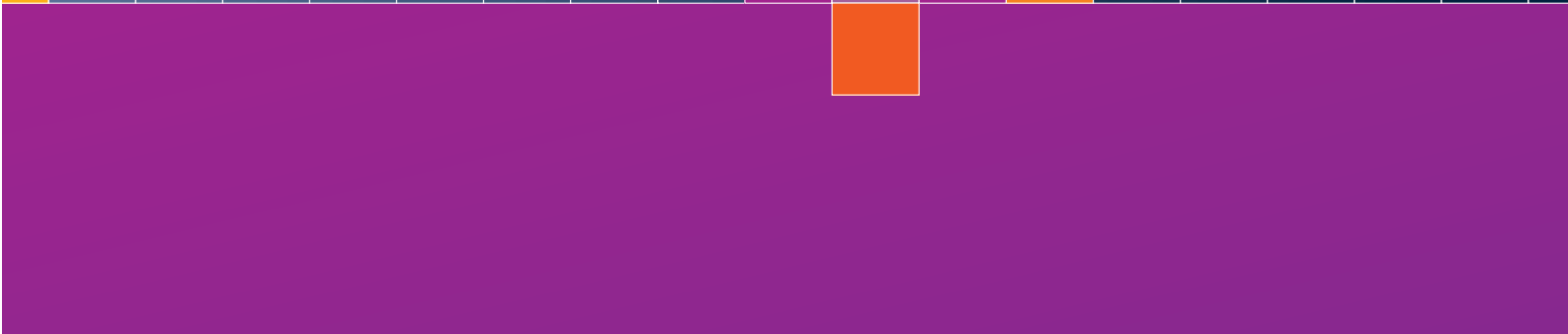
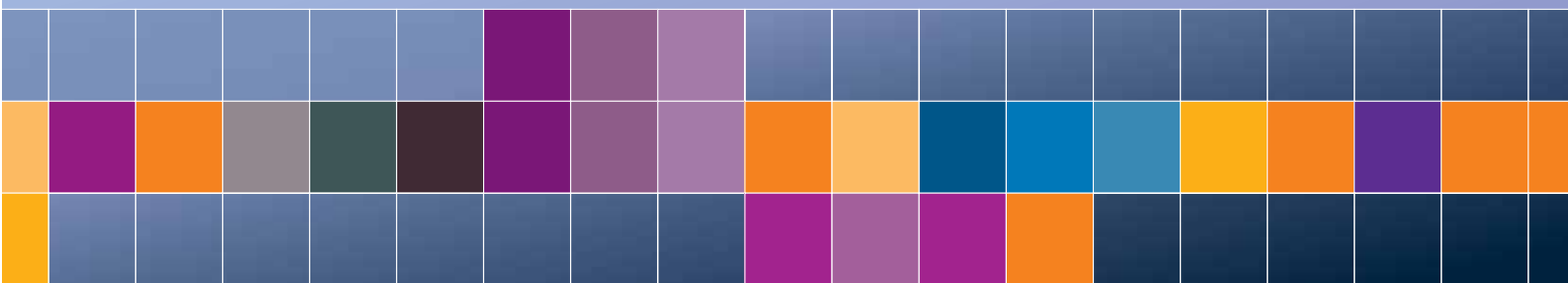


Glossary and Abbreviations



Glossary

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| Acute hospital | A hospital providing medical and surgical treatment of relatively short duration (Department of Health and Children, 2001). |
| 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. |
| Bed designation | The designation of beds in public hospitals as public, semi-private or private. |
| Case mix | 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 person admitted to hospital for treatment on a planned (rather than an emergency) basis and who is discharged alive, as scheduled, on the same day (Department of Health and Children, 2001). Births are not included. |
| Diagnosis Related Group (DRG) | DRGs are clusters of cases with similar clinical attributes and resource requirements. |
| Discharge rate | Discharge rate is the ratio of discharges to the corresponding population. The formula for calculating the discharge rate is: |

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

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

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| Emergency admission | An emergency admission is unforeseen and requires urgent care (Department of Health and Children, 2001). This term is used to refer to in-patient discharges. |
| General hospital | A hospital providing a broad range of general services. General hospitals include voluntary and health board (county and regional) hospitals. |
| GMS status | Refers to whether a patient holds a medical card. Up to 2004, the General Medical Services (Payments) Board was responsible for making payments on behalf of the health board/regional authorities for national schemes (including GP services and prescriptions used by medical card holders). At the end of 2004, the GMS (Payments) Board was replaced by the Primary Care Reimbursement Service. |
| Health board hospital | A hospital administered by a health board/regional authority and financed by State funds (Department of Health and Children, 2003). |
| Health board/regional authority of hospitalisation | Refers to the health board/regional authority in which the patient was treated. |
| Health board/regional authority of residence | Refers to the health board/regional authority in which the patient resides. |
| Hospital In-Patient Enquiry | A computer-based health information system that collates data on discharges from, and deaths in, acute hospitals in Ireland. |
| Hospital type | Relates to health board/regional authority hospitals and voluntary hospitals. Also used to distinguish between general and special hospitals. |
| In-patient | An in-patient is admitted to hospital for treatment or investigation on a planned or emergency basis (Department of Health and Children, 2001). While a planned in-patient would stay for at least one night, in the case of emergency admissions, the date of admission and discharge may be the same. |
| Integrated Management Return | A set of management reports submitted to the Department of Health and Children on a monthly basis by health boards/regional authorities and hospitals. Each report contains financial data, hospital activity data, and employment control data, and is accompanied by a covering summary note which is signed off by the Chief Executive Officer or Secretary Manager of the relevant health board and/or hospital. The format of the IMRs changed when the health boards/regional authorities were replaced by the Health Service Executive on 1 January 2005. |
| Length of stay | Time, expressed in days, between admission to and discharge from hospital. For a day patient, length of stay is set equal to 1 day. |
| 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. |

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| Planned admission | 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 terms elective admission or procedure may also be used. |
| Principal diagnosis | Defined as that condition established after study to be chiefly responsible for occasioning admission to the hospital for care (HIPE Unit, 2002). |
| Principal procedure | Defined as a procedure that is performed for definitive treatment (rather than one performed for diagnostic or exploratory purposes). If more than one procedure appears to meet this definition, then the procedure most related to the principal diagnosis is designated as the principal procedure (HIPE Unit, 2002). |
| Public/Private status | Refers to whether the patient is a public or private patient of the consultant. |
| Secondary diagnosis | Defined as conditions that affect patient management and/or consume hospital resources (HIPE Unit, 2002). |
| Special hospital | A hospital specialising in the provision of medical and surgical services in a particular area – such as maternity hospitals, cancer hospitals, orthopaedic hospitals. |
| Voluntary hospital | Management authorities for this group of hospitals vary widely. Some are owned and operated by religious orders, others are incorporated by charter or statute and work under lay boards of governors. These are financed to a large extent by State funds (Department of Health and Children, 2003). For the purposes of this report, joint board hospitals are categorised as voluntary hospitals. |
| W-HIPE | Data entry and reporting system used in HIPE. |
| Source: | Above definitions taken directly from, or based on, those provided in the following: Department of Health and Children, 2001. <i>Quality and Fairness a Health System for You: Health Strategy</i> . Dublin: The Stationery Office. Department of Health and Children (prepared by the Information Management Unit), 2003. <i>Health Statistics 2002</i> . Dublin: The Stationery Office. HIPE Unit, ESRI. <i>H.I.P.E. – Hospital In-Patient Enquiry – Instruction Manual</i> . 1 January 2002. For definition of principal diagnosis, see also, American Hospital Association, <i>Official Coding Guidelines – Coding Clinic Newsletter</i> , Second Quarter 1990, pp. 3-4. For definition of principal procedure, see also, American Hospital Association, <i>Official Coding Guidelines – Coding Clinic Newsletter</i> , Fourth Quarter 1990, p. 5 and HIPE Unit, ESRI, <i>ICD-9-CM Training Manual</i> , 1995. For definition of secondary diagnosis, see also, American Hospital Association, <i>Official Coding Guidelines – Coding Clinic Newsletter</i> , Fourth Quarter 1990, p. 5. |

Abbreviations

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| AICD | Automatic Implantable Cardioverter-Defibrillator |
| AMI | Acute Myocardial Infarction |
| ALOS | Average Length of Stay |
| AR-DRG | Australian Refined Diagnosis Related Group |
| CC | Complication and/or Comorbidity |
| CDE | Common Bile Duct Exploration |
| D&C | Dilation and Curettage |
| DoH&C | Department of Health and Children |
| DRG | Diagnosis Related Group |
| ENT | Ear, Nose and Throat |
| ERHA | Eastern Regional Health Authority |
| ESRI | Economic and Social Research Institute |
| ESW | Extracorporeal Shock Waves |
| GI | Gastro-intestinal |
| GMS | General Medical Services |
| GP | General Practitioner |
| HCFA | Health Care Financing Administration |
| HIPE | Hospital In-Patient Enquiry |
| HIV | Human Immunodeficiency Virus |
| hr | Hour |
| ICD-9-CM | Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998 |
| IHD | Ischaemic Heart Disease |
| IMR | Integrated Management Return |
| inhal | inhalation |
| IT | Information Technology |
| MDC | Major Diagnostic Category |
| MHB | Midland Health Board |
| MWHB | Mid-Western Health Board |
| NEHB | North-Eastern Health Board |
| NWHB | North-Western Health Board |
| N | Number of Observations/Discharges |
| NPRS | National Perinatal Reporting System |
| OR | Operating Room |
| PHIS | Population Health Intelligence System |
| PTCA | Percutaneous Transluminal Coronary Angioplasty |
| SEHB | South-Eastern Health Board |
| SHB | Southern Health Board |
| T&A | Tonsil and Adenoid |
| TIA | Transient Ischaemic Attack |
| WHB | Western Health Board |
| w | With |
| w/o | Without |