.9	2.7	4.2	3.5	-	-	-	-	-	-	1.9	2.7	4.2	3.5
		-	2	2	3	3	-	-	-	-	-	-	2	2	3	3
Circumcision	30653-00 [1196]	1.6	1.2	1.3	5.1	2.2	-	-	-	-	-	1.6	1.2	1.3	5.1	2.2
		1	1	1	1	1	-	-	-	-	-	1	1	1	1	1
Gynaecological procedures	**1240–1299**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**2.6**	**1.8**	**3.2**	**5.0**	**2.7**
		ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**2**	**1**	**2**	**3**	**1**
Oophorectomy and salpingo-oophorectomy	1243, 1252	-	-	-	-	-	^	2.9	2.4	3.8	2.9	^	2.9	2.4	3.8	2.9
		-	-	-	-	-	^	2	1	2	2	^	2	1	2	2
Salpingectomy	1251	-	-	-	-	-	^	2.0	2.7	^	2.2	^	2.0	2.7	^	2.2
		-	-	-	-	-	^	1	1	^	1	^	1	1	^	1
Examination procedures on uterus	1259	-	-	-	-	-	^	1.7	2.3	8.4	3.4	^	1.7	2.3	8.4	3.4
		-	-	-	-	-	^	1	1	1	1	^	1	1	1	1
Curettage and evacuation of uterus	1265	-	-	-	-	-	-	1.1	1.4	3.5	1.2	-	1.1	1.4	3.5	1.2
		-	-	-	-	-	-	1	1	1	1	-	1	1	1	1
Hysterectomy	1268–1269	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	-	4.1	4.3	4.9	4.4
		ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	-	3	3	3	3
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	-	-	-	-	-	2.3	2.5	2.8	2.6	-	2.3	2.5	2.8	2.6
		-	-	-	-	-	-	2	2	3	2	-	2	2	3	2
Obstetric procedures	**1330–1347**	**-**	**-**	**-**	**-**	**-**	**^**	**3.3**	**5.1**	**-**	**3.3**	**^**	**3.3**	**5.1**	**-**	**3.3**
		-	**-**	**-**	**-**	**-**	**^**	**3**	**4**	**-**	**3**	**^**	**3**	**4**	**-**	**3**
Analgesia and anaesthesia during labour and delivery procedure	1333	-	-	-	-	-	-	3.1	-	-	3.1	-	3.1	-	-	3.1
		-	-	-	-	-	-	3	-	-	3	-	3	-	-	3
Medical or surgical induction of labour	1334	-	-	-	-	-	^	2.2	2.2	-	2.2	^	2.2	2.2	-	2.2
		-	-	-	-	-	^	2	2	-	2	^	2	2	-	2
Medical or surgical augmentation of labour	1335	-	-	-	-	-	-	2.4	-	-	2.4	-	2.4	-	-	2.4
		-	-	-	-	-	-	2	-	-	2	-	2	-	-	2
Spontaneous vertex delivery	1336	-	-	-	-	-	^	2.5	2.9	-	2.5	^	2.5	2.9	-	2.5
		-	-	-	-	-	^	2	3	-	2	^	2	3	-	2
Forceps rotation and delivery	1337	-	-	-	-	-	-	3.5	^	-	3.5	-	3.5	^	-	3.5
		-	-	-	-	-	-	3	^	-	3	-	3	^	-	3
Vacuum extraction	1338	-	-	-	-	-	^	3.2	3.1	-	3.2	^	3.2	3.1	-	3.2
		-	-	-	-	-	^	3	3	-	3	^	3	3	-	3
Breech delivery and extraction	1339	-	-	-	-	-	-	3.9	-	-	3.9	-	3.9	-	-	3.9
		-	-	-	-	-	-	2	-	-	2	-	2	-	-	2

TABLE 3.15 In-Patient Discharges: Mean and Median Length of Stay (Days) by Principal Procedure, Sex and Age Group[a] (contd.)

Principal Procedure	Procedure Block	Male					Female					Total In-Patient Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Caesarean section	1340	-	-	-	-	-	^	4.5	5.8	-	4.5	^	4.5	5.8	-	4.5
		-	-	-	-	-	^	4	4	-	4	^	4	4	-	4
Episiotomy associated with delivery	90472-00	-	-	-	-	-	-	3.1	^	-	3.1	-	3.1	^	-	3.1
	[1343]	-	-	-	-	-	-	3	^	-	3	-	3	^	-	3
Postpartum suture	1344	-	-	-	-	-	-	2.5	^	-	2.5	-	2.5	^	-	2.5
		-	-	-	-	-	-	2	^	-	2	-	2	^	-	2
Procedures on musculoskeletal system	**1360–1580**	**2.0**	**3.4**	**7.0**	**14.4**	**7.6**	**2.3**	**3.8**	**6.3**	**12.3**	**8.5**	**2.1**	**3.5**	**6.7**	**13.2**	**8.0**
		1	**1**	**3**	**6**	**2**	**1**	**2**	**2**	**7**	**3**	**1**	**1**	**2**	**6**	**3**
Arthroplasty of hip	1489	^	4.6	4.7	12.3	9.7	-	5.8	5.5	13.0	11.3	^	5.1	5.1	12.8	10.6
		^	3	3	6	5	-	3	3	8	6	^	3	3	7	6
Arthroplasty of knee	1518–1519	-	4.4	3.7	4.9	4.5	-	3.4	5.9	4.8	5.2	-	4.1	4.8	4.9	4.9
		-	4	3	4	3	-	3	3	4	4	-	3	3	4	4
Dermatological and plastic procedures	**1600–1718**	**2.7**	**3.3**	**6.8**	**10.4**	**5.3**	**3.0**	**3.4**	**8.4**	**12.5**	**6.2**	**2.8**	**3.3**	**7.5**	**11.3**	**5.7**
		1	**1**	**2**	**3**	**1**	**1**	**1**	**2**	**4**	**2**	**1**	**1**	**2**	**4**	**2**
Excision of lesion of skin and subcutaneous tissue	1620	1.3	2.6	2.6	5.3	4.4	^	1.0	6.4	5.1	4.6	1.2	1.7	4.5	5.2	4.4
		1	1	1	1	1	^	1	1	1	1	1	1	1	1	1
Other debridement of skin and subcutaneous tissue	1628	1.5	4.1	10.5	16.6	8.3	2.8	5.2	11.6	18.8	11.0	2.0	4.4	10.9	17.6	9.3
		1	1	3	7	2	1	2	4	7	3	1	2	3	7	2
Skin graft	1640–1650	3.0	9.8	10.8	10.3	9.7	8.3	8.3	12.6	15.1	12.1	5.1	9.3	11.6	12.4	10.6
		2	7	8	4	6	4	3	6	10	5	3	6	8	5	6
Procedures on breast	**1740–1759**	**-**	**1.0**	**4.2**	**4.8**	**3.1**	**-**	**2.1**	**2.2**	**3.6**	**2.6**	**-**	**2.1**	**2.2**	**3.6**	**2.6**
		-	**1**	**4**	**2**	**1**	**-**	**1**	**1**	**1**	**1**	**-**	**1**	**1**	**1**	**1**
Breast biopsy	1743–	-	^	^	^	^	-	1.3	1.4	3.1	2.0	-	1.3	1.4	3.1	2.0
	1744	-	^	^	^	^	-	1	1	1	1	-	1	1	1	1
Mastectomy	1747–	-	1.1	^	4.9	3.5	-	2.9	2.7	4.4	3.2	-	2.9	2.7	4.5	3.2
	1748	-	1	^	2	2	-	2	2	2	2	-	2	2	2	2
Radiation oncology procedures	**1786–1800**	**-**	**17.3**	**19.0**	**23.9**	**21.8**	**-**	**14.9**	**19.0**	**19.4**	**18.6**	**-**	**15.6**	**19.0**	**21.8**	**20.0**
		-	**5**	**11**	**19**	**16**	**-**	**5**	**13**	**15**	**13**	**-**	**5**	**12**	**17**	**14**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1923**	**5.0**	**7.6**	**9.8**	**13.4**	**11.4**	**5.4**	**5.7**	**9.7**	**13.8**	**11.3**	**5.2**	**6.4**	**9.8**	**13.6**	**11.3**
		3	**4**	**5**	**8**	**6**	**3**	**3**	**5**	**8**	**6**	**3**	**3**	**5**	**8**	**6**
Administration of blood and blood products	1893	4.1	8.5	10.8	12.4	11.2	3.9	5.2	8.7	12.8	10.3	4.0	6.2	9.7	12.6	10.7
		2	5	6	7	6	3	3	5	7	5	2	3	5	7	6
Conduction anaesthesia	1909	-	-	^	^	^	-	^	-	^	4.6	-	^	^	^	4.1
		-	-	^	^	^	-	^	-	^	5	-	^	^	^	3
Cerebral anaesthesia	1910	^	23.8	6.0	10.1	11.7	^	^	^	13.9	9.2	^	14.7	5.2	12.1	10.4
		^	5	1	3	3	^	^	^	4	3	^	4	1	4	3
Imaging services[b]	**1940–2016**	**4.8**	**6.7**	**10.2**	**14.4**	**10.7**	**6.5**	**5.2**	**9.5**	**15.0**	**10.8**	**5.5**	**6.0**	**9.9**	**14.7**	**10.7**
		2	**4**	**6**	**8**	**5**	**2**	**1**	**4**	**8**	**5**	**2**	**2**	**5**	**8**	**5**
Computerised tomography scan	1952-1966	4.9	1.4	5.2	3.3	4.0	3.8	3.0	4.8	2.6	3.6	4.5	2.5	5.0	3.0	3.8
		2	1	1	1	1	2	1	1	1	1	2	1	1	1	1
Magnetic resonance imaging	2015	5.8	8.8	26.3	12.5	8.0	8.3	6.1	20.2	16.0	9.9	6.9	7.6	23.1	14.5	8.8
		3	1	2	5	3	3	1	3	7	2	3	1	2	6	3

Notes:
^ Denotes that length of stay calculation was based on five or fewer discharges.
ǂ Denotes that no breakdown is provided.
\- Length of stay cannot be calculated as no in-patients are reported.
a Includes length of stay for total in-patients (includes sameday and overnight in-patients). Excludes day patients.
b See Appendix V for information on updated Australian Coding Standard (ACS) 0042 *Procedures normally not coded* in ICD-10-AM 10th edition.

TABLE 3.16 Total Discharges: All-Listed Procedures by Sex and Age Group (N)

All Procedures	Procedure Block	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges	-	**63,978**	**140,340**	**243,549**	**378,275**	**826,142**	**50,759**	**288,458**	**256,246**	**318,119**	**913,582**	**114,737**	**428,798**	**499,795**	**696,394**	**1,739,724**
All Procedures	**0001–2016**	81,745	188,937	356,419	596,154	1,223,255	59,781	424,207	383,802	512,852	1,380,642	141,526	613,144	740,221	1,109,006	2,603,897
Procedures on nervous system	**0001–0086**	**1,777**	**3,821**	**6,188**	**5,226**	**17,012**	**1,249**	**5,490**	**8,750**	**8,061**	**23,550**	**3,026**	**9,311**	**14,938**	**13,287**	**40,562**
Lumbar puncture	0030	1,341	829	696	722	3,588	942	1,211	783	640	3,576	2,283	2,040	1,479	1,362	7,164
Procedures on endocrine system	**0110–0129**	**23**	**102**	**238**	**216**	**579**	**29**	**414**	**603**	**358**	**1,404**	**52**	**516**	**841**	**574**	**1,983**
Procedures on eye and adnexa	**0160–0256**	**727**	**2,390**	**9,029**	**27,548**	**39,694**	**688**	**1,966**	**7,268**	**36,208**	**46,130**	**1,415**	**4,356**	**16,297**	**63,756**	**85,824**
Extraction of crystalline lens	200	24	114	927	4,031	5,096	33	63	1,026	5,280	6,402	57	177	1,953	9,311	11,498
Application insertion or removal procedures on retina choroid or posterior chamber	0209	23	842	4,866	15,801	21,532	16	722	3,161	22,065	25,964	39	1,564	8,027	37,866	47,496
Procedures on ear and mastoid process	**0300–0333**	**1,585**	**1,294**	**1,026**	**1,000**	**4,905**	**1,055**	**1,297**	**1,031**	**899**	**4,282**	**2,640**	**2,591**	**2,057**	**1,899**	**9,187**
Myringotomy	0309	774	86	50	45	955	487	88	54	40	669	1,261	174	104	85	1,624
Procedures on nose, mouth and pharynx	**0370–0422**	**1,930**	**3,620**	**3,653**	**2,541**	**11,744**	**1,536**	**3,540**	**3,078**	**1,872**	**10,026**	**3,466**	**7,160**	**6,731**	**4,413**	**21,770**
Tonsillectomy or adenoidectomy	0412	875	266	59	14	1,214	818	630	36	12	1,496	1,693	896	95	26	2,710
Dental services	**0450–0490**	**3,833**	**2,126**	**605**	**275**	**6,839**	**2,586**	**1,710**	**491**	**205**	**4,992**	**6,419**	**3,836**	**1,096**	**480**	**11,831**
Procedures on respiratory system	**0520–0572**	**4,114**	**3,298**	**7,114**	**10,932**	**25,458**	**2,867**	**2,633**	**5,954**	**8,423**	**19,877**	**6,981**	**5,931**	**13,068**	**19,355**	**45,335**
Bronchoscopy with/without biopsy	0543–0544, 90163-01[0545]	234	762	1,761	2,549	5,306	173	580	1,599	2,028	4,380	407	1,342	3,360	4,577	9,686
Procedures on cardiovascular system	**0600–0777**	**2,500**	**5,483**	**18,954**	**20,081**	**47,018**	**1,940**	**3,088**	**8,652**	**10,237**	**23,917**	**4,440**	**8,571**	**27,606**	**30,318**	**70,935**
Coronary angiography	0668	257	630	4,897	5,699	11,483	194	193	1,817	3,125	5,329	451	823	6,714	8,824	16,812
Transluminal coronary angioplasty with/without stenting	0670–0671	0	199	1,819	1,929	3,947	0	32	337	753	1,122	0	231	2,156	2,682	5,069
CABG	0672–0679	~	*	683	889	1,614	~	*	69	137	214	~	*	752	1,026	1,828
Leg varicose vein ligation	0727–0728	0	327	607	319	1,253	0	855	1,005	481	2,341	0	1,182	1,612	800	3,594
Procedures on blood and blood-forming organs	**0800–0817**	**329**	**633**	**1,556**	**2,431**	**4,949**	**217**	**1,107**	**3,101**	**2,730**	**7,155**	**546**	**1,740**	**4,657**	**5,161**	**12,104**
Procedures on digestive system	**0850–1011**	**2,564**	**23,803**	**41,806**	**46,865**	**115,038**	**1,633**	**30,814**	**41,922**	**42,088**	**116,457**	**4,197**	**54,617**	**83,728**	**88,953**	**231,495**
Fibreoptic colonoscopy with/without excision	0905, 0911	188	9,145	17,587	19,800	46,720	122	11,391	18,440	17,744	47,697	310	20,536	36,027	37,544	94,417
Appendicectomy	0926	985	1,622	434	176	3,217	665	1,538	461	185	2,849	1,650	3,160	895	361	6,066
Procedures for haemorrhoids	0941	~	1,127	1,428	*	3,156	~	1,200	1,137	*	2,976	~	2,327	2,565	*	6,132
Cholecystectomy	0965	0	284	568	466	1,318	14	1,232	1,107	510	2,863	14	1,516	1,675	976	4,181
Division of abdominal adhesions	0986	52	235	379	468	1,134	41	1,426	698	547	2,712	93	1,661	1,077	1,015	3,846
Repair of inguinal and obstructed hernia	0990, 0997	297	498	1,067	1,197	3,059	59	80	92	150	381	356	578	1,159	1,347	3,440
Panendoscopy with/without excision	1005–1008	261	7,276	12,949	15,008	35,494	192	9,380	14,067	15,019	38,658	453	16,656	27,016	30,027	74,152
Procedures on urinary system	**1040–1129**	**794**	**19,059**	**47,547**	**79,776**	**147,176**	**274**	**14,494**	**29,423**	**43,320**	**87,511**	**1,068**	**33,553**	**76,970**	**123,096**	**234,687**
Haemodialysis	1060	333	15,873	39,922	65,743	121,871	56	11,161	23,665	37,549	72,431	389	27,034	63,587	103,292	194,302
Examination procedures on bladder (includes cystoscopy)	1089	50	914	3,012	6,435	10,411	29	1,148	2,170	2,712	6,059	79	2,062	5,182	9,147	16,470
Procedures on male genital organs	**1160–1203**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**2,931**	**1,374**	**2,423**	**2,741**	**9,469**
Prostatectomy	1166–1167	0	10	525	632	1,167	0	0	0	0	0	0	10	525	632	1,167
Circumcision	30653-00[1196]	1,153	419	210	181	1,963	0	0	0	0	0	1,153	419	210	181	1,963
Gynaecological procedures	**1240–1299**	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	**127**	**25,924**	**24,943**	**5,198**	**56,192**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	~	338	496	*	1,020	~	338	496	*	1,020
Salpingectomy	1251	0	0	0	0	0	8	973	81	7	1,069	8	973	81	7	1,069
Examination procedures on uterus	1259	0	0	0	0	0	9	5,915	8,687	1,470	16,081	9	5,915	8,687	1,470	16,081
Curettage and evacuation of uterus	1265	0	0	0	0	0	~	6,839	5,231	*	12,959	~	6,839	5,231	*	12,959
Hysterectomy	1268–1269	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	ǂ	0	429	1,146	527	2,102
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	90	444	497	1,031	0	90	444	497	1,031

TABLE 3.16 Total Discharges: All-Listed Procedures by Sex and Age Group (N) (contd.)

All Procedures	Procedure Block	Male					Female					Total Discharges				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Obstetric procedures	**1330–1347**	**0**	**0**	**0**	**0**	**0**	**10**	**135,263**	**561**	**0**	**135,834**	**10**	**135,263**	**561**	**0**	**135,834**
Analgesia and anaesthesia during labour and delivery procedure	1333	0	0	0	0	0	~	22,091	*	0	22,145	~	22,091	*	0	22,145
Medical or surgical induction of labour	1334	0	0	0	0	0	~	21,742	*	0	21,829	~	21,742	*	0	21,829
Medical or surgical augmentation of labour	1335	0	0	0	0	0	0	*	~	0	6,272	0	*	~	0	6,272
Spontaneous vertex delivery	1336	0	0	0	0	0	~	25,226	*	0	25,282	~	25,226	*	0	25,282
Forceps rotation and delivery	1337	0	0	0	0	0	0	*	~	0	1,900	0	*	~	0	1,900
Vacuum extraction	1338	0	0	0	0	0	~	6,224	*	0	6,242	~	6,224	*	0	6,242
Breech delivery and extraction	1339	0	0	0	0	0	0	118	0	0	118	0	118	0	0	118
Caesarean section	1340	0	0	0	0	0	~	20,269	*	0	20,537	~	20,269	*	0	20,537
Episiotomy associated with delivery	90472-00[1343]	0	0	0	0	0	~	8,751	*	0	8,767	~	8,751	*	0	8,767
Postpartum suture	1344	0	0	0	0	0	0	15,790	33	0	15,823	0	15,790	33	0	15,823
Procedures on musculoskeletal system	**1360–1580**	**4,678**	**12,336**	**12,447**	**11,931**	**41,392**	**4,362**	**7,567**	**15,722**	**19,067**	**46,718**	**9,040**	**19,903**	**28,169**	**30,998**	**88,110**
Arthroplasty of hip	1489	~	*	693	1,474	2,265	~	*	628	2,342	3,045	6	167	1,321	3,816	5,310
Arthroplasty of knee	1518–1519	0	15	355	595	965	0	7	389	808	1,204	0	22	744	1,403	2,169
Dermatological and plastic procedures	**1600–1718**	**4,240**	**15,724**	**16,005**	**25,486**	**61,455**	**3,365**	**16,530**	**16,003**	**18,464**	**54,362**	**7,605**	**32,254**	**32,008**	**43,950**	**115,817**
Excision of lesion of skin and subcutaneous tissue	1620	410	4,585	6,630	12,345	23,970	329	6,232	7,013	8,230	21,804	739	10,817	13,643	20,575	45,774
Other debridement of skin and subcutaneous tissue	1628	313	2,024	1,490	1,180	5,007	247	2,368	870	923	4,408	560	4,392	2,360	2,103	9,415
Skin graft	1640–1650	46	215	249	909	1,419	41	86	171	482	780	87	301	420	1,391	2,199
Procedures on breast	**1740–1759**	**0**	**43**	**27**	**56**	**126**	**10**	**3,901**	**6,117**	**2,664**	**12,692**	**10**	**3,944**	**6,144**	**2,720**	**12,818**
Breast biopsy	1743–1744	0	14	22	21	57	7	2,433	3,801	1,989	8,230	7	2,447	3,823	2,010	8,287
Mastectomy	1747–1748	0	*	~	14	30	0	*	*	276	1,046	0	253	533	290	1,076
Radiation oncology procedures	**1786–1800**	**851**	**6,133**	**36,847**	**79,798**	**123,629**	**914**	**14,589**	**48,770**	**39,833**	**104,106**	**1,765**	**20,722**	**85,617**	**119,631**	**227,735**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1923**	**46,609**	**85,879**	**146,410**	**272,009**	**550,907**	**34,885**	**152,191**	**157,820**	**267,879**	**612,775**	**81,494**	**238,070**	**304,230**	**539,888**	**1,163,682**
Administration of blood and blood products	1893	2,682	3,262	6,300	14,857	27,101	1,793	5,461	5,944	11,813	25,011	4,475	8,723	12,244	26,670	52,112
Conduction anaesthesia	1909	484	2,237	3,933	7,448	14,102	333	17,966	4,695	9,841	32,835	817	20,203	8,628	17,289	46,937
Cerebral anaesthesia	1910	17,697	33,414	48,708	55,262	155,081	11,876	46,095	56,873	52,722	167,566	29,573	79,509	105,581	107,984	322,647
Imaging services[a]	**1940–2016**	**2,261**	**1,822**	**4,542**	**7,242**	**15,867**	**2,033**	**1,686**	**3,595**	**5,346**	**12,660**	**4,294**	**3,508**	**8,137**	**12,588**	**28,527**
Computerised tomography scan	1952–1966	280	389	969	1,760	3,398	195	249	939	1,216	2,599	475	638	1,908	2,976	5,997
Magnetic resonance imaging	2015	1,536	144	78	88	1,846	1,325	119	89	103	1,636	2,861	263	167	191	3,482

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

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

ǂ Denotes that no breakdown is provided.

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

Case Mix Analysis 2022

SECTION Four

Table of Contents

4.1 INTRODUCTION

The analysis in this Section focuses on the case mix classification for all discharges reported to the Hospital In-Patient Enquiry (HIPE) scheme in 2022.[1] Hospital case mix may be defined as 'the proportion of cases of each disease and health problem treated in the hospital'.[2]

- Section 4.2 presents background to the applied case mix classification and details of the assignment of discharges to Major Diagnostic Categories (MDC) and Australian Refined Diagnosis Related Groups (AR-DRG). The AR-DRG Classification System has been updated from Version 6.0 to Version 8.0 for 2015 onwards.[3] The update to AR-DRG Version 8.0 included a revision of the complexity model used to assign AR-DRGs to episodes of care. In addition to this, it included a review of existing AR-DRGs, the removal of some AR-DRGs and the inclusion of new AR-DRGs. The naming convention for AR-DRGs was also updated. Due to the update in this classification, DRGs in this report are not comparable with those in reports prior to 2016.[4]
- Section 4.3 presents analysis of HIPE data by case mix for day patients and in-patients.

4.2 OVERVIEW

4.2.1 Case Mix Classification

- The Diagnosis Related Group (DRG) scheme enables the disaggregation of patients into homogeneous groups, which undergo similar treatment processes and incur similar levels of resource use.
- The data required for DRG assignment include principal and secondary diagnoses, procedures performed, age, sex, length of stay, admission weight, sameday status and patient destination on discharge from hospital.
- Since the inception of the national case mix programme, the DRG classification scheme has been adopted as the national standard for Ireland.[5] One of the key features of this methodology is the classification of cases into different levels of complexity within AR-DRGs. ICD-10-AM/ACHI/ACS 10th Edition is the coding system used for AR-DRG grouping since 2020.[6] As all of the data required for AR-DRG classification are available on the HIPE system,

1 For information on how the DRG system is used in Activity Based Funding see https://www.hse.ie/eng/services/publications/activity-based-funding-abf-programme-implementation-plan-2021-2023.pdf

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

3 AR-DRG Version 8.0 was first reported on in the HIPE Annual Report in 2016.

4 See Appendix VIII for an overview of changes between AR-DRG Version 6.0 and Version 8.0.

5 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.

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

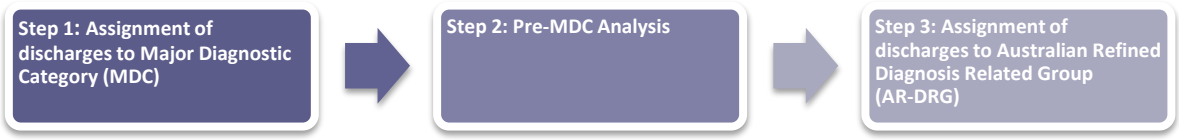
and since diagnoses and procedures are coded with ICD-10-AM/ACHI/ACS, discharges are assigned to the AR-DRG system from this database. AR-DRG Version 6.0 was used in Ireland from 2009-2014.[7] In 2015, this classification was updated to AR-DRG Version 8.0.[8]

4.2.2 Assignment of Discharges to MDC and AR-DRG

Figure 4.1 shows the steps in AR-DRG assignment;

- The first step in assignment is the classification of discharges by Major Diagnostic Category (MDC). There are 23 MDCs which are essentially primary diagnostic groupings based on the systems of the body, for example nervous system (MDC 1), eye (MDC 2), circulatory system (MDC 5), etc. As not all discharges can be assigned directly to a MDC, there is a category entitled 'unassignable to MDC'.
- To deal with certain categories of high cost discharges, the second step involves a Pre-MDC analysis which can override the initial MDC assignment. Examples of discharges affected include transplants, human immunodeficiency virus (HIV) disease, and multiple significant trauma.[9]
- After assignment to the appropriate MDCs, discharges are assigned to an AR-DRG. In total, there are 807 AR-DRGs in version 8.0 of the AR-DRG classification.

FIGURE 4.1 Steps in AR-DRG Assignment



In AR-DRG Version 8.0 an AR-DRG consists of four alphanumeric characters in the form of 'MAAD':

- 'M' is either a letter (indicating the broad group of the DRG) or an '8' or a '9' (indicating an unrelated operating room procedure DRG or an error DRG, respectively).[10]
- 'AA' identifies the partition to which the adjacent DRG belongs.[11] Both characters are numbers whose values indicate whether the code is surgical,

7 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.

8 See Appendix VIII for an overview of changes between AR-DRG Version 6.0 and Version 8.0.

9 'Some episodes involving procedures that are particularly resource-intensive may be assigned to the *Pre-MDC* category, 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.

10 '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.

medical or other.[12] Discharges with a surgical procedure performed are assigned to the surgical AR-DRGs where classification is based on the most resource intensive procedure performed. Medical discharges are assigned to an AR-DRG on the basis of principal diagnosis.

- 'D' is a complexity split indicator that ranks DRGs within adjacent DRGs on the basis of their level of complexity/resource use. It is either 'A', 'B', 'C', 'D' or 'Z' with 'A' being the most complex or 'Z' indicating that there is no complexity split.[13] The complexity of the case is determined by particular variables, such as the presence of complications and/or comorbidities (CC), age, or other demographic and administrative information, which influence the treatment process and/or the pattern of resource utilisation.[14]

4.2.2.1 AR-DRG Complexity Split

The AR-DRG complexity split for total discharges is presented in Table 4.1. For in-patient discharges, 28.1 per cent were assigned to complexity group A *'Highest consumption of resources'*, and 58.0 per cent were assigned to complexity group B *'Second highest consumption of resources'*.

TABLE 4.1 Total Discharges: AR-DRG Complexity Split by Patient Type (N, %)

	Discharges									
	Day Patients		In-Patients[a]						Total Discharges	
			Sameday In-Patients		Overnight In-Patients		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
A Highest consumption of resources	35,006	3.1	16,416	12.3	156,282	32.4	172,698	28.1	207,704	11.9
B Second highest consumption of resources	419,950	37.3	97,429	73.2	259,254	53.8	356,683	58.0	776,633	44.6
C Third highest consumption of resources	183,066	16.3	5,603	4.2	49,030	10.2	54,633	8.9	237,699	13.7
D Fourth highest consumption of resources	154	0.0	1,707	1.3	4,992	1.0	6,699	1.1	6,853	0.4
Z No complexity split	486,398	43.3	11,987	9.0	12,450	2.6	24,437	4.0	510,835	29.4
Total Discharges	1,124,574	100.0	133,142	100.0	482,008	100.0	615,150	100.0	1,739,724	100.0

Notes: Percentage columns are subject to rounding.

a The sameday and overnight in-patient split is provided in this table for information purposes, this split is not provided in Tables 4.2 to 4.27.

11 'Adjacent Diagnosis Related Group (ADRGs) are clinically meaningful MDC partitions that are generally defined by the same (principal) diagnosis or intervention codes. Occasionally ADRGs may also be defined by age, length of stay (i.e. sameday) and separation mode (e.g. died or transfer). An ADRG consists of one or more end classes or DRGs.' Australian Consortium for Classification Development, 2015, *Australian Refined Diagnosis Related Groups, Version 8.0, Definitions Manual*, Volume 1. Independent Hospital Pricing Authority. p. xiii.

12 'The separate ranges - 01 to 39, 40 to 59 and 60 to 99 - are used to indicate the surgical, other and medical partitions respectively.' Australian Consortium for Classification Development, 2015, *Australian Refined Diagnosis Related Groups, Version 8.0, Definitions Manual*, Volume 1. Independent Hospital Pricing Authority. p. 8.

13 For a more detailed description of how AR-DRGs are derived see Australian Consortium for Classification Development, 2015, *Australian Refined Diagnosis Related Groups, Version 8.0, Definitions Manual*, Volume 1. Independent Hospital Pricing Authority. pp. 4–11.

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

4.3 Analysis of HIPE Data by Case Mix

The analysis presented in this section includes all discharges reported to HIPE. Analysis of 2022 HIPE data by MDC is presented in Table 4.2 and Figures 4.2 and 4.3. Tables 4.3 to 4.27 represent each MDC (including unassignable to MDC and pre-MDC) and their associated AR-DRGs.[15,16,17]

4.3.1 Analysis of Day Patients by MDC and AR-DRG

- The MDC with the largest proportion of day patients reported was *Neoplastic disorders (haematological and solid neoplasms)* (MDC 17), which accounted for 269,269 discharges or 23.9 per cent of day patients (see Tables 4.2 and 4.19 and Figure 4.3).
    - *Chemotherapy* (AR-DRG R63Z) accounted for 48.3 per cent of day patients within this MDC, and 11.6 per cent of total day patients; *Other Neoplastic Disorders, Minor Complexity* (AR-DRG R62C) accounted for 37.2 per cent of day patients within this MDC and 8.9 per cent of total day patients.[18]

- *Diseases and disorders of the kidney and urinary tract* (MDC 11), with 216,584 discharges, accounted for 19.3 per cent of day patients (see Tables 4.2 and 4.13 and Figure 4.3).
    - *Haemodialysis* (AR-DRG L61Z) accounted for 87.5 per cent of day patients within this MDC and 16.9 per cent of total day patients.

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

- The MDC with the largest proportion of in-patient discharges was *Pregnancy, Childbirth and the Puerperium* (MDC 14), with 97,453 discharges, which accounted for 15.8 per cent of in-patients (see Tables 4.2 and 4.16 and Figure 4.3).
    - *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C) accounted for 33.0 per cent of in-patients within this MDC and 5.2 per cent of total in-patient discharges.

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

16 The official classification for AR-DRG's (Version 8.0) has been slightly modified by the addition of two local DRG's specific to Ireland to account for differences in the provision of care between Ireland and Australia. While this practice has been used for Activity Based Funding, this modification to the official AR-DRG classification has only been published in the HIPE Annual Report since 2018. See MDC 9 (Table 4.11) for a description of J98Z (*UV Therapy*) and MDC 17 (Table 4.19) for a description of R99Z (*Oncology Repeat Attendance*).

17 The calculation of total in-patient length of stay differs in this report compared to reports prior to 2018. Since 2018, the length of stay assigned for sameday in-patients has changed from one bed day to 0.5 bed days. This will impact on the total in-patient length of stay resulting in a lower average length of stay compared to years prior to 2018 (see Section 1.7).

18 R62 *Other Neoplastic Disorders* is a new ADRG in Version 8.0 of the AR-DRG classification system; most cases in this ADRG were grouped to R64 *Radiotherapy* in AR-DRG Version 6.0. For an overview of changes between AR-DRG Version 6.0 and Version 8.0 see Appendix VIII.

- *Antenatal and Other Obstetric Admission* (AR-DRGs O66A and O66B) accounted for 36.5 per cent of in-patients within this MDC and 5.8 per cent of total in-patient discharges.
- *Caesarean Delivery* (AR-DRGs O01A, O01B and O01C) accounted for 21.1 per cent of in-patients within this MDC, with *Caesarean Delivery, Minor Complexity* (AR-DRG O01C) accounting for the majority of these cases (49.9 per cent).
- For *Vaginal Delivery* (AR-DRGs O60A, O60B and O60C), the in-patient mean length of stay ranged from 2.1 days for *Vaginal Delivery, Minor Complexity* (AR-DRG O60C) to 4.1 days for *Vaginal Delivery, Major Complexity* (AR-DRG O60A).
- For *Caesarean Delivery* (AR-DRGs O01A, O01B and O01C), the in-patient mean length of stay ranged from 3.5 days for *Caesarean Delivery, Minor Complexity* (AR-DRG O01C) to 9.2 days for *Caesarean Delivery, Major Complexity* (AR-DRG O01A).

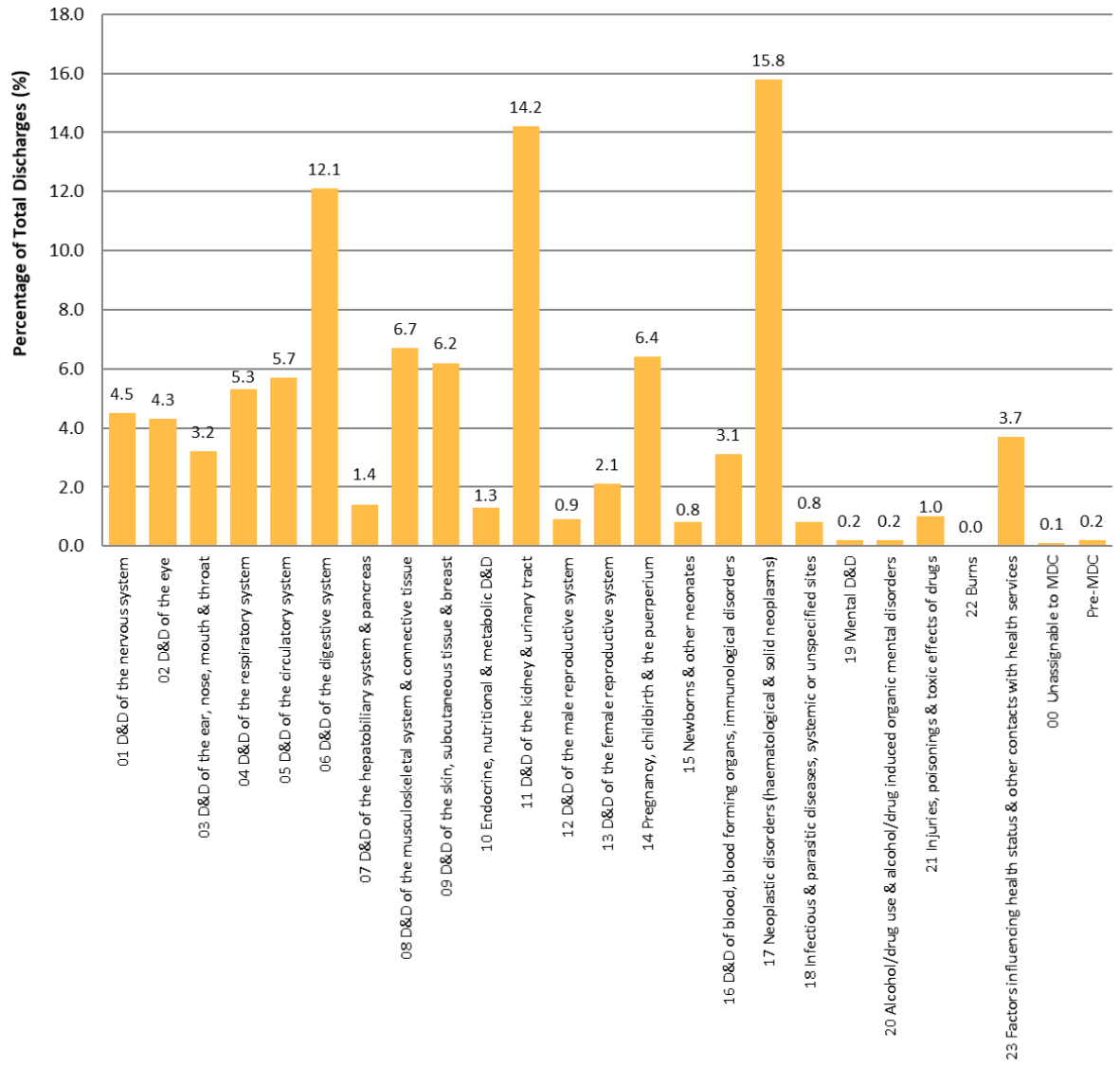
- *Diseases and Disorders of the Circulatory System* (MDC 5), with 77,338 in-patient discharges, accounted for 12.6 per cent of total in-patients (see Tables 4.2 and 4.7 and Figure 4.3).
- *Diseases and Disorders of the Respiratory System* (MDC 4), with 70,784 discharges, accounted for 11.5 per cent of total in-patients (see Tables 4.2 and 4.6 and Figure 4.3).

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

Major Diagnostic Category	Day Patients		In-Patients		Total Discharges	
	N	%	N	%	N	%
01 Diseases and disorders of the nervous system	24,728	2.2	52,850	8.6	77,578	4.5
02 Diseases and disorders of the eye	69,068	6.1	5,720	0.9	74,788	4.3
03 Diseases and disorders of the ear, nose, mouth and throat	27,406	2.4	27,471	4.5	54,877	3.2
04 Diseases and disorders of the respiratory system	21,787	1.9	70,784	11.5	92,571	5.3
05 Diseases and disorders of the circulatory system	22,113	2.0	77,338	12.6	99,451	5.7
06 Diseases and disorders of the digestive system	148,219	13.2	62,277	10.1	210,496	12.1
07 Diseases and disorders of the hepatobiliary system and pancreas	8,472	0.8	16,600	2.7	25,072	1.4
08 Diseases and disorders of the musculoskeletal system and connective tissue	62,866	5.6	53,937	8.8	116,803	6.7
09 Diseases and disorders of the skin, subcutaneous tissue and breast	88,638	7.9	18,359	3.0	106,997	6.2
10 Endocrine, nutritional and metabolic diseases and disorders	8,206	0.7	13,567	2.2	21,773	1.3
11 Diseases and disorders of the kidney and urinary tract	216,584	19.3	30,476	5.0	247,060	14.2
12 Diseases and disorders of the male reproductive system	11,384	1.0	4,867	0.8	16,251	0.9
13 Diseases and disorders of the female reproductive system	26,770	2.4	9,761	1.6	36,531	2.1
14 Pregnancy, childbirth and the puerperium	13,902	1.2	97,453	15.8	111,355	6.4
15 Newborns and other neonates	238	0.0	13,077	2.1	13,315	0.8
16 Diseases and disorders of blood, blood forming organs, immunological disorders	44,279	3.9	8,810	1.4	53,089	3.1
17 Neoplastic disorders (haematological and solid neoplasms)	269,269	23.9	5,084	0.8	274,353	15.8
18 Infectious and parasitic diseases, systemic or unspecified sites	2,322	0.2	11,325	1.8	13,647	0.8
19 Mental diseases and disorders	776	0.1	2,860	0.5	3,636	0.2
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	~	^	*	^	3,139	0.2
21 Injuries, poisonings and toxic effects of drugs	2,004	0.2	16,190	2.6	18,194	1.0
22 Burns	111	0.0	460	0.1	571	0.0
23 Factors influencing health status and other contacts with health services	54,981	4.9	8,638	1.4	63,619	3.7
Unassignable to MDC	355	0.0	1,171	0.2	1,526	0.1
Pre-MDC	*	^	*	^	3,032	0.2
Total Discharges	1,124,574	100.0	615,150	100.0	1,739,724	100.0

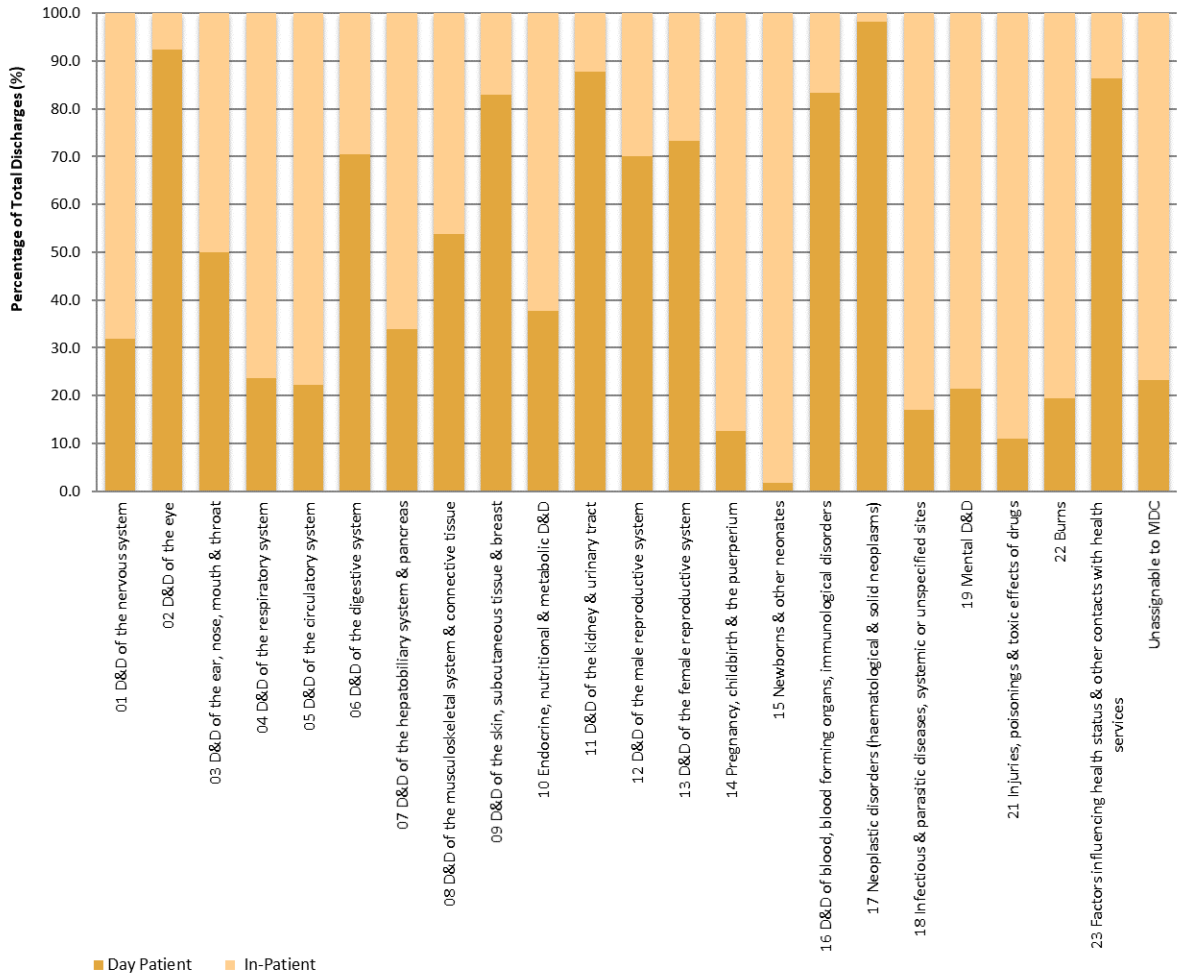
Notes:
Percentage columns are subject to rounding.
~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
^ Denotes that the percentage is suppressed where the number of discharges is not reported.

FIGURE 4.2 Total Discharges: Major Diagnostic Category (MDC) (%)



Note: D&D = Diseases and disorders
Percentages are subject to rounding.

FIGURE 4.3 Total Discharges: Major Diagnostic Category (MDC) by Patient Type (%)



Note: D&D = Diseases and disorders

TABLE 4.3 Total Discharges: MDC 1 Diseases and Disorders of the Nervous System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 1 Diseases and Disorders of the Nervous System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
B01A Ventricular Shunt Revision, Major Complexity	0	27	7.0	4
B01B Ventricular Shunt Revision, Minor Complexity	~	56	5.4	3
B02A Cranial Procedures, Major Complexity	0	233	29.2	18
B02B Cranial Procedures, Intermediate Complexity	0	742	10.7	8
B02C Cranial Procedures, Minor Complexity	~	1,150	6.8	6
B03A Spinal Procedures, Major Complexity	0	65	23.3	14
B03B Spinal Procedures, Intermediate Complexity	~	66	5.2	3
B03C Spinal Procedures, Minor Complexity	18	73	4.9	3
B04A Extracranial Vascular Procedures, Major Complexity	0	31	23.4	19
B04B Extracranial Vascular Procedures, Intermediate Complexity	0	98	10.7	9
B04C Extracranial Vascular Procedures, Minor Complexity	7	163	5.4	4
B05Z Carpal Tunnel Release	1,469	40	2.0	1
B06A Procedures for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Major Comp	~	47	52.0	28
B06B Procedures for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Interm Comp	18	65	11.2	6
B06C Procedures for Cerebral Palsy, Muscular Dystrophy and Neuropathy, Minor Comp	196	72	5.2	1
B07A Cranial or Peripheral Nerve and Other Nervous System Procedures, Major Comp	0	50	21.3	14
B07B Cranial or Peripheral Nerve and Other Nervous System Procedures, Minor Comp	144	321	1.7	1
B40Z Plasmapheresis W Neurological Disease, Sameday	28	0	-	-
B41Z Telemetric EEG Monitoring	~	118	5.9	5
B42A Nervous System Disorders W Ventilator Support, Major Complexity	0	56	27.7	15
B42B Nervous System Disorders W Ventilator Support, Minor Complexity	0	134	5.2	3
B60A Acute Paraplegia and Quadriplegia W or W/O OR Procedures, Major Complexity	0	57	91.4	74
B60B Acute Paraplegia and Quadriplegia W or W/O OR Procedures, Minor Complexity	~	122	35.5	9
B61A Spinal Cord Conditions W or W/O OR Procedures, Major Complexity	~	77	40.4	21
B61B Spinal Cord Conditions W or W/O OR Procedures, Minor Complexity	23	107	13.6	7
B62Z Apheresis	~	~	^	^
B63A Dementia and Other Chronic Disturbances of Cerebral Function, Major Complexity	43	940	43.8	27
B63B Dementia and Other Chronic Disturbances of Cerebral Function, Minor Complexity	208	802	18.1	10
B64A Delirium, Major Complexity	43	1,150	16.6	10
B64B Delirium, Minor Complexity	26	1,087	5.4	3
B65A Cerebral Palsy, Major Complexity	20	13	11.5	3
B65B Cerebral Palsy, Minor Complexity	250	*	^	^
B66A Nervous System Neoplasms, Major Complexity	55	625	18.9	12
B66B Nervous System Neoplasms, Minor Complexity	1,654	785	7.7	5
B67A Degenerative Nervous System Disorders, Major Complexity	108	955	25.3	14
B67B Degenerative Nervous System Disorders, Intermediate Complexity	593	682	7.0	3
B67C Degenerative Nervous System Disorders, Minor Complexity	1,101	100	4.6	3
B68A Multiple Sclerosis and Cerebellar Ataxia, Major Complexity	349	351	14.0	6
B68B Multiple Sclerosis and Cerebellar Ataxia, Minor Complexity	7,839	519	2.5	1
B69A TIA and Precerebral Occlusion, Major Complexity	~	810	9.4	6
B69B TIA and Precerebral Occlusion, Minor Complexity	39	2,101	3.5	2
B70A Stroke and Other Cerebrovascular Disorders, Major Complexity	~	879	49.7	37
B70B Stroke and Other Cerebrovascular Disorders, Intermediate Complexity	51	2,402	21.7	13
B70C Stroke and Other Cerebrovascular Disorders, Minor Complexity	31	3,510	9.8	6
B70D Stroke and Other Cerebrovascular Disorders, Transferred <5 Days	~	271	1.5	1
B71A Cranial and Peripheral Nerve Disorders, Major Complexity	1,535	1,306	7.6	2
B71B Cranial and Peripheral Nerve Disorders, Minor Complexity	3,121	319	5.0	2
B72A Nervous System Infection Except Viral Meningitis, Major Complexity	15	240	23.1	16
B72B Nervous System Infection Except Viral Meningitis, Minor Complexity	251	278	9.5	6
B73Z Viral Meningitis	~	242	4.8	4
B74A Nontraumatic Stupor and Coma, Major Complexity	~	63	10.9	5
B74B Nontraumatic Stupor and Coma, Minor Complexity	11	109	3.5	2
B75Z Febrile Convulsions	28	631	1.6	1
B76A Seizures, Major Complexity	50	2,237	9.3	4
B76B Seizures, Minor Complexity	833	5,027	2.6	1
B77A Headaches, Major Complexity	73	1,945	3.6	2
B77B Headaches, Minor Complexity	1,431	7,647	1.4	1
B78A Intracranial Injuries, Major Complexity	~	508	31.3	17
B78B Intracranial Injuries, Minor Complexity	~	1,127	9.8	4
B78C Intracranial Injuries, Transferred <5 Days	0	74	1.4	1
B79A Skull Fractures, Major Complexity	0	183	9.0	4

TABLE 4.3 Total Discharges: MDC 1 Diseases and Disorders of the Nervous System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay) (contd.)

MDC 1 Diseases and Disorders of the Nervous System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
B79B Skull Fractures, Minor Complexity	~	214	2.5	2
B80A Other Head Injuries, Major Complexity	0	464	11.3	5
B80B Other Head Injuries, Minor Complexity	12	1,943	1.4	1
B81A Other Disorders of the Nervous System, Major Complexity	72	1,274	21.6	14
B81B Other Disorders of the Nervous System, Minor Complexity	2,865	4,648	4.4	2
B82A Chronic & Unspec Para/Quadriplegia W or W/O OR Proc, Major Complexity	~	94	70.3	37
B82B Chronic & Unspec Para/Quadriplegia W or W/O OR Proc, Intermediate Complexity	~	200	24.0	12
B82C Chronic & Unspec Para/Quadriplegia W or W/O OR Proc, Minor Complexity	70	111	10.4	4
Total	24,728	52,850	9.5	3

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 is suppressed where the number of discharges is not reported.
- Mean and median length of stay cannot be calculated as no in-patients are reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.4 Total Discharges: MDC 2 Diseases and Disorders of the Eye: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 2 Diseases and Disorders of the Eye	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
C01A Procedures for Penetrating Eye Injury, Major Complexity	~	35	5.6	3
C01B Procedures for Penetrating Eye Injury, Minor Complexity	*	52	1.9	1
C02Z Enucleations and Orbital Procedures	39	110	3.2	2
C03A Retinal Procedures, Major Complexity	3,858	1,187	1.9	1
C03B Retinal Procedures, Minor Complexity	40,688	159	1.2	1
C04A Major Corneal, Scleral and Conjunctival Procedures, Major Complexity	*	50	7.0	2
C04B Major Corneal, Scleral and Conjunctival Procedures, Minor Complexity	23	148	1.4	1
C05Z Dacryocystorhinostomy	62	61	1.1	1
C10Z Strabismus Procedures	668	46	1.0	1
C11Z Eyelid Procedures	864	77	1.1	1
C12Z Other Corneal, Scleral and Conjunctival Procedures	458	78	5.6	5
C13Z Lacrimal Procedures	263	6	9.8	4
C14A Other Eye Procedures, Major Complexity	83	68	5.5	5
C14B Other Eye Procedures, Minor Complexity	1,346	70	1.1	1
C15Z Glaucoma and Complex Cataract Procedures	1,046	233	1.4	1
C16Z Lens Procedures	11,344	166	2.2	1
C60A Acute and Major Eye Infections, Major Complexity	7	63	10.0	7
C60B Acute and Major Eye Infections, Minor Complexity	55	182	5.2	4
C61A Neurological and Vascular Disorders of the Eye, Major Complexity	201	469	5.7	3
C61B Neurological and Vascular Disorders of the Eye, Minor Complexity	731	587	2.8	2
C62A Hyphaema and Medically Managed Trauma to the Eye, Major Complexity	23	205	9.1	4
C62B Hyphaema and Medically Managed Trauma to the Eye, Minor Complexity	61	310	1.9	1
C63A Other Disorders of the Eye, Major Complexity	171	195	4.9	3
C63B Other Disorders of the Eye, Intermediate Complexity	2,383	995	2.0	1
C63C Other Disorders of the Eye, Minor Complexity	4,678	168	1.3	1
Total	69,068	5,720	3.0	1

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.5 Total Discharges: MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
D01Z Cochlear Implant	~	76	1.6	1
D02A Head and Neck Procedures, Major Complexity	~	64	21.8	12
D02B Head and Neck Procedures, Intermediate Complexity	~	57	8.0	6
D02C Head and Neck Procedures, Minor Complexity	36	107	4.2	2
D03Z Surgical Repair for Cleft Lip and Palate Disorders	30	81	2.9	2
D04A Maxillo Surgery, Major Complexity	36	380	3.1	2
D04B Maxillo Surgery, Minor Complexity	27	260	2.2	2
D05Z Parotid Gland Procedures	11	152	2.0	1
D06Z Sinus and Complex Middle Ear Procedures	498	555	1.5	1
D10Z Nasal Procedures	753	393	1.3	1
D11Z Tonsillectomy and Adenoidectomy	741	2,237	1.2	1
D12A Other Ear, Nose, Mouth and Throat Procedures, Major Complexity	111	133	9.4	4
D12B Other Ear, Nose, Mouth and Throat Procedures, Minor Complexity	1,087	352	1.6	1
D13Z Myringotomy W Tube Insertion	1,035	58	3.5	1
D14A Mouth and Salivary Gland Procedures, Major Complexity	283	223	3.8	2
D14B Mouth and Salivary Gland Procedures, Minor Complexity	700	69	1.7	1
D15Z Mastoid Procedures	30	234	1.5	1
D40Z Dental Extractions and Restorations	4,734	281	2.3	1
D60A Ear, Nose, Mouth and Throat Malignancy, Major Complexity	49	337	24.3	17
D60B Ear, Nose, Mouth and Throat Malignancy, Minor Complexity	1,150	334	7.4	3
D61A Dysequilibrium, Major Complexity	14	921	5.2	3
D61B Dysequilibrium, Minor Complexity	719	4,601	1.7	1
D62A Epistaxis, Major Complexity	0	125	8.1	6
D62B Epistaxis, Minor Complexity	622	742	2.1	1
D63A Otitis Media and Upper Respiratory Infections, Major Complexity	187	3,374	3.2	2
D63B Otitis Media and Upper Respiratory Infections, Minor Complexity	2,389	6,677	1.3	1
D64A Laryngotracheitis and Epiglottitis, Major Complexity	6	142	1.7	1
D64B Laryngotracheitis and Epiglottitis, Minor Complexity	22	851	0.9	1
D65A Nasal Trauma and Deformity, Major Complexity	19	124	8.7	5
D65B Nasal Trauma and Deformity, Minor Complexity	905	390	1.1	1
D66A Other Ear, Nose, Mouth and Throat Disorders, Major Complexity	569	479	4.8	2
D66B Other Ear, Nose, Mouth and Throat Disorders, Minor Complexity	9,066	1,459	1.4	1
D67A Oral and Dental Disorders, Major Complexity	102	370	6.5	3
D67B Oral and Dental Disorders, Minor Complexity	1,470	833	1.9	1
Total	27,406	27,471	2.5	1

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.6 Total Discharges: MDC 4 Diseases and Disorders of the Respiratory System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 4 Diseases and Disorders of the Respiratory System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
E01A Major Chest Procedures, Major Complexity	0	51	37.7	26
E01B Major Chest Procedures, Intermediate Complexity	~	214	16.3	13
E01C Major Chest Procedures, Minor Complexity	57	636	8.5	7
E02A Other Respiratory System OR Procedures, Major Complexity	~	220	24.0	18
E02B Other Respiratory System OR Procedures, Intermediate Complexity	136	289	7.6	5
E02C Other Respiratory System OR Procedures, Minor Complexity	108	76	1.5	1
E40A Respiratory System Disorders W Ventilator Support, Major Complexity	0	102	22.9	15
E40B Respiratory System Disorders W Ventilator Support, Minor Complexity	0	156	11.1	9
E41A Respiratory System Disorders W Non-Invasive Ventilation, Major Complexity	0	1,067	22.5	15
E41B Respiratory System Disorders W Non-Invasive Ventilation, Minor Complexity	0	2,159	11.9	9
E42A Bronchoscopy, Major Complexity	531	814	17.8	13
E42B Bronchoscopy, Minor Complexity	6,107	393	6.1	4
E60A Cystic Fibrosis, Major Complexity	52	276	12.0	12
E60B Cystic Fibrosis, Minor Complexity	1,424	228	5.9	2
E61A Pulmonary Embolism, Major Complexity	~	680	11.7	8
E61B Pulmonary Embolism, Minor Complexity	21	1,092	4.4	3
E62A Respiratory Infections and Inflammations, Major Complexity	27	10,641	13.2	8
E62B Respiratory Infections and Inflammations, Minor Complexity	58	5,055	5.4	4
E63A Sleep Apnoea, Major Complexity	19	211	4.1	2
E63B Sleep Apnoea, Minor Complexity	119	713	1.4	1
E64A Pulmonary Oedema and Respiratory Failure, Major Complexity	0	204	13.7	9
E64B Pulmonary Oedema and Respiratory Failure, Minor Complexity	0	260	5.3	3
E65A Chronic Obstructive Airways Disease, Major Complexity	111	4,341	11.5	8
E65B Chronic Obstructive Airways Disease, Minor Complexity	1,204	7,098	4.7	3
E66A Major Chest Trauma, Major Complexity	0	316	14.5	9
E66B Major Chest Trauma, Minor Complexity	0	396	4.2	2
E67A Respiratory Signs and Symptoms, Major Complexity	276	3,832	3.4	1
E67B Respiratory Signs and Symptoms, Minor Complexity	1,299	5,927	1.2	1
E68A Pneumothorax, Major Complexity	~	387	9.6	6
E68B Pneumothorax, Minor Complexity	~	476	3.7	3
E69A Bronchitis and Asthma, Major Complexity	79	489	5.7	4
E69B Bronchitis and Asthma, Minor Complexity	5,138	3,140	2.0	1
E70A Whooping Cough and Acute Bronchiolitis, Major Complexity	0	418	4.3	3
E70B Whooping Cough and Acute Bronchiolitis, Minor Complexity	28	2,787	2.4	2
E71A Respiratory Neoplasms, Major Complexity	62	912	15.5	12
E71B Respiratory Neoplasms, Minor Complexity	2,536	1,068	6.4	4
E72Z Respiratory Problems Arising from Neonatal Period	~	47	7.0	2
E73A Pleural Effusion, Major Complexity	~	185	18.0	12
E73B Pleural Effusion, Intermediate Complexity	25	424	9.2	7
E73C Pleural Effusion, Minor Complexity	106	330	4.1	3
E74A Interstitial Lung Disease, Major Complexity	165	604	12.1	8
E74B Interstitial Lung Disease, Minor Complexity	1,195	343	4.8	3
E75A Other Respiratory System Disorders, Major Complexity	90	6,820	8.7	5
E75B Other Respiratory System Disorders, Minor Complexity	719	4,832	2.3	1
E76A Respiratory Tuberculosis, Major Complexity	0	40	18.2	15
E76B Respiratory Tuberculosis, Minor Complexity	83	35	8.6	7
Total	21,787	70,784	7.4	4

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.7 Total Discharges: MDC 5 Diseases and Disorders of the Circulatory System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
F01A Implantation and Replacement of AICD, Total System, Major Complexity	0	51	18.4	14
F01B Implantation and Replacement of AICD, Total System, Minor Complexity	223	201	5.3	2
F02Z Other AICD Procedures	13	20	4.1	2
F03A Cardiac Valve Procedures W CPB Pump W Invasive Cardiac Investigation, Major Comp	0	60	35.3	29
F03B Cardiac Valve Procedures W CPB Pump W Invasive Cardiac Investigation, Minor Comp	~	86	18.2	17
F04A Cardiac Valve Procedures W CPB Pump W/O Invasive Cardiac Invest, Major Comp	0	52	28.6	27
F04B Cardiac Valve Procedures W CPB Pump W/O Invasive Cardiac Invest, Interm Comp	0	206	13.3	11
F04C Cardiac Valve Procedures W CPB Pump W/O Invasive Cardiac Invest, Minor Comp	7	349	8.2	8
F05A Coronary Bypass W Invasive Cardiac Investigation, Major Complexity	0	49	31.1	28
F05B Coronary Bypass W Invasive Cardiac Investigation, Minor Complexity	0	160	17.5	16
F06A Coronary Bypass W/O Invasive Cardiac Investigation, Major Complexity	0	68	23.4	18
F06B Coronary Bypass W/O Invasive Cardiac Investigation, Minor Complexity	0	449	10.2	9
F07A Other Cardiothoracic/Vascular Procedures W CPB Pump, Major Complexity	0	23	31.8	28
F07B Other Cardiothoracic/Vascular Procedures W CPB Pump, Intermediate Complexity	~	46	12.4	11
F07C Other Cardiothoracic/Vascular Procedures W CPB Pump, Minor Complexity	~	70	8.6	7
F08A Major Reconstructive Vascular Procedures W/O CPB Pump, Major Complexity	0	72	35.2	29
F08B Major Reconstructive Vascular Procedures W/O CPB Pump, Intermediate Complexity	0	273	16.6	13
F08C Major Reconstructive Vascular Procedures W/O CPB Pump, Minor Complexity	20	326	8.7	7
F09A Other Cardiothoracic Procedures W/O CPB Pump, Major Complexity	0	25	24.3	14
F09B Other Cardiothoracic Procedures W/O CPB Pump, Intermediate Complexity	~	43	11.7	10
F09C Other Cardiothoracic Procedures W/O CPB Pump, Minor Complexity	28	60	4.8	2
F10A Interventional Coronary Procedures, Admitted for AMI, Major Complexity	~	285	11.2	8
F10B Interventional Coronary Procedures, Admitted for AMI, Minor Complexity	23	1,994	3.0	2
F11A Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Major Comp	0	75	70.6	56
F11B Amputation, Except Upper Limb and Toe, for Circulatory Disorders, Minor Comp	0	90	31.6	24
F12A Implantation and Replacement of Pacemaker, Total System, Major Complexity	15	257	13.7	8
F12B Implantation and Replacement of Pacemaker, Total System, Minor Complexity	515	625	3.3	2
F13A Amputation, Upper Limb and Toe, for Circulatory Disorders, Major Complexity	0	42	33.3	26
F13B Amputation, Upper Limb and Toe, for Circulatory Disorders, Minor Complexity	7	78	11.0	8
F14A Vascular Procedures, Except Major Reconstruction, W/O CPB Pump, Major Complexity	10	163	19.8	11
F14B Vascular Procedures, Except Major Reconstruction, W/O CPB Pump, Interm Comp	39	308	8.8	6
F14C Vascular Procedures, Except Major Reconstruction, W/O CPB Pump, Minor Complexity	181	387	5.6	3
F15A Interventional Coronary Procs, Not Adm for AMI, W Stent Implant, Major Comp	7	283	8.4	5
F15B Interventional Coronary Procs, Not Adm for AMI, W Stent Implant, Minor Comp	507	1,407	2.2	1
F16A Interventional Coronary Procs, Not Adm for AMI, W/O Stent Implant, Major Comp	0	24	11.0	8
F16B Interventional Coronary Procs, Not Adm for AMI, W/O Stent Implant, Minor Comp	37	91	2.6	1
F17A Insertion and Replacement of Pacemaker Generator, Major Complexity	16	23	11.9	5
F17B Insertion and Replacement of Pacemaker Generator, Minor Complexity	378	35	1.8	1
F18A Other Pacemaker Procedures, Major Complexity	~	38	14.3	10
F18B Other Pacemaker Procedures, Minor Complexity	18	37	3.1	2
F19A Trans-Vascular Percutaneous Cardiac Intervention, Major Complexity	20	49	6.4	2
F19B Trans-Vascular Percutaneous Cardiac Intervention, Minor Complexity	104	86	1.5	1
F20Z Vein Ligation and Stripping	3,112	119	3.8	1
F21A Other Circulatory System OR Procedures, Major Complexity	~	29	43.9	25
F21B Other Circulatory System OR Procedures, Intermediate Complexity	12	49	8.4	7
F21C Other Circulatory System OR Procedures, Minor Complexity	37	28	6.2	3
F40A Circulatory Disorders W Ventilator Support, Major Complexity	0	52	20.4	12
F40B Circulatory Disorders W Ventilator Support, Minor Complexity	0	67	5.1	3

TABLE 4.7 Total Discharges: MDC 5 Diseases and Disorders of the Circulatory System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay) (contd.)

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
F41A Circulatory Disorders, Adm for AMI W Invasive Cardiac Inves Proc, Major Comp	~	156	12.0	9
F41B Circulatory Disorders, Adm for AMI W Invasive Cardiac Inves Proc, Minor Comp	41	631	3.5	2
F42A Circulatory Dsrds, Not Adm for AMI W Invasive Cardiac Inves Proc, Major Comp	275	1,052	9.8	7
F42B Circulatory Dsrds, Not Adm for AMI W Invasive Cardiac Inves Proc, Minor Comp	6,591	2,661	2.7	1
F43A Circulatory Disorders W Non-Invasive Ventilation, Major Complexity	0	147	32.4	23
F43B Circulatory Disorders W Non-Invasive Ventilation, Minor Complexity	0	231	14.0	12
F60A Circulatory Dsrd, Adm for AMI W/O Invas Card Inves Proc	~	2,664	7.8	5
F60B Circulatory Dsrd, Adm for AMI W/O Invas Card Inves Proc, Transf <5 Days	~	469	1.8	1
F61A Infective Endocarditis, Major Complexity	0	55	34.5	28
F61B Infective Endocarditis, Minor Complexity	28	68	14.1	11
F62A Heart Failure and Shock, Major Complexity	6	2,417	16.9	12
F62B Heart Failure and Shock, Minor Complexity	316	3,956	6.2	5
F62C Heart Failure and Shock, Transferred <5 Days	~	91	1.7	1
F63A Venous Thrombosis, Major Complexity	8	567	8.2	5
F63B Venous Thrombosis, Minor Complexity	76	1,812	1.5	1
F64A Skin Ulcers in Circulatory Disorders, Major Complexity	29	145	23.7	16
F64B Skin Ulcers in Circulatory Disorders, Intermediate Complexity	81	217	10.0	7
F64C Skin Ulcers in Circulatory Disorders, Minor Complexity	8	40	10.6	8
F65A Peripheral Vascular Disorders, Major Complexity	250	532	17.6	10
F65B Peripheral Vascular Disorders, Minor Complexity	1,343	866	4.8	2
F66A Coronary Atherosclerosis, Major Complexity	19	264	11.1	7
F66B Coronary Atherosclerosis, Minor Complexity	466	1,644	3.2	2
F67A Hypertension, Major Complexity	6	345	7.8	5
F67B Hypertension, Minor Complexity	144	2,486	1.5	1
F68A Congenital Heart Disease, Major Complexity	230	89	5.6	2
F68B Congenital Heart Disease, Minor Complexity	297	76	1.7	1
F69A Valvular Disorders, Major Complexity	38	415	10.0	7
F69B Valvular Disorders, Minor Complexity	796	3,667	1.4	1
F72A Unstable Angina, Major Complexity	~	150	8.2	5
F72B Unstable Angina, Minor Complexity	14	803	3.6	3
F73A Syncope and Collapse, Major Complexity	126	2,941	10.4	6
F73B Syncope and Collapse, Minor Complexity	2,161	8,364	2.8	1
F74A Chest Pain, Major Complexity	46	2,340	3.6	2
F74B Chest Pain, Minor Complexity	656	14,471	1.1	1
F75A Other Circulatory Disorders, Major Complexity	~	338	16.6	13
F75B Other Circulatory Disorders, Intermediate Complexity	32	620	7.8	5
F75C Other Circulatory Disorders, Minor Complexity	737	1,719	3.4	2
F76A Arrhythmia, Cardiac Arrest and Conduction Disorders, Major Complexity	82	2,419	8.1	5
F76B Arrhythmia, Cardiac Arrest and Conduction Disorders, Minor Complexity	1,850	6,000	2.4	1
Total	22,113	77,338	5.0	2

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.8 Total Discharges: MDC 6 Diseases and Disorders of the Digestive System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 6 Diseases and Disorders of the Digestive System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
G01A Rectal Resection, Major Complexity	0	88	51.1	32
G01B Rectal Resection, Intermediate Complexity	0	144	19.4	17
G01C Rectal Resection, Minor Complexity	~	760	10.1	8
G02A Major Small and Large Bowel Procedures, Major Complexity	0	221	48.5	35
G02B Major Small and Large Bowel Procedures, Intermediate Complexity	~	774	20.0	16
G02C Major Small and Large Bowel Procedures, Minor Complexity	68	1,676	9.3	7
G03A Stomach, Oesophageal and Duodenal Procedures, Major Complexity	0	182	25.7	15
G03B Stomach, Oesophageal and Duodenal Procedures, Intermediate Complexity	11	260	11.6	10
G03C Stomach, Oesophageal and Duodenal Procedures, Minor Complexity	40	265	6.6	5
G04A Peritoneal Adhesiolysis, Major Complexity	0	73	27.5	23
G04B Peritoneal Adhesiolysis, Intermediate Complexity	~	303	11.1	9
G04C Peritoneal Adhesiolysis, Minor Complexity	80	484	4.0	3
G05A Minor Small and Large Bowel Procedures, Major Complexity	0	71	20.1	12
G05B Minor Small and Large Bowel Procedures, Minor Complexity	22	218	6.7	6
G06Z Pyloromyotomy	0	31	3.2	3
G07A Appendicectomy, Major Complexity	~	588	6.3	4
G07B Appendicectomy, Minor Complexity	50	4,715	2.6	2
G10A Hernia Procedures, Major Complexity	101	360	7.7	5
G10B Hernia Procedures, Minor Complexity	2,688	1,801	2.0	1
G11A Anal and Stomal Procedures, Major Complexity	52	305	8.4	4
G11B Anal and Stomal Procedures, Minor Complexity	1,342	933	2.2	1
G12A Other Digestive System OR Procedures, Major Complexity	~	104	33.5	25
G12B Other Digestive System OR Procedures, Intermediate Complexity	20	306	12.3	8
G12C Other Digestive System OR Procedures, Minor Complexity	317	305	4.9	2
G46A Complex Endoscopy, Major Complexity	790	1,098	15.7	8
G46B Complex Endoscopy, Minor Complexity	13,811	467	5.6	4
G47A Gastroscopy, Major Complexity	209	1,762	12.6	8
G47B Gastroscopy, Intermediate Complexity	2,506	1,384	4.5	3
G47C Gastroscopy, Minor Complexity	34,570	1,243	3.6	2
G48A Colonoscopy, Major Complexity	2,818	1,387	10.7	7
G48B Colonoscopy, Minor Complexity	51,462	1,084	4.3	3
G60A Digestive Malignancy, Major Complexity	300	761	13.4	9
G60B Digestive Malignancy, Minor Complexity	2,796	693	5.7	3
G61A Gastrointestinal Haemorrhage, Major Complexity	28	748	7.5	4
G61B Gastrointestinal Haemorrhage, Minor Complexity	519	1,125	2.6	1
G64A Inflammatory Bowel Disease, Major Complexity	352	369	8.8	6
G64B Inflammatory Bowel Disease, Minor Complexity	25,451	627	3.6	2
G65A Gastrointestinal Obstruction, Major Complexity	~	515	13.3	8
G65B Gastrointestinal Obstruction, Minor Complexity	6	992	4.0	3
G66A Abdominal Pain and Mesenteric Adenitis, Major Complexity	148	2,720	2.5	1
G66B Abdominal Pain and Mesenteric Adenitis, Minor Complexity	833	6,787	1.3	1
G67A Oesophagitis and Gastroenteritis, Major Complexity	71	3,325	6.8	4
G67B Oesophagitis and Gastroenteritis, Minor Complexity	904	7,254	1.8	1
G70A Other Digestive System Disorders, Major Complexity	1,263	6,293	6.2	3
G70B Other Digestive System Disorders, Minor Complexity	4,580	6,676	1.9	1
Total	148,219	62,277	5.3	2

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.9 Total Discharges: MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
H01A Pancreas, Liver and Shunt Procedures, Major Complexity	0	26	68.7	24
H01B Pancreas, Liver and Shunt Procedures, Intermediate Complexity	~	285	9.3	7
H01C Pancreas, Liver and Shunt Procedures, Minor Complexity	27	135	4.9	2
H02A Major Biliary Tract Procedures, Major Complexity	0	118	26.1	19
H02B Major Biliary Tract Procedures, Minor Complexity	46	151	10.0	8
H05A Hepatobiliary Diagnostic Procedures, Major Complexity	9	63	10.9	7
H05B Hepatobiliary Diagnostic Procedures, Minor Complexity	81	43	4.6	2
H06A Other Hepatobiliary and Pancreas OR Procedures, Major Complexity	0	79	29.0	22
H06B Other Hepatobiliary and Pancreas OR Procedures, Intermediate Complexity	9	112	7.8	4
H06C Other Hepatobiliary and Pancreas OR Procedures, Minor Complexity	20	121	1.9	1
H07A Open Cholecystectomy, Major Complexity	0	15	22.1	18
H07B Open Cholecystectomy, Intermediate Complexity	0	17	7.7	6
H07C Open Cholecystectomy, Minor Complexity	41	98	5.6	4
H08A Laparoscopic Cholecystectomy, Major Complexity	34	220	9.7	7
H08B Laparoscopic Cholecystectomy, Minor Complexity	1,392	2,026	2.4	1
H40A Endoscopic Procedures for Bleeding Oesophageal Varices, Major Complexity	0	34	18.2	12
H40B Endoscopic Procedures for Bleeding Oesophageal Varices, Intermediate Complexity	~	38	10.2	8
H40C Endoscopic Procedures for Bleeding Oesophageal Varices, Minor Complexity	15	22	5.3	5
H43A ERCP Procedures, Major Complexity	11	190	20.8	15
H43B ERCP Procedures, Intermediate Complexity	206	398	9.5	7
H43C ERCP Procedures, Minor Complexity	1,755	661	5.5	4
H60A Cirrhosis and Alcoholic Hepatitis, Major Complexity	0	499	21.4	15
H60B Cirrhosis and Alcoholic Hepatitis, Intermediate Complexity	210	619	7.1	5
H60C Cirrhosis and Alcoholic Hepatitis, Minor Complexity	135	68	4.7	2
H61A Malignancy of Hepatobiliary System and Pancreas, Major Complexity	29	654	17.7	11
H61B Malignancy of Hepatobiliary System and Pancreas, Minor Complexity	873	763	6.5	4
H62A Disorders of Pancreas, Except Malignancy, Major Complexity	~	417	14.3	10
H62B Disorders of Pancreas, Except Malignancy, Minor Complexity	403	1,617	5.3	4
H63A Other Disorders of Liver, Major Complexity	20	619	11.9	8
H63B Other Disorders of Liver, Intermediate Complexity	482	884	4.9	3
H63C Other Disorders of Liver, Minor Complexity	1,952	606	2.0	1
H64A Disorders of the Biliary Tract, Major Complexity	98	2,155	9.3	7
H64B Disorders of the Biliary Tract, Minor Complexity	619	2,847	3.9	3
Total	8,472	16,600	7.5	4

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.10 Total Discharges: MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
I01A Bilateral and Multiple Major Joint Procedures of Lower Limb, Major Complexity	0	87	38.9	11
I01B Bilateral and Multiple Major Joint Procedures of Lower Limb, Minor Complexity	0	14	5.6	5
I02A Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Major Complexity	0	14	62.8	45
I02B Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Intermediate Comp	9	64	21.8	14
I02C Microvascular Tissue Transfers or Skin Grafts, Excluding Hand, Minor Complexity	16	24	15.8	7
I03A Hip Replacement, Major Complexity	0	472	28.3	19
I03B Hip Replacement, Minor Complexity	59	4,543	7.9	5
I04A Knee Replacement, Major Complexity	0	119	17.4	7
I04B Knee Replacement, Minor Complexity	~	2,031	4.0	3
I05A Other Joint Replacement, Major Complexity	~	67	14.9	7
I05B Other Joint Replacement, Minor Complexity	9	318	3.4	2
I06Z Spinal Fusion for Deformity	64	223	9.8	6
I07Z Amputation	0	81	37.1	18
I08A Other Hip and Femur Procedures, Major Complexity	~	727	26.5	18
I08B Other Hip and Femur Procedures, Minor Complexity	51	2,419	11.3	8
I09A Spinal Fusion, Major Complexity	0	51	44.6	18
I09B Spinal Fusion, Intermediate Complexity	~	147	12.2	7
I09C Spinal Fusion, Minor Complexity	10	265	5.3	4
I10A Other Back and Neck Procedures, Major Complexity	11	129	13.3	7
I10B Other Back and Neck Procedures, Minor Complexity	956	730	3.4	2
I11Z Limb Lengthening Procedures	~	28	4.5	4
I12A Misc Musculoskeletal Procs for Infect/Inflam of Bone/Joint, Major Complexity	~	131	42.4	28
I12B Misc Musculoskeletal Procs for Infect/Inflam of Bone/Joint, Intermediate Comp	14	286	17.4	13
I12C Misc Musculoskeletal Procs for Infect/Inflam of Bone/Joint, Minor Complexity	101	274	8.4	6
I13A Humerus, Tibia, Fibula and Ankle Procedures, Major Complexity	8	686	11.9	6
I13B Humerus, Tibia, Fibula and Ankle Procedures, Minor Complexity	380	4,220	2.9	2
I15A Cranio-Facial Surgery, Major Complexity	~	42	5.3	3
I15B Cranio-Facial Surgery, Minor Complexity	0	20	8.4	7
I16Z Other Shoulder Procedures	279	516	1.6	1
I17A Maxillo-Facial Surgery, Major Complexity	6	23	6.9	4
I17B Maxillo-Facial Surgery, Minor Complexity	6	43	3.7	2
I18A Other Knee Procedures, Major Complexity	86	313	4.4	2
I18B Other Knee Procedures, Minor Complexity	1,093	187	1.5	1
I19A Other Elbow and Forearm Procedures, Major Complexity	6	233	8.2	4
I19B Other Elbow and Forearm Procedures, Minor Complexity	906	2,901	1.6	1
I20A Other Foot Procedures, Major Complexity	7	153	5.5	2
I20B Other Foot Procedures, Minor Complexity	326	768	1.7	1
I21Z Local Excision and Removal of Internal Fixation Devices of Hip and Femur	70	45	6.5	1
I23A Local Excision & Removal of Internal Fixation Device, Except Hip & Fmr, Maj Comp	127	113	4.5	2
I23B Local Excision & Removal of Internal Fixation Device, Except Hip & Fmr, Min Comp	1,822	230	1.4	1
I24A Arthroscopy, Major Complexity	29	24	12.6	2
I24B Arthroscopy, Minor Complexity	232	42	1.8	1
I25A Bone and Joint Diagnostic Procedures Including Biopsy, Major Complexity	19	55	23.4	10
I25B Bone and Joint Diagnostic Procedures Including Biopsy, Minor Complexity	158	60	5.2	2
I27A Soft Tissue Procedures, Major Complexity	22	141	18.7	8
I27B Soft Tissue Procedures, Minor Complexity	660	652	3.2	2
I28A Other Musculoskeletal Procedures, Major Complexity	~	100	19.3	10
I28B Other Musculoskeletal Procedures, Intermediate Complexity	214	429	3.6	2
I28C Other Musculoskeletal Procedures, Minor Complexity	193	135	2.1	1
I29Z Knee Reconstructions, and Revisions of Reconstructions	72	241	1.3	1
I30Z Hand Procedures	2,581	1,697	1.2	1
I31A Revision of Hip Replacement, Major Complexity	0	51	53.3	33
I31B Revision of Hip Replacement, Intermediate Complexity	0	148	18.2	13
I31C Revision of Hip Replacement, Minor Complexity	0	266	10.2	8
I32A Revision of Knee Replacement, Major Complexity	0	46	24.4	16
I32B Revision of Knee Replacement, Minor Complexity	0	111	8.4	6
I40Z Infusions for Musculoskeletal Disorders, Sameday	36,803	66	0.5	1
I60Z Femoral Shaft Fractures	0	83	9.1	3
I61A Distal Femoral Fractures, Major Complexity	0	38	37.7	20
I61B Distal Femoral Fractures, Minor Complexity	0	73	14.4	6
I63A Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Major Complexity	0	48	23.6	13

TABLE 4.10 Total Discharges: MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay) (contd.)

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
I63B Sprains, Strains and Dislocations of Hip, Pelvis and Thigh, Minor Complexity	0	92	4.2	2
I64A Osteomyelitis, Major Complexity	0	222	30.0	21
I64B Osteomyelitis, Minor Complexity	0	306	13.4	9
I65A Musculoskeletal Malignant Neoplasms, Major Complexity	0	167	19.8	16
I65B Musculoskeletal Malignant Neoplasms, Minor Complexity	0	761	7.2	4
I66A Inflammatory Musculoskeletal Disorders, Major Complexity	0	66	31.8	19
I66B Inflammatory Musculoskeletal Disorders, Intermediate Complexity	0	204	12.4	9
I66C Inflammatory Musculoskeletal Disorders, Minor Complexity	0	509	6.3	4
I67A Septic Arthritis, Major Complexity	0	66	24.8	17
I67B Septic Arthritis, Minor Complexity	0	115	8.1	5
I68A Non-surgical Spinal Disorders, Major Complexity	0	1,685	18.2	10
I68B Non-surgical Spinal Disorders, Minor Complexity	0	2,377	5.3	3
I69A Bone Diseases and Arthropathies, Major Complexity	0	362	16.5	10
I69B Bone Diseases and Arthropathies, Minor Complexity	0	712	8.6	5
I71A Other Musculotendinous Disorders, Major Complexity	0	524	14.6	7
I71B Other Musculotendinous Disorders, Minor Complexity	0	1,447	5.1	2
I72A Specific Musculotendinous Disorders, Major Complexity	0	242	20.6	11
I72B Specific Musculotendinous Disorders, Minor Complexity	0	502	5.3	3
I73A Aftercare of Musculoskeletal Implants or Prostheses, Major Complexity	0	129	23.3	14
I73B Aftercare of Musculoskeletal Implants or Prostheses, Minor Complexity	0	270	9.7	6
I74A Injuries to Forearm, Wrist, Hand and Foot, Major Complexity	0	349	15.9	9
I74B Injuries to Forearm, Wrist, Hand and Foot, Minor Complexity	0	848	2.2	1
I75A Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Major Complexity	0	608	25.4	15
I75B Injuries to Shoulder, Arm, Elbow, Knee, Leg and Ankle, Minor Complexity	0	1,341	5.4	2
I76A Other Musculoskeletal Disorders, Major Complexity	0	167	28.5	21
I76B Other Musculoskeletal Disorders, Intermediate Complexity	0	331	11.0	6
I76C Other Musculoskeletal Disorders, Minor Complexity	0	363	5.7	2
I77A Fractures of Pelvis, Major Complexity	0	497	24.6	17
I77B Fractures of Pelvis, Minor Complexity	0	551	11.1	7
I78A Fractures of Neck of Femur, Major Complexity	0	233	36.2	26
I78B Fractures of Neck of Femur, Minor Complexity	0	792	18.7	13
I79A Pathological Fractures, Major Complexity	0	140	29.8	21
I79B Pathological Fractures, Minor Complexity	0	347	11.1	8
I80Z Femoral Fractures, Transferred to Acute Facility <2 Days	0	28	0.9	1
I81Z Musculoskeletal Injuries, Sameday	803	1,621	0.5	1
I82Z Other Sameday Treatment for Musculoskeletal Disorders	14,639	6,720	0.5	1
Total	62,866	53,937	7.6	3

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.11 Total Discharges: MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
J01A Microvas Tiss Transf for Skin, Subcut Tiss & Breast Dsrds, Major Complexity	0	~	^	^
J01B Microvas Tiss Transf for Skin, Subcut Tiss & Breast Dsrds, Minor Complexity	~	89	4.5	4
J06A Major Procedures for Breast Disorders, Major Complexity	57	220	5.5	3
J06B Major Procedures for Breast Disorders, Minor Complexity	1,128	1,823	1.6	1
J07A Minor Procedures for Breast Disorders, Major Complexity	858	215	1.8	1
J07B Minor Procedures for Breast Disorders, Minor Complexity	1,085	170	0.7	1
J08A Other Skin Grafts and Debridement Procedures, Major Complexity	~	107	27.0	13
J08B Other Skin Grafts and Debridement Procedures, Intermediate Complexity	50	132	5.6	3
J08C Other Skin Grafts and Debridement Procedures, Minor Complexity	1,414	222	2.6	1
J09Z Perianal and Pilonidal Procedures	483	157	2.0	1
J10A Plastic OR Procs for Skin, Subcutaneous Tissue and Breast Disorders, Major Comp	117	62	5.9	3
J10B Plastic OR Procs for Skin, Subcutaneous Tissue and Breast Disorders, Minor Comp	1,025	104	1.7	1
J11A Other Skin, Subcutaneous Tissue and Breast Procedures, Major Complexity	1,596	412	6.5	3
J11B Other Skin, Subcutaneous Tissue and Breast Procedures, Minor Complexity	34,528	485	1.5	1
J12A Lower Limb Procedures W Ulcer or Cellulitis, Major Complexity	~	49	26.9	18
J12B Lower Limb Procedures W Ulcer or Cellulitis, Minor Complexity	40	81	11.4	9
J13A Lower Limb Procedures W/O Ulcer or Cellulitis, Major Complexity	23	*	^	^
J13B Lower Limb Procedures W/O Ulcer or Cellulitis, Minor Complexity	157	73	2.6	1
J14Z Major Breast Reconstructions	90	173	4.1	4
J60A Skin Ulcers, Major Complexity	~	245	26.2	17
J60B Skin Ulcers, Intermediate Complexity	14	287	10.2	7
J60C Skin Ulcers, Minor Complexity	537	208	5.1	2
J62A Malignant Breast Disorders, Major Complexity	36	256	16.5	11
J62B Malignant Breast Disorders, Minor Complexity	5,307	388	8.7	4
J63A Non-Malignant Breast Disorders, Major Complexity	189	221	2.5	2
J63B Non-Malignant Breast Disorders, Minor Complexity	3,537	75	1.7	1
J64A Cellulitis, Major Complexity	31	2,023	12.2	7
J64B Cellulitis, Minor Complexity	410	4,628	3.1	2
J65A Trauma to Skin, Subcutaneous Tissue and Breast, Major Complexity	0	653	15.3	9
J65B Trauma to Skin, Subcutaneous Tissue and Breast, Minor Complexity	56	1,074	2.7	1
J67A Minor Skin Disorders, Major Complexity	695	484	5.3	2
J67B Minor Skin Disorders, Minor Complexity	13,879	1,903	1.4	1
J68A Major Skin Disorders, Major Complexity	826	801	5.6	3
J68B Major Skin Disorders, Minor Complexity	1,197	291	2.0	1
J69A Skin Malignancy, Major Complexity	17	77	20.2	16
J69B Skin Malignancy, Intermediate Complexity	722	80	12.9	7
J69C Skin Malignancy, Minor Complexity	3,190	50	8.8	2
J98Z UV Therapy[b]	15,331	0	-	-
Total	88,638	18,359	5.5	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 is suppressed where the number of discharges is not reported.
\- Mean and median length of stay cannot be calculated as no in-patients are reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
b The official classification for AR-DRG's (Version 8.0) has been slightly modified by the addition of two local DRG's specific to Ireland to account for some differences between Ireland and Australia in the provision of care. While this practice has been used for Activity Based Funding, this modification to the official classification has only been published in the HIPE Annual Report since 2018.
In general UV therapy is not administered in the acute hospital setting in Australia whereas it is in a number of Irish hospitals. In order to differentiate this activity from other skin disorder treatments the local DRG J98Z (*UV Therapy*) has been created which isolates this activity so it can be costed and reimbursed appropriately.

TABLE 4.12 Total Discharges: MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
K01A OR Procedures for Diabetic Complications, Major Complexity	0	46	72.5	60
K01B OR Procedures for Diabetic Complications, Intermediate Complexity	0	128	27.4	22
K01C OR Procedures for Diabetic Complications, Minor Complexity	10	240	14.6	11
K02A Pituitary Procedures, Major Complexity	0	10	22.9	23
K02B Pituitary Procedures, Minor Complexity	~	52	9.6	8
K03Z Adrenal Procedures	0	60	6.2	6
K05A Parathyroid Procedures, Major Complexity	~	34	7.3	4
K05B Parathyroid Procedures, Minor Complexity	17	176	1.7	1
K06A Thyroid Procedures, Major Complexity	0	79	6.1	4
K06B Thyroid Procedures, Minor Complexity	21	460	2.2	1
K08Z Thyroglossal Procedures	~	44	1.7	1
K09A Other Endocrine, Nutritional and Metabolic OR Procedures, Major Complexity	~	49	35.3	21
K09B Other Endocrine, Nutritional and Metabolic OR Procedures, Minor Complexity	30	71	11.5	9
K10A Revisional and Open Bariatric Procedures, Major Complexity	0	0	-	-
K10B Revisional and Open Bariatric Procedures, Minor Complexity	0	22	2.1	2
K11A Major Laparoscopic Bariatric Procedures, Major Complexity	0	41	1.4	1
K11B Major Laparoscopic Bariatric Procedures, Minor Complexity	0	67	1.6	1
K12A Other Bariatric Procedures, Major Complexity	0	~	^	^
K12B Other Bariatric Procedures, Minor Complexity	~	~	^	^
K13Z Plastic OR Procedures for Endocrine, Nutritional and Metabolic Disorders	6	21	1.5	1
K40A Endoscopic and Investigative Procedures for Metabolic Disorders, Major Comp	28	290	19.5	14
K40B Endoscopic and Investigative Procedures for Metabolic Disorders, Minor Comp	1,405	81	6.3	5
K60A Diabetes, Major Complexity	6	1,031	13.5	7
K60B Diabetes, Minor Complexity	414	3,043	4.5	3
K61A Severe Nutritional Disturbance, Major Complexity	0	22	27.8	14
K61B Severe Nutritional Disturbance, Minor Complexity	~	16	11.2	8
K62A Miscellaneous Metabolic Disorders, Major Complexity	29	853	15.3	9
K62B Miscellaneous Metabolic Disorders, Intermediate Complexity	137	2,073	6.2	4
K62C Miscellaneous Metabolic Disorders, Minor Complexity	2,933	2,721	2.8	1
K63A Inborn Errors of Metabolism, Major Complexity	158	153	6.1	3
K63B Inborn Errors of Metabolism, Minor Complexity	200	45	8.1	1
K64A Endocrine Disorders, Major Complexity	593	973	7.5	4
K64B Endocrine Disorders, Minor Complexity	2,206	662	1.8	1
Total	8,206	13,567	6.9	3

Notes: ~ Denotes five or fewer discharges reported to HIPE.
^ Denotes that length of stay is suppressed where the number of discharges is not reported.
- Mean and median length of stay cannot be calculated as no in-patients are reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.13 Total Discharges: MDC 11 Diseases and Disorders of the Kidney and Urinary Tract: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 11 Diseases and Disorders of the Kidney and Urinary Tract	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
L02A Operative Insertion of Peritoneal Catheter for Dialysis, Major Complexity	~	26	10.8	9
L02B Operative Insertion of Peritoneal Catheter for Dialysis, Minor Complexity	44	47	3.9	2
L03A Kidney, Ureter and Major Bladder Procedures for Neoplasm, Major Complexity	0	70	29.2	21
L03B Kidney, Ureter and Major Bladder Procedures for Neoplasm, Intermediate Comp	~	238	9.1	7
L03C Kidney, Ureter and Major Bladder Procedures for Neoplasm, Minor Complexity	17	438	4.8	4
L04A Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm, Major Complexity	~	201	28.1	21
L04B Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm, Intermediate Comp	99	673	7.6	5
L04C Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm, Minor Complexity	881	1,487	2.8	2
L05A Transurethral Prostatectomy for Urinary Disorder, Major Complexity	0	17	20.9	13
L05B Transurethral Prostatectomy for Urinary Disorder, Minor Complexity	0	92	5.0	3
L06A Minor Bladder Procedures, Major Complexity	0	66	19.3	14
L06B Minor Bladder Procedures, Intermediate Complexity	11	116	8.7	6
L06C Minor Bladder Procedures, Minor Complexity	80	117	3.7	3
L07A Other Transurethral Procedures, Major Complexity	6	216	11.9	7
L07B Other Transurethral Procedures, Minor Complexity	567	995	2.8	2
L08A Urethral Procedures, Major Complexity	~	11	3.7	3
L08B Urethral Procedures, Minor Complexity	43	91	2.5	2
L09A Other Procedures for Kidney and Urinary Tract Disorders, Major Complexity	0	59	48.2	39
L09B Other Procedures for Kidney and Urinary Tract Disorders, Intermediate Complexity	11	33	18.3	9
L09C Other Procedures for Kidney and Urinary Tract Disorders, Minor Complexity	280	100	3.6	2
L40Z Ureteroscopy	48	91	3.3	2
L41Z Cystourethroscopy for Urinary Disorder, Sameday	10,985	68	0.5	1
L42Z ESW Lithotripsy	769	53	3.9	3
L60A Kidney Failure, Major Complexity	0	615	25.4	16
L60B Kidney Failure, Intermediate Complexity	38	1,865	8.3	6
L60C Kidney Failure, Minor Complexity	910	527	4.0	2
L61Z Haemodialysis	189,588	26	1.0	1
L62A Kidney and Urinary Tract Neoplasms, Major Complexity	17	253	15.7	10
L62B Kidney and Urinary Tract Neoplasms, Minor Complexity	1,074	318	5.0	2
L63A Kidney and Urinary Tract Infections, Major Complexity	34	7,016	13.7	8
L63B Kidney and Urinary Tract Infections, Minor Complexity	1,308	7,258	4.6	3
L64A Urinary Stones and Obstruction, Major Complexity	74	833	5.1	3
L64B Urinary Stones and Obstruction, Minor Complexity	180	1,610	1.9	1
L65A Kidney and Urinary Tract Signs and Symptoms, Major Complexity	43	677	10.5	7
L65B Kidney and Urinary Tract Signs and Symptoms, Minor Complexity	2,294	1,814	3.0	2
L66Z Urethral Stricture	195	54	1.7	1
L67A Other Kidney and Urinary Tract Disorders, Major Complexity	381	1,213	11.1	6
L67B Other Kidney and Urinary Tract Disorders, Intermediate Complexity	2,556	959	3.1	2
L67C Other Kidney and Urinary Tract Disorders, Minor Complexity	4,041	133	1.8	1
L68Z Peritoneal Dialysis	~	0	-	-
Total	216,584	30,476	7.9	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 Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.14 Total Discharges: MDC 12 Diseases and Disorders of the Male Reproductive System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 12 Diseases and Disorders of the Male Reproductive System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
M01A Major Male Pelvic Procedures, Major Complexity	0	42	7.0	3
M01B Major Male Pelvic Procedures, Minor Complexity	0	565	2.4	2
M02A Transurethral Prostatectomy for Reproductive System Disorder, Major Complexity	0	32	6.6	5
M02B Transurethral Prostatectomy for Reproductive System Disorder, Minor Complexity	~	358	3.4	3
M03A Penis Procedures, Major Complexity	23	40	8.7	5
M03B Penis Procedures, Minor Complexity	359	88	2.8	1
M04Z Testes Procedures	1,149	832	1.7	1
M05Z Circumcision	1,595	133	1.7	1
M06A Other Male Reproductive System OR Procedures, Major Complexity	47	41	9.8	4
M06B Other Male Reproductive System OR Procedures, Minor Complexity	77	36	3.4	2
M40Z Cystourethroscopy for Male Reproductive System Disorder, Sameday	1,626	*	^	^
M60A Male Reproductive System Malignancy, Major Complexity	327	404	12.7	6
M60B Male Reproductive System Malignancy, Minor Complexity	3,610	145	14.4	6
M61A Benign Prostatic Hypertrophy, Major Complexity	29	23	13.3	3
M61B Benign Prostatic Hypertrophy, Minor Complexity	1,069	40	2.4	1
M62A Male Reproductive System Inflammation, Major Complexity	~	238	7.8	5
M62B Male Reproductive System Inflammation, Minor Complexity	233	948	2.5	2
M63Z Male Sterilisation Procedures	91	~	^	^
M64A Other Male Reproductive System Disorders, Major Complexity	41	112	2.9	1
M64B Other Male Reproductive System Disorders, Minor Complexity	1,102	781	0.9	1
Total	11,384	4,867	3.8	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 is suppressed where the number of discharges is not reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.15 Total Discharges: MDC 13 Diseases and Disorders of the Female Reproductive System: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 13 Diseases and Disorders of the Female Reproductive System	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
N01A Pelvic Evisceration and Radical Vulvectomy, Major Complexity	0	*	^	^
N01B Pelvic Evisceration and Radical Vulvectomy, Minor Complexity	0	51	6.0	5
N04A Hysterectomy for Non-Malignancy, Major Complexity	0	185	6.3	4
N04B Hysterectomy for Non-Malignancy, Minor Complexity	9	1,296	3.4	3
N05A Oophorectomy and Complex Fallopian Tube Procedures for Non-Malignancy, Maj Comp	19	61	5.6	4
N05B Oophorectomy and Complex Fallopian Tube Procedures for Non-Malignancy, Min Comp	188	515	2.2	1
N06A Female Reproductive System Reconstructive Procedures, Major Complexity	~	58	4.8	3
N06B Female Reproductive System Reconstructive Procedures, Minor Complexity	228	639	2.5	2
N07A Other Uterus and Adnexa Procedures for Non-Malignancy, Major Complexity	1,457	1,016	2.5	2
N07B Other Uterus and Adnexa Procedures for Non-Malignancy, Minor Complexity	2,904	180	1.4	1
N08Z Endoscopic and Laparoscopic Procedures, Female Reproductive System	608	263	2.8	1
N09Z Other Vagina, Cervix and Vulva Procedures	2,127	622	5.3	1
N10Z Diagnostic Curettage and Diagnostic Hysteroscopy	13,133	645	2.2	1
N11A Other Female Reproductive System OR Procedures, Major Complexity	25	103	11.6	8
N11B Other Female Reproductive System OR Procedures, Minor Complexity	6	~	^	^
N12A Uterus and Adnexa Procedures for Malignancy, Major Complexity	0	31	22.7	15
N12B Uterus and Adnexa Procedures for Malignancy, Intermediate Complexity	~	132	7.7	7
N12C Uterus and Adnexa Procedures for Malignancy, Minor Complexity	49	390	3.7	3
N60A Female Reproductive System Malignancy, Major Complexity	16	228	19.4	13
N60B Female Reproductive System Malignancy, Minor Complexity	1,108	473	7.8	4
N61A Female Reproductive System Infections, Major Complexity	27	88	6.1	4
N61B Female Reproductive System Infections, Minor Complexity	59	284	2.5	2
N62A Menstrual and Other Female Reproductive System Disorders, Major Complexity	107	551	3.6	2
N62B Menstrual and Other Female Reproductive System Disorders, Minor Complexity	4,695	1,916	1.6	1
Total	26,770	9,761	3.8	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 is suppressed where the number of discharges is not reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.16 Total Discharges: MDC 14 Pregnancy, Childbirth and the Puerperium: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 14 Pregnancy, Childbirth and the Puerperium	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
O01A Caesarean Delivery, Major Complexity	0	1,665	9.2	6
O01B Caesarean Delivery, Intermediate Complexity	0	8,623	4.7	4
O01C Caesarean Delivery, Minor Complexity	0	10,242	3.5	3
O02A Vaginal Delivery W OR Procedures, Major Complexity	0	217	4.2	4
O02B Vaginal Delivery W OR Procedures, Minor Complexity	0	453	3.1	3
O03A Ectopic Pregnancy, Major Complexity	0	145	2.4	2
O03B Ectopic Pregnancy, Minor Complexity	40	520	1.6	1
O04A Postpartum and Post Abortion W OR Procedures, Major Complexity[b]	0	81	4.8	4
O04B Postpartum and Post Abortion W OR Procedures, Minor Complexity[b]	24	144	1.8	1
O05Z Abortion W OR Procedures[b]	1,152	2,265	1.0	1
O60A Vaginal Delivery, Major Complexity	0	4,239	4.1	3
O60B Vaginal Delivery, Intermediate Complexity	0	16,904	2.7	3
O60C Vaginal Delivery, Minor Complexity	0	10,978	2.1	2
O61A Postpartum and Post Abortion W/O OR Procedures, Major Complexity[b]	241	742	3.0	2
O61B Postpartum and Post Abortion W/O OR Procedures, Minor Complexity[b]	2,285	2,274	1.7	1
O63A Abortion W/O OR Procedures, Major Complexity[b]	13	300	1.8	1
O63B Abortion W/O OR Procedures, Minor Complexity[b]	439	2,047	1.1	1
O66A Antenatal and Other Obstetric Admissions, Major Complexity	1,879	11,939	1.7	1
O66B Antenatal and Other Obstetric Admissions, Minor Complexity	7,829	23,675	1.0	1
Total	13,902	97,453	2.4	2

Notes: a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
b This includes spontaneous abortions and pregnancies with abortive outcome.

TABLE 4.17 Total Discharges: MDC 15 Newborns and Other Neonates: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 15 Newborns and Other Neonates	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
P01Z Neonate W Sig OR Proc/Vent>=96hrs, Died or Transfer to Acute Faclity <5Days	~	45	2.4	2
P02Z Cardiothoracic and Vascular Procedures for Neonates	0	50	36.3	16
P03A Neonate, AdmWt 1000-1499g W Significant OR Proc/Vent>=96hrs, Major Complexity	0	50	77.5	63
P03B Neonate, AdmWt 1000-1499g W Significant OR Proc/Vent>=96hrs, Minor Complexity	0	107	37.1	36
P04A Neonate, AdmWt 1500-1999g W Significant OR Proc/Vent>=96hrs, Major Complexity	0	19	74.7	50
P04B Neonate, AdmWt 1500-1999g W Significant OR Proc/Vent>=96hrs, Minor Complexity	0	109	26.9	24
P05A Neonate, AdmWt 2000-2499g W Significant OR Proc/Vent>=96hrs, Major Complexity	0	25	71.2	44
P05B Neonate, AdmWt 2000-2499g W Significant OR Proc/Vent>=96hrs, Minor Complexity	0	117	21.4	19
P06A Neonate, AdmWt >=2500g W Significant OR Proc/Vent>=96hrs, Major Complexity	0	125	37.6	20
P06B Neonate, AdmWt >=2500g W Significant OR Proc/Vent>=96hrs, Minor Complexity	~	272	12.5	9
P07Z Neonate, AdmWt <750g W Significant OR Procedures	0	10	60.5	80
P08Z Neonate, AdmWt 750-999g W Significant OR Procedures	0	~	^	^
P60A Neonate W/O Sig OR/Vent>=96hrs, Died/Transfer Acute Facility <5 Days, MajC	~	88	2.1	2
P60B Neonate W/O Sig OR/Vent>=96hrs, Died/Transfer Acute Facility <5 Days, MinC	~	462	1.1	1
P61Z Neonate, AdmWt <750g W/O Significant OR procedure	0	78	59.3	63
P62A Neonate, AdmWt 750-999g W/O Significant OR Procedures, Major Complexity	0	38	79.1	77
P62B Neonate, AdmWt 750-999g W/O Significant OR Procedures, Minor Complexity	0	57	44.1	42
P63A Neonate, AdmWt 1000-1249g W/O Significant OR Proc/Vent>=96hrs, Major Complexity	0	*	^	^
P63B Neonate, AdmWt 1000-1249g W/O Significant OR Proc/Vent>=96hrs, Minor Complexity	0	27	29.7	30
P64A Neonate, AdmWt 1250-1499g W/O Significant OR Proc/Vent>=96hrs, Major Complexity	0	23	37.3	35
P64B Neonate, AdmWt 1250-1499g W/O Significant OR Proc/Vent>=96hrs, Minor Complexity	0	78	27.1	26
P65A Neonate, AdmWt 1500-1999g W/O Significant OR Proc/Vent>=96hrs, Extreme Comp	0	40	33.8	31
P65B Neonate, AdmWt 1500-1999g W/O Significant OR Proc/Vent>=96hrs, Major Complexity	0	96	23.0	23
P65C Neonate, AdmWt 1500-1999g W/O Significant OR Proc/Vent>=96hrs, Intermediate Comp	0	309	17.2	17
P65D Neonate, AdmWt 1500-1999g W/O Significant OR Proc/Vent>=96hrs, Minor Complexity	0	177	11.0	11
P66A Neonate, AdmWt 2000-2499g W/O Significant OR Proc/Vent>=96hrs, Extreme Comp	0	83	17.5	17
P66B Neonate, AdmWt 2000-2499g W/O Significant OR Proc/Vent>=96hrs, Major Complexity	0	259	12.8	12
P66C Neonate, AdmWt 2000-2499g W/O Significant OR Proc/Vent>=96hrs, Intermediate Comp	~	635	8.0	6
P66D Neonate, AdmWt 2000-2499g W/O Significant OR Proc/Vent>=96hrs, Minor Complexity	8	535	3.2	2
P67A Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, <37 Comp Wks Gest, Extr Comp	~	78	14.6	11
P67B Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, <37 Comp Wks Gest, Maj Comp	~	208	8.8	7
P67C Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, <37 Comp Wks Gest, Int Comp	~	221	6.6	5
P67D Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, <37 Comp Wks Gest, Min Comp	13	384	3.9	2
P68A Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Comp Wks Gest, Ext Comp	~	470	10.3	6
P68B Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Comp Wks Gest, Maj Comp	12	1,117	4.2	3
P68C Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Comp Wks Gest, Int Comp	52	1,342	3.1	2
P68D Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Comp Wks Gest, Min Comp	128	5,332	1.7	1
Total	238	13,077	7.2	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 is suppressed where the number of discharges is not reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.18 Total Discharges: MDC 16 Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 16 Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
Q01A Splenectomy, Major Complexity	0	7	17.7	12
Q01B Splenectomy, Minor Complexity	0	19	9.0	7
Q02A Blood and Immune System Disorders W Other OR Procedures, Major Complexity	~	75	20.8	14
Q02B Blood and Immune System Disorders W Other OR Procedures, Minor Complexity	522	153	4.8	2
Q60A Reticuloendothelial and Immunity Disorders, Major Complexity	416	987	6.5	4
Q60B Reticuloendothelial and Immunity Disorders, Minor Complexity	3,478	458	2.3	1
Q61A Red Blood Cell Disorders, Major Complexity	1,430	2,490	7.9	5
Q61B Red Blood Cell Disorders, Intermediate Complexity	16,480	3,759	2.2	1
Q61C Red Blood Cell Disorders, Minor Complexity	18,774	29	0.9	1
Q62A Coagulation Disorders, Major Complexity	*	301	6.8	4
Q62B Coagulation Disorders, Minor Complexity	3,062	532	2.1	1
Total	44,279	8,810	4.7	2

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.19 Total Discharges: MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms): AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms)	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
R01A Lymphoma and Leukaemia W Major OR Procedures, Major Complexity	~	68	30.7	23
R01B Lymphoma and Leukaemia W Major OR Procedures, Minor Complexity	24	60	6.8	5
R02A Other Neoplastic Disorders W Major OR Procedures, Major Complexity	0	19	37.0	26
R02B Other Neoplastic Disorders W Major OR Procedures, Intermediate Complexity	~	60	6.9	6
R02C Other Neoplastic Disorders W Major OR Procedures, Minor Complexity	47	144	3.4	2
R03A Lymphoma and Leukaemia W Other OR Procedures, Major Complexity	~	88	43.0	35
R03B Lymphoma and Leukaemia W Other OR Procedures, Intermediate Complexity	10	106	15.9	14
R03C Lymphoma and Leukaemia W Other OR Procedures, Minor Complexity	232	145	6.0	3
R04A Other Neoplastic Disorders W Other OR Procedures, Major Complexity	25	60	13.3	8
R04B Other Neoplastic Disorders W Other OR Procedures, Minor Complexity	822	108	5.0	3
R60A Acute Leukaemia, Major Complexity	105	495	21.7	18
R60B Acute Leukaemia, Minor Complexity	2,935	511	5.3	2
R61A Lymphoma and Non-Acute Leukaemia, Major Complexity	649	1,356	16.2	10
R61B Lymphoma and Non-Acute Leukaemia, Minor Complexity	9,926	1,498	4.6	3
R62A Other Neoplastic Disorders, Major Complexity	522	201	14.4	7
R62B Other Neoplastic Disorders, Intermediate Complexity	4,473	133	8.2	4
R62C Other Neoplastic Disorders, Minor Complexity	100,170	32	6.0	3
R63Z Chemotherapy	129,923	0	-	-
R99Z Oncology Repeat Attendance[b]	19,398	0	-	-
Total	269,269	5,084	11.5	6

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 Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
b The official classification for AR-DRG's (V8.0) has been slightly modified by the addition of two local DRG's specific to Ireland to account for some differences in the provision of care. While this practice has been used for Activity Based Funding, this modification to the official classification has only been published in the HIPE Annual Report since 2018.
There are many attendances at oncology day wards where patients undergo only very minor procedures (e.g. taking of bloods) which are generally of lower complexity than administration of chemotherapy or other oncology procedures. The local DRG R99Z (*Oncology Repeat Attendance*) is used to identify these cases and to ensure that they are costed and reimbursed appropriately.

TABLE 4.20 Total Discharges: MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
S65A Human Immunodeficiency Virus, Major Complexity	0	43	26.7	19
S65B Human Immunodeficiency Virus, Intermediate Complexity	~	75	10.9	8
S65C Human Immunodeficiency Virus, Minor Complexity	117	61	3.8	1
T01A Infectious and Parasitic Diseases W OR Procedures, Major Complexity	~	155	44.7	27
T01B Infectious and Parasitic Diseases W OR Procedures, Intermediate Complexity	7	169	19.8	13
T01C Infectious and Parasitic Diseases W OR Procedures, Minor Complexity	35	250	12.3	8
T40Z Infectious and Parasitic Diseases W Ventilator Support	0	31	11.2	6
T60A Septicaemia, Major Complexity	0	427	31.1	20
T60B Septicaemia, Intermediate Complexity	0	1,331	14.1	9
T60C Septicaemia, Minor Complexity	~	1,497	7.7	6
T61A Postoperative and Post-Traumatic Infections, Major Complexity	14	277	10.9	7
T61B Postoperative and Post-Traumatic Infections, Minor Complexity	95	673	4.7	3
T62A Fever of Unknown Origin, Major Complexity	6	527	7.0	4
T62B Fever of Unknown Origin, Minor Complexity	49	1,790	2.2	1
T63A Viral Illnesses, Major Complexity	448	491	6.6	3
T63B Viral Illnesses, Minor Complexity	241	2,988	1.6	1
T64A Other Infectious and Parasitic Diseases, Major Complexity	~	62	24.3	18
T64B Other Infectious and Parasitic Diseases, Intermediate Complexity	9	204	12.0	9
T64C Other Infectious and Parasitic Diseases, Minor Complexity	1,291	274	5.3	3
Total	2,322	11,325	7.7	3

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.21 Total Discharges: MDC 19 Mental Diseases and Disorders: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 19 Mental Diseases and Disorders	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
U40Z Mental Health Treatment W ECT, Sameday	15	0	-	-
U60A Mental Health Treatment W/O ECT, Sameday, Major Complexity	494	344	0.5	1
U60B Mental Health Treatment W/O ECT, Sameday, Minor Complexity	267	526	0.5	1
U61A Schizophrenia Disorders, Major Complexity	0	49	59.0	29
U61B Schizophrenia Disorders, Minor Complexity	0	91	31.8	13
U62A Paranoia and Acute Psychotic Disorders, Major Complexity	0	49	33.8	16
U62B Paranoia and Acute Psychotic Disorders, Minor Complexity	0	122	13.8	7
U63A Major Affective Disorders, Major Complexity	0	68	41.4	27
U63B Major Affective Disorders, Minor Complexity	0	147	17.9	10
U64A Other Affective and Somatoform Disorders, Major Complexity	0	60	12.6	7
U64B Other Affective and Somatoform Disorders, Minor Complexity	0	100	7.1	3
U65A Anxiety Disorders, Major Complexity	0	170	13.6	7
U65B Anxiety Disorders, Minor Complexity	0	369	4.6	2
U66A Eating and Obsessive-Compulsive Disorders, Major Complexity	0	127	38.2	23
U66B Eating and Obsessive-Compulsive Disorders, Minor Complexity	0	273	16.4	11
U67A Personality Disorders and Acute Reactions, Major Complexity	0	98	31.2	12
U67B Personality Disorders and Acute Reactions, Minor Complexity	0	178	6.5	4
U68A Childhood Mental Disorders, Major Complexity	0	46	7.4	3
U68B Childhood Mental Disorders, Minor Complexity	0	43	4.0	3
Total	776	2,860	12.1	3

Notes: - Mean and median length of stay cannot be calculated as no in-patients are reported.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.22 Total Discharges: MDC 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
V60A Alcohol Intoxication and Withdrawal, Major Complexity	0	611	10.4	6
V60B Alcohol Intoxication and Withdrawal, Minor Complexity	0	1,333	3.9	3
V61A Drug Intoxication and Withdrawal, Major Complexity	0	27	13.0	10
V61B Drug Intoxication and Withdrawal, Minor Complexity	0	130	5.7	4
V62A Alcohol Use and Dependence, Major Complexity	0	87	15.9	9
V62B Alcohol Use and Dependence, Minor Complexity	0	406	4.7	3
V63Z Opioid Use and Dependence	0	53	20.2	21
V64Z Other Drug Use and Dependence	0	56	12.7	10
V65Z Treatment for Alcohol Disorders, Sameday	~	390	0.5	1
V66Z Treatment for Drug Disorders, Sameday	0	44	0.5	1
Total	~	3,137	5.7	3

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.23 Total Discharges: MDC 21 Injuries, Poisonings and Toxic Effects of Drugs: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 21 Injuries, Poisonings and Toxic Effects of Drugs	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
W01A Vent, Trac & Cran Procs for Mult Sig Trauma, Major Complexity	0	29	88.1	61
W01B Vent, Trac & Cran Procs for Mult Sig Trauma, Intermediate Complexity	0	51	48.0	30
W01C Vent, Trac & Cran Procs for Mult Sig Trauma, Minor Complexity	0	44	22.1	13
W02A Hip, Femur and Lower Limb Procedures for Multiple Sig Trauma, Major Complexity	0	20	42.9	37
W02B Hip, Femur and Lower Limb Procedures for Multiple Sig Trauma, Minor Complexity	0	92	19.1	15
W03Z Abdominal Procedures for Multiple Significant Trauma	0	24	13.2	11
W04A Multiple Significant Trauma W Other OR Procedures, Major Complexity	0	36	43.5	30
W04B Multiple Significant Trauma W Other OR Procedures, Minor Complexity	0	57	14.5	11
W60A Multiple Sig Trauma, Died or Transferred to Acute Facility <5 Days, Major Comp	0	31	1.9	1
W60B Multiple Sig Trauma, Died or Transferred to Acute Facility <5 Days, Minor Comp	0	36	2.0	2
W61A Multiple Significant Trauma W/O OR Procedures, Major Complexity	0	101	30.9	21
W61B Multiple Significant Trauma W/O OR Procedures, Minor Complexity	0	175	13.8	8
X02A Microvascular Tissue Transfer and Skin Grafts for Injuries to Hand, Major Comp	~	20	4.5	3
X02B Microvascular Tissue Transfer and Skin Grafts for Injuries to Hand, Minor Comp	20	71	2.0	1
X04A Other Procedures for Injuries to Lower Limb, Major Complexity	0	45	22.0	14
X04B Other Procedures for Injuries to Lower Limb, Minor Complexity	24	178	2.8	1
X05A Other Procedures for Injuries to Hand, Major Complexity	69	245	2.4	1
X05B Other Procedures for Injuries to Hand, Minor Complexity	400	810	0.7	1
X06A Other Procedures for Other Injuries, Major Complexity	~	102	24.2	14
X06B Other Procedures for Other Injuries, Intermediate Complexity	32	253	6.1	4
X06C Other Procedures for Other Injuries, Minor Complexity	313	847	2.5	1
X07A Skin Grafts for Injuries Excluding Hand, Major Complexity	0	15	35.5	22
X07B Skin Grafts for Injuries Excluding Hand, Intermediate Complexity	~	38	13.4	9
X07C Skin Grafts for Injuries Excluding Hand, Minor Complexity	18	49	5.4	3
X40A Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Major Comp	0	47	15.0	10
X40B Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support, Minor Comp	0	53	6.2	5
X60A Injuries, Major Complexity	15	1,390	13.8	8
X60B Injuries, Minor Complexity	775	3,422	1.9	1
X61A Allergic Reactions, Major Complexity	~	98	4.2	1
X61B Allergic Reactions, Minor Complexity	10	313	1.0	1
X62A Poisoning/Toxic Effects of Drugs and Other Substances, Major Complexity	~	988	7.7	4
X62B Poisoning/Toxic Effects of Drugs and Other Substances, Minor Complexity	19	2,991	2.1	1
X63A Sequelae of Treatment, Major Complexity	16	576	8.3	4
X63B Sequelae of Treatment, Minor Complexity	282	1,497	2.5	1
X64A Other Injuries, Poisonings and Toxic Effects, Major Complexity	0	570	21.4	12
X64B Other Injuries, Poisonings and Toxic Effects, Minor Complexity	~	876	4.1	1
Total	2,004	16,190	5.7	1

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.24 Total Discharges: MDC 22 Burns: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 22 Burns	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
Y01Z Vent >=96hrs or Trach for Burns or OR Procs for Severe Full Thickness Burns	0	13	56.8	46
Y02A Skin Grafts for Other Burns, Major Complexity	0	37	26.3	19
Y02B Skin Grafts for Other Burns, Intermediate Complexity	7	50	12.2	10
Y02C Skin Grafts for Other Burns, Minor Complexity	~	28	6.1	3
Y03A Other OR Procedures for Other Burns, Major Complexity	10	19	13.7	7
Y03B Other OR Procedures for Other Burns, Minor Complexity	12	35	5.5	5
Y60Z Burns, Transferred to Acute Facility <5 Days	0	34	1.2	1
Y61Z Severe Burns	14	47	11.3	8
Y62A Other Burns, Major Complexity	~	49	15.1	6
Y62B Other Burns, Minor Complexity	64	148	2.7	1
Total	111	460	10.1	4

Notes: ~ Denotes five or fewer discharges reported to HIPE.
a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.

TABLE 4.25 Total Discharges: MDC 23 Factors Influencing Health Status and Other Contacts with Health Services: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

MDC 23 Factors Influencing Health Status and Other Contacts with Health Services	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
Z01A Other Contacts W Health Services W OR Procedures, Major Complexity	26	77	16.5	3
Z01B Other Contacts W Health Services W OR Procedures, Minor Complexity	668	181	2.2	1
Z40Z Other Contacts W Health Services W Endoscopy, Sameday	15,002	53	0.5	1
Z60A Rehabilitation, Major Complexity[b]	0	0	-	-
Z60B Rehabilitation, Minor Complexity[b]	0	0	-	-
Z61A Signs and Symptoms, Major Complexity	75	773	12.6	6
Z61B Signs and Symptoms, Intermediate Complexity	250	1,237	3.7	1
Z61C Signs and Symptoms, Minor Complexity	572	1,418	1.9	1
Z63A Other Follow Up After Surgery or Medical Care, Major Complexity	48	1,203	26.3	16
Z63B Other Follow Up After Surgery or Medical Care, Minor Complexity	904	1,061	15.4	5
Z64A Other Factors Influencing Health Status, Major Complexity	3,015	738	11.7	3
Z64B Other Factors Influencing Health Status, Minor Complexity	33,989	1,502	1.6	1
Z65Z Congenital Anomalies and Problems Arising from Neonatal Period	106	53	5.5	1
Z66Z Sleep Disorders	326	342	1.1	1
Total	54,981	8,638	9.1	1

Note: a Based on total in-patients (sameday and overnight in-patients). Excludes day patients.
b The coding of rehabilitation was updated in ICD-10-AM/ACHI/ACS 10th edition. The sequencing was amended to the additional diagnosis position. Therefore, rehabilitation can no longer be assigned as a principal diagnosis. See Appendix VII for an overview of changes from ICD-10-AM/ACHI/ACS 8th edition (in use from 2015–2019) to 10th Edition (in use from 1st January 2020).
- Mean and median length of stay cannot be calculated as no in-patients are reported.

TABLE 4.26 Total Discharges: Unassignable to MDC: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

Unassignable to MDC[b]	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
801A OR Procedures Unrelated to Principal Diagnosis, Major Complexity	0	391	50.4	35
801B OR Procedures Unrelated to Principal Diagnosis, Intermediate Complexity	47	490	17.0	13
801C OR Procedures Unrelated to Principal Diagnosis, Minor Complexity	308	290	6.4	3
963Z Neonatal Diagnosis Not Consistent W Age/Weight	0	0	-	-
Total	355	1,171	25.5	14

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

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

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

Unrelated OR DRGs: Patients whose OR procedures are unrelated to the patient's principal diagnosis are assigned to one of three OR DRGs: 801A *OR Procedures Unrelated to Principal Diagnosis Major Complexity*, 801B *OR Procedures Unrelated to Principal Diagnosis Intermediate Complexity* or 801C *OR Procedures Unrelated to Principal Diagnosis Minor Complexity*. An example of when this may be assigned is when a patient is admitted for a medical treatment; they develop a complication unrelated to the principal diagnosis and later have an OR procedure performed for the additional diagnoses associated with the complication.

Error DRGs: Episodes 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*.

Australian Consortium for Classification Development, 2015, *Australian Refined Diagnosis Related Groups, Version 8.0, Definitions Manual*, Volume 1. Independent Hospital Pricing Authority. p.11.

TABLE 4.27 Total Discharges: Pre-MDC: AR-DRG Version 8.0 by Patient Type (N, In-Patient Length of Stay)

Pre-MDC	Day Patients	In-Patients[a]	In-Patient Length of Stay[a]	
	N	N	Mean	Median
A01Z Liver Transplant	0	52	26.7	18
A03Z Lung or Heart-Lung Transplant	0	15	80.8	58
A05Z Heart Transplant	0	7	96.0	56
A06A Tracheostomy and/or Ventilation >=96hours, Major Complexity	0	262	96.2	66
A06B Tracheostomy and/or Ventilation >=96hours, Intermediate Complexity	0	838	56.7	38
A06C Tracheostomy and/or Ventilation >=96hours, Minor Complexity	0	1,245	29.3	20
A07A Allogeneic Bone Marrow Transplant, Age <=16 Years or Major Complexity	~	58	48.6	41
A07B Allogeneic Bone Marrow Transplant, Age >=17 Years and Minor Complexity	~	57	29.7	33
A08A Autologous Bone Marrow Transplant, Major Complexity	0	118	25.8	21
A08B Autologous Bone Marrow Transplant, Minor Complexity	8	39	8.1	4
A09A Kidney Transplant, Age <=16 Years or Major Complexity	0	34	20.4	13
A09B Kidney Transplant, Age >=17 Years and Minor Complexity	0	102	9.3	8
A10Z Insertion of Ventricular Assist Device	0	~	^	^
A11A Insertion of Implantable Spinal Infusion Device, Major Complexity	~	7	11.3	3
A11B Insertion of Implantable Spinal Infusion Device, Minor Complexity	8	*	^	^
A12Z Insertion of Neurostimulator Device	75	71	3.8	2
A40A ECMO, Major Complexity	0	7	60.7	51
A40B ECMO, Minor Complexity	0	17	34.5	22
Total	94	2,938	42.0	25

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 is suppressed where the number of discharges is not reported.

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

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ANALYSIS OF IN-PATIENT ADMISSIONS WITH A DIAGNOSIS OF CORONAVIRUS DISEASE (COVID-19), 2020-2022

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 admissions to hospital with a diagnosis of Coronavirus disease (COVID-19), for the years 2020-2022. It also provides some analysis on the new diagnosis codes introduced in 2021 relating to *Post COVID-19 conditions, Multisystem inflammatory syndrome associated with COVID-19*, and *COVID-19 vaccines causing adverse effects in therapeutic use*.

A.1.1.1 Criteria for selection of COVID-19 admissions

This annex is based on in-patient admissions to hospital between 29th February 2020 and 31st December 2022 inclusive, with a diagnosis of COVID-19.[1,2] Based on the Irish Coding Standard 22X2 *Novel Coronavirus* (COVID-19) effective from 1st January 2020, the selection of admissions was based on those with any diagnosis of:

- B97.2 *Coronavirus as the cause of diseases classified to other chapters to identify the infectious agent* or B34.2 *Coronavirus infection, unspecified site*

and either of the following two codes:

- U07.1 *Emergency use of U07.1 (COVID-19, virus identified)* assigned when COVID-19 has been documented as confirmed by laboratory testing
- U07.2 *Emergency use of U07.2 (COVID-19, virus not identified)* assigned when COVID-19 has been documented as clinically diagnosed COVID-19, including evidence supported by radiological imaging (i.e. where a clinical determination of COVID-19 is made but laboratory testing is inconclusive, not available or unspecified).[3,4,5]

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1 HIPE is a discharge based database; however, to more accurately reflect the trends over time in COVID-19 hospitalisations, basing this analysis on admission date is a more suitable reflection of the changes that occurred during this period.

2 A proportion of the admissions included in this annex were discharged in 2023, and only admissions who were discharged up to 31st March 2023 were included. Admissions who were admitted in 2022 and discharged in 2023 are based on provisional 2023 HIPE data and therefore may be subject to change (HIPE_2023_ASOF_0723_V08_PROVISIONAL).

3 Full detail of the HIPE coding guidelines for COVID-19 issued to hospitals is available in the Irish Coding Standard 22X2, which is available at http://www.hpo.ie/hipe/clinical_coding/irish_coding_standards/ICS_2022_V1.0.pdf. This is mainly based on advice from the Independent Hospital Pricing Authority (IHPA) and incorporates guidance from the WHO.

4 It is important to note that COVID-19 may not be the principal reason for admission to hospital and that a patient may or may not have had COVID-19 on admission.

5 Hospital acquired COVID-19 is based on a hospital acquired diagnosis flag associated with the diagnosis *B97.2 Coronavirus as the cause of diseases classified to other chapters* or *B34.2 Coronavirus infection, unspecified site*.

A.1.2 Overview of in-patient admissions with a diagnosis of COVID-19, 2020-2022

Section A.1.2 provides an overview of in-patient admissions with a diagnosis of COVID-19 for the years 2020-2022.

A.1.2.1 Total admissions by year, sex, hospital group, ICU status, age group, survival status

Table A 1.1 provides information on total in-patient admissions by year, sex, hospital group, ICU status, age group and survival status. Figure A 1.1 shows total admissions by year and hospital group. Figure A 1.2 shows the percentage of total admissions per year by age group.

A total of 65,537 in-patient episodes with a diagnosis of COVID-19 were admitted in 2020, 2021 and 2022 with more admissions in 2022 (34,970) than in 2020 and 2021 combined.

- The overall mean length of stay for total admissions with a diagnosis of COVID-19 decreased from 22.2 days in 2020 to 16.2 days in 2021, before rising slightly to 16.4 days in 2022. The median length of stay decreased from 10 days in 2020 to 7 days in 2021 and 2022.
- Males accounted for a higher proportion of admissions compared to females in 2020 and 2021 (54.0 per cent and 51.5 per cent respectively); however, females accounted for a slightly higher proportion than males in 2022 (51.7 per cent).
- Total admissions were highest in the Ireland East Hospital Group for 2020-2022, accounting for more than 20 per cent of admissions in each year.
- The proportion of admissions aged less than 15 years rose from 1.3 per cent in 2020 to 8.1 per cent in 2022. Admissions aged 75 years and over fluctuated more, accounting for 36.7 per cent of admissions in 2020, 27.6 per cent in 2021 and 40.3 per cent in 2022.
- Total mean length of stay was 16.4 days in 2022. Apart from those aged less than 15 years in 2020 and 2021, the mean length of stay increased with age for each of the years 2020 to 2022.
- The proportion of admissions with an ICU visit has decreased each year from 12.7 per cent of total admissions in 2020 to 7.3 per cent of total admissions in 2022. The mean length of stay for those with an ICU visit decreased from 40.6 days in 2020 to 33.8 days in 2022.
- The proportion of admissions who died after admission to hospital decreased from 15.3 per cent in 2020, to 10.5 per cent in 2021, to 6.3 per cent in 2022.[6]

[6] HIPE cannot be used to infer the cause of death.

TABLE A 1.1: COVID-19 in-patient admissions by year, sex, hospital group, ICU status, age group and survival status, 2020-2022 (N, % and In-Patient Length of Stay)

	2020				2021				2022			
	N	%	Mean LOS	Median LOS	N	%	Mean LOS	Median LOS	N	%	Mean LOS	Median LOS
Total	**9,275**	**100.0**	**22.2**	**10**	**21,292**	**100.0**	**16.2**	**7**	**34,970**	**100.0**	**16.4**	**7**
Male	5,009	54.0	22.6	11	10,975	51.5	17.3	8	16,882	48.3	18.1	9
Female	4,266	46.0	21.8	9	10,317	48.5	15.1	5	18,088	51.7	14.8	6
Hospital Group												
Ireland East	2,265	24.4	24.0	9	4,334	20.4	19.3	7	7,119	20.4	17.3	6
RCSI Group	2,081	22.4	18.7	10	4,184	19.7	14.4	7	5,705	16.3	17.4	9
Dublin Midlands	1,717	18.5	25.7	13	3,614	17.0	19.1	8	4,936	14.1	18.2	7
South Southwest	886	9.6	24.7	12	3,130	14.7	15.8	8	6,654	19.0	15.8	7
UL Group	743	8.0	14.5	8	1,461	6.9	12.4	6	2,959	8.5	14.1	8
Saolta	1,311	14.1	20.2	8	4,021	18.9	12.8	5	6,456	18.5	15.3	7
Childrens Group	70	0.8	15.0	3	285	1.3	13.0	3	993	2.8	7.0	2
Non-Group	202	2.2	42.6	34	263	1.2	37.4	24	148	0.4	54.6	45
ICU Visit Status[a]												
ICU Visit	1,175	12.7	40.6	25	2,321	10.9	34.6	20	2,559	7.3	33.8	20
No ICU Visit	8,100	87.3	19.6	8	18,971	89.1	14.0	6	32,411	92.7	15.0	6
Age Group												
Under 15 Years	120	1.3	9.4	2	724	3.4	6.3	2	2,819	8.1	3.9	2
15-34 Years	780	8.4	7.4	3	2,898	13.6	5.0	2	4,025	11.5	4.8	2
35-44 Years	737	7.9	9.4	4	2,470	11.6	8.1	4	2,668	7.6	7.1	3
45-54 Years	1,144	12.3	14.5	6	2,790	13.1	11.6	5	2,311	6.6	13.3	5
55-64 Years	1,387	15.0	22.3	9	3,126	14.7	16.1	7	3,436	9.8	17.0	7
65-74 Years	1,703	18.4	27.0	14	3,416	16.0	20.6	11	5,619	16.1	19.5	10
75-84 Years	2,112	22.8	28.9	17	3,642	17.1	25.3	14	8,286	23.7	22.3	13
85 and Over	1,292	13.9	29.2	19	2,226	10.5	27.3	16	5,806	16.6	24.1	16
Survival Status[b]												
Died[c]	1,418	15.3	25.8	16	2,235	10.5	23.1	14	2,208	6.3	26.0	18
Survived	7,857	84.7	21.6	9	19,057	89.5	15.4	6	32,762	93.7	15.7	7

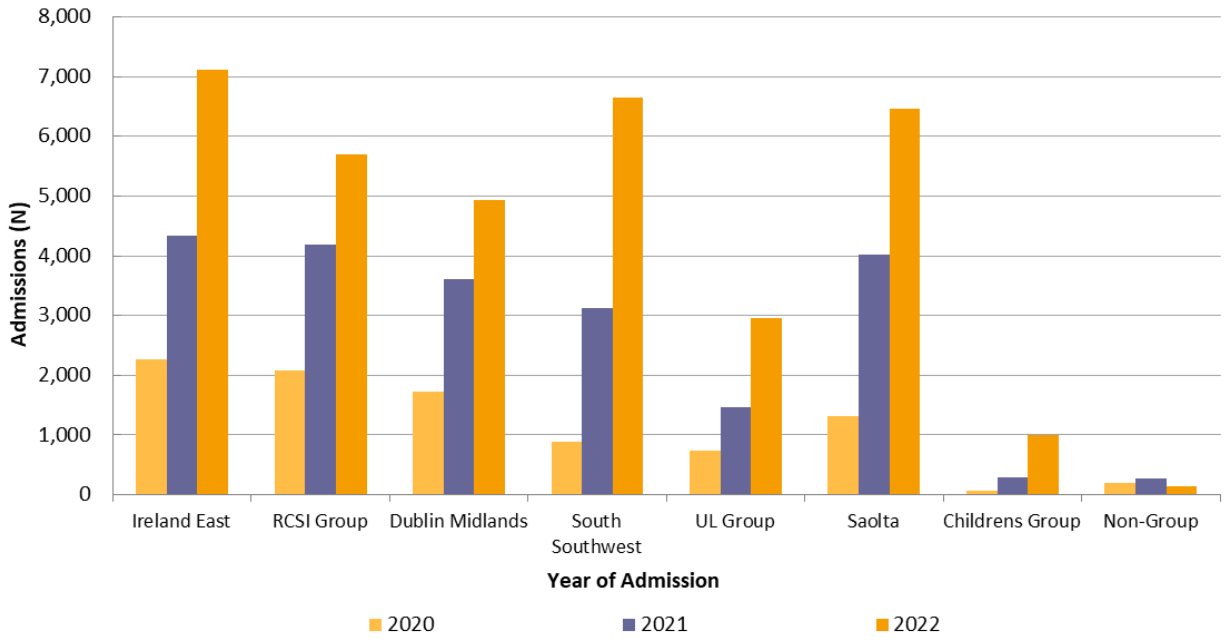
Notes:

a ICU visit status is based on the variable ITU Days having a value of zero days (No ICU visit) or greater than zero days. ITU Days identifies the number of days, or part thereof, the patient spent in an intensive care environment e.g. ICU/ITU/CCU/HDU/NITU.

b Survival Status is based on the HIPE discharge code variable. Patients who died during their episode of care have a discharge code of 6 or 7 (see Appendix II for full list of discharge codes in HIPE). If a patient passed away after discharge due to Covid-19 this is not captured in HIPE.

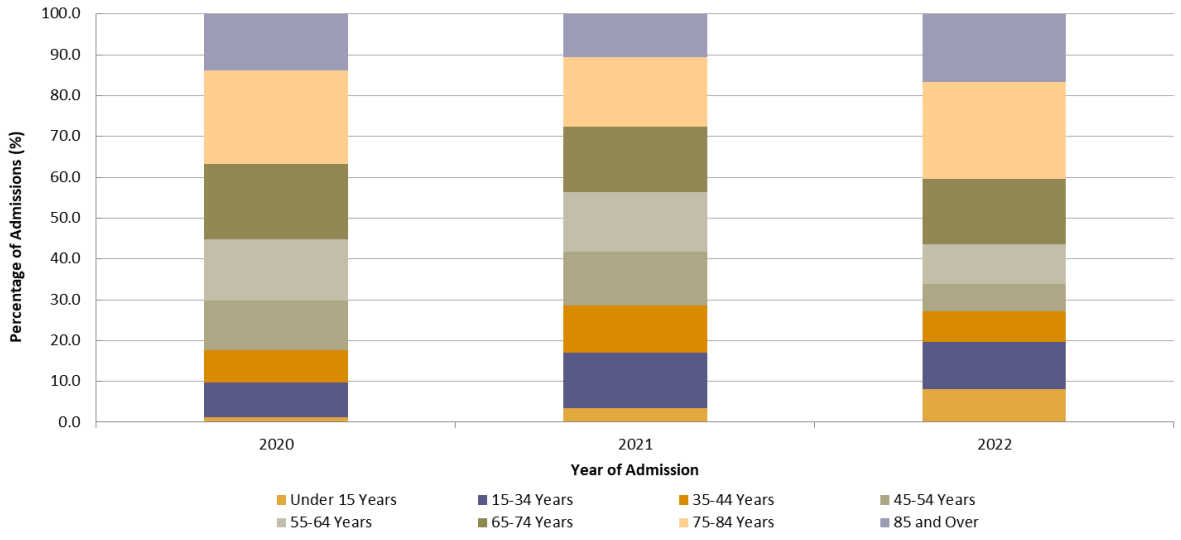
c HIPE cannot be used to infer the cause of death.

FIGURE A 1.1: Total in-patient admissions with a diagnosis of COVID-19 by year and hospital group, 2020-2022



Note: See Table A 1.1 for data.

FIGURE A 1.2: Percentage of total in-patient admissions with a diagnosis of COVID-19 by year of admission and age group, 2020-2022



Note: See Table A 1.1 for data.

A.1.3 Trend Analysis of In-patient Admissions with a Diagnosis of COVID-19, 2020-2022

Section A.1.3 examines COVID-19 in-patient admissions by year and quarter of admission, with information relating to age, length of stay, admissions with an ICU visit and admissions with hospital acquired COVID-19 over the period 2020-2022.[7]

TABLE A 1.2: Total in-patient admissions with a diagnosis of COVID-19, length of stay, age, ICU visit status[a], hospital acquired, by quarter and year of admission, 2020-2022.

		Total Admissions						
		Length of Stay		Age		ICU visit[a]	Hospital Acquired[c]	
Quarter of Admission	Admissions (N)	Mean	Median	Mean	Median	%	N	%
Jan-Mar 2020[b]	1,613	18.7	9	61.7	64	15.1	258	16.0
Apr-Jun 2020	3,081	16.3	8	63.6	66	10.8	285	9.3
Jul-Sep 2020	631	38.7	11	60.6	65	14.6	165	26.1
Oct-Dec 2020	3,950	25.7	13	65.6	71	12.8	1,191	30.2
Total 2020	**9,275**	**22.2**	**10**	**63.9**	**68**	**12.7**	**1,899**	**20.5**
Jan-Mar 2021	8,814	14.6	8	62.6	65	10.8	953	10.8
Apr-Jun 2021	1,411	15.6	5	49.9	50	11.2	98	6.9
Jul-Sep 2021	3,549	16.9	5	52.4	52	11.5	432	12.2
Oct-Dec 2021	7,518	17.9	6	55.8	59	10.7	938	12.5
Total 2021	**21,292**	**16.2**	**7**	**57.7**	**60**	**10.9**	**2,421**	**11.4**
Jan-Mar 2022	14,131	15.1	6	56.4	63	6.8	2,354	16.7
Apr-Jun 2022	7,768	17.3	7	61.6	70	7.2	1,375	17.7
Jul-Sep 2022	6,630	16.3	7	61.5	71	7.9	1,117	16.8
Oct-Dec 2022	6,441	18.1	10	66.2	74	8.1	1,603	24.9
Total 2022	**34,970**	**16.4**	**7**	**60.3**	**69**	**7.3**	**6,449**	**18.4**
Total	**65,537**	**17.2**	**7**	**60.0**	**66**	**9.2**	**10,769**	**16.4**

Notes:
a ICU visit status is based on the variable ITU Days having a value of zero days (No ICU Visit) or greater than zero days. ITU Days identifies the number of days, or part thereof, the patient spent in an intensive care environment e.g. ICU/ITU/CCU/HDU/NITU.
b Data for January to March 2020 is based on admissions from 29th February 2020.
c Hospital acquired COVID-19 is based on a hospital acquired diagnosis flag associated with the diagnosis *B97.2 Coronavirus as the cause of diseases classified to other chapters* or *B34.2 Coronavirus infection, unspecified site.*

Based on Table A 1.2, Figures A 1.3.1 to A 1.3.3 provide information on total in-patient admissions with a diagnosis of COVID-19, mean length of stay, percentage attending ICU, and number and percentage hospital acquired, by quarter and year of admission.

- Both 2021 and 2022 had peaks in admissions in the period January to March.
- The highest number of quarterly admissions occurred from January to March 2022 with 14,131 admissions.
- The average age of all admissions with a diagnosis of COVID-19 from 2020 to 2022 was 60.0 years. The average age remained relatively stable and ranged from 57.7 years in 2021 to 63.9 years in 2020.

[7] Data for January to March 2020 is based on admissions from 29th February 2020.

- From the beginning of 2021 onwards the mean quarterly length of stay remained relatively steady, with an overall mean across the three years of 17.2 days (see Table A 1.3 and Figure A 1.3.1).
- The percentage of admissions with an ICU visit generally follows a declining trend over time. This ranges from 15.1 per cent for January to March 2020 to 6.8 per cent for January to March 2022 (see Table A 1.3 and Figure A 1.3.2).
- Overall, 16.4% of total admissions had hospital acquired COVID-19, with the highest proportion of hospital acquired admissions occurring in the period October to December 2020, at 30.2 per cent. The lowest proportion occurred in April to June 2021, at 6.9 per cent (see Table A 1.3 and Figure A 1.3.3).

FIGURE A 1.3.1: Total in-patient admissions with a diagnosis of COVID-19 and mean length of stay (days), by quarter of admission, 2020-2022

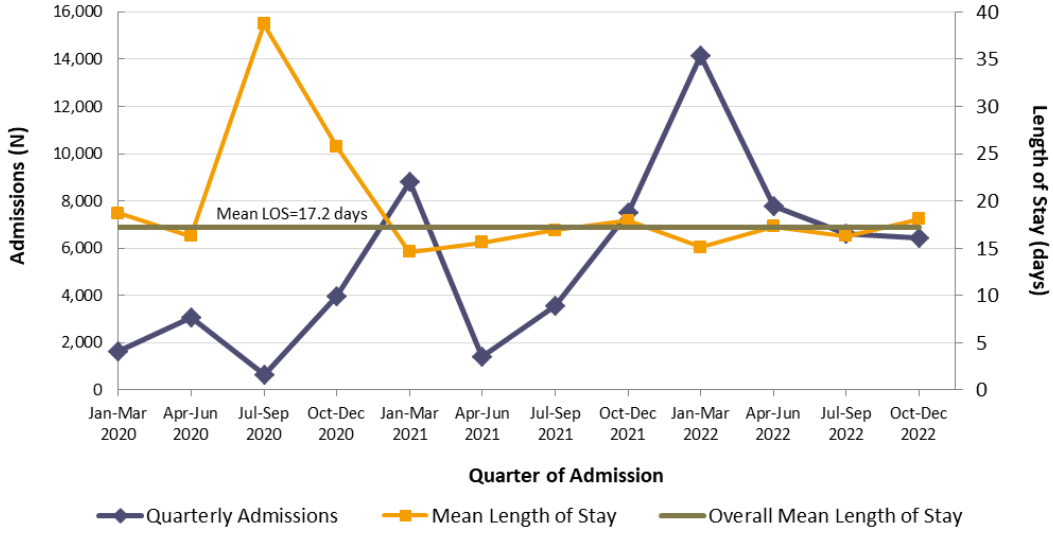
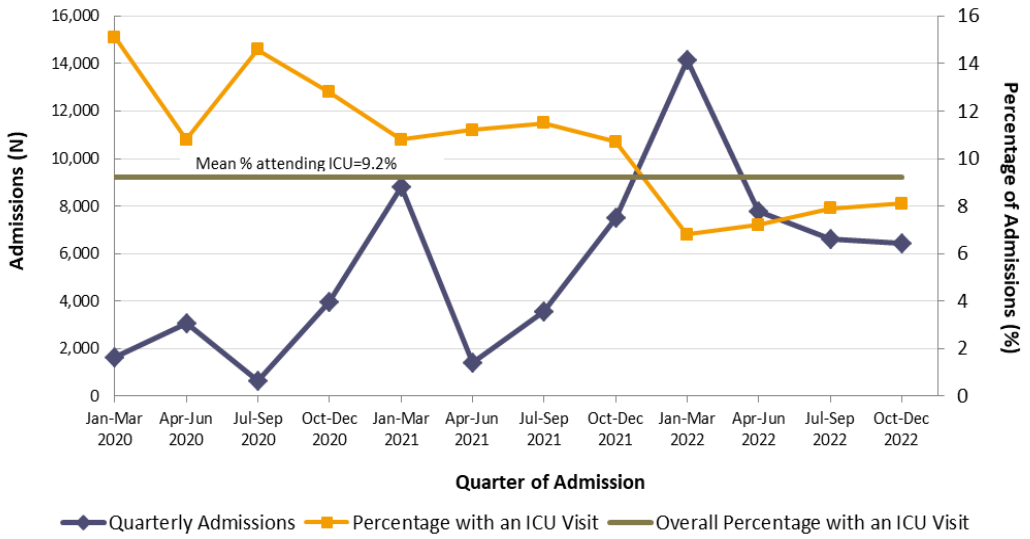
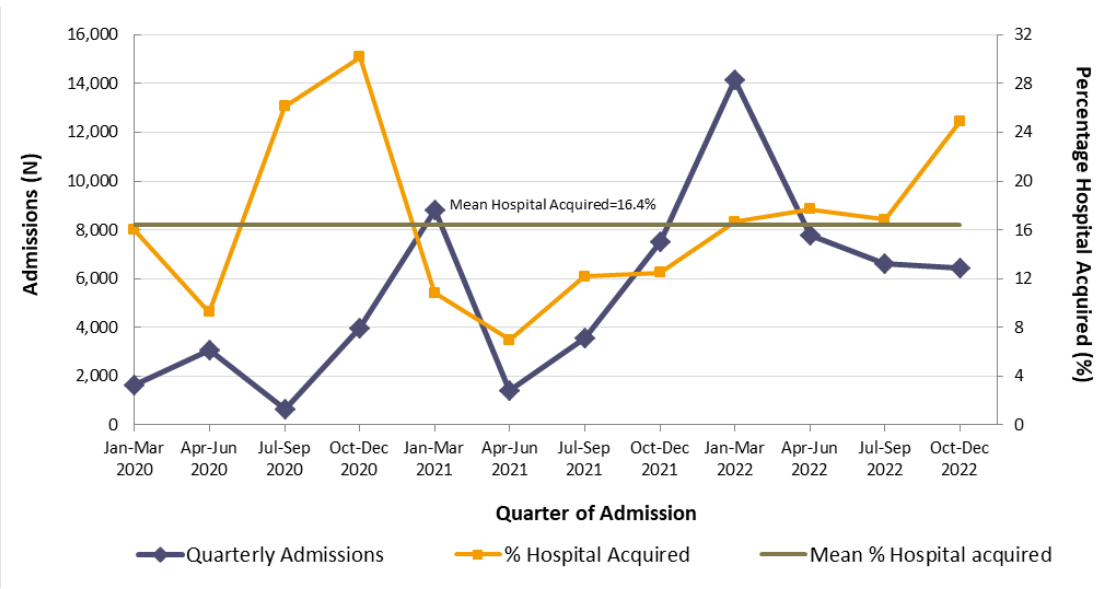


FIGURE A 1.3.2: Total in-patient admissions with a diagnosis of COVID-19 and percentage with an ICU visit, by quarter of admission, 2020-2022



Note: ICU visit status is based on the variable ITU Days having a value of zero days (No ICU visit) or greater than zero days. ITU Days identifies the number of days, or part thereof, the patient spent in an intensive care environment e.g. ICU/ITU/CCU/HDU/NITU.

FIGURE A 1.3.3: Total in-patient admissions with a diagnosis of COVID-19, including percentage hospital acquired, by quarter of admission, 2020-2022



Note: Hospital acquired COVID-19 is based on a hospital acquired diagnosis flag associated with the diagnosis B97.2 Coronavirus as the cause of diseases classified to other chapters or B34.2 Coronavirus infection, unspecified site.

A.1.4 New diagnosis codes related to post COVID-19 conditions, multisystem inflammatory syndrome and vaccine adverse effects, 2021-2022

The World Health Organization has activated emergency use codes relating to *Post COVID-19 condition, Multisystem inflammatory syndrome associated with COVID-19*, and *COVID-19 vaccines causing adverse effects in therapeutic use*. These codes are effective for discharges from 1st January 2021, and are outlined below.[8,9]

- Where clinical documentation clearly indicates a current condition is causally related to previous COVID-19, the code U07.4 *Post COVID-19 condition* is assigned as an additional diagnosis. U07.4 is only assigned when COVID-19 is documented as no longer current.
- To identify multisystem inflammatory syndrome associated with COVID-19, the code U07.5 Emergency use code U07.5 *Multisystem inflammatory syndrome associated with COVID-19* is assigned. U07.5 may occur as a principal diagnosis or as a secondary diagnosis. As per guidance from the Centres for Disease Control and Prevention, multisystem inflammatory syndrome (MIS) is a rare but serious condition associated with COVID-19 in which different body parts become inflamed, including the heart, lungs,

8 Further details on the new codes introduced in 2021 may be found in Irish Coding Standard 22X2, which is available at: http://hpo.ie/hipe/clinical_coding/irish_coding_standards/ICS_2021_V2.0.pdf

9 A fourth code also introduced in 2021, U07.3 *Personal history of COVID-19*, is not examined in this annex. This code does not infer a causal relationship between previous COVID-19 and any current diagnosis.

kidneys, brain, skin, eyes, or gastrointestinal organs. MIS can affect children (MIS-C) and adults (MIS-A).[10]

- Where clinical documentation indicates that a patient has experienced an adverse effect due to a COVID-19 vaccination, the code U07.7 Emergency use of U07.7 *COVID-19 vaccines causing adverse effects in therapeutic use* is assigned, in addition to existing external cause codes. U07.7 is not assigned as a principal diagnosis.

Table A 1.4 and Figure A 1.4 outline in-patient admissions with a diagnosis of U07.4 *Post COVID-19 condition*, U07.5 *Multisystem inflammatory syndrome associated with COVID-19* or U07.7 *COVID-19 vaccines causing adverse effects in therapeutic use*.

- In 2021 and 2022, there were 2,270 admissions with a condition that was causally related to previous COVID-19 (U07.4 *Post COVID-19 condition).*
- While the number of admissions with a diagnosis of U07.5 *Multisystem Inflammatory Syndrome associated with COVID-19* is small, the majority are in the younger age groups, with an overall average age of 17.0 years.
- The majority of admissions with a diagnosis of U07.7 *COVID-19 vaccines causing adverse effects in therapeutic use* were admitted in 2021, with generally lower quarterly numbers in 2022.

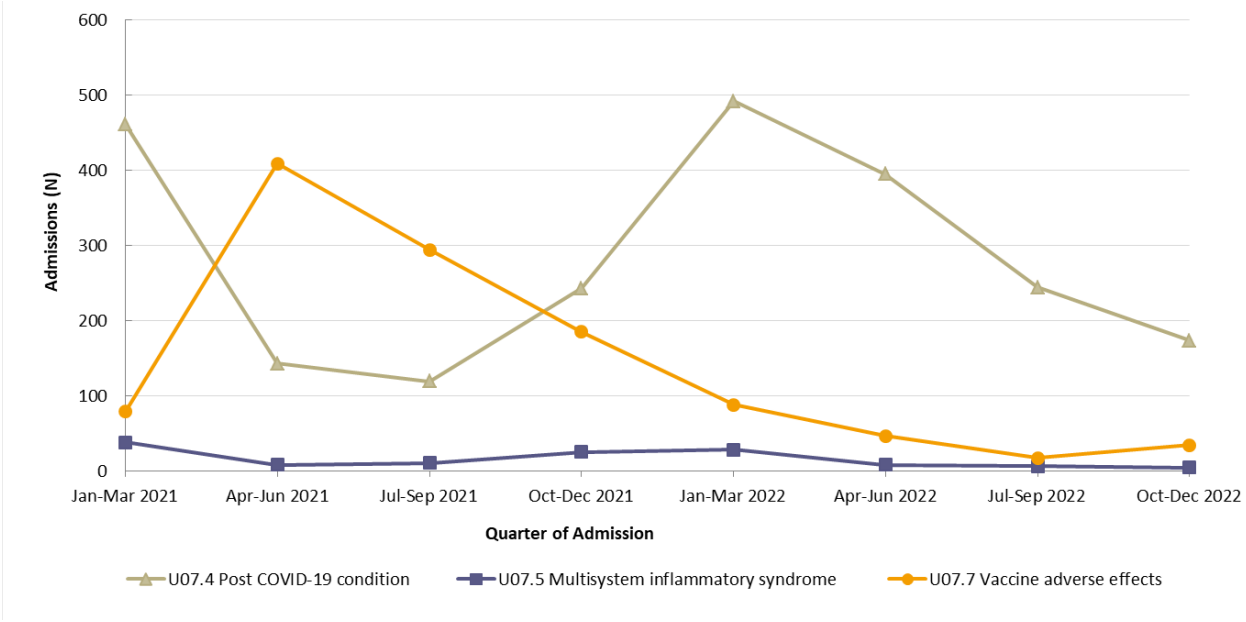
TABLE A 1.3: In-patient admissions with a diagnosis of U07.4 *Post COVID-19 Condition*, U07.5 *Multisystem Inflammatory Syndrome associated with COVID-19* or U07.7 *COVID-19 vaccines causing adverse effects in therapeutic use*, by quarter of admission, 2021-2022 (N, Age)

	U07.4 Post COVID-19 condition			U07.5 Multisystem inflammatory syndrome associated with COVID-19			U07.7 COVID-19 vaccines causing adverse effects in therapeutic use		
Month of Admission	Admissions (N)	Mean Age	Median Age	Admissions (N)	Mean Age	Median Age	Admissions (N)	Mean Age	Median Age
Jan-Mar 2021	461	54.4	53	38	15.8	10	79	49.4	47
Apr-Jun 2021	143	52.6	52	8	10.8	6	409	55.3	57
Jul-Sep 2021	119	47.2	45	10	15.3	10	294	36.5	34
Oct-Dec 2021	243	49.6	49	25	9.6	10	185	51.8	51
Total 2021	**966**	**52.0**	**51**	**81**	**13.3**	**10**	**967**	**48.4**	**47**
Jan-Mar 2022	492	47.8	46	28	19.3	10	88	38.5	36
Apr-Jun 2022	395	51.6	50	8	16.9	10	46	66.9	73
Jul-Sep 2022	244	54.2	56	*	^	^	17	58.1	69
Oct-Dec 2022	173	57.8	59	~	^	^	34	66.9	67
Total 2022	**1304**	**51.5**	**51**	**46**	**23.5**	**11**	**185**	**52.6**	**55**
Total	**2,270**	**51.7**	**51**	**127**	**17.0**	**10**	**1,152**	**49.1**	**48**

Notes: ~ Denotes five or fewer discharges reported to HIPE.
* Further suppression required to prevent disclosure of five or fewer discharges.
^ Denotes that mean and median age is suppressed where the number of discharges is not reported.

[10] MIS-C case definition includes people who are younger than 21 years old, and MIS-A case definition includes people who are 21 years and older Source: https://www.cdc.gov/mis/about.html

FIGURE A 1.4: In-patient admissions with a diagnosis of U07.4 *Post COVID-19 Condition*, U07.5 *Multisystem Inflammatory Syndrome associated with COVID-19* or U07.7 *COVID-19 vaccines causing adverse effects in therapeutic use, 2021-2022*



A.1.5 SUMMARY

The volume and lengths of stay for admissions recording a diagnosis of COVID-19 have had a significant impact on the ability of hospitals to perform their usual activity. The main points of this section are outlined below.

- There were 65,537 in-patient admissions with a diagnosis of COVID-19 from 2020 to 2022.[11]
- In 2022 COVID-19 in-patients had a longer length of stay (average 16.4 days) compared to the overall average in-patient length of stay reported on HIPE in 2022 (6.1 days).
- In 2022 just over 48 per cent of COVID-19 admissions were male with just under 52 per cent female.
- Over the period 2020-2022 9.2 per cent of total admissions with a diagnosis of COVID-19 had a stay in ICU. The average total length of stay for these admissions ranged from 40.6 days in 2020 to 33.8 days in 2022.
- Over the period 2020-2022 16.4 per cent of total in-patient admissions which recorded a diagnosis of COVID-19 were flagged as having acquired COVID-19 in hospital.
- In 2021 and 2022, there were 2,270 in-patient admissions with a diagnosis of post-COVID-19 conditions, and 1,152 in-patient admissions with a diagnosis of COVID-19 vaccines causing adverse effects in therapeutic use.[12]

11 COVID-19 may not have been the main reason for admission

12 Post COVID-19 conditions or COVID-19 vaccines causing adverse effects in therapeutic use may not be the principal reason for admission.

Glossary & Abbreviations

GLOSSARY

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

Additional diagnosis
This is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code (ACCD,2017).

Admission type
The type of admission may generally be classified as a planned or emergency admission. Unlike emergency admissions, planned admissions are arranged in advance by the patient and/or service provider.

Australian Coding Standards
Australian Coding Standards (ACS) is a document developed to provide guidance in the application of ICD-10-AM and ACHI codes. Standards are provided with general guidelines and are categorised by site and/or body system according to the clinical specialty to which a disease or procedure relates.

Case mix
Case mix is a method of quantifying hospital workload taking account of the complexity and resource-intensity of the services provided.

Complications
Complications may arise during the hospital stay.

Comorbidities
Comorbidities are assumed to be prior existing conditions, which were present at the time of admission.

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

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

Delivery status
Refers to the disaggregation of Maternity discharges into delivery and non-delivery status determined by the presence of a diagnosis of delivery (ICD-10-AM diagnosis code Z37 *Outcome of delivery*).

Diagnosis Related Group (DRG)
DRGs are clusters of cases with similar clinical attributes and resource requirements. In Ireland, Australian Refined Diagnosis Related Group (AR-DRG) have been in use in Ireland since 2005.

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

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

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

Elective admission
This is an admission or procedure that has been arranged in advance (Department of Health and Children, 2001). This term is generally used to refer to in-patient discharges. The term planned admission may also be used.

Emergency admission
An emergency admission is unforeseen and requires urgent care. This term is used to refer to in-patient discharges.

GMS status

Refers to whether a patient holds a medical card.

Hospital acquired complications (HACs)

Hospital acquired complications (HACs) are complications which occur during a hospital stay and for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. (IHPA)

A list of 16 HACs was developed by a Joint Working Party of the Australian Commission on Safety and Quality in Health Care (the Commission) and IHPA. The Commission is responsible for the ongoing curation of the HAC list to ensure it remains clinically relevant.

Hospital Acquired Diagnosis (HADx) Indicator

This indicator will allow the diagnoses acquired during the patient's episode of care that were not present prior to admission, to be identified. (Irish Coding Standards 2022)

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.

In-Patient

An in-patient is admitted to hospital for treatment or investigation on a planned or emergency basis.
Overnight In-Patient: These discharges are in-patient discharges who stayed at least one night in hospital.
Sameday In-Patient: These discharges are admitted as in-patients and discharged on the same day. They do not meet the criteria to be classified as a day patient. They are assigned a length of stay of 0.5 days

Irish Coding Standards

Irish Coding Standards (ICS) is a document which provides guidance and instruction on all aspects of HIPE data collection by addressing issues specific to the Irish hospital setting. It is revised regularly to reflect changing clinical practice. ICS is designed to complement the Australian Coding Standards. ICS 2022 (V1) was used in the collection of HIPE data in 2022.

Length of stay

Length of stay refers to the time, expressed in days, between admission to and discharge from hospital. For day patients and same day in-patients where the dates of admission and discharge are the same, length of stay is set equal to 0.5 days.
Mean and median lengths of stay are provided for in-patients only.
Mean length of stay is computed by dividing the number of days stayed by the number of discharges.
The median length of stay is the middle value among the ordered lengths of stay, such that half of the values for length of stay are below the median and half the values for length of stay are above the median.

Major Diagnostic Category (MDC)

The MDC is a category generally based on a single body system or aetiology that is associated with a particular medical specialty. However, records assigned to MDCs 01, 15, 18 and 21 may have principal diagnoses associated with other categories. In AR-DRG Version 8.0, there are 23 MDCs.

Medical Assessment Unit

A medical assessment unit (MAU) also referred to as an Acute Medical Assessment Unit (AMAU) or an Acute Medical Unit (AMU), is a consultant led unit that accepts direct referrals from GPs. It offers priority access to diagnostic facilities.

Maternity discharges

These discharges are admitted in relation to their obstetrical experience (from conception to six weeks post-delivery), that is, they are allocated to Admission Type Maternity.

Non-delivery

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

Parity

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

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

Patient type

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

Principal diagnosis

This is the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care, or an attendance at the health care establishment, as represented by a code (ACCD, 2017).

Principal and additional procedure

A procedure is defined as a clinical intervention that

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

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

- procedure performed for treatment of the principal diagnosis
- procedure performed for treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care (ACCD, 2017).

Public/private status

Refers to whether the patient is a public or private patient of the consultant. It does not relate to the type of bed occupied nor is it an indicator of possession of private health insurance.

Sources: The above definitions are taken directly from, or based on, those provided in the following:
Department of Health and Children, 2001. Quality and Fairness a Health System for You: Health Strategy. Dublin: The Stationery Office.
'Hospital Services – Introduction': Citizen's Information; date consulted: 9 December 2011.
www.citizensinformation.ie/categories/health/hospital-services/hospital_services_introduction
For further information on the definitions of diagnoses and procedures see Australian Consortium for Classification Development (ACCD) 2017. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), and Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS) – ICD-10-AM/ACHI/ACS (10th Ed)- Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.
Further information on AR-DRG Version 8.0 can be found on the IHPA website https://www.ihacpa.gov.au/resources/development-australian-refined-diagnosis-related-groups-v80 [Accessed 29th August 2022].

ABBREVIATIONS

ACCD	Australian Consortium for Classification Development
Adm	Admission
Admwt	Admission Weight
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
ADRG	Adjacent Diagnosis Related Groups
AICD	Automatic Implantable Cardioverter-Defibrillator
AMAU	Acute Medical Assessment Unit
AMI	Acute Myocardial Infarction
AR-DRG	Australian Refined Diagnosis Related Group
ASAU	Acute Surgical Assessment Unit
CABG	Coronary Artery Bypass Graft
CC	Complication and/or Comorbidity
Circ	Circulatory
Comp	Complexity
CPB	Cardiopulmonary Bypass
Cran	Cranial
CSO	Central Statistics Office
D&D	Diseases and Disorders
CPB pump	Cardiopulmonary bypass pump
Dsrds	Disorders
DoH	Department of Health
DRG	Diagnosis Related Group
EEG	Electroencephalography
ECMO	Extra corporeal membrane oxygenation
ECT	Electroconvulsive therapy
ENT	Ear, Nose and Throat
ERCP	Endoscopic Retrograde Cholangio Pancreatography
ESRI	Economic and Social Research Institute
ESW	Extracorporeal Shock Waves
excl	Excluding
Ext	Extreme
Fmr	Femur
Gest	Gestation
GI	Gastro-intestinal
g	Grams
GMS	General Medical Services
GP	General Practitioner
HAC	Hospital Acquired Complications
HADx	Hospital Acquired Diagnosis
HIPE	Hospital In-Patient Enquiry
HIV	Human Immunodeficiency Virus
HPO	Healthcare Pricing Office

HSE	Health Service Executive
ICD-10-AM	Tenth Revision of the International Classification of Diseases, Australian Modification
ICS	Irish Coding Standards
IHPA	Independent Hospital Pricing Authority
Incl	Including
Infect/inflam	Infection/inflammation
Inhal	Inhalation
Int/Interm	Intermediate
Inves/Invest	Investigative
IT	Information Technology
LOS	Length of Stay
Maj	Major
MAJC	Major Complexity
MDC	Major Diagnostic Category
Med	Median
Microvas	Microvascular
Min	Minor
MINC	Minor Complexity
misc	Miscellaneous
Mod	Moderate
Mult	Multiple
n/a	Not applicable
NCCH	National Centre for Classification in Health
N	Number of Observations/Discharges
NPRS	National Perinatal Reporting System
NTPF	National Treatment Purchase Fund
Obs	Obstetric
OR	Operating Room
PICQ	Performance Indicators of Coding Quality
Pr/Proc(s)	Procedure(s)
Psych	Psychiatric
RCSI	Royal College of Surgeons in Ireland
Sev	Severe
Sig	Significant
TIA	Transient Ischaemic Attack
Tiss	Tissue
Tfr/Transf	Transfer
Trac	Tracheostomy
UL	University of Limerick Hospital Group
URI	Upper Respiratory Infection
Vent	Ventilation
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 Model[a]	Hospital Type
Ireland East Hospital Group			
St. Columcille's Hospital	Dublin	Model 2	Non-Voluntary
Mater Misericordiae University Hospital	Dublin	Model 4	Voluntary
St. Vincent's University Hospital	Dublin	Model 4	Voluntary
Cappagh National Orthopaedic Hospital	Dublin	Specialist	Voluntary
St. Michael's Hospital, Dun Laoghaire	Dublin	Model 2	Voluntary
Royal Victoria Eye and Ear Hospital, Dublin	Dublin	Specialist	Voluntary
National Maternity Hospital, Holles St, Dublin	Dublin	Maternity	Voluntary
St. Luke's General Hospital, Kilkenny	Kilkenny	Model 3	Non-Voluntary
Wexford General Hospital	Wexford	Model 3	Non-Voluntary
Midland Regional Hospital, Mullingar	Westmeath	Model 3	Non-Voluntary
Our Lady's Hospital, Navan	Meath	Model 3	Non-Voluntary
National Rehabilitation Hospital (NRH), Dun Laoghaire[b]	Dublin	Specialist	Voluntary
RCSI Hospital Group			
Connolly Hospital, Blanchardstown	Dublin	Model 3	Non-Voluntary
Beaumont Hospital, Dublin	Dublin	Model 4	Voluntary
Rotunda Hospital, Dublin	Dublin	Maternity	Voluntary
St. Joseph's Hospital, Raheny	Dublin	Model 2	Voluntary
Our Lady of Lourdes Hospital, Drogheda	Louth	Model 3	Non-Voluntary
Cavan General Hospital	Cavan	Model 3	Non-Voluntary
Louth County Hospital, Dundalk	Louth	Model 2	Non-Voluntary
Monaghan Hospital	Monaghan	Model 2	Non-Voluntary
Dublin Midlands Hospital Group			
Naas General Hospital	Kildare	Model 3	Non-Voluntary
St. Luke's Hospital, Rathgar[c]	Dublin	Specialist	Non-Voluntary
St. James's Hospital, Dublin	Dublin	Model 4	Voluntary
Coombe Women & Infants University Hospital	Dublin	Maternity	Voluntary
Tallaght University Hospital[d]	Dublin	Model 4	Voluntary
Midland Regional Hospital, Tullamore	Offaly	Model 3	Non-Voluntary
Midland Regional Hospital, Portlaoise	Laois	Model 3	Non-Voluntary
South/South West Hospital Group			
University Hospital Waterford	Waterford	Model 4	Non-Voluntary
Kilcreene Orthopaedic Hospital	Kilkenny	Specialist	Non-Voluntary
South Tipperary General Hospital, Clonmel	Tipperary	Model 3	Non-Voluntary
Bantry General Hospital	Cork	Model 2	Non-Voluntary
Mercy University Hospital, Cork	Cork	Model 3	Voluntary
South Infirmary Victoria University Hospital	Cork	Model 2	Voluntary
Mallow General Hospital	Cork	Model 2	Non-Voluntary
Cork University Hospital	Cork	Model 4	Non-Voluntary
University Hospital Kerry	Kerry	Model 3	Non-Voluntary

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

Hospital Name	County	Hospital Model[a]	Hospital Type
University of Limerick Hospital Group			
University Maternity Hospital Limerick	Limerick	Maternity	Non-Voluntary
University Hospital Limerick	Limerick	Model 4	Non-Voluntary
Croom Orthopaedic Hospital, Limerick	Limerick	Specialist	Non-Voluntary
St. John's Hospital, Limerick	Limerick	Model 2	Voluntary
UL Hospitals, Ennis Hospital	Clare	Model 2	Non-Voluntary
UL Hospitals, Nenagh Hospital	Tipperary	Model 2	Non-Voluntary
Saolta Hospital Group			
Roscommon County Hospital	Roscommon	Model 2	Non-Voluntary
Portiuncula Hospital, Ballinasloe	Galway	Model 3	Non-Voluntary
Galway University Hospitals	Galway	Model 4	Non-Voluntary
Mayo University Hospital	Mayo	Model 3	Non-Voluntary
Letterkenny University Hospital	Donegal	Model 3	Non-Voluntary
Sligo University Hospital	Sligo	Model 3	Non-Voluntary
Children's Hospital Group			
Our Lady's Children's Hospital, Crumlin	Dublin	Paediatric	Voluntary
Temple Street Children's University Hospital	Dublin	Paediatric	Voluntary
Tallaght University Hospital[d]	Dublin	Paediatric	Voluntary
No group			
Peamount Hospital	Dublin	Non-Acute	Voluntary
Incorporated Orthopaedic Hospital, Clontarf	Dublin	Non-Acute	Voluntary
St. Finbarr's Hospital	Cork	Non-Acute	Non-Voluntary

Notes: Total number of hospitals participating in 2022: 53

a Please be advised that information on hospital model may be subject to change.

b In 2021, the National Rehabilitation Hospital (NRH), Dun Laoghaire moved under the management of the Ireland East Hospital Group. This hospital was previously included in 'No Group' which are hospitals that are not under the management of the Acute Hospitals programme.

c Includes St. Luke's Radiation Oncology Network centres located in Beaumont and St. James's Hospitals. These centres are operational since 2011 but activity has only been included in HIPE from 2015.

d For reporting purposes, discharges aged 17 years and older from Tallaght University Hospital are included in the Dublin Midlands Hospital Group, while discharges aged less than 17 years from Tallaght University Hospital are included in the Children's Hospital Group.

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), 10th Edition, July 2017.
	Twenty-nine additional diagnoses	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 10th Edition, July 2017.
	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), 10th Edition, July 2017.
	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), 10th Edition, July 2017.
	Hospital Acquired Diagnosis	Condition not present prior to admission to hospital.
Administrative Data	Patient name	Is not exported outside the hospital.
	Hospital number	
	Chart number	Is unique to hospital of discharge.
	Admission and discharge dates	
	Dates of procedures	Collected for each procedure.
	Day case indicator	
	Day ward indicator	Indicates if a day case patient was admitted to a dedicated named day ward.
	Day ward identifier	If the answer to day ward indicator is 'Yes', the day ward identifier must be entered to identify where the patient was treated.
	Type of admission	Values include elective, elective readmission, emergency, emergency readmission, maternity, or newborn.
	Waiting list indicator	Indicates if an elective admission case is funded by the National Treatment Purchase Fund (NTPF).
	Mode of emergency admission	Indicates where the patient with admission codes emergency, emergency readmission, or newborn was treated prior to being admitted to the hospital as an in-patient, or when the patient was treated only in a registered Medical Assessment Unit (MAU). Values include Emergency Department of the admitting hospital, AMAU admitted as in-patient, other, unknown, AMAU only, Local Injury Unit ASAU admitted as in-patient and ASAU only.

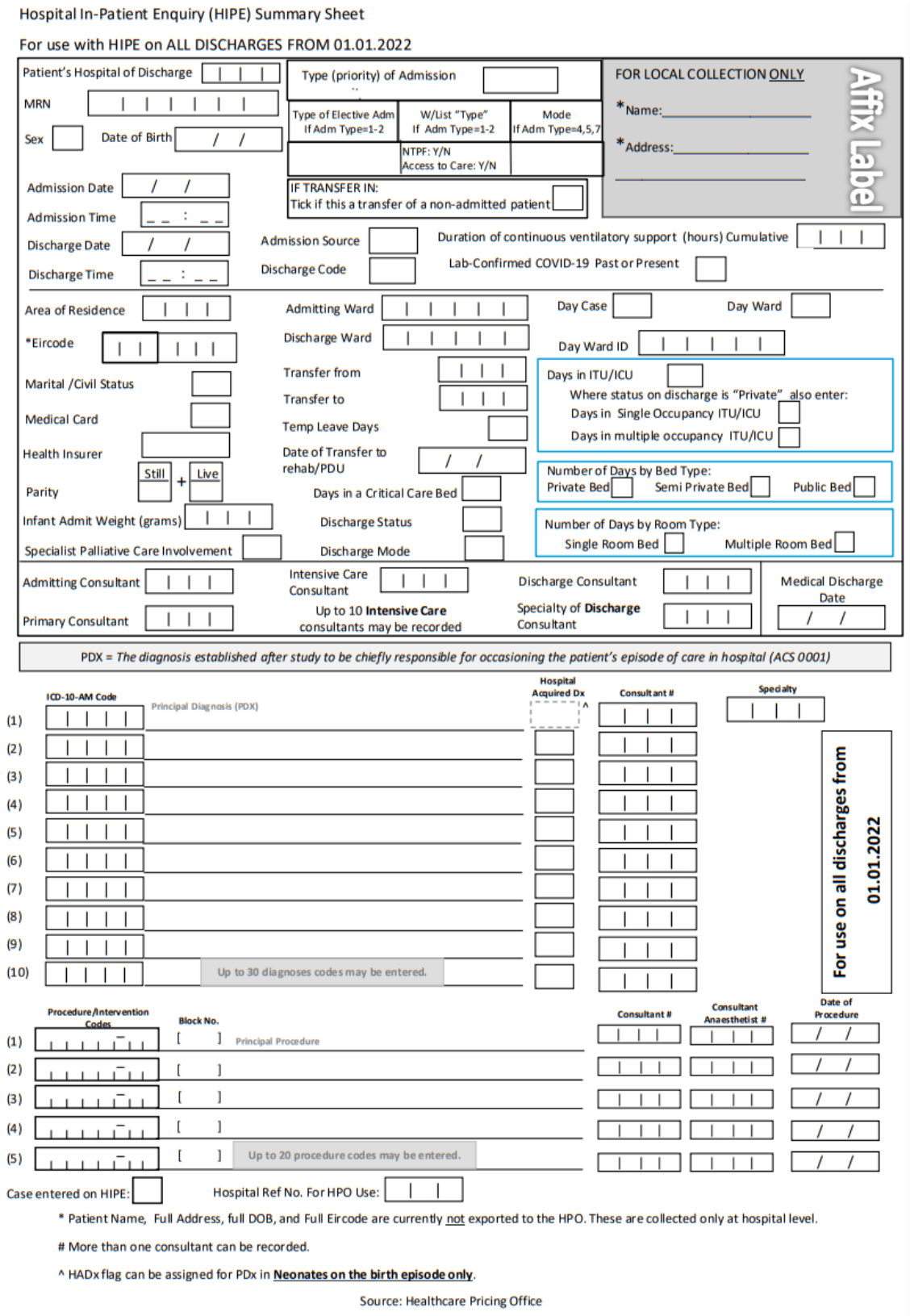
Data Collected by HIPE (contd.)

Type of Data	Parameters	Notes
	Source of admission	Values include home, transfer from nursing home/convalescent home or other long stay accommodation, transfer of admitted or non-admitted patient from hospital or COVID-19 facility in hospital code list or transfer from *any* acute hospital not specified in hospital code listing, transfer from other non-acute hospital, transfer from hospice, transfer from psychiatric hospital/unit, newborn, temporary place of residence, prison, or other.
Administrative Data (contd.)	Discharge destination	Values include self discharge, home, nursing home, convalescent home or long stay accommodation, emergency transfer to hospital in hospital code listing or transfer to *any* acute hospital not specified in hospital code listing, non-emergency transfer to hospital in hospital code listing, or COVID-19 facility, or transfer to *any* acute hospital not specified in hospital code listing, transfer to psychiatric hospital/unit, died with post-mortem, died without post-mortem, emergency transfer to non-acute hospital, non-emergency transfer to non-acute hospital, transfer to rehabilitation facility, hospice, prison, absconded, other, or temporary place of residence (e.g. hotel).
	Discharge status	Refers to the public/private status of the patient on discharge and not to the type of bed occupied.
	Health Insurer	Collected where discharge status of the patient is private.
	General Medical Service status	Refers to whether the patient is a medical card holder.
	Days in an intensive care environment	
	Days in a private bed	Number of days patient spent in a private bed
	Days in a semi-private bed	Number of days patient spent in a semi-private bed
	Days in a public bed	Number of days patient spent in a public bed
	Parity	Parity: Live births Parity: Still births Mandatory for all cases with admission type maternity.
	Specialty	Refers to specialty of consultant associated with the principal diagnosis and is assigned locally based on a list provided by the Department of Health.
	Primary consultant	Encrypted.
	Anaesthetist	Encrypted. Collected for each procedure performed under anaesthetic.
	Intensive care consultant	Encrypted. Up to ten may be recorded.
	Admitting consultant	Encrypted.
	Discharge consultant	Encrypted.
	Consultant responsible for each diagnosis	Encrypted.
	Consultant responsible for each procedure	Encrypted.
	Date of transfer to a pre-discharge unit	Date may be collected to identify when a patient was transferred to a pre-discharge unit prior to being discharged as planned. This is an optional variable collected since 2004.
	Ward Identification	Admitting ward: The ward to which the patient was admitted. Discharge ward: The ward from which the patient was discharged.
	Temporary leave days	Refers to the number of days the patient was absent from the hospital during an episode of care.

Note: * For details of all variables collected by HIPE see HIPE Data Dictionary 2022 V14.0.
Source: HIPE Data Dictionary 2022 Version 14.0, available at www.hpo.ie

APPENDIX III: HIPE DATA ENTRY FORM

FIGURE III.1 HIPE Data Entry Form, 01.01.2022



Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with HIPE on ALL DISCHARGES FROM 01.01.2022

Patient's Hospital of Discharge | | |

MRN | | | | | | |

Sex | | Date of Birth / /

Admission Date / /

Admission Time _ _ : _ _

Discharge Date / /

Discharge Time _ _ : _ _

Type (priority) of Admission

Type of Elective Adm If Adm Type=1-2 | W/List "Type" If Adm Type=1-2 | Mode If Adm Type=4,5,7

NTPF: Y/N Access to Care: Y/N

IF TRANSFER IN: Tick if this a transfer of a non-admitted patient

FOR LOCAL COLLECTION ONLY

*Name:

*Address:

Affix Label

Admission Source | | Discharge Code | |

Duration of continuous ventilatory support (hours) Cumulative | | |

Lab-Confirmed COVID-19 Past or Present

Area of Residence | | |

*Eircode | | | | | |

Marital /Civil Status

Medical Card

Health Insurer

Parity Still + Live

Infant Admit Weight (grams) | | |

Specialist Palliative Care Involvement

Admitting Ward | | | | | |

Discharge Ward | | | | | |

Transfer from | | |

Transfer to | | |

Temp Leave Days

Date of Transfer to rehab/PDU / /

Days in a Critical Care Bed

Discharge Status

Discharge Mode

Day Case | Day Ward

Day Ward ID | | | | | |

Days in ITU/ICU

Where status on discharge is "Private" also enter:

Days in Single Occupancy ITU/ICU

Days in multiple occupancy ITU/ICU

Number of Days by Bed Type:

Private Bed | Semi Private Bed | Public Bed

Number of Days by Room Type:

Single Room Bed | Multiple Room Bed

Admitting Consultant | | |

Primary Consultant | | |

Intensive Care Consultant | | |

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

Discharge Consultant | | |

Specialty of **Discharge** Consultant | | |

Medical Discharge Date / /

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

	ICD-10-AM Code	Principal Diagnosis (PDX)	Hospital Acquired Dx ^	Consultant #	Specialty
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)		Up to 30 diagnoses codes may be entered.			

For use on all discharges from 01.01.2022

	Procedure/Intervention Codes	Block No.		Consultant #	Consultant Anaesthetist #	Date of Procedure
(1)	_	[ ]	Principal Procedure			/ /
(2)	_	[ ]				/ /
(3)	_	[ ]				/ /
(4)	_	[ ]				/ /
(5)	_	[ ]	Up to 20 procedure codes may be entered.			/ /

Case entered on HIPE:

Hospital Ref No. For HPO Use: | |

* Patient Name, Full Address, full DOB, and Full Eircode are currently not exported to the HPO. These are collected only at hospital level.

More than one consultant can be recorded.

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

Source: Healthcare Pricing Office

APPENDIX IV: DERIVED VARIABLES

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

TABLE IV.1 Derived Variables

HIPE Variable		Derived Variable for Report	
Admission Type			
1	'Elective'	1	'Elective' (1, 2)
2	'Elective Readmission'	2	'Emergency' (4, 5, 7)
4	'Emergency'	3	'Maternity' (6)
5	'Emergency Readmission'		
6	'Maternity'		
7	'New born'		
Admission Source			
1	'Home'	1	'Home' (1)
2	'Transfer from nursing home/convalescent home or other long stay accommodation'	2	Long stay accommodation (2, 5)
3	'Transfer of admitted or non-admitted patient from hospital or Covid -19 facility in hospital code list or transfer from *any* acute hospital not specified in hospital code listing'	3	'Transfer from other hospital' (3,4,6)
4	'Transfer from non-acute hospital'	4	'Other' (7, 8, 9, 0)
5	'Transfer from hospice'		
6	'Transfer from psychiatric hospital/unit'		
7	'New born'		
8	'Temporary place of residence'		
9	'Prison'		
0	'Other'		
Discharge Destination			
00	'Self discharge'	1	'Home' (01)
01	'Home'	2	'Long stay accommodation' (02, 11)
02	'Nursing home, convalescent home or long stay accommodation'	3	'Transfer to other hospital' (03, 04, 05,08, 09, 10)
03	'Emergency transfer to hospital in hospital code listing or transfer to *any* acute hospital not specified in hospital code listing'	4	'Died' (06, 07)
04	'Non Emergency transfer to hospital in hospital code listing, or Covid-19 facility, or transfer to *any* acute hospital not specified in hospital code listing'	5	'Other' (00, 12, 13, 14, 15)
05	'Transfer to psychiatric hospital/unit'		
06	'Died with post mortem'		
07	'Died no post mortem'		
08	'Emergency transfer to non-acute hospital'		
09	'Non Emergency transfer to non-acute hospital'		
10	'Transfer to rehabilitation facility'		
11	'Hospice'		
12	'Prison'		
13	'Absconded'		
14	'Other (e.g. Foster care)'		
15	'Temporary Place of Residence'		

Note: For further information on all variables collected by HIPE see HIPE Data Dictionary 2022 Version 14.0 available at www.hpo.ie

APPENDIX V: AUSTRALIAN CODING STANDARD 0042

Australian Coding Standard 0042 Procedures normally not coded[1]

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

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

Note:

- Some codes on this list may be required in certain standards elsewhere in the Australian Coding Standards. In such cases, the standard overrides this list and the stated code should therefore be assigned as described in the relevant standard.
- The listed procedures should be coded if cerebral anaesthesia is required in order for the procedure to be performed (see ACS 0031 *Anaesthesia*).
- These procedures should be coded if they are the principal reason for admission in same-day episodes of care. This includes patients who are admitted the day before or discharged on the day after a procedure because a same-day admission is not possible or practicable for them (e.g. elderly patients, those who live in remote locations).

1. Application of plaster

2. Bladder washout via indwelling catheter
   Exception(s): code:
   - endoscopic irrigation for removal of blood clot (36842-00 [1092])
   - endoscopically controlled hydrodilation of bladder (36827-00 [1108])

3. Cardiopulmonary resuscitation (mechanical or non-mechanical)

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1 Australian Consortium for Classification Development (ACCD) 2017. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), and Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS) – ICD-10-AM/ACHI/ACS (10th Ed)- Adelaide: Independent Hospital Pricing Authority (IHPA), Lane Publishing.

4. Cardiotocography (CTG) except internal fetal monitoring (eg fetal scalp electrodes) (16514-00 [1341])

5. Catheterisation:
   - arterial or venous (such as Hickman's, PICC, CVC, Swan Ganz) except cardiac catheterisation (blocks [667] and [668]), surgical catheterisation (block [741]) or catheterisation in neonates (see ACS 1615 *Specific diseases and interventions related to the sick neonate*)
   - urinary except if suprapubic

6. Doppler recordings

7. Dressings (eg autologous platelet-rich plasma (PRP) dressing), except vacuum (VAC) dressings (90686-01 [1628], 90686-00 [1627])

8. Drug treatment/pharmacotherapy/prescription of drugs (eg parental nutrition (TPN))
   Drug treatment should not be coded except if:
   - the substance is given as the principal treatment in same-day episodes of care
   - drug treatment is specifically addressed in a coding standard (see ACS 0044 *Chemotherapy*, ACS 0534 *Specific interventions related to mental health care services*, ACS 0943 *Thrombolytic therapy*, ACS 1316 *Cement spacer/beads* and ACS 1615 *Specific diseases and interventions related to the sick neonate*)

9. Electrocardiography (ECG) except patient-activated implantable cardiac event monitoring (loop recorder) (11722-00 [1854])

10. Electromyography (EMG)

11. Imaging services – all codes in ACHI Chapter 20 *Imaging services* and block [451] *Dental radiological examination and interpretation* except:
    - endoscopic ultrasound (EUS) (30688-00 [1949])
    - transoesophageal echocardiogram (TOE) (55118-00 [1942])

12. Monitoring: cardiac, electroencephalography (EEG), vascular pressure except radiographic/video EEG monitoring ≥ 24 hours (92011-00 [1825])

13. Nasogastric intubation, aspiration and feeding, except nasogastric feeding in neonates (96202-07 [1920]) (see ACS 1615 *Specific diseases and interventions related to the sick neonate*)

14. Primary suture of surgical and traumatic wounds
    Code only for traumatic wounds which are not associated with an underlying injury (see ACS 1217 *Repair of wound of skin and subcutaneous tissue*)

15. Stress test

16. Traction if associated with another procedure

APPENDIX VI: FURTHER INFORMATION ON HIPE SCHEME

Previously published reports can be downloaded at **www.hpo.ie**.

Documentation relating to the operation of the HIPE scheme as outlined below is available online at **www.hpo.ie**.

- *Coding Notes:* This quarterly bulletin is distributed to all coders nationally. It contains important updates on coding queries, changes in coding practice and any other relevant information including the scheduling of training courses.

- *HIPE Data Dictionary:* This dictionary provides definitions and codes for data collected within HIPE as of a specified year (e.g. 2022 relates to discharges reported for 2022). It provides standard definitions for variables with the objective of ensuring that consistency and data quality are maintained.

- *HIPE Instruction Manual:* This manual which is updated annually provides instruction on the capture of administrative and demographic data for each HIPE discharge record. Clinical data are captured in accordance with the classification and associated standards.

- *Irish Coding Standards:* Irish Coding Standards (ICS), which are updated annually, apply to activity coded in HIPE and provide guidance and instruction on all aspects of HIPE data collection by addressing issues relevant to the Irish hospital setting. ICS are developed to complement the Australian Coding Standards (ACS) and are revised regularly to reflect changing clinical practice.

APPENDIX VII: OVERVIEW OF CHANGES FROM 8TH EDITION TO 10TH EDITION ICD-10-AM/ACHI/ACS

VII.1 Introduction

Ireland updated to the 10th edition of ICD-10-AM/ACHI/ACS for all discharges from 1st January 2020. For practical reasons Ireland does not update each time the classification is updated in Australia therefore on this occasion Ireland has adopted updates from both the 9th and the 10th Edition of ICD-10-AM/ACHI/ACS. Extensive training on the update to 10th edition ICD-10-AM/ACHI/ACS was held for all HIPE staff throughout the country in a series of regional training workshops in 2019. Additional training on the update was also held in 2020.

A summary of the changes from the 8th edition to the 10th edition are outlined below.

- Number of codes in 10th Edition

  Number of valid disease codes: 16,953
  Number of ACHI Codes: 6,248

- Number of codes added and removed

Code Set	Added	Removed
Diagnosis from 8th to 10th	363	78
Procedures from 8th to 10th	178	317

- Number of Australian Coding Standards added and deleted

  17 New ACS
  36 Deleted ACS

The following lists include the areas in the classification and coding standards where the main changes occurred with some detail provided for illustration. For example, in 10th edition there were major changes to the coding of Obstetrics in terms of diagnosis codes, procedure codes and coding guidelines; also changes to the coding guidelines for Rehabilitation will impact the sequencing of codes. This is not an exhaustive list and if further details are required, these are available on application to the HPO.

VII.2 Main Changes in ICD-10-AM/ACHI/ACS 10th edition

ICD-10-AM Diagnoses

- Obstetrics
    - There were extensive changes to the coding of diagnoses in Obstetrics.
    - Examples of changes:
        - The term *complicating pregnancy* has been replaced by *in pregnancy* particularly for conditions not exclusive to the pregnant state—that is, non-obstetric conditions.
    - Many of the changes provide clarification for clinical coders.
        - Example: *O24.0 Pre-existing diabetes mellitus, type 1, in pregnancy* now contains an instructional note; *code also diabetes mellitus (E10.-)*. Therefore, an appropriate code from E10 *Type 1 diabetes mellitus* must be assigned with O24.0 *Pre-existing diabetes mellitus, Type 1, in pregnancy* to indicate the severity of the type 1 diabetes, including E10.9 *Type 1 diabetes mellitus without complication* if the pregnant patient does not have a diabetes complication.
    - Removal of *Excludes* notes that support single condition coding rather than multiple condition coding.
    - Some four character codes have been removed and there is addition of a *Code also* instruction at the 3-character code.
        - Example: O10 *Pre-existing hypertension in pregnancy, childbirth and the puerperium* is now a standalone code and is followed by an instructional note; *Code also specific type of hypertension* (I10 – I15), *if known*.
- Procedural complications
    - There are 160 new codes added throughout the classification for the coding of procedural complications in addition to amendments in existing codes and code titles and changes in the terminology.
- Sepsis
- Cystic fibrosis
- Chronic pain
- Pressure injuries
- Rehabilitation
    - ACS 2104 Rehabilitation
        - Amended sequencing of rehabilitation to additional diagnosis position
        - Z50.9 *Care involving use of rehabilitation procedure, unspecified* should never be assigned as a principal diagnosis. For admitted episodes of rehabilitation care, the principal diagnosis should reflect the underlying condition requiring rehabilitation (see ACS 0001 *Principal diagnosis*).
- Same day endoscopies
- Allergen Challenges

ACHI Procedures

- Ophthalmology interventions
    - Extensive revision of codes and code titles for ophthalmology procedures
        - Codes with similar procedural concepts have been combined into a single code
        - Certain codes have been deleted as the procedural concepts are already present in other codes or due to the low volume of assignment of the codes
        - Addition or amendment of *Instructional* notes
        - Deletion of old terminology e.g. "magnetic" vs "nonmagnetic"
        - Amendment of code titles for consistency within the classification
        - Review of cataract procedure codes in blocks [193] to [201] revealed that the codes were overly granular with many overlapping concepts
            - Coding of cataract procedures will now require a code from block [200] *Extraction of crystalline lens* to specify the type of lens extraction **and** assignment of a code from block [193] *Insertion of intraocular prosthesis* to specify the lens insertion

- Obstetrics
    - Block 1336 *Spontaneous vertex delivery*: Previously this code was not required for all spontaneous vertex deliveries as the delivery was assumed to be normal when there is an absence of procedure codes for interventions such as Caesarean Section etc. This has been updated and this code is now required for all spontaneous vertex deliveries.
    - Caesarean Section: Change in guidance on when to assign emergency and elective caesarean section codes. Note added at block 1340 to state that assignment of emergency or elective caesarean section is based on documentation of these terms in the clinical record.
- Cardiovascular interventions
- Ventilatory support
- Respiratory interventions e.g. bronchoscopy

Australian Coding Standards (ACS)

- Revision of conventions e.g. *code also* notes
- ACS 0042 *Procedures normally not coded*
- ACS 0002 *Additional Diagnoses*
- ACS 0943 *Thrombolytic Therapy*
- Obstetrics:
    - 3 new Australian Coding Standards

        - ACS 1500 *Diagnosis sequencing in delivery episodes of care*
        - ACS 1505 *Delivery and assisted delivery codes*
            - Provides guidelines regarding the assignment of ACHI delivery (or other) intervention codes with O80-O84 *Delivery*
            - This standard requires a corresponding ACHI code to be assigned for all episodes of delivery.
        - ACS 1552 *Premature rupture of membranes, labour delayed by therapy*
    - 15 Australian Coding Standards have been deleted
        - The guidelines are now included within the classification or within the general Australian Coding Standards.
    - 4 Australian Coding Standards have undergone major changes
        - ACS 1506 *Fetal presentation, disproportion and abnormality of maternal pelvic organs*
        - ACS 1511 *Termination of pregnancy*
        - ACS 1521 *Conditions and injuries in pregnancy*
        - ACS 1548 *Puerperal/Postpartum condition or complication*

- ACS 1904 Procedural Complications
    - Extensive revision of coding guidance in ACS 1904 Procedural complications including:
        - Clarification on qualifying terms
        - Intraoperative/postoperative medical conditions
            - Causal relationship must be clearly documented
            - Examples of common conditions listed
        - Routine postoperative care
            - Care beyond routine
        - New flow chart
        - 29 coding examples

Irish Coding Standards (ICS 2020 V1)

Five new Irish Coding Standards:

- ICS 0003 *Supplementary codes for chronic conditions* – supplementary codes for chronic conditions will not be collected in Ireland.
- ICS 0049 *Disease codes that must never be assigned* – code R65.0 SIRS of infectious origin without acute organ failure can be assigned in Ireland in accordance with ICS 0110 SIRS, Sepsis, Severe Sepsis and Septic Shock.
- ICS 0110 *SIRS, Sepsis, Severe Sepsis and Septic Shock* provides guidance on the coding of SIRS in Ireland in 10th edition.
- ICS 2116 *Palliative Care* – palliative care has been moved to Chapter 21 in 10th edition and also the content of the standard has changed. Palliative care

can only be coded when there is documented evidence that the patient has been provided with palliative care.

- ICS 22X1 *Vaping Related Disorder* – advice issued by the WHO/IHPA instructs that code U07.0 *Emergency Use of U07.0* be used when there is documentation of vaping related disorders.
- Additionally, 3 Irish coding standards were updated and 4 were deleted.

COVID-19

ICD-10-AM diagnosis codes were introduced during 2020 following instruction from the WHO and IHPA. Initially code U07.1 *Emergency use of U07.1 (COVID-19 Virus identified)* was introduced to capture cases with laboratory confirmed COVID-19. The codes and associated guidance for capturing COVID-19 data expanded throughout the year.

The following resources relating to COVID-19 are available in the 2022 Irish Coding Standards (available at www.hpo.ie).

- ICS 22X2 Novel Coronavirus (COVID-19)
- Supplementary Guidance for classifying COVID-19
- HPO Coding Advisory: Unspecified pneumonia in COVID-19 cases
- Guidelines for Administrative Data: XII. Laboratory Confirmed COVID 19 Past or Present – Flag

The following resources relating to COVID-19 are also available.

- HPO's quarterly newsletter: Coding Notes – see articles in Coding Notes on COVID-19 (available at www.hpo.ie)
- Independent Hospital Pricing Authority (IHPA) COVID-19 Guidance (available at https://www.ihpa.gov.au/what-we-do/how-to-classify-covid-19)
- WHO classification of COVID-19 https://www.who.int/standards/classifications/classification-of-diseases/emergency-use-icd-codes-for-covid-19-disease-outbreak

APPENDIX VIII: OVERVIEW OF CHANGES BETWEEN VERSION 6.0 AND VERSION 8.0 OF THE AR-DRG CLASSIFICATION SYSTEM

VIII.1 Introduction

Ireland updated to Version 8.0 of the Australian Refined Diagnosis Related Group (AR-DRG) classification system in 2015.[2] A number of changes took place during this update; the largest change was the complete revision of the case complexity methodology within the AR-DRG classification.[3] This appendix gives a brief outline of the major changes in AR-DRG Version 8.0 compared to Version 6.0.

VIII.2 Summary

VIII.2.1 Revision of ADRG Splitting

The number of Diagnosis Related Groups (DRGs) has increased from 698 in AR-DRG Version 6.0 to 807 in AR-DRG Version 8.0, while the number of Adjacent Diagnosis Related Groups (ADRGs) has increased from 399 in AR-DRG Version 6.0 to 406 in AR-DRG Version 8.0.

In AR-DRG Version 8.0, 14 ADRGs were added and 7 ADRGs were removed; while 194 splits were added and 22 splits were removed. Table VIII.1 outlines the increase in splits in AR-DRG Version 8.0 compared to AR-DRG Version 6.0. This increase results in greater granularity in AR-DRG Version 8.0.

TABLE VIII.1 Changes in ADRG splits

ADRG Splitting	Number of ADRGs	
	Version 6.0	Version 8.0
No Split (Z)	156	85
Two Levels (A,B)	192	246
Three Levels (A,B,C)	46	70
Four Levels (A,B,C,D)	5	5
Total ADRGs	399	406

2 AR-DRG Version 8.0 was first reported on in the HIPE Annual Report in 2016.

3 Further information on AR-DRG Version 8.0 can be found on the IHACPA website https://www.ihacpa.gov.au/resources/development-australian-refined-diagnosis-related-groups-v80 [Accessed 17th July 2023].

VIII.2.2 ADRGs Added and Removed in Version 8.0 of the AR-DRG Classification System

There were 14 ADRGs added in AR-DRG Version 8.0 (see Table VIII.2). These include a number of musculoskeletal codes, bariatric codes, neonate codes, alcohol and drug sameday, and sleep disorders.

TABLE VIII.2 ADRGs Added in Version 8.0 of the AR-DRG Classification System

ADRG	ADRG Description
I40	Infusions for Musculoskeletal Disorders, Sameday
I80	Femoral Fractures, Transferred to Acute Facility <2 Days
I81	Musculoskeletal Injuries, Sameday
I82	Other Sameday Treatment for Musculoskeletal Disorders
K10	Revisional and Open Bariatric Procedures
K11	Major Laparoscopic Bariatric Procedures
K12	Other Bariatric Procedures
K13	Plastic OR Procedures for Endocrine, Nutritional and Metabolic Disorders
P07	Neonate, AdmWt <750g W Significant OR Procedure
P08	Neonate, AdmWt 750-999g W Significant OR Procedure
P68	Neonate, AdmWt >=2500g W/O Sig OR Proc/Vent>=96hrs, >=37 Completed Wks Gestation
V65	Treatment for Alcohol Disorders, Sameday
V66	Treatment for Drug Disorders, Sameday
Z66	Sleep Disorders

There were 7 ADRGs removed in AR-DRG Version 8.0 (see Table VIII.3). These include peptic ulcer codes, obesity procedures, false labour, radiotherapy, and HIV, sameday. Some of the cases previously grouped to these DRGs have grouped to pre-existing DRGs, while some have grouped to new DRGs. For example, all cases previously grouped to R64 *Radiotherapy* have grouped to R62 *Other Neoplastic Disorders* in AR-DRG Version 8.0; the majority of these have grouped to R62C *Other Neoplastic Disorders, Minor Complexity*.

TABLE VIII.3 ADRGs Removed in Version 8.0 of the AR-DRG Classification System

ADRG	ADRG Description
G62	Complicated Peptic Ulcer
G63	Uncomplicated Peptic Ulcer
K04	Major Procedures for Obesity
K07	Obesity Procedures
O64	False Labour
R64	Radiotherapy
S60	HIV, Sameday

VIII.2.3 Naming Convention of AR-DRGs

The terminology used to name AR-DRGs has been updated. The descriptive terms mild, moderate, severe and catastrophic CC have been replaced with minor, intermediate, major and extreme complexity. An example of this is shown in Table VIII.4 below which compares the naming of ADRG B02 *Cranial Procedures* in both versions of the classification system.

TABLE VIII.4 Example of change in naming convention between AR-DRG Version 6.0 and Version 8.0

Version 6.0	Version 8.0
B02A Cranial Procedures W Catastrophic CC	B02A Cranial Procedures, Major Complexity
B02B Cranial Procedures W Severe CC	B02B Cranial Procedures, Intermediate Complexity
B02C Cranial Procedures W/O Catastrophic or Severe CC	B02C Cranial Procedures, Minor Complexity

VIII.2.3 Changes in Complexity Split

All AR-DRG splits have been revised using the Episode Clinical Complexity (ECC) Model.[4] As a result, an ADRG may have the same description in both versions but may have different DRG splits. For example, O60 *Vaginal Delivery* is present in both Version 6.0 and Version 8.0, with a different number of splits in each. AR-DRG Version 6.0 has no split (O60Z *Vaginal Delivery*) whereas AR-DRG Version 8.0 has three end classes:

- O60A *Vaginal Delivery, Major Complexity*
- O60B *Vaginal Delivery, Intermediate Complexity*
- O60C *Vaginal Delivery, Minor Complexity*

[4] Further information on the ECC Model in AR-DRG Version 8.0 can be found at https://www.ihacpa.gov.au/sites/default/files/2022-01/Review%20of%20the%20AR-DRG%20Complexity%20Process.pdf [Accessed 17th July 2023]

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