



H.I.P.E

Hospital In-Patient Enquiry

Information Note on Requesting HIPE Data

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Contents

What is HIPE?

What Data are Available?

Restrictions on Data Availability

How Do I Request HIPE Data?

What Will I Receive?

Notes on Completion of Request Form for HIPE Data

Appendix I: Hospital In-Patient Enquiry (HIPE) Summary Sheet

Appendix II: Conditions of Use of Hospital In-Patient Enquiry Data

Appendix III: Data Elements Descriptions

What is HIPE?

The Hospital In-Patient Enquiry (HIPE) scheme is a computer-based health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland. The scheme is administered and managed by the HIPE & NPRS Unit at the Economic and Social Research Institute (ESRI), on behalf of the Department of Health and Children.

What Data Are Available?

HIPE collects information on day case and in-patient activity. For each discharge, HIPE collects the information such as:

- Demographic data – age, sex, area of residence;
- Clinical data – principal and secondary diagnoses, principal and secondary procedures (where surgery is performed);
- Administrative data – length of stay, public/private status of patient on discharge, medical card status.

The fields collected in HIPE are shown on the HIPE Summary Sheet, used from 2005 onwards (see Appendix I).

Restrictions on Data Availability

The HIPE & NPRS Unit at the ESRI are not permitted to report data on individual patients, hospitals or consultants. Data are not available on individual discharges. The HIPE scheme does not collect information on visits to out-patient clinics or to accident and emergency departments.

It is policy in the HIPE & NPRS Unit not to disclose cells where the number of discharges reported to HIPE is five or less. Therefore, values between one and five must be suppressed and are replaced by ~. To ensure that the values in these suppressed cells are not disclosed, further suppression of other cells may be necessary. Where this is the case, the cell with the next lowest number of discharges is replaced by *.

Each HIPE discharge record represents one episode of care and patients may have been admitted to hospital(s) more than once with the same or different diagnoses. The records therefore facilitate analysis of hospital activity rather than incidence or prevalence of disease.

How Do I Request HIPE Data?

Before submitting a request for HIPE data, please ensure that the data you require are not already available through the HIPE web reporter (which will be available shortly) or in HIPE reports, which can be accessed via the link below:

http://www.esri.ie/health_information/latest_hipe_nprs_reports/

In formulating your request, you may find it useful to read the HIPE Instruction Manuals which can be accessed via:

http://www.esri.ie/health_information/hipe/data_elements_2/

The process for requesting HIPE data is as follows:

Step 1: Complete the Request Form for HIPE data.

Step 2: Send the completed form to:
hipedatarequests@esri.ie

The Request Form should be completed electronically where possible.

Requests will only be considered if a Request Form has been fully completed.

The following describes the process adopted by the HIPE & NPRS Unit to deal with requests. This process has been designed to allow us to provide you with an efficient and effective service.

The HIPE & NPRS Unit at the ESRI will acknowledge your completed Request Form within 2 working days of receipt.

Requests will be reviewed to ensure sufficient information has been provided on the completed Request Form to enable processing of the request. If the completed Request Form contains sufficiently detailed information, the request will be accepted by the HIPE & NPRS Unit. If your request is complex or requires clarification, the process of acceptance may take longer. If advice on diagnosis or procedures codes must be obtained from the HIPE clinical coding department, then the process of acceptance will take longer. It is in your interest to provide as much detail as possible on the Request Form. Incomplete Request Forms will be returned to the sender for completion.

Requests are accepted and processed on a first come, first served basis.

When a request for HIPE data is received, it may be sent to the HIPE clinical coding department to verify diagnosis or procedure codes (where relevant). Diagnosis and procedure codes may be obtained from the HIPE department in your local HIPE hospital.

The request is then processed and the completed data analysis undergoes a thorough checking process.

The length of time required to complete requests is dependent on the nature of the request. Complex requests, such as those for data relating to a number of years, require more time to process. **Typically, the process of completing requests takes 20 working days from the time of acceptance of the request.** You will be notified if it is expected to take longer to process your request.

Charges for processing requests may be applicable to some organisations. The exact fee will depend on the nature, size and complexity of the request. A quotation will be provided before the request is processed.

Upon receipt of the completed request, you will be asked to complete and return a form stating that you agree to the Conditions of Use of HIPE data (please see Appendix II).

It is your responsibility to ensure that:

- **The request as you specify it will adequately address the questions of interest to you. Any subsequent request will be treated as a new request.**
- **You have allowed sufficient time for the processing and checking of the request to be completed.**

What Will I Receive?

HIPE data provided in response to requests are presented at an aggregate level (for example, national or health board level). Completed requests are e-mailed to users in an Excel file, although it may be possible to provide the data in other formats upon request.

Notes on Completion of Request Form for HIPE Data

These notes are designed to assist in the completion of the Request Form and to provide an explanation of the type of data available through HIPE.

In completing the Request Form, you may also find it useful to read Appendix III which contains descriptions of the data elements referred to in the Form.

General Information

A request for HIPE data can only be completed if sufficient detail is provided. The purpose of the Request Form is to ascertain the necessary information. This will ensure that requests received by the HIPE & NPRS Unit at the ESRI can be processed efficiently and effectively. Therefore, it is in your own interest to provide as much detail of your request on the Request Form as possible.

Section A: Contact Details

Please provide your contact details. This information will enable us to contact you if any issues arise in relation to your request.

Section B: Organisation Type

Please specify the type of organisation you work for using the categories listed in Section B.

Section C: Previous Use of HIPE data

Please indicate if you have previously submitted a request for HIPE data and give the details of this request. If your current request is similar to a previous request, the details of the previous request will assist us in providing data that are consistent and comparable with those already received. If you have previously submitted requests for HIPE data, please give details of the request that was most recently submitted, or that which was most similar to the current request.

Section D: Purpose of Request

Please explain the reason for submitting this request. Please also explain how these data will be used.

Section E: Year of Discharge

Please select the year(s) for which HIPE data are required. Please note that 'year' relates to the calendar year in which the discharge occurred. Therefore, HIPE data for 2002 relate to discharges that occurred in the 2002 calendar year. Please note that in some cases, admission to and discharge from hospital may occur in different years.

The latest year for which HIPE data are currently available is 2006 (provisional).

Section F: Measures

Measures refer to the numbers that are being counted in the table of HIPE data. There are a number of measures available through HIPE. The standard unit of measurement in HIPE is the discharge. A patient may be admitted to and discharged from hospital several times in a given year. Each discharge for this patient would be recorded in HIPE. With no unique patient identifier in HIPE, however, it is not possible to associate which discharges relate to the same patient. Thus, the measure of discharges in HIPE do not relate to the number of patients as one person may have several discharges in any particular year.

Discharges may be day cases or in-patients. In HIPE, day cases are defined as those who were admitted and discharged alive on the same day as planned. Births are not included in this definition. Unlike day cases, in-patients may be admitted on a elective/planned or emergency basis.

Other measures in HIPE relate to clinical data. A principal diagnosis is recorded for each discharge in HIPE. Therefore, the number of principal diagnoses in a given year will be equal to the number of discharges. As well as a principal diagnosis, a number of secondary/additional diagnosis codes for each discharge may also be recorded in HIPE. The potential number of secondary/additional diagnosis codes captured in HIPE has increased over time as shown in the following table:

| Time Period | Maximum Number of Secondary/Additional Diagnosis Codes |
|--------------------|---|
| 1995-2001 | 5 |
| 2002-2004 | 9 |
| 2005 | 19 |

The number of procedures performed is another measure available through HIPE. Not all discharges will undergo a procedure and, therefore, the number of principal procedures in a given year will not necessarily be equal to the number of discharges. As with secondary/additional diagnosis codes, the potential number of secondary/additional procedure codes captured in HIPE has increased over time:

| Time Period | Maximum Number of Secondary/Additional Procedure Codes |
|--------------------|---|
| 1995-2001 | 3 |
| 2002-2004 | 9 |
| 2005 | 19 |

Section G: Selection Criteria

Selection criteria refer to the filters used to define a subset of HIPE data. For example, the data can be filtered to analyse discharges aged 65 years and over only. The selection criteria fall into four broad categories – patient, geography, clinical and casemix. The patient filters include parameters such as age, sex, medical card status and public/private status.

In terms of geography, HIPE data may be disaggregated by area of residence or hospitalisation. Area of hospitalisation relates only to the health board/regional authority in which the discharge took place; this will be determined by the location of the hospital. Reporting data at the level of county of hospitalisation is often synonymous with reporting data relating to individual hospitals because in some counties there is only one hospital. As the HIPE & NPRS Unit are not permitted to report data on individual hospitals, we do not report data at the level of county of hospitalisation. Area of residence relates to the county or health board/regional authority in which the patient usually resides. Area of residence may be unknown for those who are not usually resident in Ireland (for example, overseas visitors) and those with no fixed abode. A geographical breakdown by HSE region is available for data from 2005 onwards.

Clinical filters permit the selection of data pertaining to particular diagnoses (principal and/or secondary/additional) and particular procedures (principal and/or secondary/additional). The following classification schemes have been used in HIPE to code diagnoses and procedures:

| | |
|------------|--|
| 1995-1998: | The International Classification of Diseases, 9 th Revision, Clinical Modification (ICD-9-CM), October 1994 version; |
| 1999-2004: | ICD-9-CM, October 1998 version; |
| 2005: | The International Statistical Classification of Diseases and Related Health Problems, 10 th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004. |

Filters may also relate to particular casemix parameters such as diagnosis related group (DRG) or major diagnostic category (MDC). Casemix relates to a method of quantifying hospital workload taking account of the complexity and resource-intensity of the services provided. The HIPE system provides the data on hospital activity which feeds into the casemix model. Costs, the other component of the casemix model, are not available from the HIPE & NPRS Unit. The 12th revision of the DRGs produced for the US Health Care Financing Administration (HCFA 12.0) was used until 1998, when HCFA 16.0 was adopted. From 2005 onwards, the Australian Refined DRGs (ARDRGs) have been used.

Section H: Fields to Appear in the Table

The fields form the rows and columns of the table. Please note that fields used as part of the filter (detailed in Section G) will not automatically be included as dimensions in your table – if you want them to be, you must also select them in Section H of the Request Form.

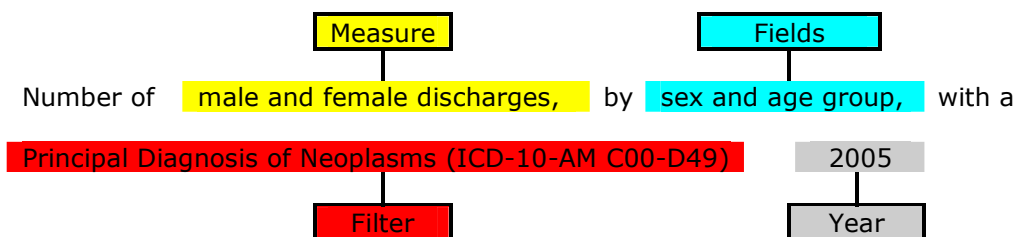
A table will be provided for each field selected.

Please be aware the more fields you select, the greater the likelihood of small numbers arising in your table that may need to be suppressed. Where cells with five or less discharges must be suppressed, you may wish to consider a higher level of aggregation for one or more items. For example, reporting diagnoses at 3-digit code level rather than 4-digit code level.

Section I: Table

Section I provides space for you to provide a rough outline of the layout of the table you would like to receive containing HIPE data. This provides you with an opportunity to demonstrate how you would like the requested HIPE data to be presented.

The following is an example of a possible table format.



| | Male | Female |
|--------------------|------|--------|
| 0-4 | | |
| 5-9 | | |
| 10-14, etc. | | |

APPENDIX I: Hospital In-Patient Enquiry (HIPE) Summary Sheet



Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with W-HIPE data entry software on ALL DISCHARGES FROM 01.01.05

| | | | |
|----------|--|--|--|
| | | | |
| Hosp No: | | | |

| Patient Discharge Information | | W/List | Mode |
|-------------------------------|---|--|----------|
| | | If = 1-2 | If = 4-7 |
| Medical Record Number | <input style="width: 100%;" type="text"/> | Type (priority) of admission <input style="width: 20px;" type="text"/> | |
| Admission Date | <input style="width: 100%;" type="text"/> | Source of Admission <input style="width: 20px;" type="text"/> | |
| Date of Transfer to PDU | <input style="width: 100%;" type="text"/> | Transfer From <input style="width: 20px;" type="text"/> | |
| Discharge Date | <input style="width: 100%;" type="text"/> | Discharge Code <input style="width: 20px;" type="text"/> | |
| Date of Birth | <input style="width: 100%;" type="text"/> | Transfer To <input style="width: 20px;" type="text"/> | |
| Sex | <input style="width: 20px;" type="text"/> Infant Admit weight <input style="width: 20px;" type="text"/> | | |

| Patient Details | | | |
|---------------------------------------|---|----------------------------|---|
| Name | <input style="width: 100%;" type="text"/> | Marital Status | <input style="width: 20px;" type="text"/> |
| Medical Card | <input style="width: 20px;" type="text"/> | GMS Number | <input style="width: 20px;" type="text"/> |
| Area of Residence | <input style="width: 20px;" type="text"/> | Discharge Status | <input style="width: 20px;" type="text"/> |
| Days in an Intensive Care Environment | <input style="width: 20px;" type="text"/> | Day Case | <input style="width: 20px;" type="text"/> |
| Admitting Consultant | <input style="width: 20px;" type="text"/> | Day Ward | <input style="width: 20px;" type="text"/> |
| Discharge Consultant | <input style="width: 20px;" type="text"/> | Days in a: | <input style="width: 20px;" type="text"/> |
| | | Private / Semi Private bed | <input style="width: 20px;" type="text"/> |
| | | Public Bed | <input style="width: 20px;" type="text"/> |
| | | Day Ward ID | <input style="width: 20px;" type="text"/> |

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

| ICD-10-AM Code | Principal Diagnosis (PDX) | Consultant | Specialty |
|----------------|--|---|---|
| (1) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| (2) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| (3) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| (4) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| (5) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| (6) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| (7) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| (8) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| (9) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| (10) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |

Up to 20 diagnoses codes may be entered on W-HIPE as appropriate - Continue on reverse of sheet if necessary

| Procedure / Intervention Codes | | Note: Code Anaesthetics as appropriate - ACS 0031 Remember: ACS 0042 - Procedures not normally coded | |
|--------------------------------|--|--|--|
| Block No. | Principal Procedure | Consultant | |
| (1) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |
| (2) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |
| (3) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |
| (4) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |
| (5) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |
| (6) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |
| (7) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |
| (8) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |
| (9) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |
| (10) | <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | |

Up to 20 procedure codes may be entered on W-HIPE as appropriate - Continue on reverse of sheet if necessary

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

Case Entered on W-HIPE: Comment:

For use on all discharges from 1.1.2005

APPENDIX II: Conditions of Use of Hospital In-Patient Enquiry Data



HIPE & NPRS Unit

CONDITIONS OF USE OF HOSPITAL IN-PATIENT ENQUIRY DATA

- The tables/data provided outlined below are provided exclusively to **[INSERT NAME OF CONTACT REQUESTING DATA]**.
- These data should not be passed to any third parties.
- HIPE data are not to be presented in either written or oral form that could directly or indirectly identify an individual patient, doctor or health care institution.
- HIPE data should not be used to identify patients or to contact patients for the purposes of research or other purposes.
- Tables containing HIPE data should not be published where any individual cells contain 5 or less cases.
- The responsibility for all interpretations of the data lies fully with the author of any publication or presentation of the data.
- The HIPE & NPRS Unit in the ESRI should be clearly acknowledged as the source of the data in any publication or presentation in which HIPE data are used.
- The HIPE & NPRS Unit should be provided with a copy of any published paper in which HIPE data are used.

Data provided:

[INSERT NAME OF FILE CONTAINING COMPLETED DATA REQUEST]

I/We agree to the above conditions

Date:

Please complete and return to the HIPE & NPRS Unit, ESRI.

APPENDIX III: Data Elements Descriptions

Year of Discharge

Refers to the year in which the discharge took place. For example, 2002 HIPE data will relate to discharges, reported to HIPE, which occurred in 2002. Therefore, a patient admitted in December 2001 and discharged in January 2002 would be counted in the 2002 HIPE data. The latest year for which HIPE data are available is 2005.

Total Discharges

Include day cases and in-patients.

Day Cases

Refer to discharges who are admitted and discharged alive on the same day, as planned. Births are excluded from this definition.

In-Patients

Refers to discharges who are admitted and discharged from hospital on a planned or emergency basis. In-patients may have an overnight stay in hospital.

Planned/Elective In-Patients

Refers to in-patients who were admitted on a planned basis. For planned in-patients, the episode of hospitalisation is arranged in advance.

Emergency In-Patients

Refers to in-patients who were admitted on an emergency basis and require urgent care. This episode of hospitalisation was not foreseen.

Average Length of Stay

Refers to the mean time, expressed in days, between admission to, and discharge from, hospital.

Bed Days

Refers to the number of days spent in hospital.

Coding Classification Scheme

Prior to 2005, The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) was used in HIPE to code diagnoses and procedures. Between 1995 and 1998, the October 1994 version of this classification was used. Between 1999 and 2004, the October 1998 version of this classification was used. From 2005, diagnoses and procedures are coded using The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Fourth Edition (July 2004).

Principal Diagnosis

Refers to that condition established after study to be chiefly responsible for occasioning admission to hospital for care.

In HIPE, a principal diagnosis will be recorded for each discharge.

Secondary/Additional Diagnosis

Prior to 2005, secondary/additional diagnoses referred to conditions that affect patient management and/or consume hospital resources. Since 2005, the definition of secondary/additional diagnoses has been changed to conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility.

The number of secondary/additional diagnoses captured by the HIPE system has changed. Prior to 2002, a maximum of five secondary/additional diagnoses could be recorded for each discharge in HIPE. Between 2002 and 2004, the HIPE system captured a maximum of nine secondary/additional diagnoses. From 2005, the HIPE system records a maximum of 19 secondary/additional diagnoses.

All-Listed Diagnoses

Include both principal and secondary/additional diagnoses.

Diagnosis Digit Level

In both ICD-9-CM and ICD-10-AM, diagnosis codes contain either 3, 4 or 5 digits. Codes with more digits indicate a higher level of diagnostic specificity. Thus, a 4-digit diagnosis code would indicate more detail than a 3-digit diagnosis code. An example of a 3-digit diagnosis code in ICD-9-CM is Asthma (ICD-9-CM code 493). The associated 4-digit diagnosis codes relate to extrinsic asthma (493.0), intrinsic asthma (493.1), chronic obstructive asthma (493.2), and asthma unspecified (493.9). A further fifth digit may be used to distinguish discharges without mention of status asthmaticus (a fifth digit of 0) and with status asthmaticus (a fifth digit of 1).

Principal Procedure

Refers to the procedure performed for definitive treatment (rather than one performed for diagnostic or exploratory purposes). If two or more procedures appear to meet this definition, the one most related to the principal diagnosis is designated as the principal procedure.

Not all discharges will undergo a surgical procedure.

Secondary/Additional Procedures

Refers to secondary/additional procedures performed.

The number of secondary/additional procedures captured by the HIPE system has changed over time. Prior to 2002, a maximum of three secondary/additional procedures could be recorded in HIPE. Between 2002 and 2004, the HIPE system captured up to a maximum of nine secondary/additional procedures to be recorded. Since 2005, a maximum of 19 secondary/additional procedures can be reported to HIPE.

All-Listed Procedures

Includes both principal and secondary/additional procedures.

Procedure Digit Level

As with diagnoses, in ICD-9-CM procedure codes may contain 2, 3 or 4 digits. A 3-digit procedure code is more detailed than the associated 2-digit code. For example, in ICD-9-CM, the code 47 relates to operations on appendix. The associated 3-digit codes relate to appendectomy (47.0), incidental appendectomy (47.1), drainage of appendiceal

abscess (47.2), and other operations on appendix (47.9). A further 4-digit subclassification of appendectomy, for example, relates to laparoscopic appendectomy (47.01) and other appendectomy (47.09).

In ICD-10-AM, procedure codes contain 7 digits, and may be reported in full (relating to 5 digits with a 2-digit extension), at the 5-digit level, or in blocks. The full 7-digit procedure codes are more detailed than the 5-digit codes and blocks. For example, in ICD-10-AM, the procedure block for Caesarean section is 1340, which contains the following 7-digit procedure codes:

16520-00 Elective classical caesarean section;
16520-01 Emergency classical caesarean section;
16520-02 Elective lower segment caesarean section;
16520-03 Emergency lower segment caesarean section.

The 5-digit procedure codes in this example would relate to the code 16520.

Age

In HIPE, age is calculated on admission.

Medical Card Status

Refers to whether the patient holds a medical card. If it is not known if the patient has a medical card, then the patient's medical card status will be recorded as unknown in HIPE. Having a medical card does not necessarily mean that the discharge was publicly funded.

Public/Private Status

Refers to whether the patient is public or private to the consultant, and does not relate to the type of bed occupied by the patient. Refers to the public/private status of the patient on discharge.

This parameter has been collected in HIPE since 1999.

Area of Hospitalisation

Refers to the area (either health board/regional authority or HSE region) in which the discharge took place.

The HIPE & NPRS Unit are not permitted to report on individual hospitals.

Area of Residence

Refers to the area in which the discharge resides. Area of residence may be reported by county, health board/regional authority, HSE region.

Casemix

Relates to a method of quantifying hospital workload taking account of the complexity and resource-intensity of the services provided.

Diagnosis Related Group (DRG)

Refers to clusters of cases with similar clinical attributes and resource requirements. The data required for DRG assignment include principal and secondary/additional diagnoses, procedures performed, age, sex and discharge status. The 12th revision of the DRGs

produced for the US Health Care Financing Administration (HCFA 12.0) was used until 1998, when HCFA 16.0 was adopted. From 2005 onwards, the Australian Refined DRGs (ARDRGs) have been used.

Major Diagnostic Category (MDC)

Refers to primary diagnostic groupings generally based on the body systems (e.g. nervous system, eye, circulatory system). There are some exceptions where the classification by MDC does not follow this pattern, (e.g. pregnancy, childbirth and the puerperium; multiple trauma; and HIV).